

1 STATE OF OKLAHOMA

2 2nd Session of the 60th Legislature (2026)

3 SENATE BILL 1941

By: McIntosh

6 AS INTRODUCED

7 An Act relating to reproductive health and fertility;  
8 creating the Reproductive Empowerment and Support  
9 Through Optimal Restoration (RESTORE) Act; providing  
10 short title; stating legislative findings; defining  
11 terms; providing certain construction; prohibiting  
12 certain discrimination; requiring the State  
13 Department of Health to implement certain data  
14 collection; describing data collection; providing for  
15 patient privacy and confidentiality; requiring  
16 certain reports; directing certain facilities to  
17 provide specified services; requiring the Department  
18 to provide certain guidance; directing certain  
19 allocation of funds; specifying certain condition of  
20 funding; granting certain protections related to  
restorative reproductive medicine; requiring the  
Department to develop certain curricula; describing  
certain public health programs; requiring certain  
reporting and advertisement; directing certain update  
of professional education and licensing requirements;  
requiring the Department to provide certain training;  
describing training; mandating certain coordination  
of specified programs; describing programs; requiring  
certain reports; requiring certain collaboration and  
recommendations on medical coding; providing for  
severability; providing for noncodification;  
providing for codification; and providing an  
effective date.

21  
22  
23 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

1 SECTION 1. NEW LAW A new section of law not to be  
2 codified in the Oklahoma Statutes reads as follows:

3 A. This act shall be known and may be cited as the  
4 "Reproductive Empowerment and Support Through Optimal Restoration  
5 (RESTORE) Act".

6 B. The Legislature finds that:

7 1. There is a growing interest among women and men to  
8 proactively assess their overall health and understand how factors,  
9 such as their age and medical history, contribute to their  
10 reproductive health and fertility;

11 2. Women and men are worthy of the highest standard of medical  
12 care, including the opportunity to assess, understand, and improve  
13 their reproductive health. Yet, many women and men do not receive  
14 adequate information about their reproductive health nor have access  
15 to restorative reproductive medicine;

16 3. Reproductive health conditions are the leading cause of  
17 infertility, affecting eleven percent (11%) of women and nine  
18 percent (9%) of men in the United States. Leading conditions  
19 include endometriosis, polycystic ovary syndrome (PCOS), blocked  
20 fallopian tubes, and male-factor infertility;

21 4. Research shows that male and female infertility is typically  
22 due to four or more conditions or factors, with the diagnosis shared  
23 equally between men and women;

1       5. There is a gap in research and care for reproductive health  
2 conditions that affect a majority of women struggling with  
3 "unexplained infertility". Unexplained infertility accounts for  
4 fifteen percent (15%) to thirty percent (30%) of all diagnoses of  
5 infertility;

6       6. Restorative reproductive medicine aims to examine how male-  
7 factor infertility and women's reproductive functions and cycle  
8 interact with the rest of the female body;

9       7. Male-factor infertility and reproductive dysfunction has  
10 been on the rise since the 1970s, with a one-percent decrease in  
11 sperm count, testosterone, and total fertility per year;

12       8. Restorative reproductive medicine can eliminate barriers to  
13 successful conception, pregnancy, and birth. It can also address  
14 some causes of recurrent miscarriages; and

15       9. Restorative reproductive medicine alleviates other difficult  
16 symptoms associated with reproductive health conditions including,  
17 but not limited to, painful periods, painful flare-ups, bloating,  
18 inflammation, heavy periods, irregular periods, nerve pain, bowel  
19 symptoms, pain during sexual intercourse, and back pain. It also  
20 addresses common symptoms related to male-factor infertility,  
21 including erectile dysfunction.

22                   SECTION 2.        NEW LAW        A new section of law to be codified  
23 in the Oklahoma Statutes as Section 1-559.2 of Title 63, unless  
24 there is created a duplication in numbering, reads as follows:

1       As used in this act:

2       1. "Infertility" means a symptom of an underlying disease or  
3       condition within a person's body that makes it difficult or  
4       impossible to successfully conceive and carry a live child to term  
5       where it should otherwise be possible through intercourse with a  
6       person of the other sex. A diagnosis of infertility often occurs  
7       after twelve (12) months of targeted intercourse for women under  
8       thirty-five (35) years of age, or after six (6) months of targeted  
9       intercourse without the use of a chemical, barrier, or other  
10      contraceptive method for women thirty-five (35) years of age and  
11      older;

12      2. "Restorative reproductive medicine" (RRM) means any  
13      scientific approach to reproductive medicine that seeks to cooperate  
14      with or restore the normal physiology and anatomy of the human  
15      reproductive system. It does not employ methods that are inherently  
16      suppressive, circumventive, or destructive to the human body;

17      3. "Restorative reproductive health" (RRH) includes empowering  
18      women and men to know and understand their bodies and appreciate the  
19      importance of natural reproductive health to overall health and  
20      well-being, including through the use of body literacy programs that  
21      incorporate science-based charting methods, teacher-led reproductive  
22      health education, restorative reproductive medicine, Natural  
23      Procreative Technology (NaProTechnology), fertility awareness-based  
24      methods, and fertility education and medical management;

1       4. "Assisted reproductive technology" means any treatments or  
2 procedures that involve the handling of a human egg, sperm, and  
3 embryo outside of the body with the intent of facilitating a  
4 pregnancy, including artificial insemination, intrauterine  
5 insemination, in vitro fertilization, gamete intrafallopian  
6 fertilization, zygote intrafallopian fertilization, egg, embryo, and  
7 sperm cryopreservation, and egg or embryo donation;

8       5. "Natural Procreative Technology" (NaProTechnology) means an  
9 approach to health care that monitors and maintains a woman's  
10 reproductive and gynecological health, including laparoscopic  
11 gynecologic surgery to reconstruct the uterus, fallopian tubes,  
12 ovaries, and other organ structures to eliminate endometriosis and  
13 other reproductive health conditions;

14       6. "Reproductive health conditions" includes endometriosis,  
15 adenomyosis, polycystic ovary syndrome (PCOS), uterine fibroids,  
16 blocked fallopian tubes, hormone imbalances, hyperprolactinemia,  
17 thyroid conditions, ovulation dysfunctions, and other health  
18 conditions that make it difficult or impossible to successfully  
19 conceive a child where conception should otherwise be possible;

20       7. "Endometriosis" means a disease where tissue resembling  
21 endometrial lining tissue grows outside of the uterus. The tissue  
22 often adheres to different organs, disfiguring them, and, through  
23 scar tissue or adhesions, can make the organs adhere to one another  
24 or to the pelvic walls. It has been found in the abdominal organs,  
25

1 the bowel, the diaphragm, the lungs, the brain, and the eye. It is  
2 a progressive disease and has been compared to cancer growth.  
3 Endometriosis is often diagnosed in stages, with Stage I the mildest  
4 form and Stage IV the most severe and widespread form. The average  
5 diagnosis delay for endometriosis is ten (10) to twelve (12) years.  
6 Endometriosis frequently goes undiagnosed, and women may suffer for  
7 years with painful periods, pelvic pain, or infertility. The cause  
8 of endometriosis is unknown;

9       8. "Adenomyosis" means a disease that occurs when endometrial  
10 tissue (tissue that would normally line the inside of the uterus,  
11 distinct from endometriosis tissue) grows down into the muscle layer  
12 of the uterus. Adenomyosis is different from, but can exist  
13 concurrently with, endometriosis. Adenomyosis may increase the risk  
14 of miscarriage and preterm labor and may contribute to infertility.  
15 The cause of adenomyosis is unknown;

16       9. "Polycystic ovary syndrome" (PCOS) means a reproductive  
17 hormonal disorder that causes cysts to grow on the ovaries, usually  
18 as a result of hormonal imbalances. Polycystic ovary syndrome  
19 affects approximately fifteen percent (15%) of women overall but is  
20 more common among women with infertility. It is more prevalent  
21 among women with obesity and insulin resistance. Women with  
22 polycystic ovary syndrome who are trying to achieve pregnancy are  
23 commonly prescribed oral ovulation medication and hormonal  
24 injections that stimulate ovulation. Accurate and timely diagnosis

1 and treatment can correct underlying hormonal imbalances, critical  
2 for both long-term health improvements as well as for fertility  
3 outcomes;

4 10. "Uterine fibroids" means muscular tumors that grow in the  
5 wall of the uterus. While not all women experience symptoms  
6 associated with fibroids, if the tumors are large enough or embedded  
7 far enough in the uterine lining, they can lead to pain and heavy  
8 bleeding. Treatment for fibroids may be a hysteroscopic myomectomy,  
9 abdominal myomectomy, uterine fibroid embolization (UFE), or uterine  
10 artery embolization (UAE). Uterine fibroids can increase risks of  
11 preterm labor, pregnancy complications leading to a cesarean  
12 section, and placental abruption, among other risks. The cause of  
13 uterine fibroids is unknown;

14 11. "Blocked fallopian tubes" means a condition where the  
15 fallopian tubes are blocked by tubal spasm, scarring from  
16 inflammatory conditions, debris, tubal polyps, tubal ligation, prior  
17 ectopic pregnancy, pelvic adhesions, endometriosis, or prior pelvic  
18 infection (pelvic inflammatory disease or "PID"). Approximately one  
19 in four women with infertility have a tubal blockage. This  
20 condition makes achieving pregnancy difficult, if not impossible.  
21 Treatments for a blockage include fallopian tube recanalization,  
22 tubotubal anastomosis (tubal ligation reversal), and  
23 neosalpingostomy/fimbrioplasty;

1       12. "Fertility awareness-based methods" (FABMs) means modern,  
2 evidence-based methods of tracking the menstrual cycle through  
3 observable biological signs in a woman, such as body temperature,  
4 cervical fluid, and hormone production in the reproductive system,  
5 including luteinizing hormone (LH) and estrogen. Such methods  
6 include fertility education and medical management, the  
7 symptothermal method, the Marquette method, the Creighton method,  
8 and the Billings ovulation method; and

9       13. "Fertility education and medical management" (FEMM) means  
10 the program developed in collaboration with the Reproductive Health  
11 Research Institute for medical research, protocols, and medical  
12 training for health care professionals in order to enable the  
13 clinical application of important research advances in reproductive  
14 endocrinology, by providing education for women about their bodies  
15 and hormonal health and medical support, as appropriate.

16       SECTION 3.       NEW LAW       A new section of law to be codified  
17 in the Oklahoma Statutes as Section 1-559.3 of Title 63, unless  
18 there is created a duplication in numbering, reads as follows:

19       Notwithstanding any other provision of law, nothing in this act  
20 shall be construed to require hospitals, individuals, employees,  
21 grantees, contractors, or entities to violate their consciences,  
22 religious beliefs, or moral convictions by requiring them, or  
23 holding them liable for refusing, to provide any health care  
24 referenced in this act.

1 SECTION 4. NEW LAW A new section of law to be codified  
2 in the Oklahoma Statutes as Section 1-559.4 of Title 63, unless  
3 there is created a duplication in numbering, reads as follows:

4 Notwithstanding any other state law, a person or entity,  
5 including a state or local government agency, that receives state  
6 funds, including state-administered federal funds, or local  
7 government funds shall not penalize, retaliate against, or otherwise  
8 discriminate against a health care provider on the basis that the  
9 health care provider does not, or declines to:

10 1. Assist in, receive training in, provide, perform, refer for,  
11 pay for, or otherwise participate in assisted reproductive  
12 technology; or

13 2. Facilitate or make arrangements for any of the activities  
14 described in paragraph 1 of this subsection in a manner that  
15 violates the health care provider's sincerely held religious beliefs  
16 or moral convictions.

17 SECTION 5. NEW LAW A new section of law to be codified  
18 in the Oklahoma Statutes as Section 1-559.5 of Title 63, unless  
19 there is created a duplication in numbering, reads as follows:

20 A. The State Department of Health shall implement data  
21 collection and produce a report every three (3) years on the  
22 standard of care for women with infertility diagnoses.

23 B. In carrying out the data collection under subsection A of  
24 this section, the Department shall:

1       1. Collect and assess data related to restorative reproductive  
2 medicine prior to referral for or use of assisted reproductive  
3 technology and after use of assisted reproductive technology.

4 Restorative reproductive medicine may include ultrasounds, blood  
5 tests, hormone panels, laparoscopic and exploratory surgeries,  
6 examining the woman's overall health and lifestyle, eliminating  
7 environmental endocrine disruptors, and assessing her partner's  
8 health and fertility;

9       2. Collect and assess data related to access to information and  
10 training for fertility awareness-based methods; and

11       3. Assess group health plans or issuers of group or individual  
12 health insurance coverage of the treatments, tests, and training  
13 described in paragraphs 1 and 2 of this subsection.

14       C. In carrying out the data collection under subsection A of  
15 this section, the Department shall ensure that the privacy and  
16 confidentiality of individual patients are protected in a manner  
17 consistent with relevant privacy and confidentiality laws.

18       D. No later than two (2) years after the date of enactment of  
19 this act, the Department shall electronically submit the report to  
20 the President Pro Tempore of the Senate, the Speaker of the House of  
21 Representatives, and the Governor, and make publicly available on  
22 the website of the Department, a report on the data collection  
23 carried out under this section.

1 SECTION 6. NEW LAW A new section of law to be codified  
2 in the Oklahoma Statutes as Section 1-559.6 of Title 63, unless  
3 there is created a duplication in numbering, reads as follows:

4 A. The State Department of Health shall implement data  
5 collection and produce a report every three (3) years on the  
6 standard of care for women and men seeking reproductive health  
7 condition diagnoses.

8 B. In carrying out the data collection under subsection A of  
9 this section, the Department shall:

10 1. Collect and assess data related to access to restorative  
11 reproductive medicine and restorative reproductive health, including  
12 access to medical professionals trained in Natural Procreative  
13 Technology (NaProTechnology) and fertility education and medical  
14 management;

15 2. Collect and assess data related to access to information and  
16 training on fertility awareness-based methods; and

17 3. Assess group health plans or issuers of group or individual  
18 health insurance coverage of the treatments, tests, and training  
19 described in paragraphs 1 and 2 of this subsection.

20 C. In carrying out the data collection under subsection A of  
21 this section, the Department shall ensure that the privacy and  
22 confidentiality of individual patients are protected in a manner  
23 consistent with relevant privacy and confidentiality laws.

1       D. No later than two (2) years after the date of enactment of  
2 this act, the Department shall electronically submit the report to  
3 the President Pro Tempore of the Senate, the Speaker of the House of  
4 Representatives, and the Governor, and make publicly available on  
5 the website of the Department, a report on the data collection  
6 carried out under this section.

7       SECTION 7.        NEW LAW        A new section of law to be codified  
8 in the Oklahoma Statutes as Section 1-559.7 of Title 63, unless  
9 there is created a duplication in numbering, reads as follows:

10      A. All Title X-funded facilities in this state shall include  
11 fertility awareness-based methods and body literacy education as  
12 part of covered family planning and reproductive health services.

13      B. 1. The State Department of Health shall work with Title X-  
14 funded facilities to integrate fertility awareness-based methods and  
15 body literacy education into existing programs within twelve (12)  
16 months of the effective date of this act.

17      2. The Department shall provide guidance and support to  
18 facilities in implementing the fertility awareness-based methods,  
19 including:

20       a. training for health care providers on fertility  
21            awareness-based methods and body literacy education,  
22            and

b. development of patient education materials on fertility awareness-based methods and body literacy education.

C. Consistent with federal law, Title X-funded facilities shall allocate a portion of existing Title X funds to cover implementing and providing fertility awareness-based methods and body literacy education.

D. Compliance with this section shall be a condition of receipt of Title X funds.

E. 1. The Department shall not exclude entities that provide restorative reproductive medicine from receiving the grants and contracts provided to other Title X entities, provided they meet all other qualifications.

2. The Department shall not exclude entities that provide training and education for medical students and professionals in restorative reproductive medicine from receiving the grants and contracts provided to other Title X entities, provided they meet all other qualifications.

SECTION 8. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-559.8 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. The State Department of Health shall develop within the already existing state health education standards and public health program curricula to include information on reproductive health

1 conditions, restorative reproductive medicine, restorative  
2 reproductive health, and fertility awareness-based methods. Public  
3 health programs include:

- 4 1. Family planning services;
- 5 2. Maternal and child health programs; and
- 6 3. Women's health initiatives.

7 B. No later than eighteen (18) months after the date of  
8 enactment of this act, the Department shall make publicly available  
9 a report on the updated curriculum standards for public health  
10 programs and a plan for regular reporting on their outcomes.

11 C. The Department shall ensure that any grant or partnership  
12 opportunities within these programs are advertised to and inclusive  
13 of organizations that specialize in restorative reproductive  
14 medicine, fertility awareness education, and body literacy  
15 education.

16 SECTION 9. NEW LAW A new section of law to be codified  
17 in the Oklahoma Statutes as Section 1-559.9 of Title 63, unless  
18 there is created a duplication in numbering, reads as follows:

19 A. The State Department of Health shall work with health care  
20 professional licensure boards to update professional education and  
21 licensing requirements as needed to include training in restorative  
22 reproductive medicine, restorative reproductive health, and  
23 fertility awareness-based methods through the management of their  
24 health care license.

1       B. The Department shall provide training to staff working at  
2 Title X providers on reproductive health conditions, restorative  
3 reproductive medicine, restorative reproductive health, fertility  
4 awareness-based methods, and body literacy education.

5       C. This training may include restorative reproductive medicine  
6 (RRM), fertility education and medical management (FEMM), and  
7 fertility awareness-based methods (FABMs) toolkits, peer learning  
8 opportunities, Natural Procreative Technology (NaProTechnology)  
9 educational fellowships, FEMM and FABMs education, short videos on  
10 reproductive health conditions and RRM, and contracts with medical  
11 professionals for seminars and training on RRM, NaProTechnology,  
12 FEMM, and FABMs.

13       SECTION 10.       NEW LAW       A new section of law to be codified  
14 in the Oklahoma Statutes as Section 1-559.10 of Title 63, unless  
15 there is created a duplication in numbering, reads as follows:

16       A. The State Department of Health shall expand and coordinate  
17 programs to conduct and support research on reproductive health  
18 conditions.

19       B. The Department shall implement this research initiative in  
20 coordination with any other agency or research university already  
21 conducting research on reproductive health conditions, infertility,  
22 and maternal health.

23       C. In carrying out the research under subsection A of this  
24 section, the Department may direct research on:

1       1. The causes of reproductive health conditions, especially  
2 endometriosis, adenomyosis, uterine fibroids, and polycystic ovary  
3 syndrome (PCOS);

4       2. Ways to diagnose reproductive health conditions;

5       3. Restorative reproductive medicine and new treatment options  
6 for reproductive health conditions;

7       4. Endocrine-disrupting chemicals in endometriosis, the  
8 relationship of endometriosis and cancer, and prenatal and  
9 epigenetic influences on the risk for endometriosis;

10       5. The growth and progression of reproductive health conditions  
11 and recurrence post-surgical procedures;

12       6. Male mechanisms of infertility, such as low sperm count, low  
13 sperm motility, erectile dysfunction, low testosterone, varicocele,  
14 and testicular torsion;

15       7. The effectiveness of fertility awareness-based methods to  
16 achieve pregnancy and increase the number of live births;

17       8. Premenstrual syndrome (PMS), hormonal dysfunctions,  
18 ovulation defects, abnormal uterine bleeding, adhesion prevention,  
19 tubal corrective surgery, and preconception health;

20       9. The prevalence of sexually transmitted infections (STIs) and  
21 their effects on fertility in both men and women; and

22       10. The impact of exposure to environmental factors like per-  
23 and polyfluoroalkyl substances (PFAS) and microplastics on male and  
24 female reproductive health, including sperm quality.

1       D. No later than twenty-four (24) months after the effective  
2 date of this act, the Department shall make a report on the research  
3 publicly available. This report shall be updated annually.

4       SECTION 11.       NEW LAW       A new section of law to be codified  
5 in the Oklahoma Statutes as Section 1-559.11 of Title 63, unless  
6 there is created a duplication in numbering, reads as follows:

7       A. The State Department of Health shall expand and coordinate  
8 programs, within existing public health or family planning  
9 initiatives, for the development of education, awareness, and  
10 treatment for male-factor infertility through lifestyle and  
11 metabolic modifications.

12       B. This new integration includes, but is not limited to, low  
13 sperm count, motility, morphology, hormonal imbalances, sexually  
14 transmitted infections (STIs), obesity, varicoceles, and erectile  
15 dysfunction.

16       C. No later than twenty-four (24) months after the effective  
17 date of this act, the Department shall make a report on the research  
18 publicly available, along with the developed plans for education and  
19 treatment for male factor infertility within the existing state  
20 public health and family planning programs. This report shall be  
21 updated annually.

22       SECTION 12.       NEW LAW       A new section of law to be codified  
23 in the Oklahoma Statutes as Section 1-559.12 of Title 63, unless  
24 there is created a duplication in numbering, reads as follows:

1       The State Department of Health shall collaborate with local,  
2 state, and federal policymakers to recommend updated diagnostic and  
3 procedural codes related to infertility treatments to reflect the  
4 latest knowledge and practices in restorative reproductive medicine,  
5 including recommending a thorough federal review of the  
6 International Classification of Diseases, 10th Revision, Clinical  
7 Modification (ICD-10-CM), the International Classification of  
8 Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS), the  
9 Current Procedural Terminology (CPT) code set, and the Healthcare  
10 Common Procedure Coding System (HCPCS). Codes should be revised and  
11 developed for:

12       1. Endometriosis, polycystic ovary syndrome (PCOS), uterine  
13 fibroids, adenomyosis, blocked fallopian tubes, and male mechanisms  
14 of infertility to ensure accurate classification of severe, chronic  
15 reproductive health conditions requiring medical or surgical  
16 intervention;

17       2. Laparoscopic excision, hysteroscopic procedures, and other  
18 minimally invasive surgeries aimed at addressing such conditions,  
19 including the excision of fibroids, ovarian cysts, and adenomyosis-  
20 related tissue removal;

21       3. Minimally invasive surgeries and other interventions that  
22 target infertility-related conditions, specifically including  
23 laparoscopic excision, differentiation between laparoscopic ablation  
24 and laparoscopic excision of endometriosis, appendectomy related to

1 endometriosis, bowel resection related to endometriosis,  
2 hysteroscopic myomectomy, abdominal myomectomy, cystectomy, other  
3 minimally invasive procedures that directly treat underlying  
4 reproductive health conditions, and for family planning services,  
5 specifically including female cycle charting instruction; and

6       4. Ensuring appropriate reimbursement under the Medicare and  
7 Medicaid programs for reproductive health-related surgical  
8 procedures, postoperative care, and family planning services,  
9 specifically including female cycle charting instruction.

10       SECTION 13.       NEW LAW       A new section of law to be codified  
11 in the Oklahoma Statutes as Section 1-559.13 of Title 63, unless  
12 there is created a duplication in numbering, reads as follows:

13       If any provision of this act, or the application of such  
14 provision to any person, entity, government, or circumstance, is  
15 held to be unconstitutional, the remainder of this act, or the  
16 application of such provision to all other persons, entities,  
17 governments, or circumstances, shall not be affected thereby.

18       SECTION 14.    This act shall become effective November 1, 2026.

20       60-2-2543       DC       1/15/2026 9:04:02 AM