State of Arkansas
95th General Assembly
Regular Session, 2025

A Bill

HOUSE BILL 1554

By: Representative A. Brown
By: Senator J. Dotson

For An Act To Be Entitled

AN ACT TO CREATE THE ASSISTED REPRODUCTIVE TECHNOLOGY REPORTING ACT; AND FOR OTHER PURPOSES.

Subtitle

TO CREATE THE ASSISTED REPRODUCTIVE TECHNOLOGY REPORTING ACT.

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

SECTION 1. Arkansas Code Title 20, Chapter 9, is amended to add an additional subchapter to read as follows:

Subchapter 16 - Assisted Reproductive Technology Reporting Act

20-9-1601. Title.

This subchapter shall be known and may be cited as the "Assisted Reproductive Technology Reporting Act".

20-9-1602. Legislative findings.

The General Assembly finds that:

(1) The federal Fertility Clinic Success Rate and Certification Act of 1992 requires the Centers for Disease Control and Prevention to track certain health outcomes and success rates of assisted reproductive technology;

(2) However, this law lacks a strong enforcement mechanism and is too limited in scope;

(3) Additionally, the law governing assisted reproductive technology in Arkansas does not require fertility clinics to report key data

points related to assisted reproductive technology, maternal and neonatal health, and the total number of embryos created through this procedure; and

(4) Therefore, many prospective parents, lawmakers, researchers, and fertility clinics lack an adequate understanding of how assisted reproductive technology functions in the State of Arkansas and information that is essential for prospective parents as they make important decisions about their childbearing options.

20-9-1603. Definitions.

As used in this subchapter:

(1) "Assisted reproductive technology" means a 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)(A) "Cycle" means a single procedure of in vitro fertilization, zygote intrafallopian transfer, gamete intrafallopian transfer, or egg retrieval.

(B) 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 that is responsible for the collection and preservation of

human reproductive material responsible for the creation of human embryos or the placement of human reproductive material into a prospective patient;

(6) "Healthcare professional" means an individual licensed, registered, or certified under federal laws or regulations or state laws and rules to provide healthcare 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-celled 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 or 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 a 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 healthcare 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.

20-9-1604. Reporting requirements.

The Department of Health shall require fertility clinics to track and report key data points, including without limitation:

(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;

(D)(i) Are intentionally destroyed at the discretion of the fertility clinic or the prospective patient.

(ii) The fertility clinic 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 healthcare 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 versus 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.

20-9-1605. Annual public report.

Within twelve (12) months of receiving the annual assisted reproductive technology data from fertility clinics, the 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 without limitation:

(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 under § 20-9-1604.

20-9-1606. Maternal and neonatal health outcomes.

In conjunction with the Department of Human Services, the Maternal Mortality Review Committee, and the Maternal and Perinatal Outcomes Quality Review Committee, the Department of Health shall track and report:

(1) Maternal health outcomes throughout pregnancy, labor, and the postpartum period consisting of a minimum of eighteen (18) months after the

end of a pregnancy for women who conceive, or bear through gestational surrogacy, children with assisted reproductive technology; and

(2) Neonatal health outcomes, including birth defects, diseases, genetic or physical conditions, chronic issues, physical abnormalities, mental health, or other health factors, of children conceived with assisted reproductive technology, including an implementation of an ongoing review of a child's genetic, physical, and emotional health until eighteen (18) years of age.