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A BILL TO BE ENTITLED

AN ACT

relating to reporting requirements for assisted reproductive technology, including in vitro fertilization.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 174, Health and Safety Code, is added to read as follows:

CHAPTER 174. REPORTING REQUIREMENTS FOR ASSISTED REPRODUCTIVE TECHNOLOGY PROVIDERS

Sec. 174.001. DEFINITIONS. In this chapter:

(1) "Department" means the Texas Health and Human Services Commission.

(2) "Assisted reproductive technology provider" means any licensed, registered, or certified medical facility, clinic, or healthcare provider that engages in treatments or procedures that involve the handling of a human egg, sperm, or embryo outside of the body with the intent of facilitating a pregnancy, including artificial insemination, intrauterine insemination, in vitro fertilization, gamete intrafallopian fertilization, zygote intrafallopian fertilization, egg, embryo, and sperm cryopreservation, and egg, sperm, or embryo donation, including in vitro fertilization, frozen embryo transfer, or zygote intrafallopian transfer.

(3) "Embryo" means a distinct and living organism of the species homo sapiens from the moment of fertilization until

death or eight weeks gestation, including the single-cell stage of development and such embryos that are in a state of cryopreservation or are otherwise unused.

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

Sec. 174.002. REPORTING REQUIREMENTS. (a) Each assisted reproductive technology provider in the state shall submit an annual report to the department detailing the following information for the previous calendar year:

(1) Number of embryos created in total through assisted reproductive technology cycles;

(2) What happens to each of the embryos created;

(3) How many embryos are negligently destroyed each year due to the failure of a cryopreservation tank or technical and human error;

(4) How many embryos perish due to natural causes during fertilization, development, or implantation in assisted reproductive technology procedures;

(5) How many embryos perish due to preimplantation genetic testing in assisted reproductive technology;

(6) How many embryos are intentionally destroyed at the discretion of the assisted reproductive technology provider or the prospective parents and, for each instance, a specified reason

that the assisted reproductive technology provider or prospective parent chose to discard the embryo for one of the four following options:

(A) Genetic or physical health concerns;

(B) Undesired biological sex;

(C) Unwanted or unused embryo; or

(D) Other, with a specified reason;

(7) How many embryos prospective parents relinquished to an embryo adoption clinic;

(8) How many embryos prospective parents donate for research purposes;

(9) How many embryos are created in each cycle of assisted reproductive technology;

(10) The loss of reproductive material of prospective parents due to unknown or undisclosed reasons;

(11) Any instances of an assisted reproductive technology provider knowingly transferring non-viable reproductive material into a prospective patient, with or without the patient's knowledge;

(12) The number of embryos that are frozen in cryopreservation storage units that year;

(13) The total number of embryos that are frozen in cryopreservation storage units, including embryos frozen in previous years;

(14) How many embryos are transferred fresh versus frozen;

(15) How many embryos are transferred in a single

transfer cycle;

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

(17) How many pregnancies result from assisted reproductive technology procedures;

(18) How many live births result from assisted reproductive technology procedures; and

(19) How many cases of multiple gestation including twins, triplets, quadruplets, or more, occur from assisted reproductive technology procedures.

(b) The report shall not contain any personally identifiable patient information.

Sec. 174.003. COMPILATION AND PUBLICATION OF REPORTS. (a) The department shall compile the data submitted under Section 174.002 and prepare an annual report summarizing the statewide statistics on assisted reproductive technology procedures and outcomes within 12 months of receiving the assisted reproductive technology data from providers.

(b) The annual report compiled under subsection (a) should include:

(1) The total number of providers registered to practice assisted reproductive technology;

(2) The total number of assisted reproductive technology and egg retrieval cycles each provider performs;

(3) A percentage breakdown of the types of assisted reproductive technology procedures clinics, as a whole, perform;

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

(5) The total outcomes of each of the individual fertility clinic data collection points from Sec. 174.002.

(c) The report shall be made publicly available on the department's website no later than December 31 of each year.

Sec. 174.004. ENFORCEMENT AND PENALTIES. (a) The department shall adopt rules necessary to implement this chapter.

(b) Failure to comply with the reporting requirements of this chapter may result in administrative penalties, including fines or other disciplinary actions as prescribed by the department.

SECTION 2. This Act takes effect September 1, 2025.