

Dear Chair Donovan and distinguished members of the House Committee on Health and Human Services:

My name is Arlo Narva, I am from Providence, RI.

I am testifying in strong support of House Bill 5629 (Rep. Alzate). This bill will improve access to family building health care by aligning fertility health care insurance coverage with the medical standard of care, which clearly includes LGBTQ+ and single people, among others, so more Rhode Island residents have the opportunity to build their family. Fertility health care is essential for building families.

As a queer person who lacks sperm in my relationship and is trying to have a baby with my partner, this legislation personally impacts me and my familys' story. Last year after a few attempts to become pregnant via intrauterine insemination that were unsuccessful, I received a diagnosis of "low ovarian reserve" and was referred to a Reproductive Endocrinology and Infertility (REI) doctor. I am fortunate to have health insurance coverage through my employment, however, the stipulations of my insurance do not fit my situation and as such, we have had to pay out of pocket for the care that my doctor deems necessary.

I want to be more specific, because I believe specifics are necessary for understanding the ways that this bill will help others, like me, receive the care they need. My blood work alone was an indicator from both my OBGYN and REI doc that IVF was likely the only and best option for me to achieve pregnancy. But to confirm, my REI doctor performed an ultrasound to count the follicles on my ovaries, which is an indicator of how many eggs a person has. My doctor discovered that my follicle count was so low, that a medicated cycle of insemination, through which a person takes hormones and medications to grow their follicles, was not a viable option for me. These procedures do not give a person additional follicles, they only serve to make the ones you have grow bigger, and unfortunately I just do not have enough for this to make sense, as my doctor explained it to me.

The problem is that as written, insurance requires individuals to attempt intrauterine insemination (which I had done) and medication intrauterine insemination (which was not recommended) before covering IVF. I was required to go through emotionally and physically invasive procedures and attempts at conception that I knew would be unsuccessful, just for my insurance would pay for the care I, and my doctor, know I need.

It is time for the law to acknowledge what Rhode Islanders have known for many decades about the care that all families and individuals need to live their lives and expand their families. There is no one-size-fits-all mold for any kind of healthcare, so why would this be different for fertility care? Insurance requirements, as they currently stand, are discriminatory and alienate LGBTQ and single individuals almost entirely. What are we telling this community when the only way for us to have children is prohibitively expensive? As it stands, the law prevents families like mine from having children and achieving the dreams for our families that others can achieve simply because of who we love and who we are.

I urge the committee and legislature to vote favorably for H 5629 to improve fertility health care coverage and update our state law, which is outdated and doesn't reflect the standard of health care, so more Rhode Island residents have access to the essential medical care they need to build their families.

Thank you for your time and consideration.