RI COALITION AGAINST DOMESTIC VIOLENCE

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To: Representative Marvin L. Abney, Chair of the House Finance Committee
Honorable Members of the House Finance Committee

From: Lucy Rios, Executive Director
RI Coalition Against Domestic Violence

Date: May 5, 2026

Re: **Support for House Bills 7323 and 8182**

On behalf of our network of member agencies and SOAR, our taskforce of survivors, the Rhode Island Coalition Against Domestic Violence (RICADV) appreciates this opportunity to express our **strong support for House Bills 7323 and 8182:**

- H. 7323 - Updates the existing Rhode Island state law mandating coverage of contraception enacted in 2000 in order to ensure access to all FDA-approved methods, limit insurer restrictions, require coverage of contraception-related services, and ensure no-cost sharing coverage for FDA-approved over-the-counter contraception.
- H. 8182 - Improves access to fertility care for people who have Medicaid as their insurance, who have historically been excluded from accessing fertility care due to a lack of coverage for treatment.

Restricting any access to reproductive health services and choices places particularly dangerous burdens on victims of domestic and sexual violence. Victims of domestic violence are at a significantly higher risk for unintended pregnancy because partners who use violence will often sabotage or interfere with their partner's birth control in an attempt to exercise control over their reproductive decisions. In a 2010 study conducted jointly by the University of California-Davis School of Medicine and the Harvard School of Public Health, researchers found that at least 35% of domestic violence victims reported reproductive control by their abusive partner either by contraception interference or coercion to become pregnant. [1]

These bills are about reproductive justice. Every person should have access to health care, including fertility health care. **Healing from domestic violence involves promoting survivor autonomy – including the decision of if, when, and how they have children and build their families.** Improving fertility care access is especially critical for LGBTQ+ and Black individuals, who are excluded from the state's existing fertility protections either by statute or by access. Black women are almost twice as likely as white women to suffer from infertility yet are also half as likely as white women to access fertility health care.[2] **The same communities that are disempowered by restricted fertility access are also at higher risk of experiencing domestic violence.** H. 8182 is one lever that our state can pull to promote reproductive equity and survivor autonomy.

Restrictions that complicate access to family planning, or which make such access prohibitively expensive, exacerbate existing reproductive and maternal health disparities. The legislature should act to ensure that all Rhode Islanders have protected access to the reproductive healthcare they need.

Thank you for your consideration. We urge your support of H. 7323 and H. 8182.

[1] "Pregnancy Coercion, Intimate Partner Violence, and Unintended Pregnancy," Miller, et al. *Contraception*, Volume 81, Issue 4, 2010.
[2] Anjani Chandra, Casey E. Copen & Elizabeth Hervey Stephen, Infertility and Impaired Fecundity in the United States, 1982–2010: Data From the National Survey of Family Growth, NATIONAL HEALTH STATISTICS REPORTS (2013).