STATE OF OKLAHOMA

2nd Session of the 60th Legislature (2026)

HOUSE BILL 2948 By: Olsen

AS INTRODUCED

An Act relating to assisted reproductive technology; defining terms; providing reporting requirements; mandating publication of certain data points of report by the Oklahoma State Department of Health; 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 to be codified in the Oklahoma Statutes as Section 1-800 of Title 63, unless there is created a duplication in numbering, reads as follows:

As used in this act:

1. Assisted reproductive technology" means treatment or procedure involving the handling of a human egg, sperm, and embryo outside of the body with the intent of facilitating a pregnancy, including:

a. artificial insemination,

b. intrauterine insemination,

c. in vitro fertilization,

d. gamete intrafallopian fertilization,

e. zygote intrafallopian fertilization,

f. egg, embryo, and sperm cryopreservation, and

g. egg, sperm, or embryo donation;

2. "Cycle" means a single procedure of in vitro fertilization, zygote intrafallopian transfer, gamete intrafallopian transfer, or egg retrieval. A cycle that is completed may only refer to egg retrieval if no eggs are fertilized and implanted into the patient or may mean the complete process from egg retrieval to the transfer of human reproductive material;

3. "Egg donor" means a person unrelated by marriage to the recipient who provides or agrees to provide ovum for the purpose of human reproduction, regardless of if the recipient has a diagnosis of infertility;

4. "Embryo cryopreservation" means the process when human embryos are frozen in an undisturbed environment for the purpose of saving these embryos for future procreative use;

5. "Fertility clinic" means a medical facility that is licensed, registered, or certified under federal laws or regulations or state laws and rules and is responsible for the collection and preservation of transfer or egg retrieval;

6. "Health care professional" means an individual licensed, registered, or certified under federal laws or regulations or state laws and rules to provide health care services;

7. "Human embryo" means a distinct and living organism of the species Homo sapiens conceived either in the human body or produced in an artificial environment other than the human body, from the moment of fertilization, including the single-cell stage, until natural death, including such embryos that are in a state of cryopreservation or are otherwise unused;

8. "Human embryo implantation" means a human embryo has successfully attached to a patient's uterine wall lining which marks the beginning of pregnancy;

9. "Human reproductive material" means all of any part of a sperm, ovum, or embryo at any stage of development;

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

a. twelve (12) months of intercourse without the use of chemical, barrier, or other contraceptive method for women under thirty-five (35) years of age, or

b. six (6) months of targeted intercourse without the use of a chemical, barrier, or other contraceptive method for women who are thirty-five (35) years of age and older, where conception should otherwise be possible;

11. "Prospective patient" means the patient who may undergo assisted reproductive technology treatments, including the transfer of human embryos for the purpose of initiating pregnancy;

12. "Transfer" means the process by which a health care professional places a fresh or frozen embryo within the uterus, fallopian tubes, or other part of a patient's body for the purpose of initiating a pregnancy; and

13. "Sperm donor" means a person unrelated by marriage to a prospective patient who provides or agrees to provide sperm for the purpose of human reproduction, regardless of whether the prospective patient has a diagnosis of infertility.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-800.1 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. The Oklahoma State Department of Health shall require fertility clinics to track and report key data points, including but not limited to:

1. How many embryos each fertility clinic creates in total through assisted reproductive technology cycles;

2. What happens to each of the embryos created and the number of embryos that:

a. are negligently destroyed each year due to the failure of a cryopreservation tank or technical or human error,

b. perish due to natural causes during fertilization, development, or implantation in assisted reproductive technology,

c. perish due to preimplantation genetic testing in assisted reproductive technology, or

d. (1) are intentionally destroyed at the discretion of the fertility clinic or the prospective patient, and

(2) the fertility clinical shall specify why the fertility clinic or prospective patient chose to discard or destroy the embryo,

e. are relinquished by prospective patients to a clinic,

f. are donated by prospective patients for research purposes, and

g. are created in each cycle of assisted reproductive technology;

3. If, and how often, the fertility clinic loses the human reproductive material of prospective patients due to unknown or undisclosed reasons;

4. Any instances of a health care professional knowingly transferring non-viable human reproductive material into a patient, with or without the patient's knowledge;

5. The total number of embryos that are frozen in cryopreservation storage units and the number of embryos frozen

prior to submitting the report each year, whenever that occurs, under the supervision of the reporting fertility clinic;

6. How many embryos are transferred fresh verses frozen;

7. How many embryos are transferred in a single transfer cycle;

8. How many embryos successfully implant when conceived with assisted reproductive technology but are miscarried, perish naturally in the womb, or are stillborn;

9. How many pregnancies result from assisted reproductive technology procedures;

10. How many live births result from assisted reproductive technology procedures; and

11. How many cases of multiple gestation occur from assisted reproductive technology procedures.

B. The information reported pursuant to this section shall not include any personal identifiable information and shall only include statistical aggregate information.

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-800.2 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. Within twelve (12) months of receiving the annual assisted reproductive technology data from fertility clinics, the Oklahoma State Department of Health shall compile and publish a comprehensive report, available for public use, cataloging key data points for

research, accountability, and prospective patient use, including but not limited to:

1. How many fertility clinics are registered to practice assisted reproductive technology;

2. How many assisted reproductive technology and egg retrieval cycles each fertility clinic performs;

3. A percentage breakdown of the types of assisted reproductive technology procedures each fertility clinic performs;

4. The success rate of each form of assisted reproductive technology, broken down by age of the patient, whether donor ovum or sperm was used, and the total number of cycles required for the successful live birth of a child per patient; and

5. Compile and report the outcomes of each of the individual fertility clinic data collection points described pursuant to Section 2 of this act.

B. The comprehensive report described pursuant to subsection A of this section shall not include any personal identifiable information and shall only include statistical aggregate information.

SECTION 4. This act shall become effective November 1, 2026.

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