



May 5, 2026

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

We are writing on behalf of LGBTQIA+ Action Rhode Island in **strong support of Senate Bill 2460** (Senator Mack). LGBTQIA+ Action RI is a volunteer community organization dedicated to securing equality and justice for LGBTQIA+ Rhode Islanders. The group came together in 2016 to counter rising political vitriol aimed at LGBTQIA+ people.

We are incredibly grateful for all the work that Rhode Island has done over the past few years to safeguard LGBTQIA+ families and expand reproductive health care access. The passage of the Reproductive Privacy Act and the Equality in Abortion Coverage Act ensured that abortion care is both legally protected and more accessible. Rhode Island then further strengthened these protections with the Health Care Provider Shield Act in 2024, safeguarding local doctors who provide reproductive or gender-affirming health care from hostile laws in other states. Rhode Island also enacted the Rhode Island Uniform Parentage Act, which ensures that all families, including LGBTQIA+ families, are equally protected under the law no matter how they are formed. Our state has consistently demonstrated its commitment to equality and bodily autonomy and yet, in the current political environment, our work is far from over.

**American Society for Reproductive Medicine RECENTLY EXPANDED ITS DEFINITION OF INFERTILITY:**

“Infertility” is a disease, condition, or status characterized by **any** of the following:

- The inability to achieve a successful pregnancy based on a patient’s medical, sexual, and reproductive history, age, physical findings, diagnostic testing
- The need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy

They clearly state that nothing in this definition should be used to deny or delay treatment to any individual, regardless of relationship status, gender identity, or sexual orientation.

We need this legislation to bring current RI law into agreement with these definitions and that is what this legislation will do. Currently our law does not reflect this medical standard of care and does not specifically address LGBTQIA+ and single individuals. In addition, our current law does not include coverage for fertility preservation or infertility care for patients covered by RI Medicaid. This is a huge equity issue for a medical condition that people have no control over.

Rhode Island was previously a leader in access to fertility care, passing legislation in 1989 to support family building. Medicine has moved far beyond where we were in 1989, and unfortunately our 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 LGBTQIA+ and single people, among others, so more Rhode Island residents have the opportunity to build their family. Fertility health care is essential for building families which are the bedrock of thriving communities. Our state has the obligation to continue to protect and enhance the rights and freedoms we have fought so hard to secure.

So many members of our community have had to put significant delays in their family-building process in order to manage the exorbitant costs. For couples or an individual needing to use donor sperm, each vial is between \$1200-2200 depending on their specific needs. This is a per cycle cost, before getting into any of the expenses of in office visits, insemination costs, monitoring ultrasounds, lab work and other needs. If a resident has an insurance plan that has some fertility coverage, it will typically require 6 months of trying to conceive if over 35 years old or 12 months if under 35 years old before insurance coverage *starts* to pay some of the costs. Most are also paying additional office procedure, monitoring and other labwork costs, from \$200-500 monthly depending on what their practice recommends. As you can imagine, this is out of reach for so many people who then don't have access to building their family.

We support S2460 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, with particular focus on LGBTQIA+ individuals, 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. Fertility care is 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. [1]

**We urge the committee and legislature to vote favorably for S2460 to improve fertility health care coverage and update our state law to reflect the current standard of health care, ensuring Rhode Island residents have access to the essential medical care they need to build their families.**

Thank you for your time and consideration.

Sincerely,

Members of LGBTQIA+ Action RI

1 Gabriela Weigel, Usha Ranji, Michelle Long & Alina Salganicoff, COVERAGE AND USE OF FERTILITY SERVICES IN THE U.S., KAISER FAMILY FOUNDATION (Sept. 15, 2020).