

March 13, 2025

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

My name is Katherine Kraschel; I am a law professor at Northeastern University School of Law, and my work focuses on health care with particular focus on fertility care and assisted reproduction. I am also the Chair of the Board of Directors of Planned Parenthood of Southern New England. I live in Mystic, Connecticut with my wife and our son.

I am testifying in 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 have the opportunity to build their family. It will also bring the law into compliance with provisions of the Affordable Care Act that prohibit age discrimination.

Reproductive health care is under attack. The coordinated attack includes targeting fertility care; last year, the Alabama state supreme court likened embryos to children under the law and in so doing halted in vitro fertilization (IVF) provision in the state.<sup>1</sup> While Democrats in Congress have introduced legislation to protect IVF and improve access, Republicans voted against the bill multiple times.<sup>2</sup> President Trump recently issued an Executive Order directing the Assistant to the President for Domestic Policy to provide the President “a list of policy recommendations on protecting IVF access and aggressively reducing out-of-pocket and health plan costs for IVF treatment.”<sup>3</sup> However, the Executive Order does nothing to improve affordability or access to fertility care or protect access to IVF.

Intersecting forces also seek to harm LGBTQ+ people,<sup>4</sup> which makes legislation like H5629 so important for Rhode Island. Fertility health care is essential to family building and reproductive rights, and H5629 moves in the right direction by updating the state’s private insurance mandate.

Rhode Island was a leader when it first passed its fertility insurance mandate in 1989. Since then changes in family recognition, parentage laws, and the field of fertility care necessitate updating the law as H5629 seeks to do by including coverage for LGBTQ+ and single individuals. Specifically, in October 2023, the Practice Committee of the American Society of Reproductive Medicine, the largest professional organization of fertility care providers and professionals, issued new guidance on the definition of “infertility.”<sup>5</sup> The revised definition includes, among other conditions, “The need for medical intervention,

<sup>1</sup> LePage v. Ctr. For Reprod. Med., P.C., No. SC-2022-0515, 2024 WL 656591, at \*3 (Ala. Feb. 16, 2024); Lauren Mascarenhas, *Advocates Rally for IVF Access in Alabama, as Lawmakers Work to Protect Providers from Liability*, CNN, Feb. 28, 2024; Shefali Luthra, *The 19th Explains: Will States Follow Alabama in Ending IVF Access?* 19<sup>th</sup> News, Feb. 29, 2024.

<sup>2</sup> Protecting Families from Fertility Fraud Act of 2023, H.R. 451, 118<sup>th</sup> Cong. (2024); Amanda Becker & Jennifer Gerson, *Second Vote, Same Result: Senate Republicans block IVF Protection Bill*, 19<sup>th</sup> News, Sept. 17, 2024.

<sup>3</sup> Exec. Order. No. 14216, 90 Fed. Reg. 10,451 (Feb. 24, 2025).

<sup>4</sup> Movement Advancement Project, *Under Fire Report #1*, 1, [https://www.mapresearch.org/file/Under%20Fire%20report\\_MAP%202023.pdf](https://www.mapresearch.org/file/Under%20Fire%20report_MAP%202023.pdf)

<sup>5</sup> Practice Committee of the American Society for Reproductive Medicine, *Definition of Infertility: A Committee Opinion*, 120(6) FERTILITY & STERILITY 1170 (2023).

including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as an individual or with a partner.”<sup>6</sup> H 5629 would align Rhode Island Law with the ASRM definition of infertility to include single and LGBTQ+ people who need fertility care to build their families.

In addition, Section 1557 of the Affordable Care Act (ACA) prohibits discrimination on the basis of race, color, national origin, age, disability, or sex.<sup>7</sup> The current law requires coverage for “women between the ages of twenty-five (25) and forty-two (42) years.”<sup>8</sup> H 5629 would eliminate this language and bring the law into compliance with the ACA.

With the current hostile political landscape for reproductive health and LGBTQ+ rights, 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.

Sincerely,



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Assistant Professor of Law & Health Sciences  
Northeastern University  
Board Chair, Planned Parenthood of Southern New England

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<sup>6</sup> Practice Committee of the American Society for Reproductive Medicine, *Definition of Infertility: A Committee Opinion*, 120(6) FERTILITY & STERILITY 1170 (2023).

<sup>7</sup> 42 U.S. Code § 18116.

<sup>8</sup> R.I. Gen. Laws. § 27-18-30(a) (2017).