

March 30, 2026

Attn: House Committee on Health and Human Services
RE: House Bill 8245

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

My name is Camille Williams, and I am a Certified Nurse-Midwife from Providence. I have been a prescribing reproductive health care provider in Rhode Island for 18 years, now specializing in menopausal and perimenopausal hormone therapy. I am a Menopause Society Certified Practitioner (MSCP) through The Menopause Society (formerly the North American Menopause Society).

I strongly support House Bill 8245 (Rep. Donovan), which would require insurance coverage for a 12-month supply of hormone therapy at one time. This bill helps ensure continuity of care and reduces gaps in treatment. No one should struggle to access essential medications, yet current policies often limit patients to one- or three-month supplies. This creates unnecessary barriers and delays for patients who are stable on long-term regimens of hormone therapy.

My patients face significant barriers to accessing prescribed hormone therapy:

1) Financial and logistical burdens:

As a provider at a Federally Qualified Health Center (FQHC), I care for many patients with financial constraints, multiple jobs, family responsibilities, and transportation challenges. While follow-up visits every few months are appropriate during the first 6–12 months of treatment, most patients are stable on their regimens thereafter and require only annual visits. Requiring frequent visits solely for refills creates unnecessary burden.

2) Medication shortages and refill delays:

Ongoing shortages of estradiol patches often force patients to search for alternate pharmacies. Because insurance typically restricts early refills, patients have a very narrow window of time to secure medication before running out. I have seen patients go without treatment despite having refills available, simply due to stock issues. Requiring additional provider authorization for refills further delays access to essential long-term therapy.

I am not currently a prescriber of hormone therapy for transgender patients, however as a provider who cares about all patients receiving uninterrupted care, I support this bill on their behalf as well. There are only a few providers in the state who specialize in hormone therapy for these patients, and as such, they may be subject to even more logistical burdens and delays than my own patients.

Thank you for your consideration, and please support House Bill 8245 to enable continuity of treatment without unnecessary barriers for all Rhode Islanders who are prescribed hormone therapy.

Regards,
Camille Williams, CNM, MSCP