

110TH CONGRESS
1ST SESSION

S. 2108

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

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 27, 2007

Mrs. MURRAY (for herself, Mr. BAUCUS, Mrs. BOXER, Ms. CANTWELL, Mrs. CLINTON, Mr. DODD, Mr. INOUE, Mr. KERRY, and Mr. LAUTENBERG) 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.

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 “Emergency Contracep-
5 tion Education Act of 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

8 (1) Each year 3,000,000 pregnancies, or one-
9 half of all pregnancies, in the United States are un-

1 intended, and 4 in 10 of these unintended preg-
2 nancies end in abortion.

3 (2) The Food and Drug Administration has de-
4 clared emergency contraception to be safe and effec-
5 tive in preventing unintended pregnancy for women
6 of reproductive potential and has approved over-the-
7 counter access to the emergency contraceptive Plan
8 B for adults.

9 (3) The most commonly used forms of emer-
10 gency contraception are regimens of ordinary birth
11 control pills. Taken within 72 hours of unprotected
12 intercourse or contraceptive failure, emergency con-
13 traception can reduce the risk of pregnancy by as
14 much as 89 percent. Recent medical evidence con-
15 firms that emergency contraception can be effective
16 up to 5 days after unprotected intercourse or contra-
17 ception failure.

18 (4) Emergency contraception, also known as
19 postcoital contraception, is a responsible means of
20 preventing pregnancy that works like other hormonal
21 contraception by delaying ovulation preventing fer-
22 tilization and may prevent implantation.

23 (5) Emergency contraception does not cause
24 abortion and will not affect an established preg-
25 nancy.

1 (6) Increased usage of emergency contraception
2 could reduce the number of unintended pregnancies,
3 thereby reducing the need for abortion.

4 (7) Emergency contraceptive use in the United
5 States remains low, and 1 in 3 women of reproduc-
6 tive age remain unaware of the method.

7 (8) Although the American College of Obstetri-
8 cians and Gynecologists recommends that doctors
9 routinely discuss emergency contraception with
10 women of reproductive age during their annual visit,
11 only 1 in 4 obstetricians/gynecologists routinely dis-
12 cuss emergency contraception with their patients,
13 suggesting the need for greater provider and patient
14 education.

15 (9) It is estimated that 25,000 to 32,000
16 women become pregnant each year as a result of
17 rape or incest, half of whom choose to terminate
18 their pregnancy. If used correctly, emergency contra-
19 ception could help many of these rape survivors
20 avoid the additional trauma of facing an unintended
21 pregnancy.

22 (10) A recent study conducted by Ibis Repro-
23 ductive Health found that less than 18 percent of
24 hospitals provide emergency contraception at a wom-
25 an's request without restrictions. At nearly 50 per-

1 cent of hospitals, emergency contraception is un-
2 available even in cases of sexual assault.

3 (11) In light of their safety and efficacy, both
4 the American Medical Association and the American
5 College of Obstetricians and Gynecologists have en-
6 dored more widespread availability of emergency
7 contraceptive.

8 (12) Healthy People 2010, published by the Of-
9 fice of the Surgeon General, establishes a 10-year
10 national public health goal of increasing the propor-
11 tion of health care providers who provide emergency
12 contraception to their patients.

13 (13) Public awareness campaigns targeting
14 women and health care providers will help remove
15 many of the barriers to emergency contraception and
16 will help bring this important means of pregnancy
17 prevention to women in the United States.

18 **SEC. 3. EMERGENCY CONTRACEPTION EDUCATION AND IN-**
19 **FORMATION PROGRAMS.**

20 (a) EMERGENCY CONTRACEPTION PUBLIC EDU-
21 CATION PROGRAM.—

22 (1) IN GENERAL.—The Secretary, acting
23 through the Director of the Centers for Disease
24 Control and Prevention, shall develop and dissemi-

1 nate to the public information on emergency contra-
2 ception.

3 (2) DISSEMINATION.—The Secretary may dis-
4 seminate information under paragraph (1) directly
5 or through arrangements with nonprofit organiza-
6 tions, consumer groups, institutions of higher edu-
7 cation, clinics, the media, and Federal, State, and
8 local agencies.

9 (3) INFORMATION.—The information dissemi-
10 nated under paragraph (1) shall include, at a min-
11 imum, a description of emergency contraception and
12 an explanation of the use, safety, efficacy, and avail-
13 ability of such contraception.

14 (b) EMERGENCY CONTRACEPTION INFORMATION
15 PROGRAM FOR HEALTH CARE PROVIDERS.—

16 (1) IN GENERAL.—The Secretary, acting
17 through the Administrator of the Health Resources
18 and Services Administration and in consultation
19 with major medical and public health organizations,
20 shall develop and disseminate to health care pro-
21 viders information on emergency contraception.

22 (2) INFORMATION.—The information dissemi-
23 nated under paragraph (1) shall include, at a min-
24 imum—

1 (A) information describing the use, safety,
2 efficacy, and availability of emergency contra-
3 ception;

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

6 (C) information explaining how to obtain
7 copies of the information developed under sub-
8 section (a) for distribution to the patients of
9 the providers.

10 (c) DEFINITIONS.—For purposes of this section:

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

16 (A) is used postcoitally;

17 (B) prevents pregnancy by preventing ovu-
18 lation or fertilization of an egg or may prevent
19 the implantation of an egg in a uterus; and

20 (C) is approved by the Food and Drug Ad-
21 ministration.

22 (2) HEALTH CARE PROVIDER.—The term
23 “health care provider” means an individual who is li-
24 censed or certified under State law to provide health
25 care services and who is operating within the scope

1 of such license. Such term shall include a phar-
2 macist.

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

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

9 (d) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to carry out this section
11 such sums as may be necessary for each of the fiscal years
12 2008 through 2012.

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