

110TH CONGRESS
1ST SESSION

H. R. 3372

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

IN THE HOUSE OF REPRESENTATIVES

AUGUST 3, 2007

Ms. SLAUGHTER (for herself, Ms. DEGETTE, Mr. MICHAUD, Mr. RYAN of Ohio, Mr. WAXMAN, Mr. GEORGE MILLER of California, Mr. ACKERMAN, Mr. ALLEN, Ms. BALDWIN, Mr. BERMAN, Mrs. CAPPIS, Ms. CARSON, Mr. CROWLEY, Mrs. DAVIS of California, Mr. ABERCROMBIE, Mr. FARR, Mr. FRANK of Massachusetts, Mr. GRIJALVA, Ms. HARMAN, Mr. HASTINGS of Florida, Mr. HINCHEY, Mr. KENNEDY, Mr. LANTOS, Mr. LARSEN of Washington, Mr. LEWIS of Georgia, Mrs. LOWEY, Mrs. MALONEY of New York, Mrs. McCARTHY of New York, Ms. MCCOLLUM of Minnesota, Mr. McDERMOTT, Mr. McGOVERN, Mr. MORAN of Virginia, Mr. NADLER, Mrs. NAPOLITANO, Mr. OLVER, Mr. PAYNE, Mr. RANGEL, Mr. ROTHMAN, Ms. LORETTA SANCHEZ of California, Mr. SHERMAN, Mr. TIERNEY, Ms. WASSERMAN SCHULTZ, Ms. WATSON, Mr. WYNN, Mr. KUCINICH, Ms. SUTTON, Ms. LEE, Mr. SHAYS, Mr. HONDA, Ms. BERKLEY, Mr. DEFAZIO, Mr. AL GREEN of Texas, Mr. VAN HOLLEN, Mr. LOEBSACK, Ms. SCHAKOWSKY, Ms. LINDA T. SÁNCHEZ of California, Ms. WOOLSEY, Mr. WELCH of Vermont, Ms. DELAURO, Mr. HOLT, and Mr. ISRAEL) introduced the following bill; which was referred to the Committee on Energy and Commerce

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Emergency Contracep-
3 tion Education Act of 2007”.

4 **SEC. 2. FINDINGS.**

5 Congress finds as follows:

6 (1) Each year 3,000,000 pregnancies, or one
7 half of all pregnancies, in the United States are un-
8 intended, and 4 in 10 of these unintended preg-
9 nancies end in abortion.

10 (2) The Food and Drug Administration has de-
11 clared emergency contraception to be safe and effec-
12 tive in preventing unintended pregnancy for women
13 of reproductive potential and has approved over-the-
14 counter access to the emergency contraceptive Plan
15 B for adults.

16 (3) The most commonly used forms of emer-
17 gency contraception are regimens of ordinary birth
18 control pills. Taken within 72 hours of unprotected
19 intercourse or contraceptive failure, emergency con-
20 traception can reduce the risk of pregnancy by as
21 much as 89 percent. Recent medical evidence con-
22 firms that emergency contraception can be effective
23 up to five days after unprotected intercourse or con-
24 traception failure.

25 (4) Emergency contraception, also known as
26 post-coital contraception, is a responsible means of

1 preventing pregnancy that works like other hormonal
2 contraception by delaying ovulation preventing fer-
3 fertilization and may prevent implantation.

4 (5) Emergency contraception does not cause
5 abortion and will not affect an established preg-
6 nancy.

7 (6) Increased usage of emergency contraception
8 could reduce the number of unintended pregnancies,
9 thereby reducing the need for abortion.

10 (8) Emergency contraceptive use in the United
11 States remains low, and one in three women of re-
12 productive age remain unaware of the method.

13 (9) Although the American College of Obstetri-
14 cians and Gynecologists recommends that doctors
15 routinely discuss emergency contraception with
16 women of reproductive age during their annual visit,
17 only one in four ob/gyns routinely discuss emergency
18 contraception with their patients, suggesting the
19 need for greater provider and patient education.

20 (10) It is estimated that 25,000 to 32,000
21 women become pregnant each year as a result of
22 rape or incest, half of whom choose to terminate
23 their pregnancy. If used correctly, emergency contra-
24 ception could help many of these rape survivors

1 avoid the additional trauma of facing an unintended
2 pregnancy.

3 (11) A recent study conducted by Ibis Repro-
4 ductive Health found that less than 18 percent of
5 hospitals provide emergency contraception at a wom-
6 an's request without restrictions. At nearly 50 per-
7 cent of hospitals, emergency contraception is un-
8 available even in cases of sexual assault.

9 (12) In light of their safety and efficacy, both
10 the American Medical Association and the American
11 College of Obstetricians and Gynecologists have en-
12 dored more widespread availability of emergency
13 contraceptive.

14 (13) Healthy People 2010, published by the Of-
15 fice of the Surgeon General, establishes a 10-year
16 national public health goal of increasing the propor-
17 tion of health care providers who provide emergency
18 contraception to their patients.

19 (14) Public awareness campaigns targeting
20 women and health care providers will help remove
21 many of the barriers to emergency contraception and
22 will help bring this important means of pregnancy
23 prevention to women in the United States.

1 **SEC. 3. EMERGENCY CONTRACEPTION EDUCATION AND IN-**2 **FORMATION PROGRAMS.**3 (a) **EMERGENCY CONTRACEPTION PUBLIC EDU-**4 **CATION PROGRAM.—**

5 (1) **IN GENERAL.**—The Secretary, acting
6 through the Director of the Centers for Disease
7 Control and Prevention, shall develop and disseminate
8 to the public information on emergency contra-
9 ception.

10 (2) **DISSEMINATION.**—The Secretary may disseminate information under paragraph (1) directly
11 or through arrangements with nonprofit organizations,
12 consumer groups, institutions of higher education,
13 clinics, the media, and Federal, State, and
14 local agencies.

16 (3) **INFORMATION.**—The information disseminated under paragraph (1) shall include, at a minimum,
17 a description of emergency contraception and
18 an explanation of the use, safety, efficacy, and availability
19 of such contraception.

21 (b) **EMERGENCY CONTRACEPTION INFORMATION
22 PROGRAM FOR HEALTH CARE PROVIDERS.—**

23 (1) **IN GENERAL.**—The Secretary, acting
24 through the Administrator of the Health Resources
25 and Services Administration and in consultation
26 with major medical and public health organizations,

1 shall develop and disseminate to health care pro-
2 viders information on emergency contraception.

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

5 (A) information describing the use, safety,
6 efficacy, and availability of emergency contra-
7 ception;

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

10 (C) information explaining how to obtain
11 copies of the information developed under sub-
12 section (a) for distribution to the patients of
13 the providers.

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

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

20 (A) is used postcoitally;

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

1 (C) is approved by the Food and Drug Ad-
2 ministration.

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

15 (d) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated to carry out this section
17 such sums as may be necessary for each of the fiscal years
18 2008 through 2012.

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