

108TH CONGRESS  
1ST SESSION

# H. R. 1812

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

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 11, 2003

Ms. SLAUGHTER (for herself, Mrs. JOHNSON of Connecticut, Mr. TOWNS, Mr. DINGELL, Mr. HINCHEY, Mr. PAYNE, Mr. DEFAZIO, Ms. KILPATRICK, Ms. LEE, Mr. GEORGE MILLER of California, Mr. ABERCROMBIE, Mr. DAVIS of Illinois, Mr. OLVER, Mr. WEXLER, Mr. SHERMAN, Mrs. LOWEY, Mr. LEVIN, and Mr. KUCINICH) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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”.

6       **SEC. 2. FINDINGS.**

7       Congress finds as follows:

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

5           (2) The Food and Drug Administration has de-  
6 clared emergency contraception to be safe and effec-  
7 tive in preventing unintended pregnancy.

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

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

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

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

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

11          (8) Emergency contraceptive use in the United  
12          States remains low, and 9 in 10 women of reproduc-  
13          tive age remain unaware of the method.

14          (9) Although the American College of Obstetri-  
15          cians and Gynecologists recommends that doctors  
16          routinely offer women of reproductive age a prescrip-  
17          tion for emergency contraceptive pills during their  
18          annual visit, only 1 in 5 ob/gyns routinely discuss  
19          emergency contraception with their patients, sug-  
20          gesting the need for greater provider and patient  
21          education.

22          (10) In light of their safety and efficacy, both  
23          the American Medical Association and the American  
24          College of Obstetricians and Gynecologists have en-  
25          dorsed more widespread availability of emergency

1       contraceptive pills, and have recommended that dedi-  
2       cated emergency contraceptive products be available  
3       without a prescription.

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

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

14   **SEC. 3. EMERGENCY CONTRACEPTION EDUCATION AND IN-**  
15                                   **FORMATION PROGRAMS.**

16       (a) DEFINITIONS.—In this section:

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

22                       (A) used after sexual relations; and

23                       (B) prevents pregnancy, by preventing ovu-  
24       lation, fertilization of an egg, or implantation of  
25       an egg in a uterus.

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.

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

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

12          (b) EMERGENCY CONTRACEPTION PUBLIC EDU-  
13          CATION PROGRAM.—

14           (1) IN GENERAL.—The Secretary, acting  
15           through the Director of the Centers for Disease  
16           Control and Prevention, shall develop and dissemi-  
17           nate to the public information on emergency contra-  
18           ception.

19           (2) DISSEMINATION.—The Secretary may dis-  
20           seminate information under paragraph (1) directly  
21           or through arrangements with nonprofit organiza-  
22           tions, consumer groups, institutions of higher edu-  
23           cation, Federal, State, or local agencies, clinics and  
24           the media.

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

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

8           (1) IN GENERAL.—The Secretary, acting  
9           through the Administrator of the Health Resources  
10          and Services Administration and in consultation  
11          with major medical and public health organizations,  
12          shall develop and disseminate to health care pro-  
13          viders information on emergency contraception.

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

17                 (A) information describing the use, safety,  
18                 efficacy and availability of emergency contra-  
19                 ception;

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

22                 (C) information explaining how to obtain  
23                 copies of the information developed under sub-  
24                 section (b), for distribution to the patients of  
25                 the providers.

1           (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
2 authorized to be appropriated to carry out this section,  
3 \$10,000,000 for each of fiscal years 2004 through 2008.

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