



TESTIMONY OF GLBTQ LEGAL ADVOCATES & DEFENDERS
In Support of Senate Bill 2863
An Act Relating To Insurance -- Accident And Sickness Insurance Policies
Senate Health and Human Services Committee
April 7, 2026

Dear Chair Murray, Vice Chair Lauria, Secretary Urso and distinguished members of the Senate Health & Human Services Committee:

My name is Elizabeth Rodriguez-Ross, and I am a Staff Attorney at GLBTQ Legal Advocates & Defenders (GLAD Law). I write to express *strong support* for Senate Bill 2863, An Act Relating To Insurance -- Accident And Sickness Insurance Policies. This legislation is an important step towards preserving access to medically necessary healthcare by ensuring coverage for supplies of hormone prescriptions for up to twelve months.

As you know, GLAD Law is New England's leading legal rights organization dedicated to ensuring equality for LGBTQ people and people living with HIV. At GLAD Law, we are deeply committed to the ability of community members to access necessary healthcare safely. We have helped draft and pass provider shield laws throughout New England, including in Rhode Island, and we have challenged unconstitutional bans of transgender health care.

The federal landscape has made access to transgender medical care increasingly uncertain for patients and providers alike. Executive orders, proposed regulatory changes and politically motivated enforcement actions have created a climate in which patients cannot assume that their current access to care will continue uninterrupted. This is not a luxury but a practical safeguard against disruptions.

In this increasingly turbulent landscape in which medically necessary healthcare is under attack, Rhode Island has a critical role to play in ensuring continuity of treatment for its residents who rely on hormone medications. While prescriptions may permit patients to pick up many months of refills at once, many insurers only cover the cost of the medication if patients pick up their refills more slowly over time. To obtain a medication supply that will last for a longer period, patients often need to pay out-of-pocket. For many patients and their families, this is financially burdensome or simply not possible.

This legislation would ensure that patients have a stop-gap option for continuity of treatment, in the event of an interruption to their access to medically necessary medications. It would not require insurers to cover new or different medications than they do now, it would not limit the discretion of providers to prescribe medications in the amount they deem medically warranted, and it explicitly provides for compliance with applicable controlled substance laws.

Concerns that a 12-month supply mandate will result in waste or lost medication misunderstands what this bill does. The bill does not require that every patient receive a 12-month supply. It requires health plans to cover the cost when a provider determines it is appropriate. The prescribing provider retains full clinical discretion. A 12-month supply makes sense for patients who are stable in their medication, have an established relationship with their provider, and face real logistical barriers to returning to the pharmacy every 30, 60 or 90 days. It is not appropriate for every patient, and providers know that. Standards of care governing hormone therapy do not disappear because a longer supply is available. They continue to govern how and when medication is prescribed and adjusted. This bill removes the insurance barrier that has prevented providers from exercising that clinical judgment in the first place. For patients who are stable, a 12-month supply is not a risk but rather patient-centered care, delivered by providers with the training and expertise to know when it is appropriate.

Adopting this bill would build on Rhode Island's leadership in protecting access to essential healthcare. It would also follow the example set by Washington state in passing similar language into law last year with bipartisan support.¹

With coordinated political efforts seeking to prevent access to medically necessary care, no patient should have to choose between their health and their financial stability. GLAD Law urges this Committee to remove that calculus. Please do not hesitate to contact GLAD Law to provide further information and support. Thank you for your work.

Respectfully submitted,



Elizabeth Rodriguez-Ross, Staff Attorney
GLBTQ Legal Advocates & Defenders
erodriguezross@gladlaw.org

¹ 2025 Wash. Sess. Laws Ch. 171.