Stricken language would be deleted from and underlined language would be added to present law. Act 859 of the Regular Session

1	State of Arkansas	As Engrossed: H3/19/25	
2	95th General Assembly	A Bill	
3	Regular Session, 2025		HOUSE BILL 1142
4			
5	By: Representative A. Brown	1	
6	By: Senator J. Dotson		
7			
8		For An Act To Be Entitled	
9	AN ACT TO	CREATE THE REPRODUCTIVE EMPOWER	MENT AND
10	SUPPORT TH	HROUGH OPTIMAL RESTORATION (REST	ORE) ACT;
11	AND FOR O	THER PURPOSES.	
12			
13			
14		Subtitle	
15	TO C	REATE THE REPRODUCTIVE EMPOWERME	ENT
16	AND	SUPPORT THROUGH OPTIMAL RESTORAT	TION
17	(RES	TORE) ACT.	
18			
19	BE IT ENACTED BY THE (GENERAL ASSEMBLY OF THE STATE OF	ARKANSAS:
20			
21	SECTION 1. DO 1	NOT CODIFY. <u>Title.</u>	
22	<u>This act shall b</u>	be known and may be cited as the	"Reproductive
23	Empowerment and Support	rt Through Optimal Restoration (RESTORE) Act".
24			
25	SECTION 2. Arka	ansas Code Title 20, Chapter 16,	is amended to add an
26	additional subchapter	to read as follows:	
27	<u>Subchapter 26 - I</u>	Reproductive Empowerment and Sup	port Through Optimal
28		<u>Restoration Act</u>	
29			
30	<u>20-16-2601. Tit</u>	<u>tle.</u>	
31	<u>This subchapter</u>	shall be known and may be cited	as the "Reproductive
32	Empowerment and Support	rt Through Optimal Restoration A	<u>.ct".</u>
33			
34	<u>20-16-2602.</u> Leg	gislative findings.	
35	The General Asse	embly finds that:	
36	<u>(1)</u> There	<u>e is a growing interest among wo</u>	<u>men to proactively</u>



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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;

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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 Creighton Model FertilityCare System; and
16	(iv) The Billings Ovulation Method;
17	(3) "Fertility education and medical management" means the
18	program developed in collaboration with the Reproductive Health Research
19	Institute for medical research, protocols, and medical training for
20	healthcare professionals in order to enable the clinical application of
21	research advances in reproductive endocrinology, by providing education for
22	women about their bodies and hormonal health and medical support, as
23	appropriate;
24	(4) "Infertility" means a symptom of an underlying disease or
25	condition within a person's body that makes successfully conceiving and
26	carrying a child to term difficult or impossible, which is diagnosed after:
27	(A) Twelve (12) months of sexual intercourse without the
28	use of a chemical, barrier, or other contraceptive method for women under
29	thirty-five (35) years of age; or
30	(B) Six (6) months of targeted sexual intercourse without
31	the use of a chemical, barrier, or other contraceptive method for women who
32	are thirty-five (35) years of age and older, when conception should otherwise
33	be possible;
34	(5) "Natural procreative technology" means an approach to health
35	care that monitors and maintains a woman's reproductive and gynecological
36	health, including laparoscopic gynecologic surgery to reconstruct the uterus,

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1	fallopian tubes, ovaries, or other organ structures to eliminate
2	endometriosis and other reproductive health conditions;
3	(6) "Reproductive health condition" means a health condition
4	that makes successfully conceiving a child difficult to impossible when
5	conception should otherwise be possible, including without limitation:
6	(A) Endometriosis;
7	(B) Adenomyosis;
8	(C) Polycystic ovary syndrome;
9	(D) Uterine fibroids;
10	(E) Blocked fallopian tubes;
11	(F) Hormonal imbalances;
12	(G) Hyperprolactinemia;
13	(H) Thyroid conditions; and
14	(I) Ovulation dysfunctions;
15	(7) "Restorative reproductive health" means a scientific
16	approach to reproductive medicine that seeks to cooperate with or restore the
17	normal physiology and anatomy of the human reproductive system, including
18	without limitation:
19	(A) Body literacy programs that incorporate science-based
20	charting methods;
21	(B) Teacher-led reproductive health education;
22	(C) Restorative reproductive medicine;
23	(D) Natural procreative technology;
24	(E) Fertility awareness-based methods; and
25	(F) Fertility education and medical management; and
26	(8)(A) "Restorative reproductive medicine" means a scientific
27	approach to reproductive medicine that seeks to cooperate with or restore the
28	normal physiology and anatomy of the human reproductive system without the
29	use of methods that are inherently suppressive, circumventive, or destructive
30	to natural human functions.
31	(B) "Restorative reproductive medicine" includes:
32	(i) Ultrasounds;
33	(ii) Blood tests;
34	(iii) Hormone panels;
35	(iv) Laparoscopic and exploratory surgeries;
36	(v) Examinations of a patient's overall health and

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1	lifestyle;
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2	(vi) Elimination of environmental endocrine disruptors;
	(vii) Assessment of the health and fertility of a
4 5	patient's partner;
	(viii) Natural procreative technology;
6	(ix) Fertility awareness-based methods; and
7	(x) Fertility education and medical management.
8	20.16.260/ Acciented warmedwating to sharloom. Discutining the
9	<u>20-16-2604.</u> Assisted reproductive technology — Discrimination against
10	nonparticipating healthcare providers prohibited.
11	Notwithstanding any other state law, a person or entity that receives
12	state financial assistance or local government assistance shall not penalize,
13	retaliate against, or otherwise discriminate against a healthcare provider on
14	the basis that the healthcare provider does not or declines to:
15	(1) Assist in, receive training in, provide, perform, refer for,
16	pay for, or otherwise participate in assisted reproductive technology; or
17	(2) Facilitate or make arrangements for any of the activities
18	under subdivision (1) of this section in a manner that violates the
19	healthcare provider's sincerely held religious beliefs or moral convictions.
20	
21	<u>20-16-2605. Fertility awareness-based methods — Incorporation into</u>
22	<u>Title X programs.</u>
23	<u>(a) All Title X-funded facilities in Arkansas shall include fertility</u>
24	awareness-based methods as part of covered family planning and reproductive
25	health services.
26	(b)(1) The Department of Health shall work with Title X-funded
27	facilities to integrate fertility awareness-based methods into existing
28	programs within twelve (12) months of the effective date of this section.
29	(2) The department shall provide guidance and support to
30	facilities in implementing the fertility awareness-based methods, including:
31	(A) Training for healthcare providers on <i>fertility</i>
32	awareness-based methods; and
33	(B) Development of patient education materials on
34	fertility awareness-based methods.
35	(c) Title X-funded facilities shall allocate a portion of existing
36	Title X funds to cover implementing and providing fertility awareness-based

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1	methods.
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3	20-16-2606. Advancing education on reproductive health conditions.
4	(a) As authorized by state or federal funding, the Department of Health
5	shall integrate information about fertility awareness-based methods into
6	existing public health programs, including:
7	(1) Family planning services;
8	(2) Maternal and child health programs; and
9	(3) Women's health initiatives.
10	(b) Existing health education materials and resources shall be updated
11	to include information on restorative reproductive medicine.
12	
13	SECTION 3. Arkansas Code § 23-85-137 is amended to read as follows:
14	23-85-137. In vitro fertilization coverage required <u>— Definitions</u> .
15	(a) <u>As used in this section:</u>
16	(1)(A) "Fertility awareness-based methods" means modern,
17	evidence-based methods of tracking the menstrual cycle of a woman through
18	observable biological signs, including without limitation:
19	(i) Body temperature;
20	(ii) Cervical fluid; or
21	(iii) Hormone production in the reproductive system,
22	including luteinizing hormone and estrogen.
23	(B) "Fertility awareness-based methods" includes without
24	<u>limitation:</u>
25	(i) Fertility education and medical management;
26	(ii) The symptothermal method;
27	(iii) The Creighton Model FertilityCare System; or
28	(iv) Billings Ovulation Method;
29	(2) "Fertility education and medical management" means a program
30	developed in collaboration with the Reproductive Health Research Institute
31	for medical research, protocols, and medical training for healthcare
32	professionals in order to enable the clinical application of research
33	advances in reproductive endocrinology by providing education for a woman
34	about her body and hormonal health and medical support, as appropriate;
35	(3) "Natural procreative technology" means an approach to
36	healthcare services that monitors and maintains a woman's reproductive and

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1	gynecological health, including without limitation laparoscopic gynecologic	
2	surgery to reconstruct the uterus, fallopian tubes, ovaries, and other organ	
3	structures, to eliminate endometriosis and other reproductive health	
4	conditions; and	
5	(4)(A) "Restorative reproductive medicine" means any scientific	
6	approach to reproductive medicine that seeks to cooperate with or restore the	
7	normal physiology and anatomy of the human reproductive system without the	
8	use of methods that are suppressive, circumventive, or destructive to natural	
9	human functions.	
10	(B) "Restorative reproductive medicine" includes without	
11	limitation:	
12	(i) An ultrasound;	
13	(ii) A blood test;	
14	(iii) A hormone panel test;	
15	(iv) A Laparoscopic or exploratory surgery;	
16	(v) An examination of a patient's overall health and	
17	<u>lifestyle;</u>	
18	(vi) Eliminating environmental endocrine disruptors;	
19	(vii) Assessing the health and fertility of a	
20	patient's partner;	
21	(viii) Natural procreative technology;	
22	(ix) Fertility awareness-based methods; or	
23	(x) Fertility education and medical management.	
24	<u>(b)</u> All <u>An</u> accident and health insurance companies <u>company</u> doing	
25	business in this state shall include, as a covered expense, in vitro	
26	fertilization and restorative reproductive medicine.	
27	(b)(c) Pursuant to the applicable provisions of <u>Under</u> the Arkansas	
28	Insurance Code, the Insurance Commissioner may suspend or revoke the	
29	certificate of authority of any insurance company failing to comply with the	
30	provisions of this section.	
31	(c)(d) After conducting appropriate studies and public hearings, the	
32	commissioner shall establish minimum and maximum levels of coverage to be	
33	provided by the <u>an</u> accident and health insurance companies <u>company</u> .	
34	(d)(e) Coverage required under this section shall include services and	
35	procedures performed at a medical facility licensed or certified by the	
36	Department of Health or another state health department that conform to the	
	7 03-19-2025 15:36:33 JMB059	

1 guidelines and minimum standards of the: (1) American College of Obstetricians and Gynecologists for in 2 3 vitro fertilization clinics; or 4 (2) American Society for Reproductive Medicine for programs of 5 in vitro fertilization; or 6 (3) Institute of Restorative Reproductive Medicine of America 7 for programs of restorative reproductive medicine. 8 (e)(f) Continued certification shall require that the facility is 9 achieving a reasonable success rate with both fertilization, fertility, and 10 births. 11 (f) (g) Appropriate laboratory facilities must shall be provided by the 12 entity requesting certification. 13 14 SECTION 4. Arkansas Code § 23-86-118 is amended to read as follows: 15 23-86-118. In vitro fertilization coverage required <u>– Definitions</u>. (a) <u>As used in this section:</u> 16 17 (1)(A) "Fertility awareness-based methods" means modern, 18 evidence-based methods of tracking the menstrual cycle of a woman through 19 observable biological signs, including without limitation: 20 (i) Body temperature; 21 (ii) Cervical fluid; or 22 (iii) Hormone production in the reproductive system, 23 including luteinizing hormone and estrogen. (B) "Fertility awareness-based methods" includes without 24 25 limitation: 26 (i) Fertility education and medical management; 27 (ii) The symptothermal method; 28 (iii) The Creighton Model FertilityCare System; or 29 (iv) The Billings Ovulation Method; (2) "Fertility education and medical management" means a program 30 developed in collaboration with the Reproductive Health Research Institute 31 for medical research, protocols, and medical training for healthcare 32 professionals in order to enable the clinical application of research 33 34 advances in reproductive endocrinology by providing education for a woman about her body and hormonal health and medical support, as appropriate; 35 36 (3) "Natural procreative technology" means an approach to

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1	healthcare services that monitors and maintains a woman's reproductive and
2	gynecological health, including without limitation laparoscopic gynecologic
3	surgery to reconstruct the uterus, fallopian tubes, ovaries, and other organ
4	structures, to eliminate endometriosis and other reproductive health
5	conditions; and
6	(4)(A) "Restorative reproductive medicine" means any scientific
7	approach to reproductive medicine that seeks to cooperate with or restore the
8	normal physiology and anatomy of the human reproductive system without the
9	use of methods that are suppressive, circumventive, or destructive to natural
10	human functions.
11	(B) "Restorative reproductive medicine" includes without
12	limitation:
13	<u>(i) An ultrasound;</u>
14	(ii) A blood test;
15	(iii) A hormone panel test;
16	(iv) A Laparoscopic or exploratory surgery;
17	(v) An examination of a patient's overall health and
18	lifestyle;
19	(vi) Eliminating environmental endocrine disruptors;
20	(vii) Assessing the health and fertility of a
21	patient's partner;
22	(viii) Natural procreative technology;
23	(ix) Fertility awareness-based methods; or
24	(x) Fertility education and medical management.
25	<u>(b)</u> All <u>An</u> accident and health insurance companies <u>company</u> doing
26	business in this state shall include, as a covered expense, in vitro
27	fertilization and restorative reproductive medicine.
28	(b)<u>(</u>c) Pursuant to the applicable provisions of <u>Under</u> the Arkansas
29	Insurance Code, the Insurance Commissioner may suspend or revoke the
30	certificate of authority of any insurance company failing to comply with the
31	provisions of this section.
32	(c)<u>(</u>d) After conducting appropriate studies and public hearings, the
33	commissioner shall establish minimum and maximum levels of coverage to be
34	provided by the <u>an</u> accident and health insurance companies <u>company</u> .
35	(d)(e) Coverage required under this section shall include services
36	performed at:

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1	(1) $\frac{A}{A}$ medical facility licensed or certified by the Department
2	of Health ,
3	(2) those performed at a <u>A</u> facility certified by the department
4	that conforms to the American College of Obstetricians and Gynecologists
5	guidelines for in vitro fertilization clinics , or ;
6	(3) those performed at a <u>A</u> facility certified by the department
7	that meets the American Society for Reproductive Medicine minimal standards
8	for programs of in vitro fertilization <u>; or</u>
9	(4) A facility certified by the department that meets the
10	guidelines and standards of the Institute of Restorative Reproductive
11	Medicine of America for programs of restorative reproductive medicine.
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13	/s/A. Brown
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16	APPROVED: 4/17/25
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