



EMERGENCY CONTRACEPTION EDUCATION

Polls show that most American women are unaware that emergency contraception (EC) can prevent pregnancy after unprotected sexual intercourse or contraceptive failure. Therefore, there is a strong need for education about EC. A majority of Americans support legislation to create an EC educational campaign to raise public awareness about EC.

Packet Contents Include:

- 1) Model Legislation
- 2) Introduced New Mexico House Bill 315
- 3) Introduced U.S. Senate Bill 896
- 4) Factsheets

Strategy Points:

- 1) You should cater this bill to the needs in your state. Polling done within your state as to the lack of awareness about EC, or public support for EC education efforts, will make this a much easier bill to sell. Therefore, you should consider organizing a polling effort within your state, and include the state findings within the “Findings” section of the bill.
- 2) Ideally, the state should dedicate specific dollars for the EC educational campaign. However, in the current budgetary climate, it is unlikely in many states that an EC education bill will move if there are fiscal implications. Therefore, an alternative is to include a provision that the Department should locate funding for this project within its existing budget. For example, money could be used from existing family planning funds, pregnancy prevention programs, women’s health initiatives or public health programs.
- 3) The goal of this bill is to increase awareness about EC amongst both women and health professionals – so that use of EC becomes more widespread and EC becomes a common standard of care for all women.



MODEL LEGISLATION: **EMERGENCY CONTRACEPTION EDUCATION¹**

An ACT relating to education about emergency contraception.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF _____

Section 1: SHORT TITLE

This Act may be cited as the “Emergency Contraception Education Act”

Section 2: FINDINGS

The legislature finds that:

- (A) Each year, 3 million pregnancies in the United States are unintended. This is half of all pregnancies in the United States. Half of these unintended pregnancies end in abortion.
- (B) Widespread use of emergency contraception (EC) could significantly reduce the incidence of unintended pregnancy in the United States and could prevent an estimated 700,000 abortions in this country each year.
- (C) Studies have shown EC to be effective in preventing pregnancy up to 120 hours after unprotected sexual intercourse or contraceptive failure.
- (D) EC has been proven to be 95% effective if taken within 24 hours and 75-89% effective if taken within 72 hours.
- (E) EC prevents pregnancy by blocking ovulation, fertilization or implantation.
- (F) EC does not cause abortion and will not affect an established pregnancy.
- (G) EC has been deemed by the Food and Drug Administration (FDA) to be safe and effective in preventing pregnancy.
- (H) The American Medical Association and the American College of Obstetricians and Gynecologists have endorsed more widespread availability of EC.
- (I) Studies show that most American women do not know that EC can prevent pregnancy after intercourse.
- (J) Fewer than 10% of American women have ever used EC.

Section 3: DEFINITIONS

As used in this chapter, the following words and phrases have the following meanings unless the context clearly indicates otherwise:

- (A) “Department” means the [your state] Department of Health [or insert similar agency in your state].
- (B) “Emergency contraception”, or EC, means any medicine that prevents pregnancy after sexual intercourse.
- (C) “Health care provider” means an individual who is licensed or certified under state law [or put in specific state law provision] to provide health care services and who is operating within the scope of such license. [Note: this term may be defined in another section of your law; if it is, and the definition is appropriate, omit this definition and refer to that section number specifically].
- (D) “Secretary” means the Secretary of Health [or insert equivalent officeholder in your state].

¹ This model bill is intended to be used as an aid in drafting legislation. You may need to alter the language so the bill adheres to the existing laws and circumstances of your particular state

Section 4: EMERGENCY CONTRACEPTION PUBLIC HEALTH PROGRAM

- (A) The Department shall develop and disseminate information on EC to the public.
 - (1) Informational materials on EC shall be developed by the Department in consultation with medical groups, public health groups, clinics, doctors, other health professionals, women's advocacy groups, women's health groups, scientists and other relevant stakeholders.
 - (2) Informational materials on EC shall include, at minimum, a discussion of how EC can prevent pregnancy, how EC can be obtained, where EC can be obtained, and whether any public funding is available to pay for EC.
 - (3) Informational materials on EC shall be clearly written, readily comprehensible, and available in the following languages: English, Spanish [specify other languages that are commonly used in your state].
 - (4) Informational materials on EC shall be widely disseminated to the public by the Department, and shall be available for no charge. The Department shall disseminate informational materials through medical/ public health organizations, medical/public health facilities (including clinics and hospitals), nonprofit organizations (including women's groups, advocacy groups and consumer groups), educational facilities, government agencies and the media.
 - (5) The Department shall develop a public service announcement, to be aired on television and radio, and/or published through print advertising in public venues, describing EC and its ability to prevent pregnancy after intercourse, and identifying how and where informational materials on EC can be obtained.
- (B) The Department shall develop and disseminate information on EC to health care providers.
 - (1) Informational materials on EC shall include the contents as listed in Section 4(A)(2), as well as a discussion of medical issues pertaining to the use of EC and recommendations regarding the use of EC in appropriate cases. A list of sources of further information shall also be provided.
 - (2) Informational materials on EC discussed in Section 4(B)(1) shall be widely disseminated to health care providers by the Department and shall be available for no charge. The Department shall disseminate informational materials through medical/public health organizations, medical/public health facilities (including clinics and hospitals), government agencies and medical schools.
 - (3) The Department shall also provide health care providers with information as to how the informational materials on EC discussed in Section 4(A)(2) can be obtained. The Department shall encourage health care providers to disseminate these materials to their patients.
- (C) FUNDING: \$ [insert appropriate amount] for each of fiscal years 2004 through 2014 [or insert alternate period of time] shall be appropriated to carry out this section - **OR** - The Department shall dedicate funds from its budget [or insert existing programs, such as family planning, pregnancy prevention, women's health or public health programs] to fund the Emergency Contraception Public Health Program.
- (D) The Secretary shall adopt rules necessary to implement this section.

Section 5: EFFECTIVE DATE

This Act shall take effect [insert appropriate information].

underscored material = new
[bracketed material] = delete

HOUSE BILL 315

46TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2003

INTRODUCED BY

Gail C. Beam

AN ACT

RELATING TO HEALTH EDUCATION; ENACTING THE EMERGENCY
CONTRACEPTION ACT; MAKING AN APPROPRIATION; DECLARING AN
EMERGENCY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. SHORT TITLE. -- This act may be cited as the
"Emergency Contraception Act".

Section 2. LEGISLATIVE FINDINGS. -- The legislature finds
that:

A. each year, three million pregnancies, or one-
half of all pregnancies, in the United States are unintended,
and one-half of all of those unintended pregnancies end in
abortion;

B. the federal food and drug administration has
declared emergency contraception to be safe and effective in

1 preventing unintended pregnancy, reducing that risk by as much
2 as eighty-nine percent;

3 C. the most commonly used forms of emergency
4 contraception are regimens of ordinary birth control pills
5 taken at specific doses within seventy-two hours of unprotected
6 intercourse or contraception failure;

7 D. emergency contraception, also known as post-
8 coital contraception, is a responsible means of preventing
9 pregnancy that works like other hormonal contraception to delay
10 ovulation, prevent fertilization or prevent implantation;

11 E. emergency contraception does not cause abortion
12 and will not affect an established pregnancy;

13 F. it is estimated that the use of emergency
14 contraception could cut the number of unintended pregnancies in
15 half, thereby reducing requests for abortion;

16 G. emergency contraception use in the United States
17 remains low because as many as nine out of ten women of
18 childbearing age are unaware of the availability of this method
19 of contraception;

20 H. although the American college of obstetricians
21 and gynecologists recommends that doctors routinely offer women
22 of reproductive age a prescription for emergency contraception
23 pills during their annual visit, only one in five obstetricians
24 or gynecologists routinely discusses emergency contraception
25 with patients, suggesting a need for greater provider and

1 patient education;

2 I. in light of their safety and efficacy, both the
3 American medical association and the American college of
4 obstetricians and gynecologists have endorsed more widespread
5 availability of emergency contraceptive pills and have
6 recommended that emergency contraceptive products be available
7 without a prescription;

8 J. a publication of the federal office of the
9 surgeon general, *Healthy People 2010*, establishes a ten-year
10 national public goal of increasing the proportion of health
11 care providers who provide emergency contraception to their
12 patients; and

13 K. public awareness campaigns targeting women and
14 health care providers will help remove many of the barriers to
15 emergency contraception and will help bring this important
16 means to prevent unintended pregnancy to American women.

17 Section 3. DEFINITIONS.--As used in the Emergency
18 Contraception Act:

19 A. "department" means the department of health;

20 B. "emergency contraception" means a drug or device
21 that is:

22 (1) used after unprotected sexual intercourse
23 or after contraception failure;

24 (2) taken to prevent pregnancy by preventing
25 ovulation or fertilization or implantation of an egg in a

uterus; and

(3) approved by the federal food and drug
administration that prevents pregnancy;

C. "health care provider" means a person licensed
or certified pursuant to state law to provide health care
services who is operating within the scope of that license; and

D. "medically and factually accurate and objective"
means verified or supported by the weight of research conducted
in compliance with accepted scientific methods and standards;
published in peer-reviewed journals; and recognized as accurate
and objective by leading professional organizations and
agencies with relevant expertise in the field of obstetrics and
gynecology, such as the American college of obstetricians and
gynecologists.

Section 4. DEPARTMENT PUBLIC EDUCATION PLAN. --

A. The department shall develop and implement a
public education plan to increase both awareness about and
accessibility to emergency contraception in New Mexico. The
plan shall be completed on or before September 30, 2003.

B. The department's plan shall include a public
information program about emergency contraception providing, at
minimum:

- (1) a description of emergency contraception;
- (2) an explanation of the safety, efficacy and
availability of emergency contraception; and

1 (3) an explanation of the dosage required and
2 the timing of the use of emergency contraception to obtain the
3 greatest probability of preventing an unintended pregnancy.

4 C. Outreach efforts included in the department's
5 plan shall provide public education about emergency
6 contraception through the use of radio or television public
7 service announcements, information booths at public events or
8 places, outdoor advertising and other methods of reaching the
9 public with information about emergency contraception.

10 Section 5. HEALTH CARE PROVIDER PROGRAM -- The department,
11 at minimum, shall:

12 A. develop and implement an emergency contraception
13 information and training program to enable health care
14 providers to effectively disseminate emergency contraception in
15 a medically and factually accurate and objective manner;

16 B. provide materials that can be used by health
17 care providers that explain the use, safety, efficacy,
18 availability and prescription protocols for use of emergency
19 contraception;

20 C. provide health care providers with materials
21 that may be disseminated to patients and with information about
22 obtaining additional information and public education materials
23 for dissemination to patients and staff;

24 D. recommend and actively encourage the appropriate
25 use and prescribing of emergency contraception by health care

1 providers; and

2 E. provide information to health care providers.

3 Section 6. APPROPRIATION.--Fifty thousand dollars
4 (\$50,000) is appropriated from the general fund to the
5 department of health for expenditure in fiscal year 2004 to
6 implement the Emergency Contraception Education Act. Any
7 unexpended or unencumbered balance remaining at the end of
8 fiscal year 2004 shall revert to the general fund.

9 Section 7. EMERGENCY.--It is necessary for the public
10 peace, health and safety that this act take effect immediately.

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108TH CONGRESS
1ST SESSION

S. 896

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

IN THE SENATE OF THE UNITED STATES

APRIL 11, 2003

Mrs. MURRAY (for herself and Ms. CANTWELL) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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:

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.

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

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

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

23 (6) It is estimated that the use of emergency
24 contraception could cut the number of unintended

1 pregnancies in half, thereby reducing the need for
2 abortion.

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

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

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

20 (10) In light of their safety and efficacy, both
21 the American Medical Association and the American
22 College of Obstetricians and Gynecologists have en-
23 dored more widespread availability of emergency
24 contraceptive pills, and have recommended that dedi-

1 cated emergency contraceptive products be available
2 without a prescription.

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

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

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

15 (a) DEFINITIONS.—In this section:

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

21 (A) used after sexual relations; and

22 (B) prevents pregnancy, by preventing ovu-
23 lation, fertilization of an egg, or implantation of
24 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

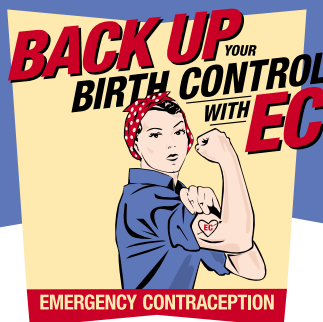
22 (C) information explaining how to obtain
 23 copies of the information developed under sub-
 24 section (b), for distribution to the patients of
 25 the providers.

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.

○

For more information, contact the campaign at
1300 19th Street, N.W., Second Floor, Washington D.C. 20036

backupyourbirthcontrol.org



1-888-NOT-2-LATE

Public Support for Government Involvement in Emergency Contraception Education Initiatives

Introduction

A survey¹ conducted in July 2002 found a majority of likely voters supports an active role for government in educating the public about emergency contraception (EC). All voters—male and female—believe this information should be broadly available to the general public and to all women of childbearing age, including teenagers.

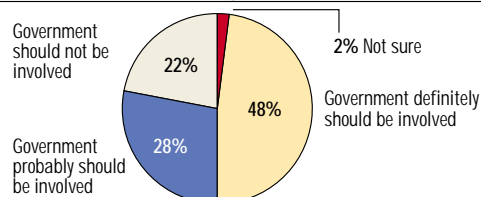
EC is a safe, effective back-up birth control method that can significantly reduce the risk of pregnancy when used within days after contraceptive failure, unprotected intercourse, or sexual assault. Each year, about 3 million pregnancies (or one-half of all pregnancies) in the United States are unintended, and almost half of these unintended pregnancies end in abortion. Fifty-three percent of women with unintended pregnancies were using contraception.

Sen. Patty Murray (D-WA) and Rep. Louise Slaughter (D-NY) introduced the Emergency Contraception Education Act on March 6, 2002. This bi-partisan legislation, with 6 Senators co-sponsors and 85 House co-sponsors, authorizes \$10 million a year for five years to the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) to develop and distribute information on EC to the public and to health care providers.

Summary of Findings

Voters strongly believe that government has an appropriate and important role in informing women about issues concerning their health. In fact, more than three in four voters say government should be involved in providing more complete information about health options so women can make decisions about their own medical needs.

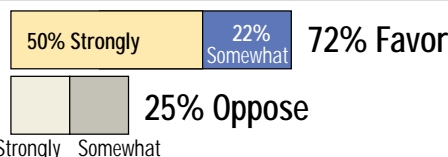
Figure 1. Government Role in Informing Women About Health



Few voters have adequate and consistent knowledge about EC and its availability. More than 60% of voters say they do not know of a product or drug that has been proven effective in preventing pregnancy if used within days after unprotected sex or contraceptive failure. When asked to specify an EC product, almost one-third of voters who said they knew of such a product responded "RU-486," indicating EC is often mistakenly confused with other drugs.²

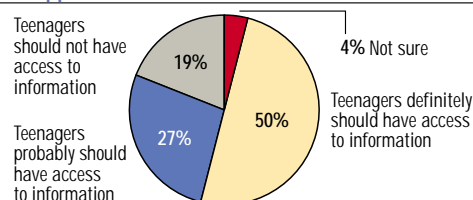
Once voters are informed about EC, they overwhelmingly (72%) favor legislation aimed at expanding public health information about EC and its availability. A majority of voters from all partisan backgrounds respond favorably to such legislation, including 81% of Democrats, 76% of independents, and 60% of Republicans. Pro-choice voters are strongly united in their support for the measure (87% favor, 11% oppose), while anti-choice voters are less cohesive in their opposition (45% support; 51% oppose).

Figure 2. Public Support of EC Legislation



Voters believe that knowledge about emergency contraception should be shared broadly and not restricted to certain groups. In fact, about as many voters say the "general public" would benefit most from the information as those who say "all women of childbearing age" and as those who say "teenagers and young women in high school." More than three-quarters of all voters say teens should have access to information about EC, with half saying that teens definitely should have access to this information.

Figure 3. Public Support of Teen Access to Information About EC



The advantage that voters see in making information about EC widely available outweighs their concerns about any possible mixed messages that could be sent on this issue.

Similarly, when presented with two different views about government's role in providing information about EC, by two to one voters say government involvement is a good idea because it is an important way to reduce the number of unintended pregnancies in our country.

Over 70% of voters consider the 72-hour window of effectiveness a compelling reason for a public education initiative. Given EC's narrow window of effectiveness, voters believe it is important for women to know about a back-up birth control in advance of an emergency situation. Voters also believe improving EC awareness will significantly reduce the number of unintended pregnancies and the need for abortion.

Voters overwhelmingly support legislation requiring hospitals to inform sexual assault victims about the availability of EC. Introduced on March 21, 2002, the Emergency Contraception for Female Sexual Assault Survivors Act would require hospitals to offer EC to survivors of sexual assault. A majority of voters in all demographic and attitudinal subgroups, including more than three quarters of Catholic voters, say they favor such a proposal.

The mission of the Reproductive Health Technologies Project to advance the ability of every woman to achieve full reproductive freedom with access to the safest, most effective, appropriate and acceptable technologies for ensuring her own health and controlling her fertility.

"Back Up Your Birth Control" is a public education and activist campaign led by the Project that involves a broad coalition of medical, public health and advocacy organizations to increase awareness of and expand access to EC—a second chance to prevent unintended pregnancies. For more information and how to get involved, visit www.backupyourbirthcontrol.org.

¹ On behalf of the Reproductive Health Technologies Project, Peter D. Hart Research Associates interviewed 503 likely voters. The interviews were conducted from July 11 to 14, 2002. The margin of error for the overall results is +/-4.5%.

² RU-486, also known as Mifeprex® or the abortion pill, is a different drug than EC. Mifeprex® is used to terminate an established pregnancy, whereas EC works to prevent pregnancy.