EMERGENCY CONTRACEPTION EDUCATION

Polls show that most American women are unaware that emergency contraception (EC) can prevent pregnancy after unprotected sexual intercourse or contraceptive failure. Therefore, there is a strong need for education about EC. A majority of Americans support legislation to create an EC educational campaign to raise public awareness about EC.

Packet Contents Include:

1) Model Legislation  
2) Introduced New Mexico House Bill 315  
3) Introduced U.S. Senate Bill 896  
4) Factsheets

Strategy Points:

1) You should cater this bill to the needs in your state. Polling done within your state as to the lack of awareness about EC, or public support for EC education efforts, will make this a much easier bill to sell. Therefore, you should consider organizing a polling effort within your state, and include the state findings within the “Findings” section of the bill.

2) Ideally, the state should dedicate specific dollars for the EC educational campaign. However, in the current budgetary climate, it is unlikely in many states that an EC education bill will move if there are fiscal implications. Therefore, an alternative is to include a provision that the Department should locate funding for this project within its existing budget. For example, money could be used from existing family planning funds, pregnancy prevention programs, women’s health initiatives or public health programs.

3) The goal of this bill is to increase awareness about EC amongst both women and health professionals – so that use of EC becomes more widespread and EC becomes a common standard of care for all women.
MODEL LEGISLATION:
EMERGENCY CONTRACEPTION EDUCATION

An ACT relating to education about emergency contraception.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ____________

Section 1: SHORT TITLE
This Act may be cited as the “Emergency Contraception Education Act”

Section 2: FINDINGS
The legislature finds that:

(A) Each year, 3 million pregnancies in the United States are unintended. This is half of all pregnancies in the United States. Half of these unintended pregnancies end in abortion.
(B) Widespread use of emergency contraception (EC) could significantly reduce the incidence of unintended pregnancy in the United States and could prevent an estimated 700,000 abortions in this country each year.
(C) Studies have shown EC to be effective in preventing pregnancy up to 120 hours after unprotected sexual intercourse or contraceptive failure.
(D) EC has been proven to be 95% effective if taken within 24 hours and 75-89% effective if taken within 72 hours.
(E) EC prevents pregnancy by blocking ovulation, fertilization or implantation.
(F) EC does not cause abortion and will not affect an established pregnancy.
(G) EC has been deemed by the Food and Drug Administration (FDA) to be safe and effective in preventing pregnancy.
(H) The American Medical Association and the American College of Obstetricians and Gynecologists have endorsed more widespread availability of EC.
(I) Studies show that most American women do not know that EC can prevent pregnancy after intercourse.
(J) Fewer than 10% of American women have ever used EC.

Section 3: DEFINITIONS
As used in this chapter, the following words and phrases have the following meanings unless the context clearly indicates otherwise:

(A) “Department” means the [your state] Department of Health [or insert similar agency in your state].
(B) “Emergency contraception”, or EC, means any medicine that prevents pregnancy after sexual intercourse.
(C) “Health care provider” means an individual who is licensed or certified under state law [or put in specific state law provision] to provide health care services and who is operating within the scope of such license. [Note: this term may be defined in another section of your law; if it is, and the definition is appropriate, omit this definition and refer to that section number specifically].
(D) “Secretary” means the Secretary of Health [or insert equivalent officeholder in your state].

1 This model bill is intended to be used as an aid in drafting legislation. You may need to alter the language so the bill adheres to the existing laws and circumstances of your particular state.
Section 4: EMERGENCY CONTRACEPTION PUBLIC HEALTH PROGRAM

(A) The Department shall develop and disseminate information on EC to the public.
   (1) Informational materials on EC shall be developed by the Department in consultation with medical groups, public health groups, clinics, doctors, other health professionals, women’s advocacy groups, women’s health groups, scientists and other relevant stakeholders.
   (2) Informational materials on EC shall include, at minimum, a discussion of how EC can prevent pregnancy, how EC can be obtained, where EC can be obtained, and whether any public funding is available to pay for EC.
   (3) Informational materials on EC shall be clearly written, readily comprehensible, and available in the following languages: English, Spanish [specify other languages that are commonly used in your state].
   (4) Informational materials on EC shall be widely disseminated to the public by the Department, and shall be available for no charge. The Department shall disseminate informational materials through medical/public health organizations, medical/public health facilities (including clinics and hospitals), nonprofit organizations (including women’s groups, advocacy groups and consumer groups), educational facilities, government agencies, and the media.
   (5) The Department shall develop a public service announcement, to be aired on television and radio, and/or published through print advertising in public venues, describing EC and its ability to prevent pregnancy after intercourse, and identifying how and where informational materials on EC can be obtained.

(B) The Department shall develop and disseminate information on EC to health care providers.
   (1) Informational materials on EC shall include the contents as listed in Section 4(A)(2), as well as a discussion of medical issues pertaining to the use of EC and recommendations regarding the use of EC in appropriate cases. A list of sources of further information shall also be provided.
   (2) Informational materials on EC discussed in Section 4(B)(1) shall be widely disseminated to health care providers by the Department and shall be available for no charge. The Department shall disseminate informational materials through medical/public health organizations, medical/public health facilities (including clinics and hospitals), nonprofit organizations (including women’s groups, advocacy groups and consumer groups), educational facilities, government agencies, and medical schools.
   (3) The Department shall also provide health care providers with information as to how the informational materials on EC discussed in Section 4(A)(2) can be obtained. The Department shall encourage health care providers to disseminate these materials to their patients.

(C) FUNDING: $ [insert appropriate amount] for each of fiscal years 2004 through 2014 [or insert alternate period of time] shall be appropriated to carry out this section - OR - The Department shall dedicate funds from its budget [or insert existing programs, such as family planning, pregnancy prevention, women’s health or public health programs] to fund the Emergency Contraception Public Health Program.

(D) The Secretary shall adopt rules necessary to implement this section.

Section 5: EFFECTIVE DATE

This Act shall take effect [insert appropriate information].
HOUSE BILL 315

46TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2003

INTRODUCED BY

Gail C. Beam

AN ACT

RELATING TO HEALTH EDUCATION; ENACTING THE EMERGENCY CONTRACEPTION ACT; MAKING AN APPROPRIATION; DECLARING AN EMERGENCY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. SHORT TITLE.--This act may be cited as the "Emergency Contraception Act".

Section 2. LEGISLATIVE FINDINGS.--The legislature finds that:

A. Each year, three million pregnancies, or one-half of all pregnancies, in the United States are unintended, and one-half of all of those unintended pregnancies end in abortion;

B. The federal food and drug administration has declared emergency contraception to be safe and effective in
preventing unintended pregnancy, reducing that risk by as much as eighty-nine percent;

C. the most commonly used forms of emergency contraception are regimens of ordinary birth control pills taken at specific doses within seventy-two hours of unprotected intercourse or contraception failure;

D. emergency contraception, also known as post-coital contraception, is a responsible means of preventing pregnancy that works like other hormonal contraception to delay ovulation, prevent fertilization or prevent implantation;

E. emergency contraception does not cause abortion and will not affect an established pregnancy;

F. it is estimated that the use of emergency contraception could cut the number of unintended pregnancies in half, thereby reducing requests for abortion;

G. emergency contraception use in the United States remains low because as many as nine out of ten women of childbearing age are unaware of the availability of this method of contraception;

H. although the American college of obstetricians and gynecologists recommends that doctors routinely offer women of reproductive age a prescription for emergency contraception pills during their annual visit, only one in five obstetricians or gynecologists routinely discusses emergency contraception with patients, suggesting a need for greater provider and
patient education;

1. in light of their safety and efficacy, both the American medical association and the American college of obstetricians and gynecologists have endorsed more widespread availability of emergency contraceptive pills and have recommended that emergency contraceptive products be available without a prescription;

J. a publication of the federal office of the surgeon general, Healthy People 2010, establishes a ten-year national public goal of increasing the proportion of health care providers who provide emergency contraception to their patients; and

K. public awareness campaigns targeting women and health care providers will help remove many of the barriers to emergency contraception and will help bring this important means to prevent unintended pregnancy to American women.

Section 3. DEFINITIONS.--As used in the Emergency Contraception Act:

A. "department" means the department of health;

B. "emergency contraception" means a drug or device that is:

(1) used after unprotected sexual intercourse or after contraception failure;

(2) taken to prevent pregnancy by preventing ovulation or fertilization or implantation of an egg in a .143328.1
uterus; and

(3) approved by the federal food and drug administration that prevents pregnancy;

C. "health care provider" means a person licensed or certified pursuant to state law to provide health care services who is operating within the scope of that license; and

D. "medically and factually accurate and objective" means verified or supported by the weight of research conducted in compliance with accepted scientific methods and standards; published in peer-reviewed journals; and recognized as accurate and objective by leading professional organizations and agencies with relevant expertise in the field of obstetrics and gynecology, such as the American college of obstetricians and gynecologists.

Section 4. DEPARTMENT PUBLIC EDUCATION PLAN. --

A. The department shall develop and implement a public education plan to increase both awareness about and accessibility to emergency contraception in New Mexico. The plan shall be completed on or before September 30, 2003.

B. The department's plan shall include a public information program about emergency contraception providing, at minimum

(1) a description of emergency contraception; and

(2) an explanation of the safety, efficacy and availability of emergency contraception; and
(3) an explanation of the dosage required and the timing of the use of emergency contraception to obtain the greatest probability of preventing an unintended pregnancy.

C. Outreach efforts included in the department's plan shall provide public education about emergency contraception through the use of radio or television public service announcements, information booths at public events or places, outdoor advertising and other methods of reaching the public with information about emergency contraception.

Section 5. HEALTH CARE PROVIDER PROGRAM.--The department, at minimum shall:

A. develop and implement an emergency contraception information and training program to enable health care providers to effectively disseminate emergency contraception in a medically and factually accurate and objective manner;

B. provide materials that can be used by health care providers that explain the use, safety, efficacy, availability and prescription protocols for use of emergency contraception;

C. provide health care providers with materials that may be disseminated to patients and with information about obtaining additional information and public education materials for dissemination to patients and staff;

D. recommend and actively encourage the appropriate use and prescribing of emergency contraception by health care providers.
providers; and

E. provide information to health care providers.

Section 6. APPROPRIATION.--Fifty thousand dollars ($50,000) is appropriated from the general fund to the
department of health for expenditure in fiscal year 2004 to
implement the Emergency Contraception Education Act. Any
unexpended or unencumbered balance remaining at the end of
fiscal year 2004 shall revert to the general fund.

Section 7. EMERGENCY.--It is necessary for the public
peace, health and safety that this act take effect immediately.

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108TH CONGRESS
1ST SESSION

S. 896

To establish a public education and awareness program relating to emergency contraception.

IN THE SENATE OF THE UNITED STATES

APRIL 11, 2003

Mrs. MURRAY (for herself and Ms. CANTWELL) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish a public education and awareness program relating to emergency contraception.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Emergency Contraception Education Act”.

SEC. 2. FINDINGS.

Congress finds as follows:

(1) Each year, 3,000,000 pregnancies, or one half of all pregnancies, in the United States are un-
intended, and half of all of these unintended pregnancies end in abortion.

(2) The Food and Drug Administration has declared emergency contraception to be safe and effective in preventing unintended pregnancy.

(3) The most commonly used forms of emergency contraception are regimens of ordinary birth control pills. Taken within 72 hours of unprotected intercourse or contraceptive failure, emergency contraception can reduce the risk of pregnancy by as much as 89 percent. Recent medical evidence confirms that emergency contraception can be effective up to five days after unprotected intercourse or contraception failure.

(4) Emergency contraception, also known as post-coital contraception, is a responsible means of preventing pregnancy that works like other hormonal contraception to delay ovulation, prevent fertilization or prevent implantation.

(5) Emergency contraception does not cause abortion and will not affect an established pregnancy.

(6) It is estimated that the use of emergency contraception could cut the number of unintended
pregnancies in half, thereby reducing the need for abortion.

(7) New data from the Alan Guttmacher Institute estimates that 51,000 abortions were prevented by use of emergency contraception in 2000 and that increased use of emergency contraception accounted for up to 43 percent of the total decline in abortion rates between 1994 and 2000.

(8) Emergency contraceptive use is the United States remains low, and 9 in 10 women of reproductive age remain unaware of the method.

(9) Although the American College of Obstetricians and Gynecologists recommends that doctors routinely offer women of reproductive age a prescription for emergency contraceptive pills during their annual visit, only 1 in 5 ob/gyns routinely discuss emergency contraception with their patients, suggesting the need for greater provider and patient education.

(10) In light of their safety and efficacy, both the American Medical Association and the American College of Obstetricians and Gynecologists have endorsed more widespread availability of emergency contraceptive pills, and have recommended that dedi-
cated emergency contraceptive products be available without a prescription.

(11) Healthy People 2010, published by the Office of the Surgeon General, establishes a 10-year national public health goal of increasing the proportion of health care providers who provide emergency contraception to their patients.

(12) Public awareness campaigns targeting women and health care providers will help remove many of the barriers to emergency contraception and will help bring this important means of pregnancy prevention to American women.

SEC. 3. EMERGENCY CONTRACEPTION EDUCATION AND INFORMATION PROGRAMS.

(a) DEFINITIONS.—In this section:

(1) EMERGENCY CONTRACEPTION.—The term “emergency contraception” means a drug or device (as the terms are defined in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321)) or a drug regimen that is—

(A) used after sexual relations; and

(B) prevents pregnancy, by preventing ovulation, fertilization of an egg, or implantation of an egg in a uterus.
(2) Health care provider.—The term “health care provider” means an individual who is licensed or certified under State law to provide health care services and who is operating within the scope of such license.

(3) Institution of higher education.—The term “institution of higher education” has the same meaning given such term in section 1201(a) of the Higher Education Act of 1965 (20 U.S.C. 1141(a)).

(4) Secretary.—The term “Secretary” means the Secretary of Health and Human Services.

(b) Emergency contraception public education program.—

(1) In general.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall develop and disseminate to the public information on emergency contraception.

(2) Dissemination.—The Secretary may disseminate information under paragraph (1) directly or through arrangements with nonprofit organizations, consumer groups, institutions of higher education, Federal, State, or local agencies, clinics and the media.
(3) INFORMATION.—The information disseminated under paragraph (1) shall include, at a minimum, a description of emergency contraception, and an explanation of the use, safety, efficacy, and availability of such contraception.

(c) EMERGENCY CONTRACEPTION INFORMATION PROGRAM FOR HEALTH CARE PROVIDERS.—

(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and in consultation with major medical and public health organizations, shall develop and disseminate to health care providers information on emergency contraception.

(2) INFORMATION.—The information disseminated under paragraph (1) shall include, at a minimum—

(A) information describing the use, safety, efficacy and availability of emergency contraception;

(B) a recommendation regarding the use of such contraception in appropriate cases; and

(C) information explaining how to obtain copies of the information developed under subsection (b), for distribution to the patients of the providers.
(d) Authorization of Appropriations.—There is authorized to be appropriated to carry out this section, $10,000,000 for each of fiscal years 2004 through 2008.
Public Support for Government Involvement in Emergency Contraception Education Initiatives

**Introduction**
A survey conducted in July 2002 found a majority of likely voters supports an active role for government in educating the public about emergency contraception (EC). All voters—male and female—believe this information should be broadly available to the general public and to all women of childbearing age, including teenagers.

EC is a safe, effective back-up birth control method that can significantly reduce the risk of pregnancy when used within days after contraceptive failure, unprotected intercourse, or sexual assault. Each year, about 3 million pregnancies (or one-half of all pregnancies) in the United States are unintended, and almost half of these unintended pregnancies end in abortion. Fifty-three percent of women with unintended pregnancies were using contraception.

Sen. Patty Murray (D-WA) and Rep. Louise Slaughter (D-NY) introduced the Emergency Contraception Education Act on March 6, 2002. This bi-partisan legislation, with 6 Senators co-sponsors and 85 House co-sponsors, authorizes $10 million a year for five years to the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) to develop and distribute information on EC to the public and to health care providers.

**Summary of Findings**
Voters strongly believe that government has an appropriate and important role in informing women about issues concerning their health. In fact, more than three in four voters say government should be involved in providing more complete information about health options so women can make decisions about their own medical needs.

The advantage that voters see in making information about EC widely available outweighs their concerns about any possible mixed messages that could be sent on this issue.

Similarly, when presented with two different views about government’s role in providing information about EC, by two to one voters say government involvement is a good idea because it is an important way to reduce the number of unintended pregnancies in our country.

Over 70% of voters consider the 72-hour window of effectiveness a compelling reason for a public education initiative. Given EC’s narrow window of effectiveness, voters believe it is important for women to know about a back-up birth control in advance of an emergency situation. Voters also believe improving EC awareness will significantly reduce the number of unintended pregnancies and the need for abortion.

Voters overwhelmingly support legislation requiring hospitals to inform sexual assault victims about the availability of EC. Introduced on March 21, 2002, the Emergency Contraception for Female Sexual Assault Survivors Act would require hospitals to offer EC to survivors of sexual assault. A majority of voters in all demographic and attitudinal subgroups, including more than three quarters of Catholic voters, say they favor such a proposal.

The mission of the Reproductive Health Technologies Project to advance the ability of every woman to achieve full reproductive freedom with access to the safest, most effective, appropriate and acceptable technologies for ensuring her own health and controlling her fertility.

“Back Up Your Birth Control” is a public education and activist campaign led by the Project that involves a broad coalition of medical, public health and advocacy organizations to increase awareness of and expand access to EC— a second chance to prevent unintended pregnancies. For more information and how to get involved, visit www.backupyourbirthcontrol.org.

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1 On behalf of the Reproductive Health Technologies Project, Peter D. Hart Research Associates interviewed 503 likely voters. The interviews were conducted from July 11 to 14, 2002. The margin of error for the overall results is +/-4.5%.

2 RU-486, also known as Mifeprex® or the abortion pill, is a different drug than EC. Mifeprex® is used to terminate an established pregnancy, whereas EC works to prevent pregnancy.