



March 30, 2026

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

We are writing on behalf of LGBTQIA+ Action Rhode Island (LARI) in **strong support of House Bills 8245 (Rep. Donovan) and H8318 (Rep Knight)**. These two pieces of legislation will work to help improve safety and access to care for our community. HB 8245 bill will allow for 12-month supply coverage of hormone therapy to be dispensed at one time to ensure continuity in access and eliminate gaps in hormone use. No one should struggle to access the medication they rely on yet insurance often limits the supply of hormone therapy a person may obtain at one time, typically limiting access to a one or three month supply which is why we strongly support H8245. We have successfully passed legislation (R.I. Gen. Laws § 27-41-59) to allow for 12 month dispensing of contraception and need to do the same for essential hormone therapy.

Many individuals rely on hormone therapy as a maintenance medication to treat routine health conditions such as menopause, polycystic ovary syndrome (PCOS) or hypogonadism, gender dysphoria, cancer-related hormone suppression and more. Some people safely take hormones daily for decades. These patients, even those who will be on lifelong gender affirming hormone therapy, are currently forced to refill their prescriptions monthly, which is an unnecessary burden that increases the likelihood of experiencing gaps in treatment. Gaps in treatment disrupt day-to-day life, can impact focus at work, cause uncomfortable symptoms including break through bleeding, hot flashes and mood swings.

This legislation *does not change the medical standard of care*. It simply allows clinicians to prescribe what is best for their patients and ensures stable access to essential hormone therapy medication. It ensures that when a health care clinician decides a 12-month supply of hormone therapy is clinically appropriate, insurance companies cannot arbitrarily block or delay that care and Rhode Islanders can access their medications more easily, with fewer barriers.

H8318 will update the current legislation so that medically necessary, gender-affirming testosterone therapy would no longer be included in the Prescription Drug Monitoring Program (PDMP). The PDMP was designed to monitor controlled substances with a high risk of misuse, diversion, or overdose—most notably opioids and certain sedatives. While testosterone is a controlled substance, its use in gender-affirming care is medically supervised, evidence-based, and associated with a low risk profile when prescribed appropriately. Including it in the PDMP does not meaningfully advance the program's core purpose.

In fact, including gender-affirming testosterone in the PDMP creates unintended harms. Transgender patients already face significant barriers to accessing care, including stigma, discrimination, and limited provider availability. Additional monitoring requirements discourage both patients and providers, leading to delays or interruptions in medically necessary treatment. These disruptions can have serious consequences for mental health and overall well-being.

The inclusion of testosterone in the PDMP may be contributing to the stigmatization of this treatment by reinforcing the inaccurate perception that such care is inherently suspect or prone to misuse, despite broad medical consensus supporting its safety and necessity for many patients.

Current data underscore the urgency of reducing—not increasing—barriers to care. In 2024, 62% of transgender adults reported experiencing discrimination, one of the highest rates of any group. More than one-third (37%) of transgender individuals delayed or avoided needed medical care due to fear of discrimination, demonstrating how policy environments directly affect access to treatment. These conditions have real health consequences. Discrimination in healthcare settings is associated with worsened mental health outcomes, and transgender individuals report disproportionately high rates of poor mental health and care avoidance.

Privacy is another critical concern. The PDMP collects and shares sensitive prescribing data across providers and, in some cases, institutions. For transgender individuals, the inclusion of gender-affirming hormone therapy in such a system raises legitimate fears about confidentiality and potential misuse of personal health information. Protecting patient privacy is essential to maintaining trust in the healthcare system. When patients fear stigma or surveillance, they are less likely to seek preventive care, adhere to treatment, or maintain continuity with providers.

H8318 appropriately recognizes that not all controlled substances pose the same risks or require the same level of monitoring. By removing or exempting gender-affirming testosterone therapy from PDMP reporting requirements, the bill ensures that the program remains focused, effective, and aligned with its original intent—while also protecting access to essential healthcare.

Regardless of medical need, income, insurance carrier, or proximity to a pharmacy, patients deserve affordable and accessible care that works for them. With the current hostile political landscape for reproductive and gender-affirming health care, our state must do everything we can to stand for the fundamental right for people to be able to make decisions about their bodies, lives and futures. By providing consistent access to hormone treatment, we can ensure Rhode Islanders no matter where they live in the state, have healthier outcomes and uninterrupted access to their medication and ***we urge the committee and legislature to vote in support of H8245 and H8318. These pieces of legislation promote responsible policy, safeguards patient privacy, and helps ensure that all Rhode Islanders can access the care they need without unnecessary barriers.***

Thank you for your time and consideration.

Sincerely,

Members of LGBTQIA+ Action Rhode Island