

113TH CONGRESS
2D SESSION

S. _____

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

IN THE SENATE OF THE UNITED STATES

Mrs. MURRAY (for herself, Mrs. BOXER, Ms. WARREN, Mr. BLUMENTHAL, and Mr. BOOKER) introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To establish a public education and awareness and access 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 Access and Education Act of 2014”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Each year 3,400,000 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 certain
7 forms of emergency contraceptive for unrestricted
8 sale on pharmacy shelves to women of all ages.

9 (3) Research indicates that emergency contra-
10 ception reduces the risk of pregnancy by up to 95
11 percent and emergency IUD insertion reduces the
12 risk by 99 percent. Although more effective the
13 sooner it is taken, medical evidence indicates that
14 emergency contraception can be effective up to 5
15 days after unprotected intercourse or contraceptive
16 failure.

17 (4) Emergency contraception is a responsible
18 means of preventing pregnancy that works like other
19 hormonal contraceptives by suppressing or delaying
20 ovulation, which makes fertilization from unpro-
21 tected intercourse unlikely if the medication is taken
22 within 120 hours. Emergency contraception does not
23 terminate an established pregnancy.

1 (5) Most brands of emergency contraception
2 consist of the same hormones found in other hor-
3 monal birth control.

4 (6) The percentage of sexually experienced
5 women aged 15 to 44 in the United States who have
6 ever used emergency contraception increased from
7 4.2 percent in 2002 to 11 percent in years 2006
8 through 2010.

9 (7) A recent study by the Guttmacher Institute
10 demonstrates that the rate of teen pregnancy in the
11 United States has reached a historic low, declining
12 51 percent since its peak in 1990. From 2008 to
13 2010, increasing proportions of women aged 18 and
14 19 reported becoming sexually active, yet fewer of
15 them got pregnant during this time period than in
16 previous studies. Research suggests that increasing
17 rates of contraceptive use may be associated with
18 the decline in teen pregnancy.

19 (8) Despite an increase in use, significant dis-
20 parities exist for young, urban, minority women who
21 lack general knowledge about emergency contracep-
22 tion. In fact, 1 in 4 teens remain completely un-
23 aware of the method and its use.

24 (9) Although the American College of Obstetri-
25 cians and Gynecologists (ACOG) recommends that

1 doctors routinely discuss emergency contraception
2 with women of reproductive age during their clinical
3 visits only half of obstetricians/gynecologists offer
4 emergency contraception to all of their patients in
5 need suggesting that greater provider and patient
6 awareness and education is needed.

7 (10) Nearly 1 out of 5 American women is a
8 victim of rape. It is estimated that 25,000 to 32,000
9 women become pregnant each year as a result of
10 rape, half of whom choose to terminate their preg-
11 nancy. The risk of pregnancy after sexual assault
12 has been estimated to be 4.7 percent in adult sur-
13 vivors who were not protected by some form of con-
14 traception at the time of the attack. If used cor-
15 rectly, emergency contraception could help many of
16 these rape survivors avoid the additional trauma of
17 facing an unintended pregnancy.

18 (11) Only 18 States and the District of Colum-
19 bia require hospital emergency rooms to provide
20 emergency contraception-related services to survivors
21 of sexual assault. Of those, only 13 States and the
22 District of Columbia require hospital emergency
23 rooms to provide emergency contraception upon re-
24 quest to survivors of sexual assault. Nine states have
25 adopted restrictions on emergency contraception,

1 and six states explicitly allow pharmacists to refuse
2 to dispense emergency contraception.

3 (12) In light of their safety and efficacy, the
4 American Medical Association, American Academy
5 of Pediatrics, American Women’s Medical Associa-
6 tion, Society for Adolescent Medicine, and the Amer-
7 ican College of Obstetricians and Gynecologists have
8 endorsed more widespread availability of emergency
9 contraceptives.

10 (13) Healthy People 2020, published by the Of-
11 fice of Disease Prevention and Health Promotion
12 (ODPHP), establishes a 10-year national public
13 health goal of increasing the proportion of publicly
14 funded health care providers who provide emergency
15 contraception to their patients, and reducing the
16 number of unintended pregnancies by 10 percent.

17 (14) 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. DEFINITIONS.**

23 In this Act:

24 (1) **EMERGENCY CONTRACEPTION.**—The term
25 “emergency contraception” means a drug or device

1 (as such terms are defined in section 201 of the
2 Federal Food, Drug, and Cosmetic Act (21 U.S.C.
3 321)), or drug regimen that—

4 (A) is used postcoitally;

5 (B) prevents pregnancy primarily by pre-
6 venting or delaying ovulation, and does not ter-
7 minate an established pregnancy; and

8 (C) is approved by the Food and Drug Ad-
9 ministration.

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

16 (3) HOSPITAL.—The term “hospital” means—

17 (A) a hospital as defined in section
18 1861(e) of the Social Security Act (42 U.S.C.
19 1395x(e)); and

20 (B) a critical access hospital as defined in
21 section 1861(mm)(1) of such Act (42 U.S.C.
22 1395x(mm)(1)).

23 (4) INSTITUTION OF HIGHER EDUCATION.—The
24 term “institution of higher education” has the

1 meaning given such term in section 101(a) of the
2 Higher Education Act of 1965 (20 U.S.C. 1001(a)).

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

5 (6) SEXUAL ASSAULT.—

6 (A) IN GENERAL.—The term “sexual as-
7 sult” means a sexual act (as defined in sub-
8 paragraphs (A) through (C) of section 2246(2)
9 of title 18, United States Code) where the vic-
10 tim involved does not consent or lacks the ca-
11 pacity to consent.

12 (B) APPLICATION OF PROVISIONS.—The
13 definition in subparagraph (A) shall apply to all
14 individuals.

15 **SEC. 4. SURVIVORS OF SEXUAL ASSAULT; PROVISION BY**
16 **HOSPITALS OF EMERGENCY CONTRACEP-**
17 **TION WITHOUT CHARGE.**

18 (a) IN GENERAL.—Federal funds may not be pro-
19 vided to a hospital under title XVIII of the Social Security
20 Act (42 U.S.C. 1395 et seq.) or to a State, with respect
21 to services of a hospital, under title XIX of such Act (42
22 U.S.C. 1396 et seq.), unless such hospital complies with
23 the conditions specified in subsection (b) in the case of—

24 (1) any woman who arrives at the hospital and
25 states that she is a victim of sexual assault, or is ac-

1 accompanied by someone who states she is a victim of
2 sexual assault; and

3 (2) any woman who arrives at the hospital
4 whom hospital personnel have reason to believe is a
5 victim of sexual assault.

6 (b) ASSISTANCE FOR VICTIMS.—The conditions spec-
7 ified in this subsection regarding a hospital and a woman
8 described in subsection (a) are as follows:

9 (1) The hospital promptly provides the woman
10 with medically and factually accurate and unbiased
11 written and oral information about emergency con-
12 traception, including information explaining that—

13 (A) emergency contraception has been ap-
14 proved by the Food and Drug Administration
15 as an over-the-counter medication for all women
16 without age restrictions and is a safe and effec-
17 tive way to prevent pregnancy after unprotected
18 intercourse or contraceptive failure if taken in
19 a timely manner;

20 (B) emergency contraception is more effec-
21 tive the sooner it is taken; and

22 (C) emergency contraception does not
23 cause an abortion and cannot interrupt an es-
24 tablished pregnancy.

1 (2) The hospital promptly offers emergency
2 contraception to the woman, and promptly provides
3 such contraception to her at the hospital on her re-
4 quest.

5 (3) The information provided pursuant to para-
6 graph (1) is in clear and concise language, is readily
7 comprehensible, and meets such conditions regarding
8 the provision of the information in languages other
9 than English as the Secretary may establish.

10 (4) The services described in paragraphs (1)
11 through (3) are not denied because of the inability
12 of the woman or her family to pay for the services.

13 (c) EFFECTIVE DATE; AGENCY CRITERIA.—This sec-
14 tion shall take effect upon the expiration of the 180-day
15 period beginning on the date of the enactment of this Act.
16 Not later than 30 days prior to the expiration of such pe-
17 riod, the Secretary shall publish in the Federal Register
18 criteria for carrying out this section.

19 **SEC. 5. EMERGENCY CONTRACEPTION EDUCATION AND IN-**
20 **FORMATION PROGRAMS.**

21 (a) EMERGENCY CONTRACEPTION PUBLIC EDU-
22 CATION PROGRAM.—

23 (1) IN GENERAL.—The Secretary, acting
24 through the Director of the Centers for Disease
25 Control and Prevention, shall develop and dissemi-

1 nate to the public information on emergency contra-
2 ception.

3 (2) DISSEMINATION.—The Secretary may dis-
4 seminate information on emergency contraception
5 under paragraph (1) directly or through arrange-
6 ments with health agencies, professional and non-
7 profit organizations, consumer groups, institutions
8 of higher education, clinics, the media, and Federal,
9 State, and local agencies.

10 (3) INFORMATION.—The information on emer-
11 gency contraception disseminated under paragraph
12 (1) shall include, at a minimum, the most current
13 evidence-based and evidence-informed standards of
14 care with respect to emergency contraception and an
15 explanation of the proper, use, safety, efficacy, coun-
16 seling and availability 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 most cur-
5 rent evidence-based and evidence-informed
6 standards of care, proper use, safety, efficacy,
7 counseling and availability of emergency contra-
8 ception;

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

11 (C) recommendation for health care pro-
12 viders working in emergency rooms to consult
13 with survivors of sexual assault once clinically
14 stable regarding options for emergency contra-
15 ception and to provide any necessary follow-up
16 care and referral services; and

17 (D) information explaining how to obtain
18 copies of the information developed under sub-
19 section (a) for distribution to the patients of
20 the providers.

21 (c) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to carry out this section,
23 such sums as may be necessary for each of the fiscal years
24 2014 through 2018.