



TESTIMONY OF GLBTQ LEGAL ADVOCATES & DEFENDERS
In Support of S2460
An Act Relating To Insurance -- Accident And Sickness Insurance Policies
Senate Health & Human Services Committee
May 5, 2026

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

My name is Patience Crozier, and I am the Director of Family Advocacy at GLBTQ Legal Advocates & Defenders (GLAD Law). I write to express **strong support** for Senate Bill 2460 and gratitude to our lead sponsor, Sen. Tiara Mack, and all of the co-sponsors of this bill. This legislation is an important measure for all those in Rhode Island who want to build their families, including LGBTQ people, by ensuring access to fertility healthcare aligned with the current standard of care and ensuring compliance with provisions of the Affordable Care Act that prohibit age discrimination.

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, much of my work focuses on the well-being and needs of children and families, including family building and the protection of parent-child relationships. Stable and secure parent-child relationships are core to a thriving community. We are grateful for the General Assembly's longstanding commitment to enacting legislation to support children and families, including the Rhode Island Uniform Parentage Act (2020) and the Rhode Island Confirmatory Adoption Act (2023).

Access to fertility treatments to build a family is critically important for comprehensive health care, yet across the United States, there is a dearth of access.¹ Not only is there a

¹ American Society for Reproductive Medicine, *Disparities in Access to Effective Treatment for Infertility in the United States: An Ethics Committee Opinion* (2021), https://www.asrm.org/globalassets/asrm/practice-guidance/ethics-opinions/pdf/disparities_in_access_to_effective_treatment_for_infertility_in_the_us-pdfmembers.pdf. (As of 2021, only nine states provided comprehensive or near-comprehensive coverage for infertility treatment to at least some residents through state law mandates, focused on private insurers.)

dearth of access, but fertility care is under attack by extremist forces that are seeking to impose barriers to in-vitro fertilization and fertility preservation.²

Currently, Rhode Island has a private insurance mandate for fertility health care, requiring private insurers to cover family-building health care.³ While this provision was enacted in 1989 – making Rhode Island an early leader – the current provision is outdated and no longer reflects the medical standard of care.⁴ This gap in access is especially burdensome for LGBTQ individuals and people who, like many others, aspire to create loving families and are left unprotected by coverage they pay for.

Of particular concern to GLAD Law, Rhode Island’s fertility insurance law does not adequately meet the needs of LGBTQ prospective parents. Currently, the law defines infertility as “the condition of an otherwise presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of one year.”⁵ This definition is outdated and does not reflect current guidance from the American Society of Reproductive Medicine (ASRM). Since 2023, the ASRM has defined infertility to also include: “The inability to achieve a successful pregnancy based on a patient’s medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors” and “[t]he need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as an individual or with a partner.”⁶ This bill would align Rhode

² See Emma Waters & Natalie Dodson, *Treating Infertility: The New Frontier of Reproductive Medicine*, The Heritage Foundation (March 24, 2025), <https://www.heritage.org/marriage-and-family/report/treating-infertility-the-new-frontier-reproductive-medicine>.

³ The following statutory changes following 2017 R. I. Pub. Laws 150 include R. I. Gen. Laws § 27-18-30 (LexisNexis 2025), R. I. Gen. Laws § 27-19-23 (LexisNexis 2025), R. I. Gen. Laws § 27-20-20 (LexisNexis 2025), and R. I. Gen. Laws § 27-41-33 (LexisNexis 2025).

⁴ See R.I. Gen. Laws §§ 27-18-30(a), 27-19-23(a), 27-20-20(a), 27-41-33(a). (Insurers and HMOs that cover pregnancy benefits must also cover medically necessary expenses associated with diagnosis and treatment of infertility, and standard fertility preservation services when a medically necessary medical treatment may directly or indirectly cause iatrogenic infertility to a covered person.) See also R.I. Gen. Laws § 27-18-30(a). (This provision explains the coverage mandate applies to any health insurance contract, plan, or policy delivered, issued, or renewed in the state, except contracts providing supplemental coverage to Medicare or other governmental programs, that provides pregnancy-related benefits.) See also Practice Committee of the American Society for Reproductive Medicine, *Definition of Infertility: A Committee Opinion* (2023), <https://www.asrm.org/practice-guidance/practice-committee-documents/definition-of-infertility/>; Connecticut House Bill No. 7022, 2025 General Assembly (2025).

⁵ R.I. Gen. Laws §§ 27-18-30(b).

⁶ Practice Committee of the American Society for Reproductive Medicine, *Definition of Infertility: A Committee Opinion* (2023), <https://www.asrm.org/practice-guidance/practice-committee-documents/definition-of-infertility/>.

Island's statutory definition with the ASRM standard and, by doing so, reflect best practice and truly support Rhode Islanders in building their families.

This update would help to alleviate the significant barriers faced by LGBTQ people attempting to access fertility care, who might otherwise be unable to afford out-of-pocket fertility treatments. Without insurance coverage, fertility care is out of reach for many.⁷ Prospective parents might go into debt, face bankruptcy, or delay home purchases and other economic milestones to pay for fertility care.⁸ Racial disparities persist as well—Black women are approximately twice as likely as white women to experience infertility, yet less likely to receive fertility care. Expanding insurance coverage for fertility treatment will alleviate economic burdens, promote early, medically appropriate intervention and can even lower long-term healthcare costs.

With this bill, Rhode Island has an opportunity to strengthen its state law to make fertility health care more accessible for people in the Ocean State. This bill would help Rhode Islanders access important fertility care by making the following changes:

- Aligning Rhode Island law with the current medical standard of care, as articulated by the definition of infertility issued by the American Society for Reproductive Medicine (ASRM) in October 2023, to include coverage for LGBTQ people, single people, and patients with conditions such as endometriosis or pelvic pain who are often excluded;⁹
- Clarifying that fertility preservation includes coverage for storage for people undergoing medical treatment that could compromise their fertility; and
- Providing explicit nondiscrimination language to ensure that Rhode Islanders can equally access fertility treatment in their private insurance plans.

This bill would also bring Rhode Island into alignment with several other states that have updated their fertility insurance laws to reflect the current standard of care. Six states (California, Colorado, Illinois, Maine, New York, and New Jersey) and Washington, D.C. have done this work which also explicitly includes LGBTQ people in their laws requiring

⁷ *Disparities in access to effective treatment for infertility in the United States: an Ethics Committee opinion*, The American Society for Reproductive Medicine (July 2021), https://www.asrm.org/globalassets/asrm/practice-guidance/ethics-opinions/pdf/disparities_in_access_to_effective_treatment_for_infertility_in_the_us-pdfmembers.pdf.

⁸ A. Bosworth et al., *Health Insurance Coverage and Access to Care for LGBTQ+ individuals: Current Trends and Key Challenges* (2021), <https://aspe.hhs.gov/sites/default/files/2021-07/lgbt-health-ib.pdf>.

⁹ Practice Committee of the American Society for Reproductive Medicine, *Definition of Infertility: A Committee Opinion* (2023), <https://www.asrm.org/practice-guidance/practice-committee-documents/definition-of-infertility/>.

private insurers to cover fertility health care.¹⁰ In 2024, the Department of Veterans Affairs even expanded their IVF coverage policy to include LGBTQ couples.¹¹

Even as some localities expand access to fertility services, this form of healthcare has increasingly come under attack. Last year, Arkansas adopted the RESTORE Act, a bill which requires insurers to cover “Restorative Reproductive Medicine” (RRM), a practice that falls outside the standard of care and delays access to health care that supports family building. The U.S. Department of Health and Human Services also announced plans to introduce RRM into its clinics for low-income women. These actions divert resources from evidence-based fertility care, undermining access to safe and effective treatment. States that seek to promote children and families must act to protect and secure access to standard of care fertility health care.

GLAD Law urges this Committee to advance Senate Bill 2460. This bill represents a critical step toward fair, inclusive, and modern fertility healthcare—and would return Rhode Island to a leadership role in supporting family building. GLAD Law appreciates your consideration. Please do not hesitate to contact me with questions or for additional information.

Respectfully submitted,



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¹⁰ *Fertility Healthcare*, Movement Advancement Project, <https://mapresearch.org/equality-map/fertility-healthcare-coverage/> (last accessed May 5, 2026).

¹¹ “VA expands in vitro fertilization for Veterans,” U.S. Department of Veterans Affairs (March 11, 2024), <https://news.va.gov/press-room/va-expands-in-vitro-fertilization-for-veterans/>.