



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

Testimony Re: S2889 (Sen. LaMountain)

April 7, 2026

Written Testimony on Behalf of the American College of Obstetricians and Gynecologists (ACOG) in Support of Rhode Island Senate Bill S2889 AN ACT RELATING TO FOOD AND DRUGS—UNIFORM CONTROLLED SUBSTANCES ACT

Good afternoon, President Lawson and members of the Senate Committee:

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 S2889. ACOG supports policies that promote evidence-based care and reduce unnecessary barriers for patients. **Senate Bill S2889 is particularly important because it addresses the inclusion of testosterone in the Prescription Drug Monitoring Program, or PDMP.** While testosterone is classified as a controlled substance, its use in medical care—such as for menopausal hormone therapy, treatment of hypoactive sexual desire disorder, and gender-affirming care—is evidence-based, medically supervised and closely monitored by clinicians. It does not carry the same risk profile as medications the PDMP was designed to track, such as opioids and specific sedative medications.

In fact, including gender-affirming testosterone in the PDMP creates unintended harms. A recent study showed that 62% of transgender adults reported experiencing discrimination and more than one-third (37%) had delayed or avoided needed medical care due to fear of discrimination, demonstrating how policy environments directly affect access to treatment.

As you all are well aware, transgender Rhode islanders already face significant barriers to accessing care - additional monitoring requirements discourage both patients and providers, leading to delays or interruptions in medically necessary treatment which can have serious consequences for mental health and overall well-being. The inclusion of testosterone in the PDMP contributes to the stigmatization of this treatment by reinforcing the inaccurate perception that such care is inherently suspect or prone to misuse, despite broad medical consensus supporting its safety and necessity for many patients. Protecting patient privacy is essential to maintaining trust in the healthcare system. S2889 appropriately recognizes that not all controlled substances pose the same risks or require the same level of monitoring. By removing or exempting testosterone therapy from PDMP reporting requirements, House Bill S2889 helps ensure that the PDMP remains focused on its core purpose—addressing substance misuse and overdose—while avoiding unnecessary barriers to people accessing routine, safe health care.

For these reasons, the American College of Obstetricians and Gynecologists respectfully urges you to support and pass House Bill S2889.

Thank you for your time and consideration,

Melissa L. Russo MD
Vice-Chair of Advocacy Committee in Rhode Island, District I ACOG
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