

SENATE BILL No. 1356

May 28, 2008, Introduced by Senators BRATER, SCHAUER, JACOBS, SWITALSKI, CLARKE, CLARK-COLEMAN, WHITMER, PRUSI, SCOTT, CHERRY and THOMAS 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 98.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

PART 98. EMERGENCY CONTRACEPTIVES

SEC. 9801. THIS PART SHALL BE KNOWN AND MAY BE CITED AS THE "EMERGENCY CONTRACEPTIVE EDUCATION ACT".

SEC. 9803. THE LEGISLATURE FINDS ALL OF THE FOLLOWING:

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

(B) THAT THE UNITED STATES FOOD AND DRUG ADMINISTRATION HAS DECLARED EMERGENCY CONTRACEPTION TO BE SAFE AND EFFECTIVE IN

1 PREVENTING UNINTENDED PREGNANCY, REDUCING THE RISK OF UNINTENDED
2 PREGNANCY BY AS MUCH AS 89%.

3 (C) THAT THE MOST COMMONLY USED FORMS OF EMERGENCY
4 CONTRACEPTION ARE REGIMENS OF ORDINARY BIRTH CONTROL PILLS TAKEN
5 WITHIN 72 HOURS OF UNPROTECTED SEXUAL INTERCOURSE OR CONTRACEPTIVE
6 FAILURE.

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

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

13 (F) THAT IT IS ESTIMATED THAT THE USE OF EMERGENCY
14 CONTRACEPTION COULD CUT THE NUMBER OF UNINTENDED PREGNANCIES IN
15 HALF, THEREBY REDUCING THE NEED FOR ABORTION.

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

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

26 (I) THAT IN LIGHT OF THEIR SAFETY AND EFFICACY, BOTH THE
27 AMERICAN MEDICAL ASSOCIATION AND THE AMERICAN COLLEGE OF

1 OBSTETRICIANS AND GYNECOLOGISTS HAVE ENDORSED MORE WIDESPREAD
2 AVAILABILITY OF EMERGENCY CONTRACEPTIVE PILLS, AND HAVE RECOMMENDED
3 THAT EMERGENCY CONTRACEPTIVE PILLS BE AVAILABLE WITHOUT A
4 PRESCRIPTION.

5 (J) THAT "HEALTHY PEOPLE 2010", PUBLISHED BY THE UNITED STATES
6 DEPARTMENT OF HEALTH AND HUMAN SERVICES, ESTABLISHES A 10-YEAR
7 NATIONAL PUBLIC HEALTH GOAL OF INCREASING THE PROPORTION OF HEALTH
8 CARE PROVIDERS WHO PROVIDE EMERGENCY CONTRACEPTION TO THEIR
9 PATIENTS.

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

14 SEC. 9805. (1) AS USED IN THIS PART:

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

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

18 (i) IS USED AFTER SEXUAL RELATIONS.

19 (ii) PREVENTS PREGNANCY BY PREVENTING OVULATION, FERTILIZATION
20 OF AN EGG, OR IMPLANTATION OF AN EGG IN A UTERUS.

21 (C) "HEALTH CARE PROFESSIONAL" MEANS AN INDIVIDUAL WHO IS
22 LICENSED, REGISTERED, OR OTHERWISE AUTHORIZED TO ENGAGE IN A HEALTH
23 PROFESSION UNDER ARTICLE 15.

24 (D) "HEALTH FACILITY OR AGENCY" MEANS THAT TERM AS DEFINED IN
25 SECTION 20106.

26 (E) "INSTITUTION OF HIGHER EDUCATION" MEANS A DEGREE OR
27 CERTIFICATE GRANTING PUBLIC OR PRIVATE COLLEGE, UNIVERSITY, JUNIOR

1 COLLEGE, OR COMMUNITY COLLEGE.

2 (F) "PRESCRIPTION DRUG" MEANS THAT TERM AS DEFINED IN SECTION
3 17708.

4 (G) "SECRETARY" MEANS THE SECRETARY OF HEALTH AND HUMAN
5 SERVICES.

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

8 SEC. 9807. (1) SUBJECT TO SUBSECTION (3), THE DEPARTMENT SHALL
9 DEVELOP AND DISSEMINATE TO THE PUBLIC INFORMATION ON EMERGENCY
10 CONTRACEPTIVES.

11 (2) THE DEPARTMENT MAY DISSEMINATE INFORMATION DEVELOPED UNDER
12 SUBSECTION (1) DIRECTLY OR THROUGH ARRANGEMENTS WITH NONPROFIT
13 ORGANIZATIONS, CONSUMER GROUPS, INSTITUTIONS OF HIGHER EDUCATION,
14 FEDERAL, STATE, OR LOCAL AGENCIES, HEALTH FACILITIES OR AGENCIES,
15 AND THE MEDIA.

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

20 SEC. 9809. (1) THE DEPARTMENT, IN CONSULTATION WITH MAJOR
21 MEDICAL AND PUBLIC HEALTH ORGANIZATIONS, SHALL DEVELOP AND
22 DISSEMINATE TO HEALTH CARE PROFESSIONALS AND HEALTH FACILITIES OR
23 AGENCIES INFORMATION ON EMERGENCY CONTRACEPTIVES.

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

27 (A) INFORMATION DESCRIBING THE USE, SAFETY, EFFICACY, AND

1 AVAILABILITY OF EMERGENCY CONTRACEPTIVES.

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

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