

Emergency Contraception in the Emergency Room (EC in the ER)

- **North Carolina should ensure that sexual assault victims receive information about and access to emergency contraception in hospital emergency rooms.**

Proposal

All hospital emergency rooms should be required to counsel sexual assault survivors about emergency contraception (EC) and provide it to them upon request. Nine states— California, Massachusetts, New Jersey, New Mexico, New York, Ohio, Oregon, South Carolina, and Washington —have EC in the ER laws or laws with similar requirements.<sup>1</sup>

Rationale

- Emergency contraception (EC), also known as the morning-after pill, is often called the nation's best-kept health secret. The most common form of EC is emergency contraceptive pills (ECPs). ECPs are ordinary birth control pills that reduce a woman's chance of becoming pregnant by up to 89 percent when taken within days of unprotected sex.<sup>2</sup>
- ECPs are birth control and do not cause abortion; rather they *prevent* pregnancy by inhibiting ovulation, fertilization, or implantation before a pregnancy occurs. In fact, ECPs do not work if a woman is already pregnant and will not harm an already existing pregnancy. <sup>3</sup>
- EC is safe, effective, and simple to use; it is not associated with any serious or harmful side effects; it is not dangerous to women with particular medical conditions; and women can diagnose their own need for the treatment.<sup>4</sup>
- Don't confuse EC with Mifeprex, the early abortion option (also known as RU-486)! The line between contraception and abortion is often blurred, intentionally and unintentionally, in the course of policy discussions. Remember, EC is birth control and helps prevent pregnancy. It does not work if a woman is already pregnant. Mifeprex, in contrast, terminates an early pregnancy.
- According to estimates provided by Princeton University Population Researcher, James Trussell, approximately 25,000 women in the United States become pregnant each year

as a result of rape. An estimated 22,000 of these unintended pregnancies—or 88 percent—could be prevented if sexual assault victims had timely access to EC.

- In North Carolina 1 in 5 women will be sexually assaulted in her lifetime. According to the NC Coalition Against Sexual Assault, in 2003, Rape Crisis Centers reported 29,931 calls from victims and had face-to-face counseling sessions with 7,580.
- The NC hospitals surveyed in the new statewide study done by NC Women United reported that over 5,000 victims of sexual assault report to NC Emergency Departments every year.
- According to a new statewide study done by NC Women United, over one quarter of all NC hospitals do not provide sexual assault survivors with EC on site. Of the hospitals that do provide EC, 11% allow providers to refuse to do so for reasons based on conscience. As a result, as many as 1,000 rape victims are sent away from North Carolina hospitals each year without receiving emergency contraception.
- The NC survey also showed that sexual assault survivors in rural counties have the least access to EC. Nearly 40% of rural hospitals had no policy requiring providers to dispense EC on site.
- It costs a hospital an average of \$12.00 for one package (one dose) of the emergency contraceptive, Plan B.<sup>5</sup>
- The American College of Emergency Physicians, American College of Obstetrics and Gynecology and the American Medical Association all support making emergency contraception available in emergency rooms to victims of sexual assault.
- In a study published in the Journal of the American Medical Association in January, 2005, found that easy access to a “morning after pill” for contraception did not influence the degree to which women have unprotected sex.

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<sup>1</sup> Kaiser Family Foundation. *Emergency Contraceptive Pills*, Washington DC: Henry J Kaiser Family Foundation. Women’s Health Policy Facts. November 2005. retrieved 12/30/05 from <http://www.kff.org/womenshealth/upload/3344-03.pdf>

<sup>2</sup> While labels for FDA-approved EC products indicate that EC should be used within 72 hours after unprotected sex, recent research shows that emergency contraception can be effective up to 120 hours after sex. However, EC is more effective the sooner it is taken. Charlotte Ellertson et al., *Extending the Time Limit for Starting the Yuzpe Regimen of Emergency Contraception to 120 Hours*, 101 OBSTETRICS & GYNECOLOGY 1168, 1168-71 (2003).

<sup>3</sup> US Food and Drug Administration, Center for Drug Evaluation and Research. <http://www.fda.gov/cder/drug/infopage/planB/planBQandA.htm>.

<sup>4</sup> Charlotte Ellertson et al., *Should Emergency Contraceptive Pills Be Available Without Prescription?*, 53 JAMWA 226, 227-28 (1998); David A. Grimes, *Switching Emergency Contraception to Over-the-Counter Status*, 347 NEW ENGLAND JOURNAL OF MEDICINE 846, 846-47 (2002).

<sup>5</sup> According to [Drug Topics: Red Book](#) Pharmacy Reference Pricing Guide.