

## Roberta DiMezza

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**From:** Andrey Dolinko <andolinko@gmail.com>  
**Sent:** Monday, March 4, 2024 10:25 PM  
**To:** House Judiciary Committee  
**Cc:** RIShieldBill@gmail.com  
**Subject:** Support H7577

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Chairperson Robert Craven  
House Judiciary Committee  
Rhode Island House of Representatives  
Rhode Island State House  
82 Smith Street  
Providence, RI 02903

March 5, 2024

Dear Chairperson Craven:

I am writing in strong support of H7577, the Health Care Provider Shield Bill. I am a reproductive endocrinology and infertility attending physician. This legislation is very important to me and my health care colleagues, and the patients we serve.

This legislation is about Rhode Island's ability to protect health care providers, patients and access to essential care. The bill protects established, best-practice medical care that is legal in Rhode Island and ensures our local providers and health care infrastructure aren't negatively impacted by hostile laws in other states.

This legislation is necessary because these laws have the potential to interfere with delivery of health care in Rhode Island and create a chilling effect for providers like me.

**I want to practice in a state that protects me and my patients, and so do other providers.** In order for Rhode Island to ensure the viability of our health delivery system it is imperative that Rhode Island remains a competitive practice environment. This common-sense legislation brings Rhode Island in line with 11 states, including neighboring Massachusetts and Connecticut.

More than 20 states have enacted bans on essential, established medical care which exert extraordinary control over people's lives and **even impose civil and criminal penalties on providers for practicing medicine in line with the professional standards of care. These bans have the potential to cross state lines and impact providers here.**

**It is critically important for me to be able to provide fertility preservation and full fertility care options for all individuals who come through my office doors, including transgender and gender diverse folx, without fear of being prosecuted for the care that I provide within the standard of care. It is also imperative that I be able to provide safe care for patients with non-viable pregnancies such as ectopic pregnancies that may have a heartbeat but are not in a location where they can continue to grow safely.**

I appreciate the support the legislature has shown the provider community in the past and respectfully request your continued support through passage of this vital legislation.

Sincerely,

Andrey V. Dolinko, MD  
Reproductive Endocrinology & Infertility Specialist  
Assistant Professor, Clinician Educator