

STATE OF OKLAHOMA

2nd Session of the 60th Legislature (2026)

SENATE BILL 1951

By: Deever

AS INTRODUCED

An Act relating to reproductive health and fertility; creating the Reproductive Empowerment and Support Through Optimal Restoration (RESTORE) Act; providing short title; stating legislative findings; defining terms; providing certain construction; prohibiting certain discrimination; requiring the State Department of Health to implement certain data collection; describing data collection; providing for patient privacy and confidentiality; requiring certain reports; directing certain facilities to provide specified services; requiring the Department to provide certain guidance; directing certain allocation of funds; specifying certain condition of 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.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

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

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

B. The Legislature finds that:

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

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

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

4. Research shows that male and female infertility is typically
due to four or more conditions or factors, with the diagnosis shared
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
7 women’s reproductive functions and cycle interact with the rest of
8 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 sticks to different organs, disfiguring them, and, through
23 scar tissue or adhesions, can make the organs stick to one another
24 or to the pelvic walls. It has been found in the abdominal organs,

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

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

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

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

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

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

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

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

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

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

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

C. In carrying out the data collection under subsection A of this section, the Department shall ensure that the privacy and confidentiality of individual patients are protected in a manner 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 as part of covered family planning
12 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
15 into existing programs within twelve (12) months of the effective
16 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
22 b. development of patient education materials on
23 fertility awareness-based methods.
24
25

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

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

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

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

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

18 A. The State Department of Health shall develop within the
19 already existing state health education standards and public health
20 program curricula to include information on reproductive health
21 conditions, restorative reproductive medicine, restorative
22 reproductive health, and fertility awareness-based methods. Public
23 health programs include:

24 1. Family planning services;

1 2. Maternal and child health programs; and

2 3. Women's health initiatives.

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

7 C. The Department shall ensure that any grant or partnership
8 opportunities within these programs are advertised to and inclusive
9 of organizations that specialize in restorative reproductive health
10 and fertility awareness education.

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

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

20 B. The Department shall provide training to staff working at
21 Title X providers on reproductive health conditions, restorative
22 reproductive medicine, restorative reproductive health, and
23 fertility awareness-based methods.

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

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

12 A. The State Department of Health shall expand and coordinate
13 programs to conduct and support research on reproductive health
14 conditions.

15 B. The Department shall implement this research initiative in
16 coordination with any other agency or research university already
17 conducting research on reproductive health conditions, infertility,
18 and maternal health.

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

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

24 2. Ways to diagnose reproductive health conditions;

1 3. Restorative reproductive medicine and new treatment options
2 for reproductive health conditions;

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

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

8 6. Male mechanisms of infertility, such as low sperm count, low
9 sperm motility, erectile dysfunction, low testosterone, varicocele,
10 and testicular torsion;

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

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

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

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

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

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

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

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

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

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

22 The State Department of Health shall collaborate with local,
23 state, and federal policymakers to recommend updated diagnostic and
24 procedural codes related to infertility treatments to reflect the

1 latest knowledge and practices in restorative reproductive medicine,
2 including recommending a thorough federal review of the
3 International Classification of Diseases, 10th Revision, Clinical
4 Modification (ICD-10-CM), the International Classification of
5 Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS), the
6 Current Procedural Terminology (CPT) code set, and the Healthcare
7 Common Procedure Coding System (HCPCS). Codes should be revised and
8 developed for:

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

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

18 3. Minimally invasive surgeries and other interventions that
19 target infertility-related conditions, specifically including
20 laparoscopic excision, differentiation between laparoscopic ablation
21 and laparoscopic excision of endometriosis, appendectomy related to
22 endometriosis, bowel resection related to endometriosis,
23 hysteroscopic myomectomy, abdominal myomectomy, cystectomy, other
24 minimally invasive procedures that directly treat underlying

1 reproductive health conditions, and for family planning services,
2 specifically including female cycle charting instruction; and

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

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

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

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

16
17 60-2-3429 DC 1/15/2026 9:09:24 AM
18
19
20
21
22
23
24
25