

HOUSE BILL No. 6235

July 2, 2002, Introduced by Reps. Woodward, Jacobs, Kolb, Minore, Jamnick, Gielegem, Dennis, Waters, Bernero and Hardman and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled
"Public health code,"
(MCL 333.1101 to 333.25211) by adding part 97.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 PART 97. EMERGENCY CONTRACEPTIVES

2 SEC. 9701. THIS PART SHALL BE KNOWN AND MAY BE CITED AS THE
3 "EMERGENCY CONTRACEPTIVE EDUCATION ACT".

4 SEC. 9703. THE LEGISLATURE FINDS ALL OF THE FOLLOWING:

5 (A) EACH YEAR, 3,000,000 PREGNANCIES, OR 1/2 OF ALL PREGNAN-
6 CIES, IN THE UNITED STATES ARE UNINTENDED, AND 1/2 OF ALL OF
7 THESE UNINTENDED PREGNANCIES END IN ABORTION.

8 (B) THAT THE FEDERAL FOOD AND DRUG ADMINISTRATION HAS
9 DECLARED EMERGENCY CONTRACEPTION TO BE SAFE AND EFFECTIVE IN
10 PREVENTING UNINTENDED PREGNANCY, REDUCING THE RISK OF UNINTENDED
11 PREGNANCY BY AS MUCH AS 89%.

1 (C) THAT THE MOST COMMONLY USED FORMS OF EMERGENCY
2 CONTRACEPTION ARE REGIMENS OF ORDINARY BIRTH CONTROL PILLS TAKEN
3 WITHIN 72 HOURS OF UNPROTECTED SEXUAL INTERCOURSE OR CONTRACEP-
4 TIVE FAILURE.

5 (D) THAT EMERGENCY CONTRACEPTION, ALSO KNOWN AS POSTCOITAL
6 CONTRACEPTION, IS A RESPONSIBLE MEANS OF PREVENTING PREGNANCY
7 THAT WORKS LIKE OTHER HORMONAL CONTRACEPTION TO DELAY OVULATION,
8 TO PREVENT FERTILIZATION, OR TO PREVENT IMPLANTATION.

9 (E) THAT EMERGENCY CONTRACEPTION DOES NOT CAUSE ABORTION AND
10 WILL NOT AFFECT AN ESTABLISHED PREGNANCY.

11 (F) THAT IT IS ESTIMATED THAT THE USE OF EMERGENCY CONTRA-
12 CEPTION COULD CUT THE NUMBER OF UNINTENDED PREGNANCIES IN HALF,
13 THEREBY REDUCING THE NEED FOR ABORTION.

14 (G) THAT EMERGENCY CONTRACEPTIVE USE IN THE UNITED STATES
15 REMAINS LOW, AND 9 IN 10 WOMEN OF REPRODUCTIVE AGE REMAIN UNAWARE
16 OF THE METHOD OF EMERGENCY CONTRACEPTION.

17 (H) THAT ALTHOUGH THE AMERICAN COLLEGE OF OBSTETRICIANS AND
18 GYNECOLOGISTS RECOMMENDS THAT DOCTORS ROUTINELY OFFER WOMEN OF
19 REPRODUCTIVE AGE A PRESCRIPTION FOR EMERGENCY CONTRACEPTIVE PILLS
20 DURING THEIR ANNUAL VISIT, ONLY 1 IN 5 OBSTETRICIANS AND GYNECO-
21 LOGISTS ROUTINELY DISCUSS EMERGENCY CONTRACEPTION WITH THEIR
22 PATIENTS, SUGGESTING THE NEED FOR GREATER HEALTH CARE PROVIDER
23 AND PATIENT EDUCATION.

24 (I) THAT IN LIGHT OF THEIR SAFETY AND EFFICACY, BOTH THE
25 AMERICAN MEDICAL ASSOCIATION AND THE AMERICAN COLLEGE OF OBSTE-
26 TRICIANS AND GYNECOLOGISTS HAVE ENDORSED MORE WIDESPREAD
27 AVAILABILITY OF EMERGENCY CONTRACEPTIVE PILLS, AND HAVE

1 RECOMMENDED THAT EMERGENCY CONTRACEPTIVE PILLS BE AVAILABLE
2 WITHOUT A PRESCRIPTION.

3 (J) THAT "HEALTHY PEOPLE 2010", PUBLISHED BY THE OFFICE OF
4 THE SURGEON GENERAL OF THE UNITED STATES, ESTABLISHES A 10-YEAR
5 NATIONAL PUBLIC HEALTH GOAL OF INCREASING THE PROPORTION OF
6 HEALTH CARE PROVIDERS WHO PROVIDE EMERGENCY CONTRACEPTION TO
7 THEIR PATIENTS.

8 (K) THAT PUBLIC AWARENESS CAMPAIGNS TARGETING WOMEN AND
9 HEALTH CARE PROVIDERS WILL HELP REMOVE MANY OF THE BARRIERS TO
10 EMERGENCY CONTRACEPTION AND WILL HELP BRING THIS IMPORTANT MEANS
11 OF PREGNANCY PREVENTION TO AMERICAN WOMEN.

12 SEC. 9705. (1) AS USED IN THIS PART:

13 (A) "DEPARTMENT" MEANS THE DEPARTMENT OF COMMUNITY HEALTH.

14 (B) "EMERGENCY CONTRACEPTIVE" MEANS A PRESCRIPTION DRUG THAT
15 MEETS BOTH OF THE FOLLOWING CRITERIA:

16 (i) IS USED AFTER SEXUAL RELATIONS.

17 (ii) PREVENTS PREGNANCY BY PREVENTING OVULATION, FERTILIZA-
18 TION OF AN EGG, OR IMPLANTATION OF AN EGG IN A UTERUS.

19 (C) "HEALTH CARE PROFESSIONAL" MEANS AN INDIVIDUAL WHO IS
20 LICENSED OR REGISTERED IN A HEALTH PROFESSION UNDER ARTICLE 15.

21 (D) "INSTITUTION OF HIGHER EDUCATION" MEANS A DEGREE OR CER-
22 TIFICATE GRANTING PUBLIC OR PRIVATE COLLEGE, UNIVERSITY, JUNIOR
23 COLLEGE, OR COMMUNITY COLLEGE.

24 (E) "PRESCRIPTION DRUG" MEANS THAT TERM AS DEFINED IN SEC-
25 TION 17708.

26 (F) "SECRETARY" MEANS THE SECRETARY OF HEALTH AND HUMAN
27 SERVICES.

(2) ARTICLE 1 CONTAINS GENERAL DEFINITIONS AND PRINCIPLES OF CONSTRUCTION APPLICABLE TO ALL ARTICLES IN THIS CODE.

SEC. 9707. (1) SUBJECT TO SUBSECTION (3), THE DEPARTMENT SHALL DEVELOP AND DISSEMINATE TO THE PUBLIC INFORMATION ON EMERGENCY CONTRACEPTIVES.

(2) THE DEPARTMENT MAY DISSEMINATE INFORMATION DEVELOPED UNDER SUBSECTION (1) DIRECTLY OR THROUGH ARRANGEMENTS WITH NON-PROFIT ORGANIZATIONS, CONSUMER GROUPS, INSTITUTIONS OF HIGHER EDUCATION, FEDERAL, STATE, OR LOCAL AGENCIES, HEALTH FACILITIES, AND THE MEDIA.

(3) THE DEPARTMENT SHALL INCLUDE IN THE INFORMATION DISSEMINATED UNDER SUBSECTION (1), AT A MINIMUM, A DESCRIPTION OF EMERGENCY CONTRACEPTIVES, AND AN EXPLANATION OF THE USE, SAFETY, EFFICACY, AND AVAILABILITY OF EMERGENCY CONTRACEPTIVES.

SEC. 9709. (1) THE DEPARTMENT, IN CONSULTATION WITH MAJOR MEDICAL AND PUBLIC HEALTH ORGANIZATIONS, SHALL DEVELOP AND DISSEMINATE TO HEALTH CARE PROFESSIONALS AND HEALTH FACILITIES INFORMATION ON EMERGENCY CONTRACEPTIVES.

(2) THE DEPARTMENT SHALL INCLUDE IN THE INFORMATION DISSEMINATED UNDER SUBSECTION (1), AT A MINIMUM, ALL OF THE FOLLOWING:

(A) INFORMATION DESCRIBING THE USE, SAFETY, EFFICACY, AND AVAILABILITY OF EMERGENCY CONTRACEPTIVES.

(B) A RECOMMENDATION REGARDING THE USE OF EMERGENCY CONTRACEPTIVES IN SPECIFIC, APPROPRIATE CASES.

(C) INFORMATION EXPLAINING HOW TO OBTAIN ADDITIONAL COPIES OF THE INFORMATION FOR DISTRIBUTION TO THE PATIENTS OF THE HEALTH CARE PROFESSIONALS AND HEALTH FACILITIES.

1 Enacting section 1. This amendatory act takes effect March
2 1, 2003.