

## Steven Sepe

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**From:** Sara Watson <watsonse@gmail.com>  
**Sent:** Thursday, March 13, 2025 5:06 AM  
**To:** House Health and Human Services Committee  
**Subject:** Testimony in support of H5629

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

My name is Sara Watson and I am a primary care doc in RI writing on behalf of myself in support of H5629.

I am testifying in strong 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. Fertility health care is essential for building families.

I feel very strongly that access to assisted reproductive technologies should be a fundamental right for all people who wish to have children. Current health insurance policies do not capture the full spectrum of would-be parents and puts an undue burden on a large number of individuals (gender and sexual minorities, low-income and single individuals, people over 42, etc) who seek assisted reproductive technologies to start or build their families.

When I tried to start my family when my partner was 35, I personally encountered these barriers. I am in a same-sex relationship and we had excellent health insurance sponsored through my employer but it would not cover insemination because we had no documented "exposure to sperm." We had to pay out-of-pocket 6 times for inseminations and then had to have our doctor document 6 negative pregnancy tests, before our infertility policy would pay for any procedure to help us get pregnant. We were subsequently told that my partner had primary ovarian insufficiency (her ovaries failed early and we were never able to achieve a successful pregnancy with her eggs) so I needed to be our egg donor. This was not a choice-- it was our only option. And we were told repeatedly that our policy was unclear about whether there was coverage "reciprocal IVF" -where I was the person taking the medications and supplying eggs- but my partner was the one to carry our embryo. To be clear- the COST was the same whether we were both patients in the process or she was going through the process alone. Had we been forced to pay out of pocket for my portion of the process, the cost would have been daunting, even for us- and I work as a physician. Fortunately, with countless days spent speaking on insurance representatives and their supervisors, I was able to get coverage for our IVF, but it was a herculean effort on my, and our fertility clinic's part.

Coverage for IVF should be clear, mandatory, and inclusive. I urge you to consider the importance of this issue: Access to parenthood should be made by patients and doctors- NOT insurance companies.

Sara Watson, MD

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