

House Health and Human Services Committee  
State of Rhode Island General Assembly  
82 Smith Street, Providence, RI 02903

3-13-2025

**Re: Testimony in Support of H 5629 AN ACT RELATING TO INSURANCE – ACCIDENT AND  
INSURANCE POLICIES {LC882/1}**

Dear Chairperson Donovan and distinguished members of Committee,

Thank you for the opportunity to speak with you today. My name is Fiona Griffin, and I am a medical student at the Warren Alpert Medical School at Brown University. I am testifying in support of House Bill 5629, sponsored by Representative Alzate, because I, like many others, want the chance to build a family.

Right now, Rhode Island defines infertility as the inability to conceive after one year of unprotected intercourse. That definition does not reflect my reality. It does not reflect the reality of same-sex couples, single individuals, and others who require medical assistance to conceive. It is not that we do not need care. It is that the law, as written, does not include us.

I know that having children with my partner will require extra steps. I am planning for that. But I cannot plan whether the law will recognize that need. For many, family-building is about deciding when the time is right. For others, whose path to parenthood has always required medical intervention, coverage is not just helpful—it is essential.

Eleven other states—including Massachusetts, Illinois, and Maine—have expanded fertility coverage laws.<sup>1</sup> These states recognize that infertility is not just a medical condition but a barrier to family-building that requires equitable access to care. Their laws ensure that insurance covers those who, for medical or biological reasons, cannot conceive without intervention.

When fertility care is covered, it strengthens more than just individual families. It supports a thriving workforce, allowing young professionals—especially in medicine—to build both careers and families. Female physicians face infertility rates nearly twice the national average.<sup>2</sup> Many delay childbearing for medical training, only to find themselves unable to afford treatment.<sup>3</sup> Expanding fertility enables professionals to stay in state, contribute to local economies.<sup>4</sup> In particular, this law will help address Rhode Island's physician shortage by ensuring those who train and serve here can also build their futures here.

I look forward to a future where my family is not an exception, but a valued part of society. I urge the committee and legislature to vote favorably on H 5629 to ensure that all Rhode Islanders have access to the care they need.

Thank you for your time and consideration.

Fiona Griffin  
222 Richmond St., Providence RI 02903

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<sup>1</sup> Movement Advancement Project - State-by-State Fertility Coverage Laws (2024)

<sup>2</sup> American Medical Association - Female Physician Infertility Rates Study (2023)

<sup>3</sup> Kaiser Family Foundation - *Economic Impact of State-Mandated Fertility Coverage* (2023)

<sup>4</sup> Harvard School of Public Health - Growth of the Fertility Sector in States with Coverage Mandates (2023)