

Dear Chair Donovan and Honorable Members of the House Committee on Health and Human Services:

My name is Rose Ann Huynh and hail from Providence. I am an Obstetrician and Gynecologist serving patients across Rhode Island. I write in strong support of S2460: An Act Relating to Insurance -- Accident and Sickness Insurance Policies, which would expand fertility coverage to all Rhode Islanders and ensure patients are not discriminated against based on of age, ancestry, disability, domestic partner status, ethnicity, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation. This bill will positively impact so many Rhode Islanders lives, and I can think of many of my own patients who would have benefited from this bill had it been in place already.

One patient I think of, let's call her Maria, had been trying to get pregnant for years. She had already been trialed on medications that induce ovulation, so I recommended that she see an infertility specialist, but she declined due to cost. Instead, she opted to self-increase her dose understanding that this increased her risk for multiple gestation, which leads to a riskier pregnancy for her, but also to her future children. Unfortunately, she was never able to get pregnant and decided to just give up.

Unfortunately, Maria is not alone in this experience. Black and Hispanic women experience infertility at similar or higher rates than white women, yet are significantly less likely to receive treatment due to cost barriers. Without mandated fertility coverage, access to treatment is determined by wealth, not medical need. Low- and middle-income families are effectively priced out of fertility care, forcing many to go into debt, deplete savings, or forgo treatment entirely. LGBTQ+ individuals and single parents face particular hardship, as many insurers exclude coverage unless there is a diagnosed medical condition — a standard that fails to reflect diverse family-building realities. States with comprehensive fertility mandates show dramatically improved rates of treatment access across income levels, demonstrating that policy directly shapes equity.

The benefit of mandated fertility insurance coverage is not just equity. It demonstrably improves medical outcomes and encourages responsible clinical practice. When patients are not financially desperate, they make safer, more evidence-aligned choices — fewer embryos transferred, less risk of premature birth, NICU admissions, and long-term complications. Coverage enables earlier diagnosis and treatment, improving success rates before age-related decline reduces the likelihood of pregnancy. Research also shows that patients with insurance coverage report significantly lower psychological distress throughout treatment.

Every Rhode Islander deserves the opportunity to grow their family without going into debt.

Respectfully submitted,



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