



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

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

March 13, 2025

**Testimony In Support of H. 5629: Relating to Insurance – Accident and Insurance Policies
House Committee on Health & Human Services**

Dear Chair Donovan and Members of the House Committee on Health & Human Services:

My name is Beth Cronin and I am writing today representing the American College of Obstetricians and Gynecologists (ACOG) and the Rhode Island Coalition of Reproductive Freedom in strong support of House Bill H5620 (Rep. Alzate) with minor amendments as outlined by GLAD Law.

The RI Section of ACOG represents more than 140 physicians and partners in reproductive health care in our state. ACOG is a 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, evidence-based health care.

Rhode Island has been a national leader in ensuring our patients have access and coverage for necessary fertility services and that is why it is critical that we continue to be out in front, showing other states what is necessary to provide equitable care. Infertility is recognized as a medical condition by multiple international and national organizations, including the World Health Organization, the ASRM, and the American Medical Association. Involuntary childlessness has substantial emotional, psychological, and physical distress consequences¹ The WHO estimates that roughly 1 in 6 people worldwide are affected by infertility. This number does not include the many LGBTQ+ couples and those that choose to parent without a partner who may need assisted reproductive medical treatments to start and grow their families.

¹ Infertility: disparities and access to services. Committee Statement No. 14. American College of Obstetricians and Gynecologists. Obstet Gynecol 2025;145:e51–e57.



American Society for Reproductive Medicine RECENTLY EXPANDED ITS DEFINITION OF INFERTILITY:²

“Infertility” is a disease, condition, or status characterized by **any** of the following:

- The inability to achieve a successful pregnancy based on a patient’s medical, sexual, and reproductive history, age, physical findings, diagnostic testing
- The need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy

They clearly state that nothing in this definition should be used to deny or delay treatment to any individual, regardless of relationship status or sexual orientation.

HB 5620 will bring current RI law into agreement with these definitions as our current law does not reflect this medical standard of care and does not specifically address LGBTQ+ and single individuals or male factor infertility.

Personally, I feel incredibly fortunate that I get to parent my four wonderful children, and even more fortunate that our financial costs to get there were significantly less compared to many friends and patients. Even though we were able to achieve pregnancies relatively quickly, it was costly and much more expensive than most of my cisgender, heterosexual friends. Having to think about the costs of simply getting pregnant is extremely difficult. Making parenting and family building decisions based on the route to achieve one’s pregnancy is inequitable.

The goal of health insurance is to ensure that an individual will not have to bear the entire burden of their health care expenses. But in the case of infertility, the cost of treatment for the majority of those touched by the disease, is borne exclusively by the patient. Depending on the cause of the fertility problem, and the therapy used to treat the problem, that cost can be considerable. Some of the less invasive therapies such as hormone therapy can range from \$200-\$3,000 per cycle. Assisted reproductive technologies (ART) can range from \$10,000-\$18,000, per cycle, but in many infertility cases is the most effective means of treatment. Infertility impacts one’s general health, their marriage, job performance and social interactions. It can bring a deep sense of grief and loss.

I have cared for many patients who have tearfully looked at me while exploring costs of getting pregnant when using donor sperm to build their families along with the many other medical and legal hoops and barriers to get there. Some have decided to either not pursue parenting due to

² Definition of infertility: a committee opinion. Practice Committee of the American Society for Reproductive Medicine. Fertil Steril 2023; 120: 1170. doi: 10.1016/S0015-0282(23)01971-4



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high costs or considered other more legally risky approaches. This should not be the answer for single individuals of LGBTQ+ couples. This legislation will update our state law to be inclusive of the new ASRM definitions to ensure that all patients who need this medical treatment can access it without costly burdens and limitations. Reproduction is a basic human right.³ Improving access and eliminating disparate outcomes regardless of race and ethnicity, geographic location, socioeconomic status, marital status, sexual orientation, or gender identity must be the ultimate goal to attain reproductive justice.

ACOG is in strong support of the suggested amendments from GLAD Law to ensure the language is clear. Those amendments are as follows:

- Delete the words “or to carry a pregnancy to live birth” on Page 2, line 7; Page 5, line 4; page 7 line 31; and page 10 line 23.
- Add to the definition of fertility preservation the following words: “Storage shall be covered from the date of cryopreservation until the individual reaches the age of thirty, or for a period of not less than five years, whichever is later.” These need to be added on Page 2 line 29; Page 5 line 25; Page 8 line 18; and Page 11 line 10.
- Add the words “but not be limited to” in the following places: Page 3 line 10; Page 6 line 4; Page 8 line 31; and Page 11 line 23.

I strongly encourage you to pass this legislation and bring Rhode Island in line with the standard of care and other leaders in fertility health care equity.

Please don't hesitate to contact me if I can help in any way.

Sincerely,

A handwritten signature in black ink, appearing to be "BC", followed by a long horizontal line extending to the right.

Beth Cronin, MD
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³ Disparities in access to effective treatment for infertility in the United States: an ethics committee opinion. Ethics Committee of the American Society for Reproductive Medicine. Fertil Steril 2021; 116: 54– 63. doi: 10.1016/j.fertnstert.2021.02.019



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