



Testimony Re: S2460 (Sen Mack) AN ACT RELATING TO INSURANCE-ACCIDENT AND INSURANCE POLICIES

May 5, 2026

Written Testimony on Behalf of the American College of Obstetricians and Gynecologists (ACOG) in Support of Rhode Island Senate Bill S2460

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

My name is Melissa Russo, and I am speaking dually as a constituent of Rhode Island and on behalf of the American College of Obstetricians and Gynecologists in strong support of Senate Bill S2460. I am testifying in strong support of Senate Bill 2460 by Senator Mack. Fertility health care is essential for building families. Rhode Island was previously a leader in access to fertility care, passing legislation in 1989 to support family building. Unfortunately, medicine has moved far beyond where we were in 1989, and the current provision is outdated. 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, so more Rhode Island residents have the opportunity to build their family.

Senate Bill S2460 is vital for my patients to ensure they have access to technology to be able to build their families and being inclusive of all family structures. There are extreme cost barriers for people who are not able to use insurance to have access to fertility treatments. Current Rhode Island law is outdated and has a very narrow definition of “infertility” that hasn’t kept up with the times. The American Society of Reproductive Medicine updated the definition of infertility in 2023, and Rhode Island needs to ensure families can continue to access care by updating our definition. It’s important that Rhode Islanders who pay for their private insurance are able to access the coverage they need to build their families. **Under the current narrow definition, dating to 1989, many are excluded from or face substantial barriers to coverage, including single individuals and LGBTQ+ families.**

Fertility care is part of essential health care, and people should be able to access it through their insurance plan. Without coverage, the cost of fertility health care, such as In-Vitro Fertilization (IVF), can range from a thousand to tens of thousands of dollars in out-of-pocket costs. Limits on access to IVF and other fertility health care especially burden LGBTQ+ people. These same people facing so many attacks on their reproductive freedom, basic health care, and personal autonomy. About 9% of men and about 11% of women of reproductive age in the United States have experienced fertility problems. Black women are almost twice as likely as white women to suffer from infertility. They are also half as likely as white women to access fertility health care. This is an important reproductive justice issue. Every person should have access to health care, including fertility health care, to decide if, when, and how they have children and build their families.

Access to fertility health care is also an important aspect of reproductive rights. In 2024, the Alabama Supreme Court ruling finding cryopreserved embryos to be legal people with rights set off chaos in Alabama for patients that rely on IVF to build their families. It is the clearest demonstration yet of the many ways anti-abortion laws, including “personhood” laws, threaten fertility and all sexual and reproductive health care. President Trump released an Executive Order in February 2025 about the need to improve access to IVF, but this order did nothing to make access to fertility health care more equitable or affordable. His announcement in October 2025, seemingly related to his Executive Order, likewise has not led to comprehensive, non-discriminatory fertility health care coverage. Instead, extremists, as seen in states like Arkansas and Oklahoma, are undermining



standard of care and pushing to pass requirements for insurers to cover unproven, unregulated, unscientific treatments that do not reflect science and research.

Rhode Island has a real opportunity, with this bill, to strengthen our state law to make fertility health care more accessible for people in our state. I support S 2460 because access to family-building health care such as IVF is essential health care for so many people in our state. This is an urgent reproductive and economic justice issue. With the current hostile political landscape for reproductive health, our state must do everything we can to stand for the fundamental right for people to be able to decide whether, when, and how to have children. I urge the committee and legislature to vote favorably for S 2460 to improve fertility health care coverage and update our state law, which is outdated and doesn't reflect the standard of health care, so more Rhode Island residents have access to the essential medical care they need to build their families.

Thank you for your time and consideration.

A handwritten signature in black ink, appearing to read 'Melissa Russo', with a long horizontal flourish extending to the right.

Melissa L. Russo MD
Vice-Chair of Advocacy Committee in Rhode Island, District I ACOG
Maternal-Fetal Medicine and Clinical Genetics, Women & Infants Hospital