

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

My name is Erin Chang, and I have lived in Providence, Rhode Island for the past six years. I am currently a third-year medical student at The Warren Alpert Medical School of Brown University, and I aspire to become an OB/GYN, specializing in reproductive endocrinology and infertility.

I am here today to testify in strong support of House Bill 5629. By expanding insurance coverage to include medically necessary fertility treatment, this bill ensures that all Rhode Islanders—regardless of marital status, sexual orientation, or financial means—have equitable access to the reproductive care they need. The ability to build a family should not be dictated by financial privilege; it is a fundamental right. House Bill 5629 is a critical step toward making that right a reality.

Over the past year, I had the privilege of organizing an elective course for first-year medical students interested in the care of pregnant individuals and their newborns. One session in particular stood out. Dr. Jennifer Eaton, the division director of Reproductive Endocrinology and Infertility at Brown, delivered a lecture on infertility among healthcare workers. Her presentation revealed staggering statistics about the increased rates of infertility among physicians—prompting a palpable unease in the room. Many students lingered afterward in silence, grappling with the reality that many of us face a one-in-four chance of experiencing infertility ourselves. If we, as future doctors, with all our privilege and resources, feel this uncertainty and anxiety, what must it be like for our future patients, many of whom have far fewer financial means? That moment underscored an undeniable truth: infertility is not just a hypothetical concern—it is a real, pressing issue that touches the lives of so many. And yet, access to care remains limited to those who can afford it.

This issue is not just professional for me; it is deeply personal. As someone living with type 1 diabetes, I think every day about how to best manage my chronic illness while planning for the future. Even before attempting to conceive, I already feel the immense weight of medical expectations—ensuring my blood sugars remain within a strict range for an entire year before pregnancy to minimize risks for both myself and my future child. The pressure to meet these benchmarks is daunting enough, but it is compounded by the uncertainty of fertility itself. For those living with chronic conditions, the path to parenthood is rarely straightforward. It often requires additional medical oversight and, in many cases, fertility interventions to ensure a safe and healthy pregnancy. Yet, the very treatments that could make pregnancy possible remain inaccessible to many due to financial barriers.

I support House Bill 5629 as a medical student, as an aspiring fertility care provider, as someone with a chronic illness who dreams of having children, and as a proud Rhode Islander who

believes that everyone deserves the chance to build a family—regardless of who they are or how much they earn. Infertility is not a choice, nor is it a failure; it is a medical condition, one that deserves the same comprehensive insurance coverage as any other health concern. I urge this committee to support House Bill 5629 and take an essential step toward ensuring that all Rhode Islanders have the opportunity to build the families they dream of.

Thank you for your time and consideration.

A handwritten signature in black ink, appearing to read 'Erin Chang', with a stylized, cursive script.

Erin Chang

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