

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

My name is Shannon Soule and I am a resident of West Warwick. I am writing today in ***strong support of House Bill 5629***. This bill redefines the term "infertility" to include LGBTQ+ individuals. Such a definition would be consistent with the definition provided by the American Society for Reproductive Medicine (ASRM), the organization that is the leader in standards, ethics, and research in the field of reproductive medicine. Rhode Island would be the 8th location in the United States (6 states plus Washington D.C. have passed similar legislature) to redefine infertility in a more inclusive way.

This bill is especially important to me as a member of the LGBTQ+ community who is actively in the process of building a family. My wife and I recently found out that our fertility treatment will not be covered by insurance based on current laws. We have tried and failed at-home inseminations for over a year. While a heterosexual couple could try to conceive for one year and then receive an infertility diagnosis to allow insurance coverage, we do not have this luxury. We must now attempt 6 intrauterine inseminations (IUIs) with a qualified physician before insurance will allow us to be considered infertile simply because we are both women.

To further explain the inequities that this brings, I have put together some costs that we can expect. 6 IUIs will cost us, at minimum, \$13,200. This is factoring in the out-of-pocket cost of IUI at \$200 per attempt (based on pricing at a RI-based fertility clinic) plus the cost of a vial of sperm at approximately \$2,000 per vial. This factors that we would use one vial per attempt, when up to 3 could be needed. It also does not factor in any cycle monitoring or medications, something that our clinic will not require for our first two IUI cycle attempts but will strongly encourage after 2 failures. Cycle monitoring typically begins at \$500 and increases based on many factors, and medications can range from \$100 per cycle to \$4,000 per cycle. We have tried to conceive in ways equivalent to the ways in which a straight couple would try, but that has not been enough. Unless the laws change, we will be faced with thousands of dollars in medical costs to be able to start our family.

As you can see, this bill is especially important to me. The current definition of infertility is not only inequitable, but also outdated and inconsistent with today's standards. Starting a family is not achievable to so many couples and individuals due to costs. Moving this bill from committee and to a vote is the first step in allowing all Rhode Islanders equal and equitable access to fertility treatments. On behalf of myself and my wife Tracey, we respectfully request your full support in moving House Bill 5629 to the floor.

Thank you for your time and consideration,

Shannon Soule

West Warwick Resident