



**TESTIMONY OF GLBTQ LEGAL ADVOCATES & DEFENDERS**  
**In Support of H8182**  
**An Act Relating To State Affairs And Government –**  
**The Rhode Island Medicaid Reform Act Of 2008**  
**House Finance Committee**  
**May 5, 2026**

Dear Chair Abney, First Vice Chair Slater, Second Vice Chair Marszalkowski and esteemed members of the House Finance Committee:

Thank you for this opportunity to testify in **strong support** of House Bill 8182, An Act Relating to State Affairs and Government—The Rhode Island Medicaid Reform Act of 2008. We are grateful for your consideration and for the work of lead sponsor, Representative Alzate, and all of the co-sponsors of this bill. This legislation is an important measure for those in Rhode Island who seek 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 creation and the protection of parent-child relationships. Stable and secure parent-child relationships are core to a thriving community. LGBTQ people strive to build families just like all other people, and they face additional barriers in securing the health care they need to build their families. 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 care to build a family is critically important health care. In this country, there is a dearth of access.<sup>1</sup> Rhode Island has a private insurance mandate for fertility

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<sup>1</sup> 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/practice-guidance/ethics-opinions/disparities-in-access-to-effective-treatment-for-infertility-in-the-united-states-an-ethics->

health care.<sup>2</sup> This means that private insurers must provide coverage for family-building health care. Even that mandate is outdated, however, and does not reflect the current standard of care.<sup>3</sup>

But looking beyond private insurance, the situation for Rhode Islanders on Medicaid tells a starkly different story. Those on Medicaid lack access to any fertility treatments. This bill is an important measure to ensure that there is more meaningful access to family - building health care in Rhode Island. Access to health care for family building has never been more important, particularly in light of efforts to restrict access to fertility health care in other states.

Rhode Island does not currently provide adequate health insurance coverage for people on Medicaid who need fertility treatment.<sup>4</sup> Although the State mandates private insurers to cover infertility services, this mandate does not include Medicaid recipients.<sup>5</sup> As a result, current Medicaid programs generally do not cover the full diagnostic process for infertility, nor do they cover fertility treatment and preservation services, offering only limited support for basic preconception care.<sup>6</sup>

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[committee-opinion-2021/](#). (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.)

<sup>2</sup> The following statutory changes following 2017 R. I. Pub. Laws 150: 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).

<sup>3</sup> 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/>. See also Connecticut House Bill No. 7022, 2025 General Assembly (2025).

<sup>4</sup> Kaiser Family Foundation, Rhode Island Women’s Health Insurance Coverage Data: Mandated Coverage of Infertility Treatment, Rhode Island (2024), <https://www.kff.org/interactive/womens-health-profiles/rhode-island/healthcare-coverage/>.

<sup>5</sup> 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.

<sup>6</sup> Executive Office of Health & Human Serv’s., State of Rhode Island, *RI Managed Medicaid Model Member Handbook* at 19,

[https://eohhs.ri.gov/sites/g/files/xkgbur226/files/Portals/0/Uploads/Documents/RIteSmiles/2\\_RI\\_Managed\\_Medicaid\\_Model\\_Member\\_Handbook.pdf](https://eohhs.ri.gov/sites/g/files/xkgbur226/files/Portals/0/Uploads/Documents/RIteSmiles/2_RI_Managed_Medicaid_Model_Member_Handbook.pdf); Executive Office of Health & Human Serv’s. (EOHHS), State of Rhode Island, *Medicaid Managed Care Manual, Ch. 2.7: Extended Family Planning Services* (July 1, 2023),

This gap in coverage harms those who may be least able to afford to pay out-of-pocket for the costs associated with fertility health care, exacerbating disparities in access. Such disparities are particularly troubling when one considers research showing that Black women are approximately twice as likely as white women to experience infertility, yet less likely to receive fertility care.<sup>7</sup>

LGBTQ people face heightened financial and healthcare barriers in accessing care. Data suggests that LGBTQ people are more likely to be covered by Medicaid than non-LGBTQ people.<sup>8</sup> Although Rhode Island has among the highest percentage of LGBTQ residents in the country, there remains a disparity in access to care and health-care utilization for the state's LGBTQ population.<sup>9</sup> For low-income LGBTQ people who need but cannot afford fertility care on their own, existing state policy leaves them with few options to build their families.<sup>10</sup>

This bill ensures coverage for people on Medicaid programs to ensure they have access to family-building health care. Importantly, the bill would define infertility to align with the standard of care articulated by the leading medical organization in this field, the

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<https://eohhs.ri.gov/providers-partners/medicaid-managed-care/medicaid-managed-care-manual>. Note: fertility services are not included in this portion of the manual; See also Gabriela Weigel et al., *Coverage and Use of Fertility Services in the U.S.: Appendix 2: Medicaid*, Kaiser Family Foundation (Sept. 15, 2020), <https://www.kff.org/womens-health-policy/coverage-and-use-of-fertility-services-in-the-u-s/>.

<sup>7</sup> Anjani Chandra, Casey E. Copen & Elizabeth Hervey Stephen, "Infertility and Impaired Fecundity in the United States, 1982–2010: Data from the National Survey of Family Growth," *67 National Health Statistics Report* 10 (2013), <https://www.cdc.gov/nchs/data/nhsr/nhsr067.pdf>; Gabriela Weigel et al., "Coverage and Use of Fertility Services in the U.S.," *KFF* (2020), <https://www.kff.org/womens-health-policy/coverage-and-use-of-fertility-services-in-the-u-s/>.

<sup>8</sup> Lindsey Dawson, Michelle Long & Brittini Frederiksen, "LGBT+ People's Health Status and Access to Care," *KFF* (2023), <https://www.kff.org/womens-health-policy/lgbt-peoples-health-status-and-access-to-care/>. See also U.S. Office of the Asst. Sec. for Planning and Evaluation, *Health Insurance Coverage and Access to Care for LGBTQ+ Individuals: Current Trends and Key Challenges* at 5 (June 30, 2021), <https://aspe.hhs.gov/sites/default/files/2021-07/lgbt-health-ib.pdf>.

<sup>9</sup> Edward Fitzpatrick, *The vision behind Rhode Island's first LGBTQ health clinic*, *The Boston Globe* (Mar. 9, 2020), <https://www.bostonglobe.com/2020/03/09/metro/vision-behind-rhode-islands-first-lgbtq-health-clinic/>. See also The Williams Institute, *LGBT Demographic Data Interactive* (Jan. 2018), UCLA School of Law, <https://williamsinstitute.law.ucla.edu/data-interactives/>.

<sup>10</sup> See 2024 KFF Access to Fertility Care. See also Kellan Baker, Ashe McGovern, & Sharita Gruberg, *The Medicaid Program and LGBT Communities: Overview and Policy Recommendations*, Center for American Progress (Aug. 9, 2016), <https://www.americanprogress.org/wp-content/uploads/sites/2/2016/08/2LGBTMedicaidExpansion-brief.pdf>.

American Society for Reproductive Medicine.<sup>11</sup> The bill would secure and expand coverage for individuals enrolled in Rhode Island’s Medicaid programs by ensuring coverage for the diagnosis of infertility, fertility preservation services, and some forms of fertility treatment, including ovulation-enhancing drugs.

This bill provides a reasonable first step in coverage for those on Medicaid. This bill would also align Rhode Island with other states in supporting its residents in accessing the care they need to build their families.<sup>12</sup> Four other states – Illinois, Maryland, Montana, and Utah – provide for Medicaid coverage for fertility preservation, and four jurisdictions – Illinois, New York, Utah, and Washington, D.C. – provide Medicaid coverage for at least some fertility treatment.

Even as some localities expand access to fertility services, this form of health care has increasingly come under attack. Last year, Arkansas adopted the RESTORE Act, a bill which requires insurers to cover “Restorative Reproductive Medicine” (RRM), a non-medical practice that falls outside the standard of care. 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.

Family building is incredibly important to so many. And, unfortunately, this is health care that is often out of reach without insurance coverage. House Bill 8182 is an important first step to ensure that Rhode Island provides access to fertility health care for those on Medicaid and aligns Rhode Island with science and best practice.

GLAD Law hopes this Committee will support this legislation and help move Rhode Island families forward. Thank you for your time and consideration, and please do not hesitate to contact me with questions or for additional information.

Respectfully submitted,

A handwritten signature in black ink, consisting of a stylized capital letter 'P' followed by a long horizontal line that tapers to the right.

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<sup>11</sup> 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/>.

<sup>12</sup> Movement Advancement Project, “Equality Maps: Fertility Healthcare Coverage,” <https://mapresearch.org/equality-map/fertility-healthcare-coverage/>.

Patience Crozier  
Director of Family Advocacy  
GLBTQ Legal Advocates & Defenders  
[pcrozier@gladlaw.org](mailto:pcrozier@gladlaw.org)