



Legislation Details (With Text)

File #:	Res 0066-2004	Version:	A	Name:	Reduce the number of unintended pregnancies by increasing access to emergency contraception for women.
Type:	Resolution	Status:	Adopted		
		In control:	Committee on Health		
On agenda:	2/4/2004				
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Title:	Resolution urging the New York State Senate to adopt S.3339, which would reduce the number of unintended pregnancies by increasing access to emergency contraception for women in New York.				
Sponsors:	Christine C. Quinn, Eric N. Gioia, Eva S. Moskowitz, Yvette D. Clarke, Tracy L. Boyland, Diana Reyna, Alan J. Gerson, Robert Jackson, G. Oliver Koppell, Margarita Lopez, Michael C. Nelson, Bill Perkins, Domenic M. Recchia, Jr., Philip Reed, James Sanders, Jr., David I. Weprin, Bill De Blasio, Gale A. Brewer, Melinda R. Katz, Miguel Martinez, Larry B. Seabrook, Letitia James, Helen Sears, Kendall Stewart, Lewis A. Fidler				
Indexes:					
Attachments:	1. Committee Report, 2. Hearing Transcript, 3. Hearing Transcript - Stated Meeting				

Date	Ver.	Action By	Action	Result
2/4/2004	*	City Council	Introduced by Council	
2/4/2004	*	City Council	Referred to Comm by Council	
2/10/2004	*	Committee on Health	Hearing Held by Committee	
2/10/2004	*	Committee on Health	Amendment Proposed by Comm	
2/10/2004	A	Committee on Health	Approved by Committee	Pass
2/10/2004	*	Committee on Health	Amended by Committee	
2/26/2004	A	City Council	Approved, by Council	Pass

Res. No. 66-A

Resolution urging the New York State Senate to adopt S.3339, which would reduce the number of unintended pregnancies by increasing access to emergency contraception for women in New York.

By Council Members Quinn, Gioia, Moskowitz, Clarke, Boyland, Reyna, Gerson, Jackson, Koppell, Lopez, Nelson, Perkins, Recchia, Reed, Sanders, Weprin, DeBlasio, Brewer, Katz, Martinez, Seabrook, James, Sears, Stewart and Fidler

Whereas, Emergency contraception is a medication used to prevent a woman from ovulating, or, if she has already ovulated, to prevent an egg from subsequently being fertilized or implanted in the uterine wall, thereby preventing pregnancy when other contraceptive methods have failed or unprotected intercourse has occurred; and

Whereas, Emergency contraceptives are not a substitute for regular contraceptives and do not protect against sexually transmitted diseases; and

Whereas, In 1997, the Food and Drug Administration (FDA) approved certain combinations of the medications that are used in standard birth control, including estrogen and progesterone, as safe and effective methods of reducing the risk of pregnancy after sex; and

Whereas, Emergency contraception is not the same as the abortion pill, but rather it is a higher dose of the active ingredients in birth control pills which will inhibit ovulation and prevent fertilization from occurring; and

Whereas, A study, entitled "The Effects of Self-Administering Emergency Contraception" in the New England Journal of Medicine, argues that the use of EC could prevent as many as 1.7 million unintended pregnancies that occur each year in the United States, including as many as 800,000 pregnancies that result in abortion; and

Whereas, Emergency contraception will reduce a woman's risk of pregnancy by up to 89% if taken within 72 hours of unprotected intercourse; and

Whereas, There are several barriers to accessing emergency contraception within the 72 hour time limit, including a physician's limited office hours, inconvenient locations of doctors' offices, providers not dispensing such medication due to religious objections and misinformation about its function; and

Whereas, According to a Kaiser Family Foundation survey, only 2% of women aged 18-44 have used emergency contraceptives, suggesting that many women are not familiar with the medication or have not been able to access it; and

Whereas, The New York State Assembly has passed A.888, which amends the education law to allow registered nurses and pharmacists to dispense emergency contraceptives with a non-patient specific order that is written by a licensed physician, certified nurse practitioner or licensed midwife; and

Whereas, The New York State Senate has not passed A.888's companion bill, S.3339, which would also amend the education law to allow registered nurses and pharmacists to dispense emergency contraceptives with a non-patient specific order that is written by a licensed physician, certified nurse practitioner, or licensed midwife; and

Whereas, The FDA is currently considering a request to make emergency contraception an over-the-counter pharmaceutical, a proposal that is supported by the American College of Obstetricians and Gynecologists and the American Medical Association; and

Whereas, England, New Zealand, France and the states of Washington, Alaska, California, Hawaii and New Mexico have all passed laws making emergency contraception accessible at pharmacies; and

Whereas, Until the FDA switches the status of emergency contraceptives from prescription to over-the-counter, S.3339 and A.888 would create a system that would significantly facilitate a woman's access to such medications; and

Whereas, Making emergency contraception easily accessible to women in a timely fashion will improve women's reproductive health; now, therefore, be it

Resolved, That the New York City Council urges the New York State Senate to adopt S.3339, which would reduce the number of unintended pregnancies by increasing access to emergency contraception for women in New York.

CR
2/9/04