



**RHODE ISLAND ACADEMY OF
FAMILY PHYSICIANS**
STRONG MEDICINE FOR RHODE ISLAND

Honorable Chair Donovan of the
House Committee on Health & Human Services
State House
Providence, RI 02903

Re: Support for H5629

March 13, 2025

Dear Chair Donovan and Members of the Health & Human Services Committee,

I write to you on behalf of the Rhode Island Academy of Family Physicians (RIAFP) in **strong support of House Bill H5629.**

It is the policy of our organization to support comprehensive coverage for fertility assistance and that this coverage should be equitable for all patients.

House Bill H5629 achieves these aims in two ways: 1) By expanding the definition of infertility to one that is aligned with that of the American Society of Reproductive Medicine (ASRM), and is more inclusive of all family structures and 2) By calling for an expansion of what services will be covered at what point in someone's fertility journey, without arbitrary limits imposed by insurance companies.

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. This excludes many LGBTQ+ couples and single individuals from coverage and imposes high logistical and financial barriers to building a family for these patients. Most Rhode Islanders cannot afford to pay for assisted reproductive services out of pocket, as these services easily cost thousands if not tens of thousands of dollars. At a time when LGBTQ+ individuals are facing increased discrimination, let us as Rhode Islanders be a leader in creating equity for all Rhode Islanders.

About 9% of men and about 11% of women of reproductive age in the United States have experienced fertility problems.¹ Even when someone meets the definition of infertility though, there are still barriers to accessing fertility services imposed largely by insurance companies. These barriers include caps placed on the total amount that a plan will pay for fertility services over a patient's lifetime, caps that are often very low compared to the average cost of fertility services. Insurance plans will also impose rules about the order in which someone must receive specific fertility services, which may not necessarily be grounded in evidence-based medical

¹National Institute of Child Health and Human Development
<https://www.nichd.nih.gov/health/topics/infertility/conditioninfo/common#f1>

decision making. These rules and restrictions frequently serve to delay care, and may drive up out of pocket costs and emotional stress surrounding a person's fertility journey. Healthcare decisions should be made first and foremost between a provider and a patient, not based on arbitrary insurance standards.

The RIAFP stands in strong support of H5629 because all people deserve equitable access to fertility services, and the choice of whether, when, and how to have children should be one that is determined by each individual with guidance from their medical provider, not an insurance company. Imposing standards that discriminate against vulnerable and marginalized communities is antithetical to who we are as a state. So we strongly urge passage of this important bill.

Thank you for your time and consideration.

Katharina de Klerk, DO
RIAFP President-Elect and Advocacy Committee Chair