

**THE COUNCIL OF
THE CITY OF NEW YORK**

**Hon. Gifford Miller
Speaker**



A STAFF REPORT TO

**THE COMMITTEE ON
OVERSIGHT AND
INVESTIGATIONS**

**Hon. Eric Gioia
Chair**

**THE COMMITTEE
ON HEALTH**

**Hon. Christine Quinn
Chair**

MAY 2004

Emergency Contraception:

Available at your City Health Clinic?



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THE CITY OF NEW YORK**

HON. GIFFORD MILLER
SPEAKER

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This report can be found on the Council's website at
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EXECUTIVE SUMMARY

An investigation by the New York City Council Investigation Division (CID) has found that staff at 44% of the New York City Department of Health and Mental Hygiene (DOHMH) health facilities contacted claim they do not provide emergency contraception (EC)—despite a City law requiring they do so. Moreover, 17% of those sites charge \$45 to \$90 for EC, even though the medication should be free at all DOHMH sites. And 50% of the sites would not even answer the phone to provide information about EC. Access to EC must become a reality for every woman who needs it, and neither bureaucratic unresponsiveness nor an inability to pay should rob women of their full reproductive rights.

Previous City Council studies have shown that far too many women throughout New York City have trouble accessing EC.ⁱ In February 2003, the New York City Council passed **Local Law 19** as part of its efforts to address this issue. The law requires that DOHMH make EC available “at its health centers, health stations, health clinics and other health facilities which offer services related to the diagnosis and treatment of sexually transmitted diseases (STDs).” DOHMH clinics are free and confidentialⁱⁱ; the intent of Local Law 19 was to ensure that women who are uninsured or underinsured would not be barred from accessing EC because of financial limitations.

ⁱ New York City Council Reports on EC Availability can be found at http://www.council.nyc.ny.us/pdf_files/reports/ecp.pdf, http://www.council.nyc.ny.us/pdf_files/reports/emergpills.pdf [Last accessed 27 April 2004].

ⁱⁱ Available at <http://www.nyc.gov/html/doh/html/std/std2.html> [Last accessed 27 April 2004].

EC is provided most often through the use of emergency contraceptive pills (ECPs).ⁱⁱⁱ ECPs are physician-prescribed high-dose birth control pills that were approved by the United States Food and Drug Administration (FDA) in 1997 as a safe and effective method for preventing pregnancy.^{iv} When taken within 72 hours following unprotected sexual intercourse or contraceptive failure, the risk of pregnancy is reduced by as much as 89%. The regimen is more effective the earlier it is initiated.

National studies estimate that ECPs could prevent as many as half of the three million unintended pregnancies that occur every year in the United States, and up to 700,000 abortions every year.^v DOHMH field sites serving women in communities with high rates of infant mortality and problematic pregnancies found that as many as 80% of the pregnancies are unintended.^{vi}

Approximately 8,000–24,000 women will visit DOHMH sites seeking to obtain EC this fiscal year.^{vii} When DOHMH provides EC to a client, it also provides HIV counseling and testing, a Pap smear, STD screening and referral for family planning.^{viii}

ⁱⁱⁱ National Abortion and Reproductive Rights Action League (NARAL), “Emergency Contraception: An Important and Underutilized Contraceptive Option.” (December 18, 2001).

^{iv} United States Food and Drug Administration (FDA), “Prescription Drug Products: Certain Combined Oral Contraceptives for Use as Postcoital Emergency Contraception,” *Federal Register*, 62 (37), 8609-8612. (1997).

^v FDA, “Prescription Drug Products: Certain Combined Oral Contraceptives for Use as Postcoital Emergency Contraception”, *Federal Register*, 62 (37), 8609-8612. (1997). See also Henshaw, S.K., Unintended Pregnancy in the United States, *Family Planning Perspectives*, 30 (1) p. 24-29 & 46. (1998).

^{vi} NYC Mayor Michael Bloomberg Press Release 073-03. “Mayor Michael R. Bloomberg Signs Legislation Making Emergency Contraception Available at City Health Clinics: Remarks by Mayor Bloomberg at a Public Hearing on Local Law” 18 March 2003.

^{vii} New York City Council, Finance Division. Fiscal Impact Statement for Proposed Intro. No: 285-A.

^{viii} New York City Council Health Committee Hearing Transcript. February 24, 2003. Testimony of DOHMH Commissioner Thomas Frieden, pg. 11.

To assess the availability of EC at DOHMH sites, CID conducted a telephone survey of DOHMH's ten STD clinics, six HIV Counseling and Testing sites and 20 District Health Centers.^{ix} Female investigators called during normal business hours and posed as a woman with less than 72 hours to obtain EC, who is calling the DOHMH clinic before visiting in order to determine whether it is available.^x When investigators could not get through to a site to speak to a person in their first attempt, they called the site up to two times more, making sure to call at a different time of day than the time of the previous calls. If the site indicated that the caller could obtain EC, investigators asked:

- If the EC would be free;
- If the visit would be confidential;
- If a medical exam was mandatory; and
- If a meeting with a counselor was required.

Key Findings

- 18 sites (50%) could not be reached to inquire if EC could be obtained.
- At 10 sites (28%), EC was available.
- At 8 sites (22%), EC was not available.

^{ix} According to telephone conversations with DOHMH Intergovernmental staff on 4/9/04, some District Health Centers provide direct clinical services for STDs, T.B. and immunizations.

^x CID did not conduct a field survey of the sites because, as Commissioner Frieden testified, DOHMH's policy is that women seeking a prescription for EC at DOHMH clinics would need to undergo a medical exam, which would include HIV and STD testing, and a Pap smear.

- 10 of the 18 sites contacted (56%) said EC was available.
- At three of the 18 sites (17%), investigators were told EC would cost anywhere from \$45-90.
- At one of the 10 STD clinics (10%), EC was not available, and two clinics (20%) could not be reached.

Recommendations

- DOHMH must ensure that all DOHMH sites are in compliance with Local Law 19.
- DOHMH should train its staff to uniformly implement its policy with regard to the distribution of EC.
- EC should be free at all DOHMH sites.
- Every DOHMH site should have a listed phone number that connects patients to a live and knowledgeable staff person.
- DOHMH's website should clearly indicate that EC is provided at DOHMH sites that offer services relating to the diagnosis and treatment of STDs.

BACKGROUND

Emergency contraception (EC) is a back-up birth control method that can prevent pregnancy for victims of sexual assault, and after unprotected intercourse or contraceptive failure. EC is provided most often through the use of emergency contraceptive pills (ECPs).¹ ECPs were approved by the U.S. Food and Drug Administration (FDA) in 1997 as a safe and effective method for preventing pregnancy.²

ECPs are physician-prescribed high-dose birth control pills that are administered in two doses: the first as soon as possible within 72 hours following unprotected intercourse or contraceptive failure, the second 12 hours later. If taken within the recommended 72 hours, this regimen reduces the risk of pregnancy by as much as 89 percent,³ and is more effective the earlier it is initiated.⁴ ECPs prevent pregnancy by delaying or inhibiting ovulation, interfering with fertilization, or preventing implantation.⁵ ECPs *do not* cause abortion. Medical science and legal convention recognize that pregnancy begins only after a fertilized egg is implanted in the uterus.⁶ Furthermore, ECPs have no effect on an established pregnancy.⁷ The FDA has reported that combined oral

¹ National Abortion and Reproductive Rights Action League (NARAL), “Emergency Contraception: An Important and Underutilized Contraceptive Option.” (December 18, 2001).

² United States Food and Drug Administration (FDA), “Prescription Drug Products: Certain Combined Oral Contraceptives for Use as Postcoital Emergency Contraception,” *Federal Register*, 62 (37), 8609-8612. (1997).

³ National Family Planning & Reproductive Health Association [herein after NFPRHA], “Emergency Contraception is Just That, Contraception!” (February 12, 2001).

⁴ *Ibid.*

⁵ *Ibid.*

⁶ The Center for Reproductive Law and Policy, “The Facts: Emergency Contraceptive Pills (ECPs): A Safe and Effective Way to Prevent Unplanned Pregnancy.” (April 2001).

⁷ NFPRHA.

contraceptives inadvertently taken early in pregnancy have not shown that the drugs have an adverse effect on an existing fetus.⁸

Experts estimate that approximately three million unintended pregnancies occur each year in the United States.⁹ Of those, more than half end in abortion.¹⁰ ECPs could prevent as many as 1.5 million of those unintended pregnancies and up to 700,000 abortions every year.¹¹ In New York State, EC could prevent as many as 122,000 unintended pregnancies and 82,000 abortions every year.¹²

There are currently two dedicated ECP products on the U.S. market: Preven and Plan B. Preven contains the hormones estrogen and progestin. Plan B is a progestin-only regimen with a slightly higher rate of pregnancy prevention.¹³ There are no known serious side effects associated with either method, though a small number of women report some nausea and vomiting.¹⁴

While medical consensus is that ECPs should be more readily available, the FDA has ruled not to allow Plan B to be sold over the counter rather than by prescription only—against the recommendation of two advisory committees and after three months of deliberation.¹⁵ Legislative trends

⁸ FDA, "Prescription Drug Products: Certain Combined Oral Contraceptives for Use as Postcoital Emergency Contraception," *Federal Register*, 62 (37), 8609-8612. (1997).

⁹ Henshaw, S.K., Unintended Pregnancy in the United States, *Family Planning Perspectives*, 30 (1) p. 24-29 & 46. (1998).

¹⁰ *Ibid*, p. 24-29, 46.

¹¹ Trussel, J., *et al.*, "Emergency Contraceptive Pills: A Simple Proposal to Reduce Unintended Pregnancies," *Family Planning Perspectives*, (24) p. 269-273. (1992).

¹² New York State Office Of the State Comptroller Report. "Emergency Contraception in New York State: Fewer Unintended Pregnancies and Lower Health Care Costs". November 2003.

¹³ Henry J. Kaiser Family Foundation (hereinafter Kaiser), "Emergency Contraception." (November 2000).

¹⁴ *Ibid*.

¹⁵ "FDA Issues Not Approvable Letter to Barr Labs; Outlines Pathway for Future Approval" (press release). U.S. Food and Drug Administration (FDA). 7 May 2004.

at the state and local level, however, reflect the growing consensus for increased access to EC. On February 26, 2004, the New York City Council overwhelmingly approved Resolution 92-A, which urged the FDA to allow Plan B to be sold over the counter.¹⁶ The New York State (NYS) Assembly has passed a bill to allow nurses and pharmacists to dispense EC,¹⁷ and a companion bill (S. 3339) is pending in the NYS Senate.

Despite the potential of ECPs to drastically reduce the rate of unintended pregnancy and abortion, they are not widely used in the United States, and remain underutilized in most countries outside Europe.¹⁸ Barriers to the use of ECPs include a lack of knowledge of their existence—among women¹⁹ and pharmacists alike²⁰—as well as a failure by health care providers to discuss ECPs with their female patients.²¹

Local Law 19 of 2003

In February 2003, the New York City Council passed Local Law 19 as part of its efforts to increase access to EC for all women in New York City. The law requires that the New York City Department of Health and Mental Hygiene (DOHMH) make emergency contraception available at “its health centers, health stations, health clinics and other health facilities which offer services related to the diagnosis and treatment of sexually

<http://www.fda.gov/bbs/topics/news/2004/NEW01064.html> (accessed 7 May 2004). See also Harris, Gardiner. “U.S. Rules Morning-After Pill Can’t Be Sold Over the Counter.” *The New York Times*. 7 May 2004, A1.

¹⁶ Resolution 92A was adopted by a voice vote; four Council Members expressed objections. For the full text of the resolution, see Appendix C.

¹⁷ Santora, Marc, “‘Morning-After’ Pill May Be Sold Over the Counter, Assembly Says.” *The New York Times*. 3 Feb 2004, B5.

¹⁸ Westley, E., “Emergency Contraception: A Global Overview,” *Journal of the American Medical Women’s Association*, vol. 53, no. 5. (Fall 1998).

¹⁹ Henry J. Kaiser Family Foundation, “National Surveys of Americans and Health Care Providers on Emergency Contraception.” (1997).

²⁰ Planned Parenthood of New York City, Inc, “Emergency Contraception: Do Pharmacists Know About This Important Method to Prevent Pregnancy?” (1999).

²¹ Kaiser 1997.

transmitted diseases (STDs).” In making EC available at these locations, the law’s intent was to ensure that women who are uninsured or underinsured would not be barred from accessing EC because of financial limitations.

From April 2003-April 2004, DOHMH spent a total \$113,000 of existing funding on EC.²² However, distribution of EC under Local Law 19 qualifies for State funding of 36% of the cost of the legislation—meaning that approximately \$41,000 of the \$113,000 could be State-funded.²³ The same funds are projected to be spent in Fiscal Year 2005.²⁴

Local Law 19 was passed with the approval of Mayor Michael Bloomberg and DOHMH Commissioner Thomas Frieden. At the bill signing, Mayor Bloomberg stated that the legislation would “result in increased access to EC and advanced reproductive healthcare for women in NYC.”²⁵ At a City Council hearing in February 2003, Commissioner Frieden testified that DOHMH would not provide EC as a “stand-alone” service, but would be legally bound to include, at minimum, services including HIV counseling and testing, a Pap smear, STD screening and referral for family planning.²⁶ Commissioner Frieden explained that one of DOHMH’s goals was to institute “family planning services” that would include the distribution of EC in STD clinics.²⁷ A pilot program for the family planning services was scheduled to begin in January 2003 at the

²² Office of Management and Budget (OMB).

²³ *Id.*

²⁴ *Id.*

²⁵ NYC Mayor Michael Bloomberg Press Release 073-03. “Mayor Michael R. Bloomberg Signs Legislation Making Emergency Contraception Available at City Health Clinics: Remarks by Mayor Bloomberg at a Public Hearing on Local Law” 18 March 2003.

²⁶ Testimony of DOHMH Commissioner Thomas Frieden (transcript). New York City Council Health Committee Hearing. February 24, 2003, pg. 13.

²⁷ *Id.*, at 11.

Jamaica, Queens STD clinic, which has a high volume of female patients of childbearing age.²⁸

Local Law 19 became effective in June 2003, and the DOHMH website now instructs people who want to access EC to talk to their health-care provider, visit a family planning clinic, call the Women's Health line at 311 or call the EC hotline at 1-888-not-2-late.²⁹ The website indicates the family planning clinics are free and confidential, and that clients who seek EC are required to disclose personal information and undergo a medical exam.³⁰

²⁸ *Id.*

²⁹ <http://www.nyc.gov/html/doh/html/ms/ms6.html> [Last accessed April 20, 2004].

³⁰ <http://www.nyc.gov/html/doh/html/std/std2.html> [Last accessed April 20, 2004].

METHODOLOGY

Investigators from the New York City Council Investigation Division (CID) sought to determine whether EC was available at DOHMH health facilities, as mandated by Local Law 19.

CID obtained the telephone numbers for STD clinics, HIV Counseling and Testing sites and District Health Centers from both the DOHMH website and from the 2003-04 *Green Book: Official Directory of the City of New York* (“Green Book”). There were 43 sites listed in total, but seven of the HIV Counseling and Testing sites had the same addresses and telephone numbers as the STD clinics.

Therefore, investigators attempted to call:

- 10 STD clinics
- Six HIV Counseling & Testing sites (those that did not have the same telephone numbers and addresses as the STD clinics)
- 20 District Health Centers³¹

From March 26, 2004 to May 2, 2004, investigators placed the calls during normal business hours (between 9am and 5pm, Monday through Friday) and asked if they would be able to obtain EC at the site.

In making these calls, investigators posed as a woman with less than 72 hours to obtain EC, who calls a DOHMH clinic before visiting it in order

³¹ According to telephone conversations with DOHMH Intergovernmental staff on 9 April 2004, some District Health Centers provide direct clinical services for STDs, T.B. and immunizations.

to determine whether EC is available.³² If the site indicated that the caller could obtain EC, investigators asked:

- If the EC would be free;
- If the visit would be confidential;
- If a medical exam was mandatory; and
- If a meeting with a counselor was required.

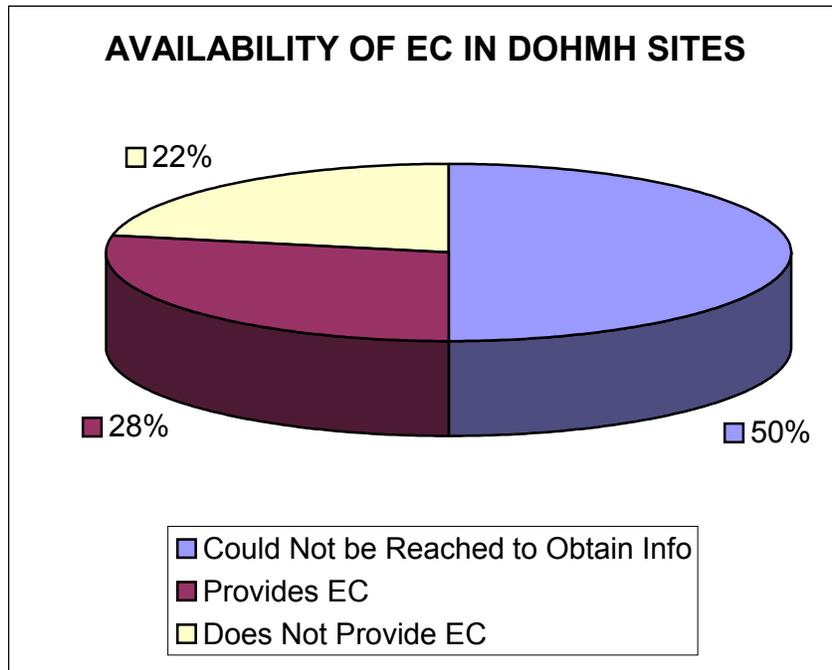
When investigators could not get through to a site to speak to a person during their first attempted call, they called the site two more times, making sure to call at a different time of day than the time of the other calls.

³² CID did not conduct a field survey of the sites because, as Commissioner Frieden testified, DOHMH's policy is that women seeking a prescription for EC at DOHMH clinics would need to undergo a medical exam, which would include HIV and STD testing, and a Pap smear. (See note 26.)

FINDINGS

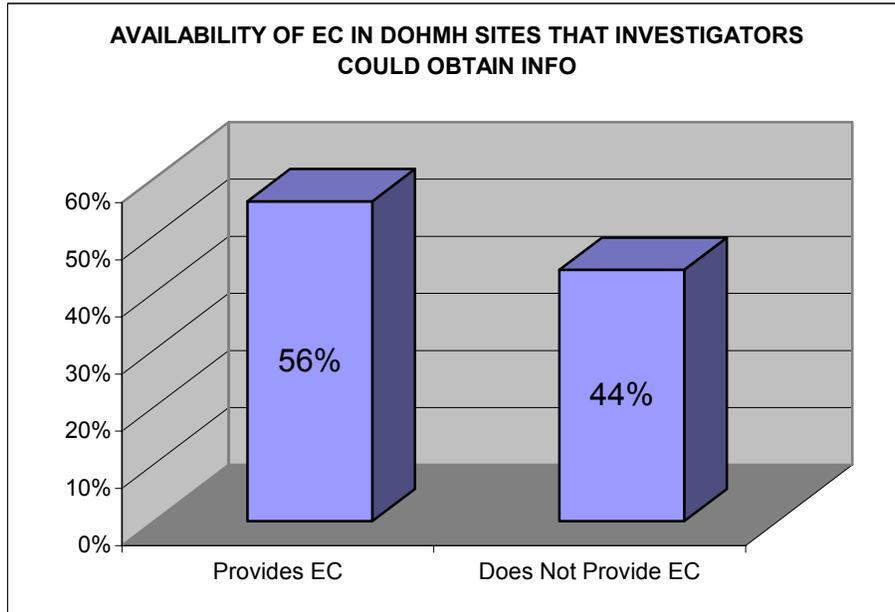
Out of the 36 total sites called (STD clinics, HIV Testing sites and District Health Centers):

- 18 (50%) sites could not be reached to inquire if EC could be obtained—either because of:
 - A wrong number listed for the site on the DOHMH website or in the Green Book;
 - No answer; or
 - An automated message that gave no option to speak with staff.
- At eight (22%) sites, EC was not available.
- At 10 (28%) sites, EC was available.



Of the 18 sites where investigators were able to speak with staff:

- Eight (44%) said EC was not available at the site.
- Ten (56%) said EC was available at the site.



- Three (17%) said EC would not be free, but would cost anywhere from \$45 to \$90.

STD Clinics

Out of the 10 STD clinics investigated:

- Two clinics (20%) could not be reached.
- At one clinic (10%), EC was not available.
- EC was available at seven clinics (70%).

Of those seven STD clinics where EC was available:

- All (100%) said EC would be free.
- At three clinics (43%), investigators were told they would need to get a medical exam.

- At two clinics (28.5%), investigators were told they would not need to get a medical exam.
- At two clinics (28.5%), staff told investigators they were not sure if investigators would need to get a medical exam.
- At six clinics (86%), investigators were told they would need to meet with a counselor.
- At one clinic (14%), staff was not sure if investigators would need to meet with a counselor.

HIV Testing Sites

Out of the six HIV testing sites investigated:

- Four testing sites (67%) could not be reached.
- At one testing site (16.5%), EC was not available.
- At one testing site (16.5%), EC was available.

In the one testing site where EC was available:

- Investigators were told EC would not be free, but would cost anywhere from \$45 to \$90.
- Investigators were told they would need to get a medical exam.
- Investigators were told they would not need to see a counselor.

District Health Centers

Out of the 20 District Health Centers investigated:

- Twelve centers (60%) could not be reached.
- At six centers (30%), EC was not available.
- At two centers (10%), EC was available.

Of the two centers where EC was available:

- At both centers, investigators were told EC would not be free, but would cost \$50.
- At both centers, investigators were told they would need to get a medical exam.
- At one center, investigators were told they would need to see a counselor.
- At the other center, the staff was unsure if investigators would need to see a counselor.

CONCLUSION

Previous City Council studies have shown that far too many women throughout New York City have trouble accessing EC.³³ Access to EC must become a reality for every woman who needs it. Neither bureaucratic unresponsiveness nor an inability to pay should rob women of their full reproductive rights. Yet the CID has found that NYC women in need of EC have only a 50% a chance of even obtaining information about EC at a DOHMH site. And according to staff, patients at certain sites could be paying up to \$90 for EC, even though the medication should be free at all DOHMH sites.

According to Council projections, approximately 8,000 to 24,000 women will visit DOHMH sites seeking to obtain EC this fiscal year.³⁴ DOHMH field sites serving women in communities with high rates of infant mortality and problematic pregnancies found that as many as 80% of the pregnancies are unintended.³⁵ Many of these women have little or no medical insurance. However, in direct contradiction of City law, staff at some DOHMH STD clinics and HIV testing sites claim they do not provide EC.

Successful implementation of Local Law 19 is critical. When EC is taken within the recommended 72 hours, the risk of pregnancy is reduced by as much as 89%, and is more effective the earlier it is initiated. DOHMH needs not only a uniform and clear policy with regard to the distribution

³³ New York City Council Reports on EC Availability can be found at http://www.council.nyc.ny.us/pdf_files/reports/ecp.pdf, http://www.council.nyc.ny.us/pdf_files/reports/emergpills.pdf [Last accessed 27 April 2004]

³⁴ *Infra* note 28.

³⁵ NYC Mayor Michael Bloomberg Press Release 073-03. "Mayor Michael R. Bloomberg Signs Legislation Making Emergency Contraception Available at City Health Clinics: Remarks by Mayor Bloomberg at a Public Hearing on Local Law" 18 March 2003.

of EC to women, but they also need to implement the policy in a successful manner. According to DOHMH staff at some sites, clients might not be getting the required medical exam counseling services.

RECOMMENDATIONS

- **DOHMH must ensure that all DOHMH sites are in compliance with Local Law 19.**

This means making EC available at all DOHMH sites that provide STD care to all women who ask for it.

- **DOHMH should train its staff to uniformly implement its policy with regard to the distribution of EC.**
- **EC should be free at all DOHMH sites.**
- **Every DOHMH site should have a listed phone number that connects patients to a knowledgeable staff person.**
- **DOHMH's website should clearly indicate that EC is provided at DOHMH sites that offer services relating to the diagnosis and treatment of STDs.**

APPENDIX A:

List of Surveyed NYC DOHMH STD Clinics, HIV Counseling and Testing Sites and District Health Centers

BOROUGH	STD CLINICS	CENTER	ADDRESS	ZIP	PHONE	EC AVAILABLE?	FREE?	EXAM?	COUNSELOR?	HOURS	OTHER COMMENTS
	Manhattan	Central Harlem	2238 5th Ave.		212 690 1760	YES	YES	YES	YES	8-3?	go to Morrisania on Saturdays
		Chelsea	303 9th Ave	10001	212 239 1718	YES	YES	YES	YES	8:30-3?	saturdays 8:30-1pm, come before 9am
		East Harlem District Health Center	158 E.115th St.	10029	212 360 5962	NO					no doctor tues. wed, thurs. go to another clinic
		Riverside	160 W. 100th St.		212 865 7757	VOICEMAIL					Hours, who to call for test results
	Bronx	Morrisania	1309 Fulton Ave.	10456	718 579 7714	YES	YES	UNSURE	YES	8-3?	First come, first serve
	Brooklyn	Crown Heights	1218 Prospect Place	11213	718 735 0580	YES	YES	NO	YES	8:30-?	Go to Fort Greene on Saturdays
		Fort Greene District Health Cntr	295 Flatbush Ave., Ext. 5th Fl	11201	718 643 4133	YES	YES	UNSURE	UNSURE	closed for day already (11:15am)	Saturdays 8:30 - 12pm
	Queens	Corona District Health Cntr	34-33 Junction Blvd., Rm. 143	11372	718 476 7815	YES	YES	NO	YES	8am-? Tues. & Fri. only	go to Jamaica
		Jamaica District Health Cntr	90-37 Parsons Blvd., 1st Fl	11432	718 262 5572	YES	YES	YES	YES	8am-?	
	Staten Island	Richmond District Health Cntr	51 Stuyvesant Pla.		718 983 4515	WRONG #					
	HIV COUNSELING AND TESTING SITES										
	Manhattan	Central Harlem	2238 5th Ave.		212 690 1760	SAME AS STD					
		Chelsea	303 9th Ave		212 239 1719	SAME AS STD					
		East Harlem District Health Center	158 E.115th St.		212 360 5934	SAME AS STD					
		Riverside	160 W. 100th St.		212 865 7757	SAME AS STD					
		West Harlem	21 Old Broadway	10027	212 678 6691/7	NOANSWER 3x					
	Bronx	Morrisania	1309 Fulton Ave.		718 901 6564/5	SAME AS STD					
	Brooklyn	Bedford/Stuyvesant	485 Throop Ave	11221	718 574 2482/87	NO					Go to Prospect Place
		Brownsville	259 Bristol St., Rm. 79	11212	718 495 7279	NOANSWER 3x					
		Crown Heights	1218 Prospect Place	11213	718 735 0580	SAME AS STD					
		Fort Greene District Health Cntr	295 Flatbush Ave., Ext. 5th Fl	11201	718 643 4133	SAME AS STD					
		Williamsburg	151 Maujre St., 3rd Fl.	11212	718 387 1589	NOANSWER 3x					
	Queens	Rockaway	67-19 Rockaway Blvd. (Addabbo Health Cntr)	11692	718 945 7150	YES	NO - \$45-\$90	YES	NO	8-2:00	See an obgyn
	Staten Island	St. George	51 Stuyvesant Pl., Rm 418	10301	718 420 4709	NO ANSWER 3x					
	DISTRICT HEALTH CENTERS										
	Manhattan	Central Harlem	2238 5th Ave.		212 360 5939	WRONG #					
		Chelsea	303 9th Ave	10001	212 239 1703/4	WRONG #					
		East Harlem District Health Center	158 E.115th St.	10029	212 360 5939	WRONG #					
		Manhattanville	21 Old Broadway	10027	212 678 6701	NOANSWER 3x					
		Riverside	160 W. 100th St.	10025	212 280 9250	WRONG #					
		Washington Heights	600 W. 168th St	10032	212 368 4300	NO					Go to Chelsea
	Bronx	Morrisania	1309 Fulton Ave.	10456	718 901 6504/08	NO ANSWER 3x					
		Tremont	1826 Arthur Ave	10457	718 466 2214	NO					Call Private Doc
	Brooklyn East	Bedford/Stuyvesant	485 Throop Ave	11221	718 574 2452	NO					
		Brownsville	259 Bristol St.	11212	718 495 7241	NO					Call Ft. Greene MIC
		Bushwick	335 Central Ave.	11221	718 574 2452	WRONG #					
		Crown Heights	1218 Prospect Place	11213	718 376 3767	WRONG #					
		Williamsburg	151 Maujre St., 3rd Fl.	11212	718 782 5725 - 387-7300	YES	NO - \$50	YES	YES	8-4:30 - FIRST COME FIRST SERVE	CALL Williamsburg
	Brooklyn West	Fort Greene	295 Flatbush, Basement	11201	718 643 3767/3769	NO					CALL MIC
		Homecrest	1601 Ave. S	11229	718 692 9545	NO					CALL 722-7510
	Queens	Astoria	12-26 31st Ave.	11106	718 204 9121	YES	NO - \$50	YES	UNSURE	9AM - 3PM	Closed Saturdays
		Corona	34-33 Junction Blvd	11372	718 476 7642	WRONG #					
		Jamaica	90-37 Parsons Blvd	11432	718 262 5531	WRONG #					
		Queens Blvd.	120-34 Queens Blvd	11415	718 520 8345	NOANSWER 3x					
	Staten Island	Richmond District Health Cntr	51 Stuyvesant Pla.	10301	718 983 4502	NOANSWER 3x					

APPENDIX B:
Local Law No. 19 of 2003

**LOCAL LAWS
OF
THE CITY OF NEW YORK
FOR THE YEAR 2003**

No. 19

Introduced by Council Members Quinn, Moskowitz, Gioia, The Speaker (Council Member Miller), Reyna, Boyland, Clarke, Comrie, Gerson, Jackson, Koppell, Lopez, Nelson, Perkins, Recchia Jr., Reed, Sanders Jr., DeBlasio, Brewer, Yassky, Katz, Sears, Weprin and The Public Advocate (Ms. Gotbaum); also Council Members Seabrook and Stewart.

A LOCAL LAW

To amend the administrative code of the city of New York, in relation to requiring the department of health to make available emergency contraception at its health centers, health stations, health clinics or other health facilities.

Be it enacted by the Council as follows:

Section 1. The administrative code of the city of New York is amended by adding a new section 17-184 to read as follows:

§ 17-184. *Availability of emergency contraception. The department shall make available emergency contraception at each health center, health station, health clinic or other health facility operated or maintained by the department which also offers services relating to the diagnosis and treatment of sexually transmitted diseases. For purposes of this section, the term “emergency contraception” shall mean one or more prescription drugs, used separately or in combination, to be administered to or self-administered by a patient in a dosage and manner intended to prevent pregnancy when used within a medically recommended amount of time following sexual intercourse and dispensed for that purpose in accordance with professional standards of practice, and which has been found safe and effective for such use by the United States food and drug administration.*

§2. Effective date. This local law shall take effect one hundred twenty days after its enactment.

THE CITY OF NEW YORK, OFFICE OF THE CITY CLERK, s.s.:

I hereby certify that the foregoing is a true copy of a local law of the City of New York, passed by the Council on February 26, 2003, and approved by the Mayor on March 18, 2003.

VICTOR L. ROBLES, City Clerk, Clerk of the Council

CERTIFICATION PURSUANT TO MUNICIPAL HOME RULE LAW §27

Pursuant to the provisions of Municipal Home Rule Law §27, I hereby certify that the enclosed Local Law (Local Law 19 of 2003, Council Int. No. 285-A) contains the correct text and:

Received the following vote at the meeting of the New York City Council on February 26, 2003: 37 for, 5 against, 2 not voting.

Was signed by the Mayor on March 18, 2003.

Was returned to the City Clerk on March 19, 2003.

JEFFREY D. FRIEDLANDER, Acting Corporation Counsel

APPENDIX C:
Information on EC from NYC DOHMH Website



**THE NEW YORK CITY
DEPARTMENT of HEALTH and MENTAL HYGIENE**

Bureau of Maternal, Infant and Reproductive Health

Emergency Contraception (EC)

What is emergency contraception?

Emergency contraception can safely prevent pregnancy after unprotected sex (vaginal intercourse). EC can be used when:

- No birth control method was used;
- A birth control method fails, for example a condom breaks, a diaphragm breaks or a woman forgets to take several birth control pills; or
- A woman is a victim of forced sex or rape.

This document is meant only to give you an overview of emergency contraception and not to recommend one treatment regimen over another. If you have questions about determining the regimen best suited for you, you should consult your health care provider.

How is it usually provided?

Two methods are available in the United States: emergency contraception ("morning after") pills, the most common method, and the copper IUD (intrauterine device).

Emergency Contraception ("Morning After") Pills:

The general recommendation is that the first EC pill should be taken within 72 hours (3 days) after unprotected sex. The sooner, the better! This is because the earlier after unprotected sex you take the pills, the more effective they will be in preventing pregnancy. When taken during this time emergency contraception pills are between 75 % and 89% effective in reducing the risk of pregnancy. Some health care providers, including Planned Parenthood of New York City, offer EC for up to 5 days (120 hours) after unprotected sex.

EC pills work by providing a short, intense exposure to hormones that reduce the risk of pregnancy by

- preventing an egg from being released by the ovary (ovulation), or
- preventing an egg and sperm from joining (fertilization), or
- preventing a fertilized egg from attaching to the uterus.

A recent study found that most often, EC reduces the risk of pregnancy by preventing ovulation.

EC will NOT work if a woman is already pregnant. It reduces the risk of pregnancy, and helps prevent the need for an abortion if a woman does not want to be pregnant. It is NOT a form of abortion.

There are two types of EC pills: 1) Progestin-only pills. These contain only one female hormone (progestin). The brand called "Plan B" is a progestin-only pill for EC use only. 2) Combined oral contraceptive pills. These contain a combination of female hormones (estrogen and progestin), as do most regular birth control pills. The "Preven" brand is a combined pill for EC use only. Regular birth control pills can be prescribed for EC use and require special instructions from your health care provider on how to use them properly.

Copper IUD (intrauterine device):

Insertion of a copper IUD by a health-care provider within 5 days after unprotected sex is very effective (99%) in reducing the risk of pregnancy. The IUD prevents pregnancy by stopping fertilization of the egg by sperm. A woman may choose to keep the IUD in place for up to 10 years for ongoing birth control protection, or she can have the IUD removed by her health-care provider right after she has her next normal menstrual period.

How are emergency contraception pills taken?

Emergency contraception pills are usually taken in two doses by mouth. You take the first dose within 72 hours (3 days) after unprotected sex and then take the second dose 12 hours after the first one. The number of pills in each dose depends on the brand of EC. Two brands are made specifically for EC use and come in special packets that show you how to take the pills. For the Plan B brand, you take one pill for each dose. For the Preven brand, you take two pills for each dose. For other brands, be sure to ask your health-care provider how many and which pills to take.

Do emergency contraception pills have side effects?

Emergency contraception pills are considered safe: no serious or long-term complications have been linked to their use. The most common side effects are nausea (in up to 50% of women) and vomiting (in up to 20% of women). Nausea and vomiting are usually less common with the progestin-only pills (Plan B).

Other side effects can include headache, dizziness, fatigue, breast tenderness, moodiness, and changes in the next menstrual period (timing or amount of flow). If side effects occur, most last for 24 hours or less.

What should I do if I have side effects?

If you vomit within 1 hour of taking the first EC dose, the general protocol is to take the second dose (to replace the first dose) and contact your health care provider as soon as possible to get another EC dose. Your health care provider can suggest anti-nausea medication to help you, usually Benadryl (diphenhydramine).

While serious side effects have not been associated with EC pills, call your health care provider if you have any concerns about potential side effects. If you have worrisome or unusual signs or symptoms and you cannot reach your health care provider, you should go to an emergency room.

Is there anyone who should not take emergency contraception pills?

Almost any woman who needs emergency contraception can safely use the pills. While women who are pregnant should not use EC, there is no evidence that EC pills cause any harm to the woman or her developing fetus. If you are already pregnant, emergency contraception won't end the pregnancy.

Where can I get emergency contraception pills?

To get emergency contraception, talk to your health-care provider, visit a family planning clinic, or call the Women's Healthline at 311. You can also get information and referrals from the emergency contraception hotline by calling 1-888-NOT-2-LATE or by visiting www.NOT-2-LATE.com.

What will my health care provider need to know to prescribe EC for me?

Your health care provider will specifically want to know: 1) when you had unprotected sex (day and time); 2) when the first day of your last menstrual period was; and 3) whether you know yourself to be pregnant already. Also, it is always good to let the health care provider know if you are on any other medications and whether you have allergies to medications, although EC pills are safe in most situations.

You also should talk with your health care provider about your risk for sexually transmitted diseases (STDs) and your choices for best long-term option for birth control and STD prevention.

Is emergency contraception the same as abortion?

No. Emergency contraception does not cause an abortion, it only prevents pregnancy. EC pills are not the same as "RU 486", the "French Abortion Pill" that provides medical abortion. EC pills don't work if you are already pregnant. Because EC reduces the risk of becoming pregnant, it helps to prevent the need for abortion.

If I have taken emergency contraception pills before, can I take them again?

It is safe to take EC pills more than one time, if necessary. However, emergency contraception is not as effective as other birth control methods and should not be used as a substitute for regular, ongoing birth control. The best way to prevent pregnancy is to visit your health-

care provider or a family planning clinic to choose the birth control method that's right for you. Many safe and effective methods are available- the Pill, condoms, IUDs, the patch, diaphragm, shots, and even more.

What if I was exposed to HIV or other sexually transmitted diseases?

Anyone who has unprotected sex is at risk for getting or spreading HIV and other STDs. Emergency contraception does not protect against STDs. So if you've had unprotected sex, it is important to speak to your health-care provider about testing and treatment for STDs.

Condoms are the only birth control method that can prevent HIV and other STDs. To protect yourself and others, use a latex condom or a female condom every time you have sex, no matter what kind of birth control you use.

Last updated on 03/09/2004

The New York City Department of Health and Mental Hygiene
Michael R. Bloomberg, *Mayor*
Thomas R. Frieden, M.D., M.P.H., *Commissioner*
nyc.gov/health

Sexually Transmitted Diseases (STD)

Free and Confidential Clinics

Bronx | Brooklyn | Manhattan | Staten Island | Queens

Although we understand that most individuals may want to be examined and if necessary treated by their primary care provider, the Health Department does provide free and confidential STD clinics to the public. Clinic locations, phone numbers, and hours of operation, as well as what you can expect during a visit to one of our clinics, follows.

NOTE: Minors do NOT need parental consent for examination and treatment. For additional information, call **311**. These clinics are located in all five boroughs, with some having Saturday hours.

What You can Expect during a Visit to an STD Clinic

Upon arriving at the Clinic, you will be asked to fill out a form with information about yourself and your reasons for coming to the clinic. Your medical records are of course confidential, meaning no one has access to them except authorized Department of Health personnel. On this form, a number will be written. To ensure your confidentiality, you will be called by that number throughout your clinic visit. During the registration process, you will be called and seen by one of our clinicians. Our medical staff are doctors and physician assistants who have been practicing the specialty of diagnosing and treating STDs for some time. So that we can provide you with the best medical and counseling services, when discussing your medical history with the clinician, please be accurate and detailed when providing information.

During the medical exam, the clinician will take specimens, some of which will be tested at our on-site lab. The microbiologists will perform the lab tests and share the results with your doctor. If indicated by those results, you will be given medication before you depart the clinic. Some specimens though may be sent to an outside lab for testing. The clinic staff will let you know how and when to get those results so you can come in for additional treatment and follow-up if required.

HIV counseling and testing is also offered at the clinic. You have the option to test confidentially or anonymously. The results of confidential testing are given to the patient in writing which would be necessary for follow-up medical care. Anonymous testing results are not linked to a person's name but a patient does have the option of converting his or her results to a confidential status if desired. To further understand the benefits of each, speak with one of our staff or call the AIDS Hotline (212-TALK-HIV).

Viral hepatitis services are offered at several clinics*. Hepatitis C screening is available for patients at risk of infection. There is no vaccine for hepatitis C. Vaccine for Hepatitis B is available to ALL patients who have not been vaccinated or infected in the past. Vaccine for hepatitis A is available to patients at high risk of infection. Hepatitis A vaccine will NOT be provided for travel purposes.

Emergency contraception is available at all clinics.

Finally, whether you choose one of our clinics or not, it is important that you receive an appropriate medical exam for STDs.

Note: Since the hours of our walk-in clinics may change, one should always call the clinic before attending.

Manhattan

- Central Harlem
2238 Fifth Avenue (137th Street)
New York, NY 10037
phone: 212-690-1760 - Call before attending
Travel Information: #2 train to 135th Street
STD Services & HIV Counseling and Testing:
Monday thru Friday — 8:30- 4:30
Emergency contraception is available.
- East Harlem
158 East 115th Street (off Lexington Avenue)
New York, NY 10029
phone: 212-360-5962 - Call before attending
Travel Information: #6 train to 116th Street

STD Services:

Tuesday, Wednesday & Thursday — 8:30-4:30

HIV Counseling & Testing

Monday thru Friday — 8:30-4:30

Emergency contraception is available.

• Chelsea

303 Ninth Avenue (28th Street)

New York, NY 10001

phone: 212-239-1718 - Call before attending

Travel Information: C or E trains to 23rd Street or #1 or #9 to 28th Street

STD Services & HIV Counseling & Testing:

Monday thru Friday — 8:30- 4:30

Saturday — 9:00-2:00 P.M.

Emergency contraception is available.

• Riverside

160 West 100th Street (between Columbus/Amsterdam)

New York, NY 10025

phone: 212-865-7757 - Call before attending

Travel Information: #1, #9, B, C, to 96th Street

STD Services & HIV Counseling & Testing

Hepatitis Services also available*

Monday thru Friday — 8:30-4:30

Emergency contraception is available.

Bronx

• Morrisania

1309 Fulton Avenue (E 169th Street off 3rd Ave)

Bronx, NY 10456

phone: 718-579-7714 - Call before attending

Travel Information: #55 or #15 bus to 169th Street/3rd Avenue

STD Services & HIV Counseling & Testing:

Hepatitis Services also available*

Monday thru Friday — 8:00 A.M.-4:00

No hepatitis vaccine given on Saturday

Saturday — 8:30 A.M.-1:30

Emergency contraception is available.

Staten Island

• Richmond

51 Stuyvesant Place (Wall Street)

St. George, NY

phone: 718-420-4994/4995 - Call before attending

HIV Counseling/Testing:

Monday thru Friday — 8:30-4:30

STD Services:

Monday — 1:00-4:00

Thursday — 1:00-4:00

Emergency contraception is available.

Brooklyn

• Crown Heights

1218 Prospect Place, 2nd Flr. (Troy Ave.)

Brooklyn, NY 11213

phone: 718-735-0580 - Call before attending

Travel Information: #3, #4, A, or C trains to Utica Avenue

STD Services & HIV Counseling & Testing:

Hepatitis Services also available*

Monday thru Friday — 8:30- 4:30

Emergency contraception is available.

- Fort Greene
295 Flatbush Ave. Ext. 5th Flr.
Brooklyn, NY 11201
phone: 718- 643-4133 - Call before attending
Travel Information:
#2, #3, #5 trains to Nevins Avenue
N, R, D trains to Dekalb Avenue
STD Services & HIV Counseling & Testing:
Monday thru Friday — 8:30-4:30
Saturday — 8:30-1:30
Emergency contraception is available.

- Bedford-Stuyvesant
485 Troop Ave. - 1st Flr.
Brooklyn, NY 11221
phone: 718- 574-2482 - Call before attending
Travel Information: C train to Throop Avenue
HIV Counseling & Testing:
Monday thru Friday — 8:30-4:00
Emergency contraception is available.

Queens

- Corona
34-33 Junction Blvd. (Roosevelt/Northern)
Jackson Heights, NY 11372
phone:718-476-7626/7815 - Call before attending
Travel Information: #7 train to Junction Blvd.; #72 bus to 35th Avenue
STD Services:
Tuesday & Friday — 8:00-4:00
HIV Counseling & Testing:
Monday thru Friday — 8:30-4:30
Emergency contraception is available.
- Jamaica
90-37 Parsons Blvd. 1st Flr. (off Jamaica Ave.)
Jamaica, NY 11432
phone: 718 262-5572 - Call before attending
Travel Information: E, S, J train to Parsons Blvd.
STD Services & HIV Counseling & Testing:
Monday thru Friday — 8:00 A.M.- 4:30
Saturday — 8:30 - 1:30 P.M.
Emergency contraception is available.
- Rockaway
(Operated by Joseph P. Addabbo Health Center)
67-19 Rockaway Blvd. (Addabbo Health Center)
Queens, NY 11692
phone: 718-945-7150 - Call before attending Travel Information: A train to Beach 67th.
STD Services & Confidential HIV Counseling & Camp; Testing
Monday thru Friday — 9:00-5:00
Emergency contraception is available.

For more information on AIDS/HIV and other Sexually Transmitted Diseases, Call **311**.

Last updated on 05/10/2004

APPENDIX D:

**New York State Senate Bill 3339 and Assembly
Bill 888**

4 of 6 DOCUMENTS

NEW YORK BILL TRACKING
STATENET
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2003 NY A.B. 888

226TH ANNUAL LEGISLATIVE SESSION

ASSEMBLY BILL 888

2003 Bill Tracking NY A.B. 888

DATE-INTRO: JANUARY 8, 2003

LAST-ACTION: **FEBRUARY 2, 2004**; To SENATE Committee on HIGHER EDUCATION.

SYNOPSIS: Authorizes nurses and pharmacists to dispense **emergency contraception** upon the prescription and order of a non-patient specific regimen by a licensed physician, certified nurse practitioner, or licensed midwife; enacts the Unintended Pregnancy Prevention Act.

STATUS:

01/08/2003 INTRODUCED.
01/08/2003 To ASSEMBLY Committee on HEALTH.
02/25/2003 From ASSEMBLY Committee on HEALTH.
06/16/2003 Passed ASSEMBLY. *****To SENATE.
06/16/2003 To SENATE Committee on RULES.
01/07/2004 Reassigned pursuant to Assembly Rule 3.
01/07/2004 Recalled from SENATE. *****Returned to ASSEMBLY.
01/07/2004 To ASSEMBLY Committee on RULES.
02/02/2004 From ASSEMBLY Committee on RULES.
02/02/2004 Passed ASSEMBLY. *****To SENATE.
02/02/2004 To SENATE Committee on HIGHER EDUCATION.

SUBJECT: CHEMICALS, PHARMACEUTICALS, Prescription Drugs, HEALTH AND SOCIAL SERVICES, BIOETHICS, Birth Control and Family Planning, HEALTH FACILITIES, Pharmacies, HEALTHCARE SUPPLIES, Healthcare Supplies & Devices- Misc, MEDICAL SPECIALTIES AND SERVICES, Midwifery, Nursing, Pharmacology, Physicians and Physicians' Assistants

SPONSOR: Paulin

SUBJECT: NURSES & NURSING (91%); PHYSICIANS & SURGEONS (90%); CONTRACEPTION (90%); PRESCRIPTION DRUGS (90%); PHARMACIES & DRUG STORES (89%); RETAIL TRADE (89%); MIDWIVES (89%); PREGNANCY & CHILDBIRTH (89%); PHYSICIANS ASSISTANTS (86%);

LOAD-DATE: February 5, 2004