

2026 -- H 8182

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

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A N A C T

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

Introduced By: Representatives Alzate, Casimiro, and Stewart

Date Introduced: February 27, 2026

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.**

4 (a) Definitions: As used in this section, the following words or terms shall have the
5 following meanings unless the context shall clearly indicate another or different meaning or intent:

6 (1) "Fertility diagnostic care" means counseling, products, medications, procedures,
7 genetic testing, and services intended to provide information about an individual's fertility,
8 including laboratory assessments and imaging studies.

9 (2) "Infertility" means:

10 (i) The presence of a condition recognized by a health care provider that impacts an
11 individual's ability to establish a pregnancy or to carry a pregnancy based on an individual's
12 medical, sexual, and reproductive history; age; physical findings; diagnostic testing; or any
13 combination of these factors. This includes infertility arising from disabilities or from medical
14 treatments or conditions associated with disability;

15 (ii) An individual's inability to establish a pregnancy because the individual or the
16 individual and the individual's partner do not have the necessary gametes to establish a pregnancy;
17 or

18 (iii) An individual's inability to establish a pregnancy or to carry a pregnancy to live birth

1 after twelve (12) months of unprotected sexual intercourse when the individual and the individual's
2 partner have the necessary gametes to establish a pregnancy. Pregnancy loss does not restart the
3 twelve-month period.

4 (3) "Intrauterine insemination" means a procedure that places sperm directly into an
5 individual's uterus at the time of ovulation to increase the chances of fertilization.

6 (4) "Standard fertility preservation services" means counseling, products, medications,
7 procedures, genetic testing, and services intended to preserve fertility, consistent with established
8 medical practice and professional guidelines published by the American Society for Reproductive
9 Medicine or the American Society for Clinical Oncology for an individual who has a medical or
10 genetic condition, including conditions related to disability or chronic illness, or who is expected
11 to receive medical treatment that has a side effect or possible side effect of a risk to an individual's
12 fertility and includes, but is not limited to expenses related to evaluation, laboratory assessments,
13 medications, and treatment, as well as the procurement and cryopreservation of gametes, embryos,
14 and reproductive material and storage.

15 (5) "Department" means the executive office of health and human services (EOHHS).

16 (b) Beginning January 1, 2027, the department shall provide Medicaid coverage for:

17 (1) Fertility diagnostic care;

18 (2) Standard fertility preservation including, but not limited to, storage from the time of
19 cryopreservation provided that coverage for such storage shall extend until the individual reaches
20 the age of thirty (30), or for a period five (5) years, whichever is later. Storage may be offered for
21 a longer period of time; and

22 (3) Treatment of infertility including any medically necessary ovulation-enhancing
23 medications and medical services related to prescribing and monitoring the use of the ovulation-
24 enhancing medications for at least three (3) cycles of ovulation-enhancing medication treatment;
25 and at least six (6) cycles of intrauterine insemination. In the event that ovulation-enhancing
26 medication treatment administered with intention to prepare for intrauterine insemination results in
27 an ovulation response that counter-indicates intrauterine insemination, coverage for invitro
28 fertilization and embryo transfer as recommended by the treating physician.

29 (c) Coverage under this section shall not:

30 (1) Impose a waiting period;

31 (2) Use any prior diagnosis, an individual's disability, or prior fertility treatment as a basis
32 for excluding, limiting, or otherwise restricting the availability of coverage required by this section;

33 (3) Impose any limitations on coverage for any fertility services based on an individual's
34 use of donor gametes; and

1 (4) Impose different limitations on coverage for, provide different benefits to, or impose
2 different requirements on a class of persons on account of their age, ancestry, color, disability,
3 ethnicity, gender identity, genetic information, marital status, national origin, race, religion, sex, or
4 sexual orientation.

5 (d) On or before January 1, 2027, the department shall submit a report to the speaker of the
6 house and president of the senate after consulting with the centers for Medicare & Medicaid
7 Services on whether in vitro fertilization (IVF) is a medically reasonable and necessary procedure
8 under federal law, possible methods for covering IVF as a Medicaid covered benefit for both fee-
9 for-service and managed care organizations, including any potentially applicable waiver
10 authorities, and the amount of money that would need to be allocated to federal and local funds for
11 such coverage.

12 (e) The provisions of this section shall apply to Medicaid state plans issued or renewed on
13 or after January 1, 2027.

14 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 require Medicaid in this state to provide coverage for fertility diagnostic
2 care, standard fertility preservation services, any medically necessary ovulation-enhancing drugs
3 and medical services related to prescribing and monitoring the use of the ovulation-enhancing drugs
4 for at least three cycles of ovulation-enhancing medication treatment, and intrauterine insemination.

5 This act would take effect upon passage.

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