

111TH CONGRESS
2D SESSION

H. R. 5561

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

IN THE HOUSE OF REPRESENTATIVES

JUNE 17, 2010

Ms. SLAUGHTER 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Emergency Contracep-
5 tion Education Act of 2010”.

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) Emergency contraception consists of the
10 same hormones found in ordinary birth control pills.
11 Research indicates that emergency contraception can
12 reduce the risk of pregnancy from 59 to 94 percent.
13 Although more effective the sooner it is taken, med-
14 ical evidence indicates that emergency contraception
15 can be effective up to 5 days after unprotected inter-
16 course or contraceptive failure.

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

23 (5) Emergency contraception does not termi-
24 nate an established pregnancy.

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

4 (7) The percentage of women who have ever
5 used emergency contraception, increased from 4 per-
6 cent in 2002 to 10 percent in 2006–2008, yet sig-
7 nificant disparities exist for young urban, minority
8 women who lack general knowledge about emergency
9 contraception.

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

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

1 (10) A recent study conducted by Ibis Repro-
2 ductive Health found that less than 16 percent of
3 hospitals provide emergency contraception at a wom-
4 an’s request without restrictions. At nearly 44 per-
5 cent of hospitals, emergency contraception is un-
6 available even in cases of sexual assault.

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

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

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

22 **SEC. 3. EMERGENCY CONTRACEPTION EDUCATION AND IN-**
23 **FORMATION PROGRAMS.**

24 (a) EMERGENCY CONTRACEPTION PUBLIC EDU-
25 CATION PROGRAM.—

1 (1) IN GENERAL.—The Secretary, acting
2 through the Director of the Centers for Disease
3 Control and Prevention, shall develop and dissemi-
4 nate to the public information on emergency contra-
5 ception.

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

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

17 (b) EMERGENCY CONTRACEPTION INFORMATION
18 PROGRAM FOR HEALTH CARE PROVIDERS.—

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

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

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

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

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

13 (c) DEFINITIONS.—In this section:

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

19 (A) is used postcoitally;

20 (B) prevents pregnancy primarily by pre-
21 venting or delaying ovulation, and does not ter-
22 minate an established pregnancy; and

23 (C) is approved by the Food and Drug Ad-
24 ministration.

1 (2) HEALTH CARE PROVIDER.—The term
2 “health care provider” means an individual who is li-
3 censed or certified under State law to provide health
4 care services and who is operating within the scope
5 of such license. Such term shall include a phar-
6 macist.

7 (3) INSTITUTION OF HIGHER EDUCATION.—The
8 term “institution of higher education” has the same
9 meaning given such term in section 101(a) of the
10 Higher Education Act of 1965 (20 U.S.C. 1001(a)).

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

13 (d) AUTHORIZATION OF APPROPRIATIONS.—There
14 are authorized to be appropriated to carry out this section
15 such sums as may be necessary for each of the fiscal years
16 2010 through 2014.

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