



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

## Testimony Re: S2863 (Sen Murray) AN ACT RELATING TO INSURANCE -- ACCIDENT AND INSURANCE POLICIES

April 7, 2026

### Written Testimony on Behalf of the American College of Obstetricians and Gynecologists (ACOG) in Support of Rhode Island Senate S2863

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

My name is Melissa Russo, and I am speaking on behalf of the American College of Obstetricians and Gynecologists in strong support of Senate Bill 2863. I am testifying in strong support of Senate Bill 2863 (Sen. Murray). This bill will require 12-month supply coverage of hormone therapy at one time to ensure continuity in access and eliminate gaps in hormone use. **No one should struggle to access the medication they rely on—including hormone therapy—because of their income, insurance carrier, or zip code.** Yet insurance often limits the supply of hormone therapy a person may obtain at one time, typically limiting access to a one-cycle or three-cycle supply which is why I support S2863.

Many individuals rely on hormone therapy as a maintenance medication to treat routine health conditions such as menopause, polycystic ovary syndrome (PCOS), hypogonadism, gender dysphoria, cancer-related hormone suppression and more. Some people safely take hormones daily for decades. Many patients, including those who will be on lifelong hormone therapy, are currently forced to refill their prescriptions every single month, which is an unnecessary burden that increases the likelihood of experiencing gaps in treatment. Hormone therapy is medically necessary, evidence-based treatment, not elective care. Lack of coverage creates avoidable health risks, workforce disruption, and higher long-term healthcare costs. Ultimately, the decision on the length of a prescription should be decided between a patient and their provider, not an insurance company.

S2863 does not change the medical standard of care. It simply allows providers to prescribe what is best for their patients and ensures stable access to hormone therapy medication for those that rely on it. This bill ensures that when a health care provider decides a 12-month supply of hormone therapy is clinically appropriate, insurance companies cannot arbitrarily block or delay that care. This bill is especially important for Rhode Islanders that live in rural areas, low-income individuals, or those with disabilities. Consistency is essential for patients because missed or delayed refills can disrupt physical and emotional well-being, create anxiety about supply shortages, and add stress for those balancing work, school, or caregiving responsibilities. Just as Rhode Island has guaranteed 12-month dispensing of contraceptive coverage (R.I. Gen. Laws § 27-41-59), it's time to extend it to menopause care. Interruptions in hormone therapy are not benign—they directly impact sleep, mental health, bone health, and workforce participation. No patient should have to ration their prescribed medication or experience adverse health effects because they can't get consistent access to their hormone therapy. By providing uninterrupted access to hormone treatment, we can ensure all people, no matter where they live in the state, get the health care they need.

Regardless of medical need, income, insurance carrier, or proximity to a pharmacy, patients deserve affordable and accessible care that works for them. With the current hostile political landscape for reproductive and gender-affirming health care, our state must do everything we can to stand for the fundamental right for people to be able to make decisions about their bodies, lives and futures. By providing consistent access to hormone treatment, we can ensure Rhode Islanders, no matter where they live in the state, have healthier outcomes and



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uninterrupted access to their medication and I urge the committee and legislature to vote in support of S2863.  
Thank you for your time and consideration.

A handwritten signature in black ink, appearing to read 'Melissa L. Russo', followed by a long horizontal flourish.

Melissa L. Russo MD

Vice-Chair of Advocacy Committee in Rhode Island, District I ACOG

Maternal-Fetal Medicine and Clinical Genetics, Women & Infants Hospital