

119TH CONGRESS
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H. R. 3589

To expand and promote research and data collection on reproductive health conditions, to provide training opportunities for medical professionals to learn how to diagnose and treat reproductive health conditions, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 23, 2025

Mrs. HARSHBARGER (for herself and Mr. MOORE of West Virginia) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To expand and promote research and data collection on reproductive health conditions, to provide training opportunities for medical professionals to learn how to diagnose and treat reproductive health conditions, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Reproductive Em-
5 powerment and Support Through Optimal Restoration
6 Act” or the “RESTORE Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) All women and men are worthy of the high-
4 est standard of medical care, including the oppor-
5 tunity to assess, understand, and improve their re-
6 productive health. Unfortunately, many couples do
7 not receive adequate information about their repro-
8 ductive health and do not have access to restorative
9 reproductive medicine.

10 (2) There is a growing interest among women
11 to proactively assess their overall health and under-
12 stand how factors such as age and medical history
13 contribute to reproductive health and fertility.

14 (3) Reproductive health conditions are the lead-
15 ing causes of infertility, which affects 15 to 16 per-
16 cent of couples in the United States. Such conditions
17 include the following:

18 (A) Endometriosis, a disease where tissue
19 resembling endometrial lining tissue grows out-
20 side of the uterus. The tissue often adheres to
21 different organs, disfiguring them and, through
22 scar tissue or adhesions, can make the organs
23 stick to one another or to the pelvic walls. It
24 has been found in the abdominal organs, the
25 bowel, the diaphragm, the lungs, the brain, and
26 the eye. It is a progressive disease and has been

1 compared to growing like cancer. Endometriosis
2 is often diagnosed in stages, with Stage I as the
3 mildest form and Stage IV as the most severe
4 and widespread form. The average diagnosis
5 delay for endometriosis is 6 to 12 years. Endo-
6 metriosis frequently goes undiagnosed, and
7 women may suffer for years with painful peri-
8 ods, pelvic pain, or infertility. The cause of
9 endometriosis is unknown.

10 (B) Adenomyosis, a disease that occurs
11 when endometrial tissue (tissue that would nor-
12 mally line the inside of the uterus) grows into
13 the muscle layer of the uterus. Adenomyosis is
14 different from, but can exist concurrently with,
15 endometriosis. Adenomyosis may increase the
16 risk of miscarriage and preterm labor and may
17 contribute to infertility. The cause of
18 adenomyosis is unknown.

19 (C) Polycystic ovary syndrome, a reproduc-
20 tive hormonal disorder that causes cysts to
21 grow on the ovaries, usually as a result of hor-
22 monal imbalances. Polycystic ovary syndrome
23 affects approximately 15 percent of women
24 overall but is more common among women with
25 infertility. It is more prevalent among women

1 with obesity and insulin resistance. Women with
2 polycystic ovary syndrome who are trying to
3 achieve pregnancy are commonly prescribed oral
4 ovulation medication and hormonal injections
5 that stimulate ovulation. Effective diagnosis
6 and treatment exist, and should be made avail-
7 able for all women. Accurate and timely diag-
8 nosis and treatment can correct underlying hor-
9 monal imbalances, critical for both long-term
10 health improvements as well as for fertility out-
11 comes.

12 (D) Uterine fibroids, which are muscular
13 tumors that grow in the wall of the uterus.
14 While not all women will experience symptoms
15 associated with fibroids, if the tumors are large
16 enough or embedded far enough in the uterine
17 lining, they can lead to pain and heavy bleed-
18 ing. Treatment for fibroids may include assess-
19 ment of underlying hormonal imbalances,
20 hysteroscopic myomectomy, abdominal
21 myomectomy, uterine fibroid embolization, and
22 uterine artery embolization. Uterine fibroids
23 can increase risks of preterm labor, pregnancy
24 complications leading to a cesarean section, and

1 placental abruption, among other risks. The
2 cause of uterine fibroids is unknown.

3 (E) Blocked fallopian tubes, a condition
4 where the fallopian tubes are blocked by tubal
5 spasm, scarring from inflammatory conditions,
6 debris, tubal polyps, tubal ligation, prior ectopic
7 pregnancy, pelvic adhesions, endometriosis,
8 prior pelvic infection (pelvic inflammatory dis-
9 ease or “PID”). Approximately 1 in 4 women
10 with infertility have a tubal blockage. This con-
11 dition makes achieving pregnancy difficult, if
12 not impossible. Treatments for a blockage in-
13 clude fallopian tube recanalization, tubo-tubal
14 anastomosis (tubal ligation reversal), or
15 neosalpingostomy/fimbrioplasty.

16 (4) Research shows 4 or more conditions or fac-
17 tors are the cause of most male and female infer-
18 tility.

19 (5) There is a gap in research and care for
20 male and female reproductive health conditions,
21 which affect many Americans struggling with unex-
22 plained infertility.

23 (6) Restorative reproductive medicine aims to
24 diagnose and treat underlying hormonal and other
25 imbalances, restore health where possible, and im-

1 prove women’s health functioning and long-term out-
2 comes.

3 (7) Restorative reproductive medicine can elimi-
4 nate barriers to successful conception, pregnancy,
5 and birth. It can also address some causes of recur-
6 rent miscarriages.

7 (8) Restorative reproductive medicine often alle-
8 viates other difficult symptoms associated with re-
9 productive health conditions, including hormonal
10 acne, hormonal weight gain, hormonal mood and de-
11 pression, painful periods, painful flare-ups, bloating,
12 inflammation, heavy periods, irregular periods, nerve
13 pain, bowel symptoms, pain during sexual inter-
14 course, and back pain.

15 **SEC. 3. DEFINITIONS.**

16 In this Act:

17 (1) ASSISTED REPRODUCTIVE TECHNOLOGY.—
18 The term “assisted reproductive technology” means
19 any treatments or procedures that involve the han-
20 dling of a human egg, sperm, and embryo outside of
21 the body with the intent of facilitating a pregnancy,
22 including artificial insemination, intrauterine insemi-
23 nation, in vitro fertilization, gamete intrafallopian
24 fertilization, zygote intrafallopian fertilization, egg,

1 embryo, and sperm cryopreservation, and egg or em-
2 bryo donation.

3 (2) FERTILITY AWARENESS-BASED METHODS.—

4 The term “fertility awareness-based methods”
5 means modern, evidence-based methods of tracking
6 the menstrual cycle through observable biological
7 signs in a woman, such as body temperature, cer-
8 vical fluid, and hormone production in the reproduc-
9 tive system, including luteinizing hormone (LH) and
10 estrogen. Such methods include Fertility Education
11 and Medical Management, the sympto thermal meth-
12 od, the Marquette method, the Creighton method,
13 and the Billings ovulation method.

14 (3) FERTILITY EDUCATION AND MEDICAL MAN-
15 AGEMENT.—The term “fertility education and med-
16 ical management” means the program developed in
17 collaboration with the Reproductive Health Research
18 Institute for medical research, protocols, and med-
19 ical training for health care professionals in order to
20 enable the clinical application of important research
21 advances in reproductive endocrinology, by providing
22 education for women about their bodies and hor-
23 monal health and medical support, as appropriate.

24 (4) INFERTILITY.—The term “infertility”
25 means a symptom of an underlying disease or condi-

tion within a person’s body that makes it difficult or impossible to successfully conceive and carry a child to term, which is diagnosed after 12 months of intercourse without the use of a chemical, barrier, or other contraceptive method for women under 35 or after 6 months of targeted intercourse without the use of a chemical, barrier, or other contraceptive method for women 35 and older, where conception should otherwise be possible.

(5) NATURAL PROCREATIVE TECHNOLOGY; NAPROTECHNOLOGY.—The term “Natural Procreative Technology” or “NaProTECHNOLOGY” means an approach to health care that monitors and maintains a woman’s reproductive and gynecological health, including laparoscopic gynecologic surgery to reconstruct the uterus, fallopian tubes, ovaries, and other organ structures to eliminate endometriosis and other reproductive health conditions.

(6) REPRODUCTIVE HEALTH CONDITIONS.—The term “reproductive health conditions” includes endometriosis, adenomyosis, polycystic ovary syndrome, uterine fibroids, blocked fallopian tubes, hormone imbalances, hyperprolactinemia, thyroid conditions, ovulation dysfunctions, and other health conditions that make it difficult or impossible to success-

1 fully conceive a child where conception should other-
2 wise be possible.

3 (7) RESTORATIVE REPRODUCTIVE HEALTH.—

4 The term “restorative reproductive health” includes
5 empowering women and men to know and under-
6 stand their bodies and appreciate the importance of
7 natural reproductive health to overall health and
8 well-being, including through the use of body literacy
9 programs that incorporate science-based charting
10 methods, teacher-lead reproductive health education,
11 restorative reproductive medicine, Natural Pro-
12 creative Technology, fertility awareness-based meth-
13 ods, and fertility education and medical manage-
14 ment.

15 (8) RESTORATIVE REPRODUCTIVE MEDICINE.—

16 The term “restorative reproductive medicine”—

17 (A) means any scientific approach to re-
18 productive medicine that seeks to cooperate
19 with, or restore the normal physiology and
20 anatomy of, the human reproductive system,
21 without the use of methods that are inherently
22 suppressive, circumventive, or destructive to
23 natural human functions; and

24 (B) may include ultrasounds, blood tests,
25 hormone panels, laparoscopic and exploratory

1 surgeries, examining the man’s or woman’s
2 overall health and lifestyle, eliminating environ-
3 mental endocrine disruptors, and assessing the
4 health and fertility of the individual’s partner,
5 Natural Procreative Technology, fertility aware-
6 ness-based methods, and fertility education and
7 medical management.

8 **SEC. 4. PROHIBITING DISCRIMINATION AGAINST HEALTH**
9 **CARE PROVIDERS WHO DO NOT PARTICIPATE**
10 **IN ASSISTED REPRODUCTIVE TECHNOLOGY.**

11 Notwithstanding any other law, the Federal Govern-
12 ment, and any person or entity that receives Federal fi-
13 nancial assistance, including any State or local govern-
14 ment, may not penalize, retaliate against, or otherwise dis-
15 criminate against a health care provider on the basis that
16 the provider does not or declines to—

17 (1) assist in, receive training in, provide, per-
18 form, refer for, pay for, or otherwise participate in
19 assisted reproductive technology; or

20 (2) facilitate or make arrangements for any of
21 the activities specified in paragraph (1) in a manner
22 that violates the provider’s sincerely held religious
23 beliefs or moral convictions.

1 **SEC. 5. IMPLEMENTING LITERATURE REVIEWS ON THE**
2 **STANDARD OF CARE FOR THE DIAGNOSIS OF**
3 **INFERTILITY.**

4 (a) IN GENERAL.—The Assistant Secretary for
5 Health of the Department of Health and Human Services
6 (referred to in this section as the “Assistant Secretary”)
7 shall collect data on the topics described in subsection (b)
8 and, not later than 2 years after the date of enactment
9 of this Act and every 3 years thereafter, issue a report
10 on the standard of care for women who have been diag-
11 nosed with infertility.

12 (b) TOPICS.—In carrying out subsection (a), the As-
13 sistant Secretary shall—

14 (1) assess peer-reviewed studies on referrals to
15 restorative reproductive medicine that are given
16 prior to referrals for or use of assisted reproductive
17 technology;

18 (2) assess peer-reviewed studies related to ac-
19 cess to patient and health care provider information
20 and training for fertility awareness-based methods;
21 and

22 (3) assess the extent to which the treatments,
23 tests, and training described in paragraphs (1) and
24 (2) are covered under public and private health
25 plans.

1 (c) PRIVACY REQUIREMENTS.—In carrying out sub-
 2 section (a), the Assistant Secretary shall ensure that the
 3 privacy and confidentiality of individual patients are pro-
 4 tected in a manner consistent with relevant privacy and
 5 confidentiality law.

6 **SEC. 6. IMPLEMENTING LITERATURE REVIEWS ON THE**
 7 **STANDARD OF CARE FOR INDIVIDUALS SEEK-**
 8 **ING A REPRODUCTIVE HEALTH CONDITION**
 9 **DIAGNOSIS.**

10 (a) IN GENERAL.—The Assistant Secretary for
 11 Health of the Department of Health and Human Services
 12 (referred to in this section as the “Assistant Secretary”)
 13 shall collect data on the topics described in subsection (b)
 14 and, not later than 2 years after the date of enactment
 15 of this Act and every 3 years thereafter, issue a report
 16 on the standard of care for women and men seeking repro-
 17 ductive health condition diagnoses.

18 (b) TOPICS.—In carrying out paragraph (1), the As-
 19 sistant Secretary shall—

20 (1) assess peer-reviewed studies related to ac-
 21 cess to restorative reproductive medicine and restor-
 22 ative reproductive health, including access to medical
 23 professionals trained in NaProTechnology and fer-
 24 tility education and medical management;

1 (2) assess peer-reviewed studies related to ac-
 2 cess to information and training on fertility aware-
 3 ness-based methods; and

4 (3) assess the extent to which the treatments,
 5 tests, and training described in paragraphs (1) and
 6 (2) are covered under public and private health
 7 plans.

8 (c) **PRIVACY REQUIREMENTS.**—In carrying out sub-
 9 section (a), the Assistant Secretary shall ensure that the
 10 privacy and confidentiality of individual patients are pro-
 11 tected in a manner consistent with relevant privacy and
 12 confidentiality law.

13 **SEC. 7. EXPANDING THE NATIONAL SURVEY OF FAMILY**
 14 **GROWTH TO INCLUDE REPRODUCTIVE**
 15 **HEALTH CONDITIONS, RESTORATIVE REPRO-**
 16 **DUCTIVE MEDICINE, AND FERTILITY AWARE-**
 17 **NESS-BASED METHODS.**

18 (a) **IN GENERAL.**—The Director of the Centers for
 19 Disease Control and Prevention (referred to in this section
 20 as the “Director”) shall evaluate the National Survey of
 21 Family Growth conducted by the National Center for
 22 Health Statistics of the Centers for Disease Control and
 23 Prevention and consider making modifications to the sur-
 24 vey questions used for such purposes.

1 (b) TOPICS.—The evaluation by the Director pursu-
2 ant to subsection shall include consideration of adding
3 questions related to—

4 (1) restorative reproductive health;

5 (2) reproductive health conditions and infer-
6 tility;

7 (3) restorative reproductive medicine availability
8 and utilization; and

9 (4) availability of, and training on, fertility
10 awareness-based methods.

11 (c) REPORT.—The Director shall submit to Congress
12 a report on the evaluation under subsection (a) not later
13 than 3 years after the date of enactment of this Act and
14 every 3 years thereafter.

15 **SEC. 8. INCLUDING ACCESS TO TITLE X AWARD FUNDS FOR**
16 **RESTORATIVE REPRODUCTIVE MEDICINE**
17 **GRANTEES.**

18 Section 1006 of the Public Health Service Act (42
19 U.S.C. 300a–4) is amended by adding at the end the fol-
20 lowing:

21 “(e)(1) Notwithstanding any other requirements re-
22 lating to the experience required for an applicant to qual-
23 ify for a grant or contract under this title, an entity shall
24 be deemed eligible for a grant or contract under this title
25 on the basis of being primarily engaged in providing re-

1 storative reproductive medicine, or providing training and
 2 education for medical students and professionals in restor-
 3 ative reproductive medicine, provided that such entity is
 4 otherwise eligible for the grant or contract.

5 “(2) In this subsection, the term ‘restorative repro-
 6 ductive medicine’ has the meaning given such term in sec-
 7 tion 3 of the RESTORE Act.”.

8 **SEC. 9. ADVANCING EDUCATION ON REPRODUCTIVE**
 9 **HEALTH CONDITIONS AND WOMEN’S NAT-**
 10 **URAL CYCLE.**

11 (a) EXPANDING GRANT ACCESS AND APPLICA-
 12 TION.—The Deputy Assistant Secretary for Population
 13 Affairs of the Department of Health and Human Services
 14 (referred to in this section as the “Deputy Assistant Sec-
 15 retary”) shall develop, within the existing Teen Pregnancy
 16 Prevention program, access to, and advertisement for, ap-
 17 plicants for grants under such program that specialize in
 18 restorative reproductive medicine, restorative reproductive
 19 health, and fertility awareness-based methods. To be eligi-
 20 ble to receive an award under this subsection, an entity
 21 shall be primarily engaged in services or education relating
 22 to restorative reproductive medicine, restorative reproduc-
 23 tive health, or fertility awareness-based methods.

24 (b) REPORT.—Not later than 18 months after the
 25 date of enactment of this Act, the Deputy Assistant Sec-

1 retary shall submit to Congress and make publicly avail-
 2 able on the website of the Office of Population Affairs a
 3 report on recipients of grants under the Teen Pregnancy
 4 Prevention program and the services, education, and
 5 training provided by such recipients.

6 **SEC. 10. ADVANCING RESTORATIVE REPRODUCTIVE MEDI-**
 7 **CINE AND FERTILITY AWARENESS-BASED**
 8 **METHODS TRAINING UNDER THE REPRODUC-**
 9 **TIVE HEALTH NATIONAL TRAINING CENTER.**

10 (a) IN GENERAL.—The Assistant Secretary for
 11 Health of the Department of Health and Human Services
 12 (referred to in this section as the “Assistant Secretary”)
 13 shall coordinate with the Office of Population Affairs and
 14 the Office on Women’s Health to review, revise, and in-
 15 struct the staff of the Reproductive Health National
 16 Training Center on reproductive health conditions, restor-
 17 ative reproductive medicine, restorative reproductive
 18 health, and fertility awareness-based methods.

19 (b) TRAINING.—Beginning not later than 2 years
 20 after the date of enactment of this Act, as a condition
 21 for receipt of a grant or contract under title X of the Pub-
 22 lic Health Service Act (42 U.S.C. 300 et seq.), the staff
 23 of the Reproductive Health National Training Center shall
 24 provide training to staff working in other entities receiving
 25 grants or contracts under title X of the Public Health

1 Service Act (42 U.S.C. 300 et seq.) about reproductive
 2 health conditions, restorative reproductive medicine, re-
 3 storative reproductive health, and fertility awareness-
 4 based methods, which may include providing toolkits and
 5 other information, including online, about peer learning
 6 opportunities, NaProTechnology educational fellowships,
 7 fertility education and medical management, short videos
 8 on reproductive health conditions and restorative repro-
 9 ductive medicine, and contract medical professional semi-
 10 nars and training.

11 **SEC. 11. ADVANCING LIFESTYLE MEDICINE PRESCRIP-**
 12 **TIONS AS A METHOD FOR TREATING MALE**
 13 **INFERTILITY.**

14 (a) IN GENERAL.—The Secretary of Health and
 15 Human Services (referred to in this section as the “Sec-
 16 retary”), in collaboration with the Assistant Secretary for
 17 Health and the Deputy Assistant Secretary for Population
 18 Affairs, shall evaluate, and develop within relevant health
 19 programs of the Department of Health and Human Serv-
 20 ices, education for awareness of and treatment for,
 21 through lifestyle and metabolic modifications, male factor
 22 infertility.

23 (b) TOPICS.—The development of treatment for male
 24 factor infertility in health programs by the Secretary pur-
 25 suant to subsection (a) shall include consideration for—

- 1 (1) sperm count;
- 2 (2) sperm motility;
- 3 (3) sperm morphology;
- 4 (4) erectile dysfunction;
- 5 (5) hormonal imbalance;
- 6 (6) sexually transmitted infections;
- 7 (7) endocrine-disrupting chemicals;
- 8 (8) testicular torsion;
- 9 (9) varicoceles;
- 10 (10) obesity;
- 11 (11) insulin resistance; and
- 12 (12) substance use.

13 (c) REPORT.—Not later than 18 months after the
14 date of enactment of this Act, the Secretary shall submit
15 to Congress, and make publicly available, plans to develop
16 education on treatment for male factor infertility in health
17 programs of the Department of Health and Human Serv-
18 ices.

19 **SEC. 12. MODERNIZING MEDICAL CODING TO ACCURATELY**
20 **CLASSIFY AND REIMBURSE PROVIDERS OF**
21 **RESTORATIVE TREATMENTS.**

22 (a) IN GENERAL.—The Secretary of Health and
23 Human Services (referred to in this section as the “Sec-
24 retary”), in collaboration with the Administrator of the
25 Centers for Medicare & Medicaid Services, the Director

1 of the National Center for Health Statistics of the Centers
2 for Disease Control and Prevention, and the CPT Edi-
3 torial Panel of the American Medical Association, shall
4 take all necessary actions to update, not later than 1 year
5 after the date of enactment of this Act, diagnostic and
6 procedural codes related to infertility treatments to reflect
7 the latest knowledge and practices related to the practice
8 of restorative reproductive medicine.

9 (b) REQUIREMENTS.—In carrying out subsection (a),
10 the Secretary shall—

11 (1) conduct a thorough review and revision of
12 ICD–10–CM codes for conditions such as endo-
13 metriososis, polycystic ovary syndrome, uterine
14 fibroids, adenomyosis, blocked fallopian tubes, and
15 male mechanisms of infertility to ensure accurate
16 classification of severe, chronic reproductive health
17 conditions requiring medical or surgical intervention;

18 (2) develop and implement new ICD–10–PCS
19 codes for laparoscopic excision, hysteroscopic proce-
20 dures, and other minimally invasive surgeries aimed
21 at addressing such conditions, including the excision
22 of fibroids, ovarian cysts, and adenomyosis-related
23 tissue removal;

24 (3) revise diagnostic and procedural codes
25 under the International Classification of Diseases to

1 more accurately reflect severe and chronic reproduc-
2 tive conditions;

3 (4) develop new Current Procedural Termi-
4 nology codes for minimally invasive surgeries and
5 other interventions that target infertility-related con-
6 ditions, specifically including laparoscopic excision,
7 differentiation between laparoscopic ablation and
8 laparoscopic excision of endometriosis, appendectomy
9 related to endometriosis, bowel resection related to
10 endometriosis, hysteroscopic myomectomy, abdom-
11 inal myomectomy, cystectomy, other minimally
12 invasive procedures that directly treat underlying re-
13 productive health conditions, and for family planning
14 services, specifically including female cycle charting
15 instruction;

16 (5) establish new Healthcare Common Proce-
17 dure Coding System codes to ensure appropriate re-
18 imbursement under the Medicare and Medicaid pro-
19 grams for reproductive health-related surgical proce-
20 dures, postoperative care, and family planning serv-
21 ices, specifically including female cycle charting in-
22 struction;

23 (6) conduct an actuarial analysis to determine
24 appropriate reimbursement rates and assign relative
25 value units to reflect the complexity and time re-

1 quired for these procedures, including physician vis-
2 its, surgical interventions, education, and care co-
3 ordination, ensuring that providers are incentivized
4 to offer thorough diagnostic and restorative care;
5 and

6 (7) implement a restorative reproductive medi-
7 cine bundled payment model accurately reimbursing
8 health care providers for the time and resources
9 needed to identify, diagnose, and treat the under-
10 lying cause of infertility or reproductive health con-
11 dition in order to provide restorative fertility care,
12 including—

13 (A) bundles that include diagnostics, med-
14 ical management, surgical intervention, edu-
15 cation, care coordination, and extended physi-
16 cian time; and

17 (B) establishing a corresponding set of
18 Current Procedural Terminology codes for the
19 bundle type variations and conduct an actuarial
20 analysis to determine appropriate reimburse-
21 ment rates and assign relative value units re-
22 flecting the complexity of restorative care.

1 **SEC. 13. EXPANDING RESEARCH ON REPRODUCTIVE**
2 **HEALTH CONDITIONS, FERTILITY AWARE-**
3 **NESS-BASED METHODS, AND INFERTILITY.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services (referred to in this section as the “Sec-
6 retary”), in coordination with the Assistant Secretary for
7 Health, the Director of the Agency for Healthcare Re-
8 search and Quality, the Director of the Advanced Re-
9 search Projects Agency for Health, the Director of the
10 Centers for Disease Control and Prevention, the Director
11 of the National Institutes of Reproductive Empowerment
12 and Support Through Optimal Restoration Act Health,
13 and the heads of other agencies and offices of the Depart-
14 ment of Health and Human Services that are conducting
15 research on reproductive health conditions, infertility, and
16 maternal health, shall expand and coordinate programs to
17 conduct and support research on reproductive health con-
18 ditions.

19 (b) TOPICS.—The research directed by the Secretary
20 pursuant to subsection (a) may include research on—

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

24 (2) ways to diagnose reproductive health condi-
25 tions;

1 (3) restorative reproductive medicine and new
2 treatment options for reproductive health conditions;

3 (4) endocrine disrupting chemicals in endo-
4 metriosis, the relationship of endometriosis and can-
5 cer, prenatal and epigenetic influences on the risk
6 for endometriosis;

7 (5) premenstrual syndrome, hormone dysfunc-
8 tion, ovulation defects, abnormal uterine bleeding,
9 adhesion prevention, tubal corrective surgery, and
10 preconception and pregnancy health;

11 (6) the growth and progression of reproductive
12 health conditions and recurrence post-surgical proce-
13 dures;

14 (7) the increasing prevalence of sexually trans-
15 mitted infections and related effects on fertility in
16 men and women;

17 (8) the impact of exposure to microplastics on
18 male and female reproductive organs and the specific
19 impact of such exposure on sperm quality;

20 (9) male mechanisms of infertility, including
21 low sperm count, low sperm motility, erectile dys-
22 function, low testosterone, varicocele, testicular tor-
23 sion, substance use, and obesity; and

24 (10) the effectiveness of restorative reproductive
25 medicine to achieve pregnancy and live birth.

1 (c) REPORT.—Not later than 2 years after the date
2 of enactment of this Act, the Secretary shall make an on-
3 going report on the research publicly available on the
4 website of the Department of Health and Human Services.

5 **SEC. 14. SEVERABILITY.**

6 If any provision of this Act, or the application of such
7 provision to any person, entity, government, or cir-
8 cumstance, is held to be unconstitutional, the remainder
9 of this Act, or the application of such provision to all other
10 persons, entities, governments, or circumstances, shall not
11 be affected thereby.

