Planned Parenthood
Southern New England

Testimony in SUPPORT with amendments, for H7877 and H7878
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Planned Parenthood of Southern New England
Rhode Island House Health and Human Services Committee
Tuesday, March 19, 2024

Chair Donovan and honorable members of the House Health and Human Services Committee,

Thank you for the opportunity to testify on behalf of Planned Parenthood of Southern New England with **support with amendments, for House Bill 7877 and H7878 (Rep. Alzate) to improve fertility health care coverage in Rhode Island.** Planned Parenthood of Southern New England (PPSNE), provided sexual and reproductive health care to over 7,000 patients last year at our Providence health center. We believe all people should have access to quality, affordable, and compassionate health care as a basic human right — regardless of who you are, where you live, your income, if you have health insurance or your immigration status.

As advocates for reproductive freedom, we believe that every individual has the right to full bodily autonomy and the ability to make personal decisions about their body, life, and future, including if and when to start a family. As we have learned from our allies in the Reproductive Justice movement, a movement created by Black women in 1994, every person is endowed with the human right to have children; to not have children; to parent the children one has in safe, sustainable communities; and bodily autonomy.[1]

It is our responsibility as a reproductive health care provider and advocate that our work be inclusive to ensure that people have access to not only abortion and contraception care but also ensure people have access to pregnancy care and equitable access to infertility evaluation, treatment, and fertility health care. The reality is for many people they require fertility health care to build their families yet it's often out of reach due to the cost of such health care.[2]

Rhode Island's current fertility insurance law is outdated and does not reflect the medical standard of care and requires private insurance providers to cover fertility treatment only for married individuals between the ages of 25 and 42. Limits on IVF and other fertility care especially burden LGBTQ+ families and transgender people — the same people facing so many attacks on their reproductive freedom, basic healthcare, and personal autonomy.

Additionally, the Medicaid program's lack of coverage of fertility assistance has a disproportionate impact on women of color. Among women of reproductive age, the program covers three in ten (30%) who are Black and one quarter who are Hispanic (26%), compared to 15% who are White.[3] Black and Latino residents in our state disproportionately rely on Medicaid to access health care, and so are disproportionately excluded from accessing fertility care. This is

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[1]SisterSong Women of Color Reproductive Justice Collective. Reproductive justice https://www.sistersong.net/reproductive-justice
[2]Gabriela Weigel, Usha Ranji, Michelle Long & Alina Salganicoff, COVERAGE AND USE OF FERTILITY SERVICES IN THE U.S., KAISER FAMILY FOUNDATION (Sept. 15, 2020)
[3]Gabriela Weigel, Usha Ranji, Michelle Long & Alina Salganicoff, COVERAGE AND USE OF FERTILITY SERVICES IN THE U.S., KAISER FAMILY FOUNDATION (Sept. 15, 2020)

particularly concerning because Black women are more likely to experience infertility[4] yet less likely to seek care.[5]

The relative lack of Medicaid coverage for fertility services stands in stark contrast to Medicaid coverage for maternity care and family planning services. Nearly half of births in the U.S. are financed by Medicaid, and the program finances the majority of publicly funded family planning services. Therefore, while there is broad coverage of many services for people with low income during pregnancy and to help prevent pregnancy, there is almost no access to help people with low-income achieve pregnancy.[6] This inequity in coverage for fertility care is part of the fight for reproductive rights and justice in our state to ensure all people have the freedom and power to build their own families.

We urge 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 LGBTQ+, single, and patients often excluded from coverage including those suffering from endometriosis or pelvic pain. It also includes coverage for people for whom conception and/or pregnancy via intercourse may not be possible for reasons related to other health conditions like endometriosis or pelvic pain.
- Clarifies the scope of coverage that key services are provided equally but with reasonable limits.

Rhode Island can become a national leader by aligning our state law with the standard of care and requiring private and public insurance coverage for LGBTQ+ and single individuals who need medical care to build their families as well as people who are diagnosed infertile is urgent. Access to family-building health care such as IVF is essential health care for so many people.

The recent Alabama Supreme Court ruling set off chaos in Alabama for patients that rely on IVF to build their families and is the clearest demonstration yet of the many ways anti-abortion laws, including "personhood" laws, threaten contraception, fertility care, and all sexual and reproductive health care.

Planned Parenthood understands how important it is for all people to have access to high-quality, nonjudgmental health care that affirms their identity, their family, and their sexuality — as well as the ability and resources to make their own health care decisions with dignity. We won't stop fighting for the rights of all people to make their own decisions about their bodies, decide what their families look like, and live healthy and self-determined lives.

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[4]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 Number 67 August 14, 2013 (cdc.gov)

[5]Iris G. Insogna & Elizabeth S. Ginsburg, Infertility, Inequality, and how Lack of Insurance Coverage Compromises Reproductive Autonomy, 20 AMA J. of ETHICS E1152-1159 (2018)

[6]Gabriela Weigel, Usha Ranji, Michelle Long & Alina Salganicoff, COVERAGE AND USE OF FERTILITY SERVICES IN THE U.S., KAISER FAMILY FOUNDATION (Sept. 15, 2020)

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We look forward to working with the bill sponsor to move H7877 and H7878 forward with suggested amendments to improve fertility health care coverage and update our state law, which is outdated and does not reflect the standard of health care, so more Rhode Islanders have access to the essential medical care they need to build their families.

Thank you for your time and consideration of this important legislation.

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