

109TH CONGRESS  
1ST SESSION

# H. R. 3326

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

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## IN THE HOUSE OF REPRESENTATIVES

JULY 18, 2005

Ms. SLAUGHTER (for herself, Mr. ABERCROMBIE, Mr. ACKERMAN, Mr. ALLEN, Ms. BALDWIN, Mr. BERMAN, Mr. BROWN of Ohio, Mrs. CAPPS, Mr. CAPUANO, Mr. CROWLEY, Mrs. DAVIS of California, Mr. DEFazio, Mr. DICKS, Mr. DINGELL, Mr. EMANUEL, Mr. FARR, Mr. FILNER, Mr. GRIJALVA, Mr. GUTIERREZ, Mr. HASTINGS of Florida, Mr. HOLT, Mr. HONDA, Mr. INSLEE, Mr. LANTOS, Mr. LARSEN of Washington, Ms. JACKSON-LEE of Texas, Ms. ZOE LOFGREN of California, Mrs. LOWEY, Mrs. MALONEY, Mr. McDERMOTT, Mr. McGOVERN, Ms. MILLENDER-McDONALD, Mr. GEORGE MILLER of California, Mr. MORAN of Virginia, Ms. NORTON, Mr. RANGEL, Mr. ROTHMAN, Ms. SCHAKOWSKY, Mr. SHAYS, Mr. SHERMAN, Mr. SMITH of Washington, Ms. SOLIS, Mr. STARK, Mrs. TAUSCHER, Mr. VAN HOLLEN, Ms. WASSERMAN SCHULTZ, Ms. WATSON, Mr. WAXMAN, and Ms. WOOLSEY) 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,*

1 **SECTION 1. SHORT TITLE.**

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

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 half of all 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.

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

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

1           (5) Emergency contraception does not cause  
2           abortion and will not affect an established preg-  
3           nancy.

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

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

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

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

1           (10) A recent study conducted by Ibis Repro-  
2           ductive Health found that less than 18 percent of  
3           hospitals provide emergency contraception at a wom-  
4           an’s request without restrictions. At nearly 50 per-  
5           cent of hospitals, emergency contraception is un-  
6           available even in cases of sexual assault. Further-  
7           more, among hospitals that said emergency contra-  
8           ception was unavailable, approximately half either  
9           refused to give a referral or gave an invalid referral.

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

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

22           (13) Public awareness campaigns targeting  
23           women and health care providers will help remove  
24           many of the barriers to emergency contraception and

1 will help bring this important means of pregnancy  
2 prevention to American women.

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

5 (a) DEFINITIONS.—In this section:

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

11 (A) used after sexual relations; and

12 (B) prevents pregnancy, by preventing ovu-  
13 lation, fertilization of an egg, or implantation of  
14 an egg in a uterus.

15 (2) HEALTH CARE PROVIDER.—The term  
16 “health care provider” means an individual who is li-  
17 censed or certified under State law to provide health  
18 care services and who is operating within the scope  
19 of such license.

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

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

1 (b) EMERGENCY CONTRACEPTION PUBLIC EDU-  
2 CATION PROGRAM.—

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

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

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

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

21 (1) IN GENERAL.—The Secretary, acting  
22 through the Administrator of the Health Resources  
23 and Services Administration and in consultation  
24 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 dissemi-  
4 nated under paragraph (1) shall include, at a min-  
5 imum—

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

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

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

15 (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
16 authorized to be appropriated to carry out this section,  
17 \$10,000,000 for each of fiscal years 2006 through 2010.

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