

1 State of Arkansas
2 95th General Assembly
3 Regular Session, 2025
4

A Bill

HOUSE BILL 1142

5 By: Representative A. Brown
6 By: Senator J. Dotson
7

For An Act To Be Entitled

8 AN ACT TO CREATE THE REPRODUCTIVE EMPOWERMENT AND
9 SUPPORT THROUGH OPTIMAL RESTORATION (RESTORE) ACT;
10 AND FOR OTHER PURPOSES.
11
12
13

Subtitle

14 TO CREATE THE REPRODUCTIVE EMPOWERMENT
15 AND SUPPORT THROUGH OPTIMAL RESTORATION
16 (RESTORE) ACT.
17
18

19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
20

21 SECTION 1. DO NOT CODIFY. Title.

22 This act shall be known and may be cited as the "Reproductive
23 Empowerment and Support Through Optimal Restoration (RESTORE) Act".
24

25 SECTION 2. Arkansas Code Title 20, Chapter 16, is amended to add an
26 additional subchapter to read as follows:

27 Subchapter 26 – Reproductive Empowerment and Support Through Optimal
28 Restoration Act
29

30 20-16-2601. Title.

31 This subchapter shall be known and may be cited as the "Reproductive
32 Empowerment and Support Through Optimal Restoration Act".
33

34 20-16-2602. Legislative findings.

35 The General Assembly finds that:

36 (1) There is a growing interest among women to proactively



1 assess their overall health and understand how factors such as age and
2 medical history contribute to reproductive health and fertility;

3 (2)(A) Women are worthy of the highest standard of medical care,
4 including the opportunity to assess, understand, and improve their
5 reproductive health.

6 (B) Unfortunately, many women do not receive adequate
7 information about their reproductive health and do not have access to
8 restorative reproductive medicine;

9 (3) Reproductive health conditions are the leading causes of
10 infertility, which affects fifteen to sixteen percent (15-16%) of couples in
11 the United States;

12 (4) Research shows four (4) or more conditions or factors are
13 the cause of most female infertility;

14 (5) There is a gap in research and care for female reproductive
15 health conditions, which affects many Americans struggling with unexplained
16 infertility;

17 (6) Restorative reproductive medicine aims to diagnose and treat
18 underlying hormonal and other imbalances, restore health when possible, and
19 improve women's health functioning and long-term outcomes;

20 (7) Restorative reproductive medicine can eliminate barriers to
21 successful conception, pregnancy, and birth as well as address some causes of
22 recurrent miscarriages; and

23 (8) Restorative reproductive medicine often alleviates some
24 difficult symptoms associated with reproductive health conditions, including
25 hormonal acne, hormonal weight gain, hormonal mood changes and depression,
26 painful menstruation, painful flare-ups, bloating, inflammation, heavy
27 menstruation, irregular menstruation, nerve pain, bowel symptoms, pain during
28 sexual intercourse, and back pain.

29
30 20-16-2603. Definitions.

31 As used in this subchapter:

32 (1) "Assisted reproductive technology" means a treatment or
33 procedure involving the handling of a human egg, sperm, or embryo outside of
34 the body with the intent of facilitating a pregnancy, including:

35 (A) Artificial insemination;

36 (B) Intrauterine insemination;

- 1 (C) In vitro fertilization;
- 2 (D) Gamete intrafallopian fertilization;
- 3 (E) Zygote intrafallopian fertilization;
- 4 (F) Egg, embryo, or sperm cryopreservation; and
- 5 (G) Egg, sperm, or embryo donation;

6 (2)(A) "Fertility awareness-based methods" means modern,
 7 evidence-based methods of tracking the menstrual cycle through observable
 8 biological signs in a woman, such as body temperature, cervical fluid, or
 9 hormone production in the reproductive system, including luteinizing hormone
 10 and estrogen.

11 (B) "Fertility awareness-based methods" includes without
 12 limitation:

- 13 (i) Fertility education and medical management;
- 14 (ii) The symptothermal method;
- 15 (iii) The Marquette Method;
- 16 (iv) The Creighton Model FertilityCare System; and
- 17 (v) The Billings Ovulation Method;

18 (3) "Fertility education and medical management" means the
 19 program developed in collaboration with the Reproductive Health Research
 20 Institute for medical research, protocols, and medical training for
 21 healthcare professionals in order to enable the clinical application of
 22 research advances in reproductive endocrinology, by providing education for
 23 women about their bodies and hormonal health and medical support, as
 24 appropriate;

25 (4) "Infertility" means a symptom of an underlying disease or
 26 condition within a person's body that makes successfully conceiving and
 27 carrying a child to term difficult or impossible, which is diagnosed after:

28 (A) Twelve (12) months of sexual intercourse without the
 29 use of a chemical, barrier, or other contraceptive method for women under
 30 thirty-five (35) years of age; or

31 (B) Six (6) months of targeted sexual intercourse without
 32 the use of a chemical, barrier, or other contraceptive method for women who
 33 are thirty-five (35) years of age and older, when conception should otherwise
 34 be possible;

35 (5) "Natural procreative technology" means an approach to health
 36 care that monitors and maintains a woman's reproductive and gynecological

1 health, including laparoscopic gynecologic surgery to reconstruct the uterus,
2 fallopian tubes, ovaries, or other organ structures to eliminate
3 endometriosis and other reproductive health conditions;

4 (6) "Reproductive health condition" means a health condition
5 that makes successfully conceiving a child difficult to impossible when
6 conception should otherwise be possible, including without limitation:

7 (A) Endometriosis;

8 (B) Adenomyosis;

9 (C) Polycystic ovary syndrome;

10 (D) Uterine fibroids;

11 (E) Blocked fallopian tubes;

12 (F) Hormonal imbalances;

13 (G) Hyperprolactinemia;

14 (H) Thyroid conditions; and

15 (I) Ovulation dysfunctions;

16 (7) "Restorative reproductive health" means a scientific
17 approach to reproductive medicine that seeks to cooperate with or restore the
18 normal physiology and anatomy of the human reproductive system, including
19 without limitation:

20 (A) Body literacy programs that incorporate science-based
21 charting methods;

22 (B) Teacher-led reproductive health education;

23 (C) Restorative reproductive medicine;

24 (D) Natural procreative technology;

25 (E) Fertility awareness-based methods; and

26 (F) Fertility education and medical management; and

27 (8)(A) "Restorative reproductive medicine" means a scientific
28 approach to reproductive medicine that seeks to cooperate with or restore the
29 normal physiology and anatomy of the human reproductive system without the
30 use of methods that are inherently suppressive, circumventive, or destructive
31 to natural human functions.

32 (B) "Restorative reproductive medicine" includes:

33 (i) Ultrasounds;

34 (ii) Blood tests;

35 (iii) Hormone panels;

36 (iv) Laparoscopic and exploratory surgeries;

1 (v) Examinations of a patient’s overall health and
 2 lifestyle;

3 (vi) Elimination of environmental endocrine disruptors;

4 (vii) Assessment of the health and fertility of a
 5 patient’s partner;

6 (viii) Natural procreative technology;

7 (ix) Fertility awareness-based methods; and

8 (x) Fertility education and medical management.

9
 10 20-16-2604. Assisted reproductive technology – Discrimination against
 11 nonparticipating healthcare providers prohibited.

12 Notwithstanding any other state law, a person or entity that receives
 13 state financial assistance or local government assistance shall not penalize,
 14 retaliate against, or otherwise discriminate against a healthcare provider on
 15 the basis that the healthcare provider does not or declines to:

16 (1) Assist in, receive training in, provide, perform, refer for,
 17 pay for, or otherwise participate in assisted reproductive technology; or

18 (2) Facilitate or make arrangements for any of the activities
 19 under subdivision (1) of this section in a manner that violates the
 20 healthcare provider’s sincerely held religious beliefs or moral convictions.

21
 22 20-16-2605. Restorative reproductive medicine – Incorporation into
 23 Title X programs.

24 (a) All Title X-funded facilities in Arkansas shall include
 25 restorative reproductive medicine as part of covered family planning and
 26 reproductive health services.

27 (b) Covered restorative reproductive medicine services shall include
 28 without limitation:

29 (1) Fertility awareness-based methods of family planning;

30 (2) Diagnostic procedures to identify underlying causes of
 31 infertility and other health condition related symptoms;

32 (3) Treatments such as natural procreative technology aimed at
 33 restoring natural fertility; and

34 (4) Educational resources on restorative reproductive medicine.

35 (c)(1) The Department of Health shall work with Title X-funded
 36 facilities to integrate restorative reproductive medicine services into

1 existing programs within twelve (12) months of the effective date of this
2 section.

3 (2) The department shall provide guidance and support to
4 facilities in implementing the restorative reproductive medicine services,
5 including:

6 (A) Training for healthcare providers on restorative
7 reproductive medicine; and

8 (B) Development of patient education materials on
9 restorative reproductive medicine.

10 (d) Title X-funded facilities shall allocate a portion of existing
11 Title X funds to cover implementing and providing restorative reproductive
12 medicine.

13
14 20-16-2606. Infertility diagnosis – Standard-of-care reporting
15 requirements.

16 (a)(1) The Department of Health shall implement reporting requirements
17 for the standard of care for the diagnosis of infertility.

18 (2) Annually, the department shall track and report key data
19 points for research and accountability purposes as determined by the
20 department.

21 (b) The department shall report on:

22 (1) Referrals to restorative reproductive medicine that are
23 given before referrals for or use of assisted reproductive technology;

24 (2) Access to patient and healthcare provider information and
25 training for fertility awareness-based methods; and

26 (3) The extent to which the treatments, tests, and training
27 under subdivisions (b)(1) and (2) of this section are covered under public
28 and private health plans.

29 (c) The Secretary of the Department of Health shall ensure that the
30 privacy and confidentiality of individual patients are protected in a manner
31 consistent with relevant privacy and confidentiality law.

32
33 20-16-2607. Reproductive health condition diagnosis – Standard-of-care
34 reporting requirements.

35 (a)(1) The Department of Health shall implement reporting requirements
36 for the standard of care for women seeking a reproductive health condition

1 diagnosis.

2 (2) Annually, the department shall track and report key data
 3 points for research and accountability purposes.

4 (b) The department shall report on:

5 (1) Referrals to access to restorative reproductive medicine and
 6 restorative reproductive health, including access to medical professionals
 7 trained in natural procreative technology and fertility education and medical
 8 management;

9 (2) Access to information and training on fertility awareness-
 10 based methods; and

11 (3) The extent to which the treatments, tests, and training
 12 under subdivisions (b)(1) and (2) of this section are covered under public
 13 and private health plans.

14 (c) The Secretary of the Department of Health shall ensure that the
 15 privacy and confidentiality of individual patients are protected in a manner
 16 consistent with relevant privacy and confidentiality law.

17
 18 20-16-2608. Advancing education on reproductive health conditions.

19 (a) The Department of Health shall integrate information about
 20 restorative reproductive medicine into existing public health programs,
 21 including:

22 (1) Family planning services;

23 (2) Maternal and child health programs; and

24 (3) Women's health initiatives.

25 (b) Existing health education materials and resources shall be updated
 26 to include information on restorative reproductive medicine.

27
 28 SECTION 3. Arkansas Code § 23-85-137 is amended to read as follows:

29 23-85-137. In vitro fertilization coverage required - Definitions.

30 (a) As used in this section:

31 (1)(A) "Fertility awareness-based methods" means modern,
 32 evidence-based methods of tracking the menstrual cycle of a woman through
 33 observable biological signs, including without limitation:

34 (i) Body temperature;

35 (ii) Cervical fluid; or

36 (iii) Hormone production in the reproductive system,

1 including luteinizing hormone and estrogen.

2 (B) "Fertility awareness-based methods" includes without
 3 limitation:

- 4 (i) Fertility education and medical management;
- 5 (ii) The symptothermal method;
- 6 (iii) The Marquette Method;
- 7 (iv) The Creighton Model FertilityCare System; or
- 8 (v) Billings Ovulation Method;

9 (2) "Fertility education and medical management" means a program
 10 developed in collaboration with the Reproductive Health Research Institute
 11 for medical research, protocols, and medical training for healthcare
 12 professionals in order to enable the clinical application of research
 13 advances in reproductive endocrinology by providing education for a woman
 14 about her body and hormonal health and medical support, as appropriate;

15 (3) "Natural procreative technology" means an approach to
 16 healthcare services that monitors and maintains a woman's reproductive and
 17 gynecological health, including without limitation laparoscopic gynecologic
 18 surgery to reconstruct the uterus, fallopian tubes, ovaries, and other organ
 19 structures, to eliminate endometriosis and other reproductive health
 20 conditions; and

21 (4)(A) "Restorative reproductive medicine" means any scientific
 22 approach to reproductive medicine that seeks to cooperate with or restore the
 23 normal physiology and anatomy of the human reproductive system without the
 24 use of methods that are suppressive, circumventive, or destructive to natural
 25 human functions.

26 (B) "Restorative reproductive medicine" includes without
 27 limitation:

- 28 (i) An ultrasound;
- 29 (ii) A blood test;
- 30 (iii) A hormone panel test;
- 31 (iv) A Laparoscopic or exploratory surgery;
- 32 (v) An examination of a patient's overall health and
 33 lifestyle;
- 34 (vi) Eliminating environmental endocrine disruptors;
- 35 (vii) Assessing the health and fertility of a
 36 patient's partner;

- (viii) Natural procreative technology;
- (ix) Fertility awareness-based methods; or
- (x) Fertility education and medical management.

~~(b)~~ All An accident and health insurance ~~companies~~ company doing business in this state shall include, as a covered expense, in vitro fertilization and restorative reproductive medicine.

~~(b)(c)~~ Pursuant to the ~~applicable provisions of~~ Under the Arkansas Insurance Code, the Insurance Commissioner may suspend or revoke the certificate of authority of any insurance company failing to comply with ~~the provisions of~~ this section.

~~(e)(d)~~ After conducting appropriate studies and public hearings, the commissioner shall establish minimum and maximum levels of coverage to be provided by ~~the~~ an accident and health insurance ~~companies~~ company.

~~(d)(e)~~ Coverage required under this section shall include services and procedures performed at a medical facility licensed or certified by the Department of Health or another state health department that conform to the guidelines and minimum standards of the:

- (1) American College of Obstetricians and Gynecologists for in vitro fertilization clinics; ~~or~~
- (2) American Society for Reproductive Medicine for programs of in vitro fertilization; or
- (3) Institute of Restorative Reproductive Medicine of America for programs of restorative reproductive medicine.

~~(e)(f)~~ Continued certification shall require that the facility is achieving a reasonable success rate with ~~both~~ fertilization, fertility, and births.

~~(f)(g)~~ Appropriate laboratory facilities ~~must~~ shall be provided by the entity requesting certification.

SECTION 4. Arkansas Code § 23-86-118 is amended to read as follows:
23-86-118. In vitro fertilization coverage required - Definitions.

(a) As used in this section:

(1)(A) "Fertility awareness-based methods" means modern, evidence-based methods of tracking the menstrual cycle of a woman through observable biological signs, including without limitation:

- (i) Body temperature;

1 (ii) Cervical fluid; or
 2 (iii) Hormone production in the reproductive system,
 3 including luteinizing hormone and estrogen.

4 (B) "Fertility awareness-based methods" includes without
 5 limitation:

- 6 (i) Fertility education and medical management;
- 7 (ii) The symptothermal method;
- 8 (iii) The Marquette Method;
- 9 (iv) The Creighton Model FertilityCare System; or
- 10 (v) The Billings Ovulation Method;

11 (2) "Fertility education and medical management" means a program
 12 developed in collaboration with the Reproductive Health Research Institute
 13 for medical research, protocols, and medical training for healthcare
 14 professionals in order to enable the clinical application of research
 15 advances in reproductive endocrinology by providing education for a woman
 16 about her body and hormonal health and medical support, as appropriate;

17 (3) "Natural procreative technology" means an approach to
 18 healthcare services that monitors and maintains a woman's reproductive and
 19 gynecological health, including without limitation laparoscopic gynecologic
 20 surgery to reconstruct the uterus, fallopian tubes, ovaries, and other organ
 21 structures, to eliminate endometriosis and other reproductive health
 22 conditions; and

23 (4)(A) "Restorative reproductive medicine" means any scientific
 24 approach to reproductive medicine that seeks to cooperate with or restore the
 25 normal physiology and anatomy of the human reproductive system without the
 26 use of methods that are suppressive, circumventive, or destructive to natural
 27 human functions.

28 (B) "Restorative reproductive medicine" includes without
 29 limitation:

- 30 (i) An ultrasound;
- 31 (ii) A blood test;
- 32 (iii) A hormone panel test;
- 33 (iv) A Laparoscopic or exploratory surgery;
- 34 (v) An examination of a patient's overall health and
 35 lifestyle;
- 36 (vi) Eliminating environmental endocrine disruptors;

- 1 (vii) Assessing the health and fertility of a
- 2 patient's partner;
- 3 (viii) Natural procreative technology;
- 4 (ix) Fertility awareness-based methods; or
- 5 (x) Fertility education and medical management.

6 (b) All An accident and health insurance ~~companies~~ company doing
 7 business in this state shall include, as a covered expense, in vitro
 8 fertilization and restorative reproductive medicine.

9 ~~(b)(c)~~ Pursuant to the applicable provisions of Under the Arkansas
 10 Insurance Code, the Insurance Commissioner may suspend or revoke the
 11 certificate of authority of any insurance company failing to comply with ~~the~~
 12 ~~provisions of~~ this section.

13 ~~(e)(d)~~ After conducting appropriate studies and public hearings, the
 14 commissioner shall establish minimum and maximum levels of coverage to be
 15 provided by ~~the~~ an accident and health insurance ~~companies~~ company.

16 ~~(d)(e)~~ Coverage required under this section shall include services
 17 performed at:

18 (1) a A medical facility licensed or certified by the Department
 19 of Health;;

20 (2) those performed at a A facility certified by the department
 21 that conforms to the American College of Obstetricians and Gynecologists
 22 guidelines for in vitro fertilization clinics, ~~or;~~

23 (3) those performed at a A facility certified by the department
 24 that meets the American Society for Reproductive Medicine minimal standards
 25 for programs of in vitro fertilization; or

26 (4) A facility certified by the department that meets the
 27 guidelines and standards of the Institute of Restorative Reproductive
 28 Medicine of America for programs of restorative reproductive medicine.

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