

107<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 3887

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

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 6, 2002

Ms. SLAUGHTER (for herself, Ms. DEGETTE, Mrs. MORELLA, and Mr.  
GREENWOOD) 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 that—

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

1 intended, and half of all 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, reducing  
6 the risk by as much as 89 percent;

7 (3) the most commonly used forms of emer-  
8 gency contraception are regimens of ordinary birth  
9 control pills taken within 72 hours of unprotected  
10 intercourse or contraceptive failure;

11 (4) emergency contraception, also known as  
12 post-coital contraception, is a responsible means of  
13 preventing pregnancy that works like other hormonal  
14 contraception to delay ovulation, prevent fertilization  
15 or prevent implantation;

16 (5) emergency contraception does not cause  
17 abortion and will not affect an established preg-  
18 nancy;

19 (6) it is estimated that the use of emergency  
20 contraception could cut the number of unintended  
21 pregnancies in half, thereby reducing the need for  
22 abortion;

23 (7) emergency contraceptive use in the United  
24 States remains low, and 9 in 10 women of reproduc-  
25 tive age remain unaware of the method;

1           (8) although the American College of Obstetri-  
2           cians and Gynecologists recommends that doctors  
3           routinely offer women of reproductive age a prescrip-  
4           tion for emergency contraceptive pills during their  
5           annual visit, only 1 in 5 ob/gyns routinely discuss  
6           emergency contraception with their patients, sug-  
7           gesting the need for greater provider and patient  
8           education;

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

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

21          (11) public awareness campaigns targeting  
22          women and health care providers will help remove  
23          many of the barriers to emergency contraception and  
24          will help bring this important means of pregnancy  
25          prevention to American women.

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

3 (a) DEFINITIONS.—In this section:

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

9 (A) used after sexual relations; and

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

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

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

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

24 (b) 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, Federal, State, or local agencies, clinics and  
11 the media.

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           (c) 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  
3 minimum—

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 (b), for distribution to the patients of  
12 the providers.

13       (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
14 authorized to be appropriated to carry out this section,  
15 \$10,000,000 for each of fiscal years 2003 through 2007.

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