



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Office of the Rhode Island Section Chair
Beth Cronin, MD, FACOG

Testimony in Support for HB 7877 and 7878

March 18, 2024

Chairman Donovan and members of the House Health and Human Services Committee,

Thank you for the opportunity to submit testimony on behalf of the American College of Obstetricians and Gynecologists (ACOG) in **support with amendments of House Bills 7877 and 7878**, to improve fertility care coverage in Rhode Island. The RI Section of ACOG represents more than 140 physicians and partners in reproductive health care in our state. ACOG is the leading authority on reproductive health care and is committed to public policy based on facts and evidence-based medicine. ACOG believes that all people should have access to the full spectrum of comprehensive, affordable, evidence-based health care regardless of one's job or insurance status.

Currently the Rhode Island insurance limits on fertility treatment, which only provides coverage for married individuals between the ages of 25 and 42 years old, eliminates access to a necessary part of health care for many individuals across our state. Many patients need to utilize the expertise and services of a fertility clinic to build their family. For so many families, the lack of insurance coverage and high costs make this impossible. Limits on in vitro fertilization and other fertility care coverage specifically burden single individuals and LGBTQIA+ families — the same people facing so many attacks on their reproductive freedom, basic healthcare, and personal autonomy.

H7877 and H7878 will address a critical need by eliminating barriers to fertility care coverage giving all Rhode Islander the opportunity to build their family. This bill will help to expand fertility coverage to public health insurance and aligning fertility insurance coverage with the medical standard of care, which includes LGBTQIA+ and single people, among others.

ACOG urges the Committee to amend these bills with language that:

- Adopts the most up-to-date, nationally accepted definition of infertility updated by the American Society for Reproductive Medicine (ASRM) in October 2023 that includes coverage for LGBTQIA+, single, and patients often excluded from coverage including those suffering from endometriosis or pelvic pain for whom pregnancy via intercourse may not be possible.
- Clarifies the scope of coverage that key services are provided equally but with reasonable limits.

As an Obstetrician/Gynecologist at a local community health center, I care for many LGBTQIA+ individuals and couples who want to be parents. The steps required to make this happen through pregnancy for many of these families are not only onerous, but costly. At a minimum, this requires purchasing donor sperm for 6-12 months (typically over \$1000 per month), plus additional labs and office

related costs. For many patients (with private insurance), only after 12 months of out of pocket costs, will the insurance cover IVF, and then not necessarily completely. These are clearly expenditures that many families can not afford. This inequity in coverage for family-building care is part of the larger fight for reproductive rights and justice in our state to ensure all people have the freedom and power to build their own families.

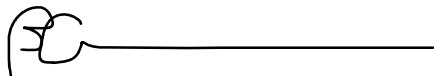
The lack of fertility coverage for patients utilizing Medicaid insurance is an equity issue, with a disproportionate impact on women of color. Among reproductive age women in RI, Medicaid covers 30% of Black women, 25% of Hispanic women versus 15% of White women. This is particularly concerning because Black women are more likely to experience infertility yet less likely to seek care, typically due to costs. The freedom and power to build one's own family is central to the fight for reproductive rights and justice.

With your support of this legislation, Rhode Island can continue their journey to being a national leader by aligning our state law with the standard of care and requiring private and public insurances to provide fertility coverage for all individuals who need medical assistance to build their families, including LGBTQ+ and single individuals.

ACOG urges the committee and legislature to vote favorably for H7877 and H7878 with suggested amendments above to improve fertility health care coverage and update our state law, which is outdated and does not reflect the standard of health care. In passing these bills, more Rhode Islanders will have access to the essential medical care they need to build their families.

Thank you so much for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Beth Cronin", followed by a horizontal line extending to the right.

Beth Cronin, MD
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Division Director, Division of General Obstetrics and Gynecology
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