



Honorable Chair Murray of the
Senate Committee on Health & Human Services
State House
Providence, RI 02903

Re: S2460

May 5, 2026

Dear Chair Murray and Members of the Health & Human Services Committee,

I write to you on behalf of the Rhode Island Academy of Family Physicians (RIAFP) in strong support of Senate Bill 2460.

Our organization firmly believes that comprehensive, equitable coverage for fertility services is a critical aspect of healthcare that should be accessible to all patients, regardless of gender, sexual orientation, or family structure.

Senate Bill 2460 addresses this need in two key ways: 1) It codifies the definition of infertility established by the American Society of Reproductive Medicine (ASRM), ensuring that the definition of infertility is inclusive of all family structures. 2) It broadens coverage of fertility services to reflect the diverse needs of patients throughout their fertility journey, without arbitrary limitations imposed by insurance companies.

Currently, Rhode Island law limits fertility coverage to individuals who meet a restrictive definition of "infertility," which is rooted in the assumption that people are having heterosexual intercourse. This outdated definition excludes many LGBTQ+ couples and single individuals, placing significant financial and logistical barriers in their path to building a family. For most Rhode Islanders, the cost of assisted reproductive services—often ranging from thousands to tens of thousands of dollars—is simply unaffordable without insurance coverage.

At a time when discrimination against LGBTQ+ individuals is on the rise, Rhode Island has an opportunity to lead the way in creating policies that foster equity and inclusion for all its residents.

Infertility affects about 9% of men and 11% of women of reproductive age in the United States. However, even when individuals meet the clinical definition of infertility, they continue to face substantial barriers in accessing necessary fertility services. These barriers often stem from insurance restrictions, such as lifetime caps on fertility care that fall well below the actual costs

of services. Additionally, many insurance plans impose arbitrary rules about the order in which specific services must be provided—rules that are frequently not grounded in evidence-based medical practice. These restrictions often delay care, increase out-of-pocket expenses, and add unnecessary emotional stress to patients already facing challenging fertility journeys.

Healthcare decisions should be made by patients and their providers—not by insurance companies imposing arbitrary, non-medical restrictions. This bill represents a necessary step toward ensuring that all individuals, regardless of their circumstances, have access to the fertility services they need to make informed, personal choices about their reproductive futures.

The RIAFP strongly supports S2460 because we believe all people deserve equitable access to fertility services. The decision of whether, when, and how to have children should be one made by individuals, with the guidance of their trusted medical providers, not dictated by insurance companies. Policies that discriminate against vulnerable and marginalized communities are inconsistent with the values of Rhode Islanders and run counter to the principles of equity and inclusion that we hold dear.

We urge the passage of this important bill to ensure that fertility coverage is both comprehensive and equitable for all Rhode Islanders.

Thank you for your time and consideration.

Katharina de Klerk, DO
RIAFP President and Advocacy Committee Chair