

From: [Gregorydavis, Kalin](#)
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Dear Chair Murray and distinguished members of the Senate Committee on Health and Human Services:

My name is Kalin Gregory-Davis. I am from Providence and I am an OBGYN Resident at Brown-Women and Infants OBGYN Residency.

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 Unfortunately, medicine has moved far beyond where we were in 1989, and the current provision is outdated.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.

I am testifying in support of Senate Bill 2460 by Senator Mack. As an OBGYN, I was excited and proud when in 2023 our American Society of Reproductive Medicine, the fertility specialists of our field, expanded their definition of infertility to be inclusive of LGBTQIA family building. The new definition is “anyone needing medical interventions in order to achieve a successful pregnancy either as an individual or with a partner.” I am in support of this bill as it will hold insurance companies accountable to the definition put forward by reproductive medicine experts. Prior to October 2023, the definition of infertility was “the failure to get pregnant within a year of having regular, unprotected intercourse.” In order for a service to be covered, a diagnosis is required. What this has meant is that lesbian couples have not been able to have coverage for procedures required for their family building because in order to have the diagnosis of infertility, they have to be “exposed” to sperm for a year. Sperm is upwards of 1000 dollars a vile and insemination or IVF is thousands of dollars out of pocket. This is an issue of equity as couples who have the means to pay out of pocket for fertility assistance are able to have a family and those without means are left with very limited options, simply based on the logistical reality of their sexual orientation. This bill directly affects my own plans for family building. I am in a queer relationship and my partner and I are planning to start a family in the next few years. As the law stands now, the narrow definition of infertility does not apply to us and we will therefore be forced to pay out of pocket for insemination. This financial hardship is not one that our straight counterparts share.

As definitions of diagnoses change, it is our duty to hold insurance companies accountable to the medical standard of care. As a queer OBGYN, this issue is near and dear to my heart, my own life and my clinical practice. This is an issue of reproductive and economic justice. I urge you to stand with Rhode Island families and ensure equitable access to family building, regardless of sexual orientation or financial status.

Thank you for your time and consideration.

Dr. Kalin Gregory-Davis, OBGYN

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