

## Steven Sepe

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**From:** Bellomo, Chiara <maria-chiara\_bellomo@brown.edu>  
**Sent:** Tuesday, March 11, 2025 11:54 AM  
**To:** House Health and Human Services Committee  
**Subject:** Testimony in Support for H5629

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

My name is Maria-Chiara Bellomo. I am a second-year medical student at the Warren Alpert Medical School of Brown University.

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 can build their family. Fertility health care is essential for building families and it's imperative that Rhode Island state law supports the fundamental right of its residents to decide whether, when, and how to have children.

Current Rhode Island law requires private insurance providers to cover fertility health care only for people who meet a limited definition of "infertility" that is defined in reference to heterosexual intercourse. Under this narrow definition, single individuals and LGBTQ+ families are typically excluded from this coverage requirement which infringes on the reproductive and economic freedoms owed to all people when it comes to their decision to start a family.

Additionally, the cost of fertility care, such as In-Vitro Fertilization (IVF), can range from a thousand to tens of thousands of dollars in out-of-pocket costs which can be a significant barrier to those that wish to start a family. Fertility problems affect about 9% of men and 11% of women of reproductive age in the United States, and black women are almost twice as likely as white women to suffer from infertility as well and are half as likely as white women to access fertility healthcare. This law will benefit many Rhode Islanders and provide reasonable, accessible options for starting a family without imposing unfair economic and social barriers to accessing fundamental healthcare.

Finally, as a future physician, the lack of comprehensive fertility coverage disproportionately affects medical professionals. Female physicians compared to the general female population are more likely to have children significantly later in life and are more likely to have had a miscarriage. Additionally, only about 8% of physicians receive education during their medical training about the risks of delaying pregnancy. This law will benefit young physicians, who wish to live and practice in Rhode Island, caring for their communities, with the safeguard that they will have insurance coverage for family building when the time is right for them.

I support H 5629 because access to family-building health care such as IVF is essential health care for so many people in our state. This is an urgent reproductive and economic justice issue because all people have the right to have children regardless of who they are or how much they earn. With the current hostile political landscape for reproductive health, our state must do everything we can to stand for the fundamental right for people to be able to decide whether, when, and how to have children. 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,

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