



**TESTIMONY OF GLBTQ LEGAL ADVOCATES & DEFENDERS**  
**In Support of H. 5629: Relating to Insurance – Accident and Insurance Policies**  
**House Committee on Health & Human Services**

Dear Chair Donovan, First Vice Chair Giraldo, Second Vice Chair Potter, and Honorable Members of the House Committee on Health & Human Services:

My name is Patience Crozier, and I am the Director of Family Advocacy at GLBTQ Legal Advocates & Defenders (GLAD Law). I write to express strong support for H. 5629 and gratitude to our lead sponsor, Representative Alzate, and all of the co-sponsors of this bill. This legislation is an important LGBTQ and reproductive rights measure that ensures better access to fertility healthcare for Rhode Island residents seeking to build their families. Access to the tools of family building has never been more important, particularly in light of efforts to restrict access to fertility healthcare in other states.

As you know, GLAD Law is New England's leading legal rights organization dedicated to ensuring equality for LGBTQ people and people living with HIV. At GLAD Law, much of my work focuses on the well-being and needs of children and families, including family building and the protection of parent-child relationships. Stable and secure parent/child relationships are core to a thriving community. We are grateful for the General Assembly's longstanding commitment to enacting legislation to support children and families, including the Rhode Island Uniform Parentage Act (2020) and the Rhode Island Confirmatory Adoption Act (2023).

LGBTQ individuals and couples strive to create families just like all other people, and they face additional barriers to securing the health care they need to build their families. Rhode Island's fertility insurance law does not currently reflect the medical standard of care, which includes LGBTQ people. As a result, LGBTQ people who need to access fertility care can be excluded from care or face additional financial burdens to access care. Current law also does not recognize male factor infertility.

In the status quo, the out-of-pocket cost of fertility healthcare, such as IVF, can range from a thousand to tens of thousands of dollars.<sup>1</sup> Without insurance, this healthcare is out of

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<sup>1</sup> Gabriela Weigel, Usha Ranji, Michelle Long & Alina Salganicoff, *Coverage and Use of Fertility Services in*

reach for so many. Others pay for fertility healthcare at the expense of other important financial commitments such as buying a first home or paying off student loan debt. Nationally, 15.3% and 53.8% of LGB+ individuals have delayed some form of medical care or are worried about paying a potential medical bill compared to 18.8% and 46.% of non-LGB+ individuals, respectively.<sup>2</sup> Furthermore, research shows that Black women are approximately twice as likely as white women to experience infertility, yet less likely to receive fertility care.<sup>3</sup>

With this bill, Rhode Island has an opportunity to strengthen its state law to make fertility healthcare more accessible for people in the Ocean State. This bill would help Rhode Islanders access this important fertility health care by making the following changes:

- Aligning Rhode Island law with the current medical standard of care as articulated in the definition of infertility issued by the American Society for Reproductive Medicine (ASRM) in October 2023 that includes coverage for LGBTQ people, single people, and patients often excluded from coverage including those suffering from endometriosis or pelvic pain;
- Including clarity that fertility preservation includes coverage for storage for people undergoing medical treatment that could compromise their fertility; and
- Ensuring that Rhode Islanders can equally access fertility treatment in their private insurance plans through explicit nondiscrimination language.

GLAD Law hopes this Committee will strongly support this legislation to expand access to fertility health care, as H.5629 is an important step to ensure that Rhode Island provides fair access to fertility health care and would align Rhode Island with other national leaders.<sup>4</sup>

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the U.S., Kaiser Family Foundation (Sept. 15, 2020), <https://www.kff.org/womens-health-policy/issue-brief/coverage-and-use-of-fertility-services-in-the-u-s/>.

<sup>2</sup> A. Bosworth et al., Health Insurance Coverage and Access to Care for LGBTQ+ individuals: Current Trends and Key Challenges (2021), <https://aspe.hhs.gov/sites/default/files/2021-07/lgbt-health-ib.pdf>.

<sup>3</sup> Anjani Chandra, Casey E. Copen & Elizabeth Hervey Stephen, "Infertility and Impaired Fecundity in the United States, 1982–2010: Data from the National Survey of Family Growth," *67 National Health Statistics Report* 10 (2013), <https://www.cdc.gov/nchs/data/nhsr/nhsr067.pdf>; Gabriela Weigel et al., "Coverage and Use of Fertility Services in the U.S.," KFF (2020), <https://www.kff.org/womens-health-policy/issue-brief/coverage-and-use-of-fertility-services-in-the-u-s/>.

<sup>4</sup> Movement Advancement Project, "Equality Maps: Fertility Healthcare Coverage" (2025), [http://www.mapresearch.org/equality-maps/healthcare/fertility\\_coverage](http://www.mapresearch.org/equality-maps/healthcare/fertility_coverage) (last visited March 13, 2025); Health Care: LGBTQ-Inclusive Insurance Coverage of Fertility Healthcare, Including Fertility Treatment and Preservation (Oct. 28, 2024), <https://www.lgbtmap.org/img/maps/citations-fertility-coverage.pdf> (last visited March 13, 2025).

As the Committee considers this bill, GLAD Law suggests a few minor amendments to ensure the language is clear. Those amendments are as follows:

- Delete the words “or to carry a pregnancy to live birth” on Page 2, line 7; Page 5, line 4; page 7 line 31; and page 10 line 23.
- Add to the definition of fertility preservation the following words: “Storage shall be covered from the date of cryopreservation until the individual reaches the age of thirty, or for a period of not less than five years, whichever is later.” These need to be added on Page 2 line 29; Page 5 line 25; Page 8 line 18; and Page 11 line 10.
- Add the words “but not be limited to” in the following places: Page 3 line 10; Page 6 line 4; Page 8 line 31; and Page 11 line 23.

GLAD Law, and the many others supporting this legislation, appreciate your consideration. Please do not hesitate to contact me with questions or for additional information.

Respectfully submitted,



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