

SENATE BILL No. 172

March 3, 2015, Introduced by Senators JOHNSON, GREGORY, ANANICH and HOOD 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
PREVENTING UNINTENDED PREGNANCY, REDUCING THE RISK OF UNINTENDED
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 CONTRACEPTIVE
4 FAILURE.

5 (D) THAT EMERGENCY CONTRACEPTION, ALSO KNOWN AS POSTCOITAL
6 CONTRACEPTION, IS A RESPONSIBLE MEANS OF PREVENTING PREGNANCY THAT
7 WORKS LIKE OTHER HORMONAL CONTRACEPTION TO DELAY OVULATION, TO
8 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
12 CONTRACEPTION COULD CUT THE NUMBER OF UNINTENDED PREGNANCIES IN
13 HALF, 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
21 GYNECOLOGISTS ROUTINELY DISCUSS EMERGENCY CONTRACEPTION WITH THEIR
22 PATIENTS, SUGGESTING THE NEED FOR GREATER HEALTH CARE PROVIDER AND
23 PATIENT EDUCATION.

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

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

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

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

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

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

15 (i) IS USED AFTER SEXUAL RELATIONS.

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

18 (B) "HEALTH CARE PROFESSIONAL" MEANS AN INDIVIDUAL WHO IS
19 LICENSED, REGISTERED, OR OTHERWISE AUTHORIZED TO ENGAGE IN A HEALTH
20 PROFESSION UNDER ARTICLE 15.

21 (C) "HEALTH FACILITY OR AGENCY" MEANS THAT TERM AS DEFINED IN
22 SECTION 20106.

23 (D) "INSTITUTION OF HIGHER EDUCATION" MEANS A DEGREE OR
24 CERTIFICATE GRANTING PUBLIC OR PRIVATE COLLEGE, UNIVERSITY, JUNIOR
25 COLLEGE, OR COMMUNITY COLLEGE.

26 (E) "PRESCRIPTION DRUG" MEANS THAT TERM AS DEFINED IN SECTION
27 17708.

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

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

6 (2) THE DEPARTMENT MAY DISSEMINATE INFORMATION DEVELOPED UNDER
7 SUBSECTION (1) DIRECTLY OR THROUGH ARRANGEMENTS WITH NONPROFIT
8 ORGANIZATIONS, CONSUMER GROUPS, INSTITUTIONS OF HIGHER EDUCATION,
9 FEDERAL, STATE, OR LOCAL AGENCIES, HEALTH FACILITIES OR AGENCIES,
10 AND THE MEDIA.

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

15 SEC. 9809. (1) THE DEPARTMENT, IN CONSULTATION WITH MAJOR
16 MEDICAL AND PUBLIC HEALTH ORGANIZATIONS, SHALL DEVELOP AND
17 DISSEMINATE TO HEALTH CARE PROFESSIONALS AND HEALTH FACILITIES OR
18 AGENCIES INFORMATION ON EMERGENCY CONTRACEPTIVES.

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

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

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

26 (C) INFORMATION EXPLAINING HOW TO OBTAIN ADDITIONAL COPIES OF
27 THE INFORMATION FOR DISTRIBUTION TO THE PATIENTS OF THE HEALTH CARE

1 **PROFESSIONALS AND HEALTH FACILITIES OR AGENCIES.**

2 Enacting section 1. This amendatory act takes effect 90 days
3 after the date it is enacted into law.