

2025 -- H 5771

LC000881

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- THE RHODE ISLAND
MEDICAID REFORM ACT OF 2008

Introduced By: Representatives Alzate, Ajello, Kislak, Felix, Furtado, Stewart, Kazarian,
Cruz, Diaz, and Fogarty

Date Introduced: February 26, 2025

Referred To: House Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 42-12.4 of the General Laws entitled "The Rhode Island Medicaid
2 Reform Act of 2008" is hereby amended by adding thereto the following section:

3 **42-12.4-10. Fertility care.**

4 (a) Beginning January 1, 2026, the department shall provide coverage under the medical
5 assistance program for fertility diagnostic care, standard fertility preservation services, and fertility
6 treatment. Such coverage shall provide for:

7 (1) Any medically necessary ovulation-enhancing drugs and medical services related to
8 prescribing and monitoring the use of ovulation-enhancing drugs that is intended to treat infertility
9 and establish a pregnancy that results in a live birth;

10 (2) At least three (3) cycles of ovulation-enhancing medication treatment;

11 (3) Intrauterine insemination; and

12 (4) In the event that ovulation-enhancing medication treatment administered with intention
13 to prepare for intrauterine insemination results in an ovulation response that counter-indicates
14 intrauterine insemination, coverage for in-vitro fertilization and embryo transfer as recommended
15 by the treating physician.

16 (b) Coverage under this section shall be provided without discrimination on the basis of
17 age, ancestry, disability, domestic partner status, gender, gender identity or expression, genetic
18 information, marital status, national origin, race, religion, sex, or sexual orientation.

1 (c) On or before January 1, 2026, the department shall, after consultation with the Centers
2 for Medicare and Medicaid Services, submit a report to the general assembly on whether in-vitro
3 fertilization is a medically reasonable and necessary procedure under federal law, possible methods
4 for covering in-vitro fertilization as a medical assistance covered benefit for both fee-for-service
5 and managed care organizations, including any potentially applicable waiver authorities, and the
6 amount of money that would need to be allocated to federal and local funds for coverage.

7 (d) For the purposes of this section, the following terms shall have the following meanings:

8 (1) “Fertility diagnostic care” means procedures, products, genetic testing, medications,
9 counseling, and services intended to provide information and counseling about an individual’s
10 infertility, including laboratory assessments and imaging studies.

11 (2) “Fertility treatment” means procedures, products, genetic testing, medications,
12 counseling, and services intended to establish a pregnancy that results in a live birth and that are
13 provided in a manner consistent with established medical practice and professional guidelines
14 published by the American Society for Reproductive Medicine, its successor organization, or a
15 comparable organization.

16 (3) “Gamete” means sperm or egg.

17 (4) “Infertility” means:

18 (i) The presence of a condition recognized by a health care provider as a cause of loss or
19 impairment of fertility, based on an individual’s medical, sexual, and reproductive history, age,
20 physical findings, diagnostic testing, or any combination of those factors;

21 (ii) An individual’s inability to establish a pregnancy or to carry a pregnancy to live birth
22 after twelve (12) months of unprotected sexual intercourse when the individual and the individual’s
23 partner have the necessary gametes to establish a pregnancy;

24 (iii) An individual's inability to establish a pregnancy after six (6) months of unprotected
25 sexual intercourse due to an individual's age when the individual and the individual’s partner have
26 the necessary gametes to establish pregnancy;

27 (iv) An individual’s inability to achieve pregnancy as an individual or with a partner
28 because the individual or the individual and the individual’s partner do not have the necessary
29 gametes to achieve a pregnancy;

30 (v) An individual’s increased risk, independently or with the individual’s partner, of
31 transmitting a serious, inheritable genetic or chromosomal abnormality to a child; or

32 (vi) As defined by the American Society of Reproductive Medicine, its successor
33 organization, or comparable organization. Pregnancy resulting in a loss does not cause the time
34 period of trying to establish a pregnancy to be restarted.

1 (5) "Intrauterine insemination" means a procedure that places semen directly into a
2 patient's uterus at or around the time of ovulation.

3 (6) "Standard fertility preservation services" means procedures, products, genetic testing,
4 medications, counseling, and services intended to preserve fertility, consistent with established
5 medical practice and professional guidelines published by the American Society for Reproductive
6 Medicine, the American Society of Clinical Oncology, or other reputable professional medical
7 organizations, its successor organization, or a comparable organization, for an individual who has
8 a medical or genetic condition or who is expected to undergo treatment that has a possible side
9 effect of or may directly or indirectly cause a risk of impairment of fertility and includes, but is not
10 limited to, the procurement, cryopreservation, and storage of gametes, embryos, and reproductive
11 material.

12 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- THE RHODE ISLAND
MEDICAID REFORM ACT OF 2008

1 This act would mandate medicaid coverage for fertility diagnostic care, standard fertility
2 preservation services, and fertility treatment and would require coverage for any medically
3 necessary ovulation-enhancing drugs and medical services related to prescribing and monitoring
4 the use of ovulation-enhancing drugs that is intended to treat infertility and establish a pregnancy
5 that results in a live birth.

6 This act would take effect upon passage.

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