



**TESTIMONY OF GLBTQ LEGAL ADVOCATES & DEFENDERS**  
**In support of goals, with amendments**  
**H. 7877 and H 7878**  
**Rhode Island House Committee on Health and Human Services**

Dear Chair Donovan, Vice Chair Giraldo, Vice Chair Potter, and distinguished members of the Committee on Health and Human Services:

I am writing to support the goals of H. 7877 and H. 7878 with the suggestion of important amendments to ensure the bills reflect the standard of care, fairness, and provide Rhode Islanders with the access to the health care that they need to build their families.

My name is Patience Crozier, and I am the Director of Family Advocacy at GLBTQ Legal Advocates & Defenders (GLAD). Access to the tools of family building has never been more important, particularly in light of efforts to restrict access to fertility health care in other states and attacks on LGBTQ families. With amendments, this legislation can be an important LGBTQ and reproductive rights measure that will ensure equitable access to fertility health care for Rhode Island residents who want to build their families.

As you know, GLAD is New England's leading legal rights organization dedicated to ensuring equality for LGBTQ people and people living with HIV. At GLAD, much of my work focuses on the well-being and needs of children and families, including family creation and the protection of parent-child relationships. Stable and secure parent/child relationships are core to a thriving community. LGBTQ individuals and couples strive to create families just like all other people, and they face additional barriers to securing the health care they need to build their families.

Rhode Island's fertility insurance law does not reflect the medical standard of care which includes LGBTQ and single people. Currently, the law contains a definition of infertility that addresses only the needs of non-LGBTQ couples. As a result, LGBTQ people and single people who need to access fertility care can be excluded from care or face additional financial burdens to access care. Current law also does not recognize male factor infertility, and it contains age language that is unlawful and contrary to the Affordable Care Act.

With amendments, the proposed legislation should rectify these inequities by reflecting ASRM's definition of infertility articulated in 2023 which includes within its terms LGBTQ and single individuals who need medical care to build their families as well as people who are diagnosed infertile.

The out of pocket cost of fertility care, such as In-Vitro Fertilization (IVF), can put this vital health care out of reach for many.<sup>1</sup> Others pay for fertility care at the expense of other important financial commitments such as buying a first home or paying off student loan debt.

With the recent shocking court decision by the Alabama Supreme Court, it is more important than ever for states like Rhode Island to ensure its laws ensure access to fertility health care. Indeed, the decision in the *LePage* case demonstrated clearly how threats to reproductive health care extend beyond abortion and that "personhood" decisions like this threaten family-building healthcare that is needed for so many.

We urge the Committee to amend these bills with language that:

- Aligns with the current medical standard of care as articulated in the [definition of infertility updated by the American Society for Reproductive Medicine](#) (ASRM) dating to October 2023 that includes coverage for LGBTQ+, single, and patients often excluded from coverage including those suffering from endometriosis or pelvic pain. For example, key language would include:
  - Infertility means (A) the presence of a condition recognized by a licensed physician as a cause of loss or impairment of fertility, based on an individual's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors, (B) an individual's inability to achieve pregnancy after twelve months of unprotected sexual intercourse when the individual and their partner have the necessary gametes to achieve pregnancy, (C) an individual's inability to achieve pregnancy after six months of unprotected sexual intercourse due to such individual's age, or (D) as defined by the American Society of Reproductive Medicine, its successor organization, or comparable organization.
  - Fertility patient means (A) an individual diagnosed with infertility, (B) an individual who is, independently or with their partner, at increased risk of transmitting a serious inheritable genetic or chromosomal abnormality to

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<sup>1</sup> Gabriela Weigel, Usha Ranji, Michelle Long & Alina Salganicoff, [COVERAGE AND USE OF FERTILITY SERVICES IN THE U.S., KAISER FAMILY FOUNDATION](#) (Sept. 15, 2020).


a child, (C) an individual unable to achieve a pregnancy as an individual or with a partner because the individual or individual and their partner do(es) not have the necessary gametes to achieve a pregnancy, or (D) an individual for whom fertility preservation services are medically necessary.

- Clarifies the scope of coverage that key services are provided equally but with reasonable limits.

This legislation could be an important step forward to ensure that Rhode Island provides fair access to fertility health care.<sup>2</sup>

GLAD looks forward to collaborating with the Committee and the sponsor to move this legislation forward. Thank you for your time and consideration, and please do not hesitate to contact me with questions or for additional information.

Respectfully submitted,



Patience Crozier  
Director of Family Advocacy  
GLBTQ Legal Advocates & Defenders  
[pcrozier@glad.org](mailto:pcrozier@glad.org)  
(617) 426-1350

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<sup>2</sup> Insurance Coverage by State, Resolve: The Nat'l Infertility Ass'n, <https://resolve.org/learn/financial-resources-forfamily-building/insurance-coverage/insurance-coverage-by-state/> (last visited Feb. 17, 2023).