Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. note	re: phone number (partial) (1 page)	n.d.	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Heather Howard (Subject Files)
OA/Box Number: 21195

FOLDER TITLE:
Helms Amendment Emergency Contraception in School Clinics

2012-0254-S
rc667

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker
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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

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* P.C. would be aware - first time parental involvement in family planning

Stand for funding - $35 millia
not just about what happens at school based clinics
Auto when EC is treated

hard to make distinction btwn EC + contraception
- fear is down to contraception

112 schools
precedential

hard to track funding - many different sources

health effects - short term - nausea, cramping, heavy bleeding.

- blanket parental consent form at beginning of year

decision to offer contraception is a community decision

2/3 offer opt out for contraception
terrible implications for EC - dirty little secret y contract

FAX

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Web site: www.agi-usa.org

Date: _____

Number of pages including cover sheet: 2

To: Heather

@ _____

From: Cyn

____Original will not follow
____Original will follow, via _____

MESSAGE:

for your files

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Next Hit
Prev Hit
Hit List

THIS DOCUMENT
Forward
Back
Best Sections
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THIS CR ISSUE
Next Document
Prev Document
Daily Digest

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New CR Search
HomePage
Help

Full Display - 1,326 bytes.[Help]

HELMS AMENDMENT NO. 3697 (Senate - June 29, 2000)

[Page: S6179] *GPO's PDF*

Mr. HELMS proposed an amendment to the bill, H.R. 4577, supra; as follows:
At the appropriate place, insert the following:
Sec. XX. (a) None of the funds appropriated under this Act to carry out section 330 or title X of the Public Health Service Act (42 U.S.C. 254b, 300 et seq.), title V or XIX of the Social Security Act (42 U.S.C. 701 et seq., 1396 et seq.), or any other provision of law, shall be used for the ~~distribution or provision of postcoital emergency contraceptives, the provision of prescription for postcoital emergency contraception, to an unemancipated minor~~, on the premises or in the facilities of any elementary school or secondary school.
(b) This section takes effect 1 day after the date of enactment of this Act.
(c) In this section:

(1) The terms `elementary school' and `secondary school' have the meanings given the terms in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801).

(2) The term `unemancipated minor' means an unmarried individual who is 17 years of age or younger and is a dependent, as defined in section 152(a) of the Internal Revenue Code of 1986.

performance of medical or surgical abortion

FAX

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Date: 10/30

Number of pages including cover sheet: 3

To: Heather

@

From: Cory

____Original will not follow
____Original will follow, via _____

MESSAGE:

[redacted]

HPV

HUMAN PAPILLOMAVIRUS: ACTIVITIES OF CENTERS FOR DISEASE CONTROL AND PREVENTION.

Part B of title III of the Public Health Services Act (42 U.S.C. 243 et seq.) is amended by inserting before section 318 the following section:

"HUMAN PAPILLOMAVIRUS

"Sec.317P. (a) SURVEILLANCE.-

"(1) IN GENERAL.- The Secretary, acting through the Centers for Disease Control and Prevention, shall-

"(A) enter into cooperative agreements with States and other entities to conduct sentinel surveillance or other special studies that would determine the prevalence in various age groups and populations of specific types of human papillomavirus (referred to in this section as 'HPV') in different sites in various regions of the United States, through collection of special specimens for HPV using a variety of laboratory-based testing and diagnostic tools: and

"(B) develop and analyze data from the HPV sentinel surveillance system described in subparagraph (A).

(2) REPORT.-The Secretary shall make a progress report to the Congress with respect to paragraph (1) no later than one year after the effective date of this section.

"(b) PREVENTION ACTIVITIES; EDUCATION PROGRAM.-

"(1) IN GENERAL.-The Secretary, acting though the Centers for Disease Control and Prevention, shall conduct prevention research on HPV, including-

"(A) behavioral and other research on the impact of HPV-related diagnosis on individuals;

"(B) formative research to assist with the development of educational messages and information for the public, for patients, and for their partners about HPV;

"(C) surveys of physician and public knowledge, attitudes, and practices about genital HPV infection; and

"(D) upon the completion of and based on the findings under subparagraphs (A) through (C), develop and disseminate educational materials for the public and health care providers regarding HPV and its impact and prevention.

"(2) REPORT; FINAL PROPOSAL.-The Secretary shall make a progress report to the Congress with respect to paragraph (1) not later than one year after the effective date of this section, and shall develop a final report not later than three years after such effective date, including a detailed summary of the significant findings and problems and the best strategies to prevent future infections, based on available science.

"(C) HPV EDUCATION AND PREVENTION.-

"(1) IN GENERAL.-The Secretary shall prepare and distribute educational materials for health care providers and the public that include information on HPV. Such materials shall address-

"(A) modes of transmission;

"(B) consequences of infection, including the link between HPV and cervical cancer;

"(C) the effectiveness of condoms in preventing infection with HPV; and

"(D) the importance of regular pa smears, and other diagnostics in preventing cervical cancer.

"(2) Medically accurate information.-Educational material under paragraph (1), and all other relevant educational and prevention materials prepared for the public and health care providers by the Secretary (including materials prepared through the Food and Drug Administration, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration), or by contractors, grantees, or subgrantees thereof, that are specifically designed to address HPV shall contain medically accurate information regarding the effectiveness of condoms in preventing HPV infection. Such requirement only applies to materials mass produced for the public and health care providers, and not to routine communications.".

For the purpose of carrying out the activities described in the previous sections, there are authorized such sums as may be needed for fiscal years 2001-2006.

LABELING OF CONDOMS WITH RESPECT TO HUMAN PAPILLOMAVIRUS.

The Secretary of Health and Human Services shall reexamine existing condom labels that are authorized pursuant to the Federal Food, Drug and Cosmetic Act to ensure that labels are medically accurate and not misleading regarding the overall effectiveness of condoms in preventing infection with the human papillomavirus.

FAX

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Date: 10/23

Number of pages including cover sheet: 3 12

To: Heather Howard

@ 456-2878

From: Cynthia

____Original will not follow
____Original will follow, via _____

MESSAGE:

These are the changes we want.

I am sending 2 versions.

One has our changes. The second one is clean.

This email is in response to Hill staff requests for our comments on Coburn's new HPV language (his amendment that was adopted in the Rules Committee). The comments are from ACOG, AGI, NFPRHA, and PPFA. Overall, we acknowledge that this is an improvement over his original language. However, we would suggest a few changes based on the comments below.

Sec. 317P (a) Surveillance
(1) In General -- fine
(2) Report -- fine

(b) Prevention activities; Education Program
(1) In General-- fine
(2) Report; final proposal – (p. 3 line 10) we assume that final "proposal" means final "report"? Also, we are concerned that all of this cannot possibly be accomplished in 2 years.

(c) HPV Education and Prevention
(1) In General-- fine
(2) Medically accurate info -- this provision is too expansive; whether such information is appropriate depends on the context of the materials. CDC, other federal agencies and their contractors often conduct targeted STD campaigns which involve the production of educational materials that are not intended to address the full range of STDs. For example, the CDC is conducting a targeted campaign to eliminate syphilis, and it does not make sense for them to mention HPV in all their written materials. It is not necessarily appropriate to require educational materials produced for low-literacy populations and funded through HHS to contain the wide breadth of information required by this provision. It would also not make sense, for example, to require an academic peer reviewed journal which is funded in part by the federal government and contains an article comparing STDs infection rates across various countries to also mention the effectiveness or lack of effectiveness of condoms in preventing HPV infection or other STDs. Also, it is unclear what "routine communications" means. This provision also seems to be very expensive for the federal government to implement and might draw funding away from other crucial prevention activities.

Sec. 4 Labeling -- This is much improved but we are concerned that it remains prescriptive in terms of suggesting what might be ultimately required on the label.

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PROPOSED PROVISIONS FOR HOUSE AMENDMENT TO SENATE AMENDMENT TO H.R. 4386

Add at the end of the Senate amendment the following section:

SEC. 3. HUMAN PAPILLOMAVIRUS; ACTIVITIES OF CENTERS FOR DISEASE CONTROL AND PREVENTION.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting before section 318 the following section:

"HUMAN PAPILLOMAVIRUS

"SEC. 317P. (a) SURVEILLANCE.—

"(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

"(A) enter into cooperative agreements with States and other entities to conduct sentinel surveillance or other special studies that would determine the prevalence in various age groups and populations of specific types of human papillomavirus (referred to in this section as 'HPV') in different sites in various regions of the United States, through collection of special specimens for HPV using a variety of

laboratory-based testing and diagnostic tools; and

"(B) develop and analyze data from the HPV sentinel surveillance system described in subparagraph (A).

"(2) REPORT.—The Secretary shall make a progress report to the Congress with respect to paragraph (1) not later than one year after the effective date of this section.

"(b) PREVENTION ACTIVITIES; EDUCATION PROGRAM.—

"(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall conduct prevention research on HPV, including—

"(A) behavioral and other research on the impact of HPV-related diagnoses on individuals;

"(B) formative research to assist with the development of educational messages and information for the public, for patients, and for their partners about HPV;

"(C) surveys of physician and public knowledge, attitudes, and practices about genital HPV infection; and

"(D) upon the completion of and based on the findings under subparagraphs (A) through (C), develop and disseminate educational materials for the public and health care providers regarding HPV and its impact and prevention.

"(2) REPORT; FINAL PROPOSAL.—The Secretary shall make a progress report to the Congress with respect to paragraph (1) not later than one year after the effective date of this section, and shall develop a final ~~proposal~~ report not later than two years after such effective date, including a detailed summary of the significant findings and problems and the best strategies to prevent future infections. too short

"(c) HPV EDUCATION AND PREVENTION.—

"(1) IN GENERAL.—The Secretary shall prepare and distribute educational materials for health care providers and the public that include information on all sexually transmitted diseases, including HPV and HIV infection. Such materials shall address—

"(A) modes of transmission;

"(B) consequences of infection, including the link between HPV and cervical cancer;

"(C) the effectiveness or lack of effectiveness of both condoms and abstinence in pre-

venting infection with sexually transmitted diseases, including HPV; and

"(D) the importance of regular pap smears, HIV testing, and sexually-transmitted-disease screening for early intervention purposes.

"(2) MEDICALLY ACCURATE INFORMATION.—Educational materials under paragraph (1), and all other relevant educational and prevention materials prepared for the public and health care providers by the Secretary (including materials prepared through the Food and Drug Administration, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration), or by other Federal departments or agencies, or by contractors, grantees, or subgrantees thereof, that are specifically designed to address sexually transmitted diseases ~~or condoms~~ shall contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing ~~HPV infection, HIV infection, and other sexually transmitted~~ those diseases. Such requirement only applies to materials mass produced for the public and health care providers, and not to routine communications.".

the effectiveness of condom use in preventing HPV infection, HIV infection or other

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SEC. 4. LABELING OF CONDOMS WITH RESPECT TO HUMAN PAPILLOMAVIRUS AND OTHER SEXUALLY TRANSMITTED DISEASES.

The Secretary of Health and Human Services shall evaluate ~~reexamine~~ existing condom labels that are authorized pursuant to the Federal Food, Drug, and Cosmetic Act to determine whether such labeling adequately informs ~~ensure that the labels are medically accurate and not mis-~~ consumers about the ~~leading regarding the overall effectiveness and lack of~~ effectiveness of condoms against disease transmission. ~~in preventing sexually transmitted diseases, including HPV infection and infection with the human papillomavirus.~~

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PROPOSED PROVISIONS FOR HOUSE AMENDMENT TO SENATE AMENDMENT TO H.R. 4386

Add at the end of the Senate amendment the following section:

SEC. 3. HUMAN PAPILLOMAVIRUS; ACTIVITIES OF CENTERS FOR DISEASE CONTROL AND PREVENTION.

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"SEC. 317P. (a) SURVEILLANCE.—

"(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

"(A) enter into cooperative agreements with States and other entities to conduct sentinel surveillance or other special studies that would determine the prevalence in various age groups and populations of specific types of human papillomavirus (referred to in this section as 'HPV') in different sites in various regions of the United States, through collection of special specimens for HPV using a variety of

laboratory-based testing and diagnostic tools; and

"(B) develop and analyze data from the HPV sentinel surveillance system described in subparagraph (A).

"(2) REPORT.—The Secretary shall make a progress report to the Congress with respect to paragraph (1) not later than one year after the effective date of this section.

"(b) PREVENTION ACTIVITIES; EDUCATION PROGRAM.—

"(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall conduct prevention research on HPV, including—

"(A) behavioral and other research on the impact of HPV-related diagnoses on individuals;

"(B) formative research to assist with the development of educational messages and information for the public, for patients, and for their partners about HPV;

"(C) surveys of physician and public knowledge, attitudes, and practices about genital HPV infection; and

"(D) upon the completion of and based on the findings under subparagraphs (A) through (C), develop and disseminate educational materials for the public and health care providers regarding HPV and its impact and prevention.

"(2) REPORT; FINAL PROPOSAL.—The Secretary shall make a progress report to the Congress with respect to paragraph (1) not later than one year after the effective date of this section, and shall develop a final proposal not later than two years after such effective date, including a detailed summary of the significant findings and problems and the best strategies to prevent future infections.

"(c) HPV EDUCATION AND PREVENTION.—

"(1) IN GENERAL.—The Secretary shall prepare and distribute educational materials for health care providers and the public that include information on all sexually transmitted diseases, including HPV and HIV infection. Such materials shall address—

"(A) modes of transmission;

"(B) consequences of infection, including the link between HPV and cervical cancer;

"(C) the effectiveness or lack of effectiveness of both condoms and abstinence in pre-

venting infection with sexually transmitted diseases, including HPV; and

"(D) the importance of regular pap smears, HIV testing, and sexually-transmitted-disease screening for early intervention purposes.

"(2) MEDICALLY ACCURATE INFORMATION.—Educational materials under paragraph (1), and all other relevant educational and prevention materials prepared for the public and health care providers by the Secretary (including materials prepared through the Food and Drug Administration, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration), or by other Federal departments or agencies, or by contractors, grantees, or subgrantees thereof, that are specifically designed to address sexually transmitted diseases or condoms shall contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing HPV infection, HIV infection, and other sexually transmitted diseases. Such requirement only applies to materials mass produced for the public and health care providers, and not to routine communications.".

SEC. 4. LABELING OF CONDOMS WITH RESPECT TO HUMAN PAPILLOMAVIRUS AND OTHER SEXUALLY TRANSMITTED DISEASES.

The Secretary of Health and Human Services shall reexamine existing condom labels that are authorized pursuant to the Federal Food, Drug, and Cosmetic Act to ensure that the labels are medically accurate and not misleading regarding the overall effectiveness and lack of effectiveness of condoms in preventing sexually transmitted diseases, including HIV infection and infection with the human papillomavirus.

THE WHITE HOUSE
WASHINGTON

DOMESTIC POLICY COUNCIL

Date: Oct 23

To: Jeanne Lambrew

Telephone: Fax: 55631

From: Heather Howard

Telephone: 456-7263 Fax: 456-2878

Subject: Emergency Contraception

Pages: 1 (Including this cover sheet)

Comments:

Jeanne – here is the EC language -- in order of preference.

SECOND FLOOR WEST WING ❖ WASHINGTON, DC 20502
TELEPHONE (202) 456-7263 ❖ FACSIMILE 456-2878

EMERGENCY CONTRACEPTION

Option 1: No language – keep Helms amendment off

Option 2: Parental Involvement language (similar to language in Labor-H for Title X)

Substitute for Helms amendment:

At the appropriate place, insert the following:

Sec. XX. (a) None of the funds appropriated under this Act to carry out section 330 or title X of the Public Health Service Act (42 U.S.C. 254b, 300 et seq.), title V or XIX of the Social Security Act (42 U.S.C. 701 et seq., 1396 et seq.), or any other provision of law shall be available for distribution or provision of postcoital emergency contraception, or the provision of a prescription for postcoital emergency contraception on the premises or in the facilities of any elementary school or secondary school unless the health center encourages family participation in the decision of minors to seek emergency contraception.

(b) This section takes effect 1 day after the date of enactment of this Act.
(c) In this section:

(1) The terms 'elementary school' and 'secondary school' have the meanings given the terms in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801).

(2) The term 'unemancipated minor' means an unmarried individual who is 17 years of age or younger and is a dependent, as fined in section 152(a) of the Internal Revenue Code of 1986.

Option 3: Local Control (close hold on this language)

Add to the end of the Helms amendment:

, except when the distribution or provision of emergency contraception is expressly authorized by the local entity that has governing authority over the health center.

FAX

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Date: 10/24

Number of pages including cover sheet: 6

To: Heather

@ 456-2878

From: Cynn

____Original will not follow
____Original will follow, via _____

MESSAGE:

this reflects changes proposed by us + CDC.

Refaxed - 6:45 pm

FAX

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MESSAGE:

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Refaxed - 6:45 pm

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PROPOSED PROVISIONS FOR HOUSE AMENDMENT TO SENATE AMENDMENT TO H.R. 4656

Add at the end of the Senate amendment the following section:

SEC. 3. HUMAN PAPILLOMAVIRUS; ACTIVITIES OF CENTERS FOR DISEASE CONTROL AND PREVENTION.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting before section 318 the following section:

"HUMAN PAPILLOMAVIRUS

"SEC. 317P. (a) SURVEILLANCE.—

"(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

"(A) enter into cooperative agreements with States and other entities to conduct sentinel surveillance or other special studies that would determine the prevalence in various age groups and populations of specific types of human papillomavirus (referred to in this section as 'HPV') in ~~different sites~~ in various regions of the United States, through collection of special specimens for HPV using a variety of

October 10, 2000

FAX

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Date: 10/24

Number of pages including cover sheet: 6

To: Heather

@ 456-2878

From: Cam

____Original will not follow
____Original will follow, via _____

MESSAGE:

this reflects changes proposed by WO + CDC.

F:\M6\COBURN\COBURN.098

PROPOSED PROVISIONS FOR HOUSE AMENDMENT TO SENATE AMENDMENT TO H.R. 4386

Add at the end of the Senate amendment the following section:

SEC. 3. HUMAN PAPILLOMAVIRUS; ACTIVITIES OF CENTERS FOR DISEASE CONTROL AND PREVENTION.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting before section 318 the following section:

"HUMAN PAPILLOMAVIRUS

"SEC. 317P. (a) SURVEILLANCE.—

"(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

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Date: 10/19

Number of pages including cover sheet: 3

To: Heather Howard

@ 456-2878

From: Cynthia

____Original will not follow
____Original will follow, via _____

MESSAGE:

From the FY00 Omnibus Approps bill (see Section 209). This language has appeared in Labor H bills from FY97 - FY00.

1985, as amended: Provided further, That no funds shall be obligated until the Department of Health and Human Services submits an operating plan to the House and Senate Committees on Appropriations.

GENERAL PROVISIONS

Sec. 201. Funds appropriated in this title shall be available for not to exceed $37,000 for official

[[Page H12390]]

reception and representation expenses when specifically approved by the Secretary.

Sec. 202. The Secretary shall make available through assignment not more than 60 employees of the Public Health Service to assist in child survival activities and to work in AIDS programs through and with funds provided by the Agency for International Development, the United Nations International Children's Emergency Fund or the World Health Organization.

Sec. 203. None of the funds appropriated under this Act may be used to implement section 399L(b) of the Public Health Service Act or section 1503 of the National Institutes of Health Revitalization Act of 1993, Public Law 103-43.

Sec. 204. None of the funds appropriated in this Act for the National Institutes of Health and the Substance Abuse and Mental Health Services Administration shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

Sec. 205. None of the funds appropriated in this Act may be expended pursuant to section 241 of the Public Health Service Act, except for funds specifically provided for in this Act, or for other taps and assessments made by any office located in the Department of Health and Human Services, prior to the Secretary's preparation and submission of a report to the Committee on Appropriations of the Senate and of the House detailing the planned uses of such funds.

(transfer of funds)

Sec. 206. Not to exceed 1 percent of any discretionary funds (pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985, as amended) which are appropriated for the current fiscal year for the Department of Health and Human Services in this Act may be transferred between appropriations, but no such appropriation shall be increased by more than 3 percent by any such transfer: Provided, That the Appropriations Committees of both Houses of Congress are notified at least 15 days in advance of any transfer.

Sec. 207. The Director of the National Institutes of Health, jointly with the Director of the Office of AIDS Research, may transfer up to 3 percent among institutes, centers, and divisions from the total amounts identified by these two Directors as funding for research pertaining to the human immunodeficiency virus: Provided, That the Congress is promptly notified of the transfer.

Sec. 208. Of the amounts made available in this Act for the National Institutes of Health, the amount for research related to the human immunodeficiency virus, as jointly determined by the Director of the National Institutes of Health and the Director of the Office of AIDS Research, shall be made available to the ``Office of AIDS Research'' account. The Director of the Office of AIDS Research shall transfer from such account amounts necessary to carry out section 2353(d)(3) of the Public Health Service Act.

Sec. 209. None of the funds appropriated in this Act may be made available to any entity under title X of the Public

T-Pe X parental involvement leg.

Health Service Act unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Sec. 210. The final rule entitled ``Organ Procurement and Transplantation Network'', promulgated by the Secretary of Health and Human Services on April 2, 1998 (63 Fed. Reg. 16295 et seq.) (relating to part 121 of title 42, Code of Federal Regulations), together with the amendments to such rules promulgated on October 20, 1999 (64 Fed. Reg. 56649 et seq.) shall not become effective before the expiration of the 42 day period beginning on the date of the enactment of this Act.

Sec. 211. None of the funds appropriated by this Act (including funds appropriated to any trust fund) may be used to carry out the Medicare+Choice program if the Secretary denies participation in such program to an otherwise eligible entity (including a Provider Sponsored Organization) because the entity informs the Secretary that it will not provide, pay for, provide coverage of, or provide referrals for abortions: Provided, That the Secretary shall make appropriate prospective adjustments to the capitation payment to such an entity (based on an actuarially sound estimate of the expected costs of providing the service to such entity's enrollees): Provided further, That nothing in this section shall be construed to change the Medicare program's coverage for such services and a Medicare+Choice organization described in this section shall be responsible for informing enrollees where to obtain information about all Medicare covered services.

Sec. 212. (a) Mental Health.--Section 1918(b) of the Public Health Service Act (42 U.S.C. 300x-7(b)) is amended to read as follows:

``(b) Minimum Allotments for States.--With respect to fiscal year 2000, the amount of the allotment of a State under section 1911 shall not be less than the amount the State received under section 1911 for fiscal year 1998.''.

(b) Substance Abuse.--Section 1933(b) of the Public Health Service Act (42 U.S.C. 300x-33(b)) is amended to read as follows:

``(b) Minimum Allotments for States.--Each State's allotment for fiscal year 2000 for programs under this subpart shall be equal to such State's allotment for such programs for fiscal year 1999, except that, if the amount appropriated in fiscal year 2000 is less than the amount appropriated in fiscal year 1999, then the amount of a State's allotment under section 1921 shall be equal to the amount that the State received under section 1921 in fiscal year 1999 decreased by the percentage by which the amount appropriated for fiscal year 2000 is less than the amount appropriated for such section for fiscal year 1999.''.

Sec. 213. Notwithstanding any other provision of law, no provider of services under title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Sec. 214. Extension of Certain Adjudication Provisions.--The Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1990 (Public Law 101-167) is amended--

(1) in section 599D (8 U.S.C. 1157 note)--

(A) in subsection (b)(3), by striking ``1997, 1998, and 1999'' and inserting ``1997, 1998, 1999, and 2000''; and

(B) in subsection (e), by striking ``October 1, 1999'' each place it appears and inserting ``October 1, 2000''; and

(2) in section 599E (8 U.S.C. 1255 note) in subsection

wkp Cynthia – HPV – EC

Mexico City – $425 – Senate level
★ no gag – funding held up until February

Clare
Porter – Katherine (CoS) – Porter intends to be in negot. to end + intends to get Title X
prepared to stand firm on EC
Obey staff – didn't think Porter would be there
Obey always looking to compromise/negotiate
told her if she drops to compromise it undermines our leverage – can't spring it.
she's ok for now.
Sylvia said don't want to make them look bad
Christina → tell her the WH is firm
Thanks for Obey's support – we're in your

New HPV language – CDC's is substt. similar
debate – which lang is part of deal? Coburn Eshoo
mtg tomorrow 10 am – Mahoney, Mynick, Richard + Stacy + Dwight staff
Q's cancers letter? what can it say?
worried if negotiate HPV you open Henderson EC lang.
Nita not negotiating – better to stay out

October 26, 2000

MEMORANDUM FOR BARBARA CHOW

FROM: **HEATHER HOWARD**

CC: **ANN O'LEARY**

SUBJECT: **EMERGENCY CONTRACEPTION OPTIONS**

Per your request, following is a review of our emergency contraception options. Attached is the draft language.

1) **No Helms language** barring the use of funds for emergency contraception – obviously this is our first choice.

2) **Parental involvement -** Our first compromise position is to add language regarding parental involvement. This language would require health centers to "encourage family participation in the decision of minors to seek emergency contraception." This construct is similar to language that has been included – to stave off much worse parental consent language -- in Labor-H for the Title X program for the last 3 fiscal years. The feeling is that most clinics do this anyway[1], and therefore it is not an onerous new restriction. In addition, because it is patterned after the Title X language in Labor-H, it does not establish a new precedent of treating emergency contraception differently.

   Obey has this language and is eager to try to compromise; at this point, however, the family planning groups have been urging him not to offer this language, because they feel this will then become the ceiling and everyone will deal down from this.

3) **Local control** – this is a distant second as a compromise position. This language would amend the Helms language to allow the use of funds for emergency contraception "when the distribution or provision of emergency contraception is expressly authorized by the local entity that has governing authority over the health center." This amendment fits in nicely with one of the main arguments raised against the Helms amendment – that decisions about what services are appropriate to be provided in school-based clinics are best left to local decision-makers, who can take into account the community's unique health needs and circumstances. The concern, however, is that this language would set a dangerous precedent in two ways: 1) it would treat emergency contraception differently from other contraception, and, 2) perhaps more important, it would set a dangerous local control precedent that we would undoubtedly see anti's attempt to apply to Title X (where we would want to argue for a national standard of what services are offered in family planning clinics).

   Obey does not have this language. We are keeping a close hold on it.

---

[1] According to the National Assembly on School-Based Health Care, nearly all (94%) of school-based health centers require signed parental consent forms before a student can be seen; in addition, two-third of school-based health centers allow parents the option of selecting specific services that their child cannot receive.

EMERGENCY CONTRACEPTION

- **Option 1: No language – keep Helms amendment off**

- **Option 2: Parental Involvement language** (modeled on language included in Labor-H for Title X[1])

Substitute for Helms amendment:

At the appropriate place, insert the following:

Sec. XX. (a) None of the funds appropriated under this Act to carry out section 330 or title X of the Public Health Service Act (42 U.S.C. 254b, 300 et seq.), title V or XIX of the Social Security Act (42 U.S.C. 701 et seq., 1396 et seq.), or any other provision of law shall be available for distribution or provision of postcoital emergency contraception, or the provision of a prescription for postcoital emergency contraception on the premises or in the facilities of any elementary school or secondary school *unless the health center encourages family participation in the decision of minors to seek emergency contraception.*

(b) This section takes effect 1 day after the date of enactment of this Act.
(c) In this section:

(1) The terms 'elementary school' and 'secondary school' have the meanings given the terms in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801).

(2) The term 'unemancipated minor' means an unmarried individual who is 17 years of age or younger and is a dependent, as fined in section 152(a) of the Internal Revenue Code of 1986.

- **Option 3: Local Control** (close hold on this language)

Add to the end of the Helms amendment:

, except when the distribution or provision of emergency contraception is expressly authorized by the local entity that has governing authority over the health center.

---

[1] The following language has been in Labor-HHS appropriations from FY 97 to FY 00: "None of the funds appropriated in this Act may be made available under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities."

EMERGENCY CONTRACEPTION

BACKGROUND

During Senate consideration of Labor-HHS-Education appropriations, the Senate approved, 54-41, a Helms amendment to bar the use of federal funds for the distribution of emergency contraception school-based clinics at elementary or secondary schools.

Emergency contraception works before a pregnancy is established, and therefore is contraception, not abortion. The most common form is a high dose of birth control pills, taken within 72 hours of unprotected intercourse. Depending on the time during the menstrual cycle that they are taken, the pills work to prevent pregnancy by inhibiting or delaying ovulation, inhibiting fertilization, or preventing a fertilized egg from implanting in the wall of the uterus.

PARENTAL CONSENT IN FAMILY PLANNING CONTEXT

You should know that this Administration is on record opposing parental consent restrictions in the family planning context. We have opposed amendments that would have imposed parental consent requirements on Title X clinics.

FY 2001 Labor, HHS Senate 6/30/00 41-54 passed rejected by Conference

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HELMS AMENDMENT NO. 3697 (Senate - June 29, 2000)

[Page: S6179] *GPO's PDF*

Mr. HELMS proposed an amendment to the bill, H.R. 4577, supra; as follows:
At the appropriate place, insert the following:
Sec. XX. (a) None of the funds appropriated under this Act to carry out section 330 or title X of the Public Health Service Act (42 U.S.C. 254b, 300 et seq.), title V or XIX of the Social Security Act (42 U.S.C. 701 et seq., 1396 et seq.), or any other provision of law, shall be used for the distribution or provision of postcoital emergency contraception, or the provision of a prescription for postcoital emergency contraception, to an unemancipated minor, on the premises or in the facilities of any elementary school or secondary school.
(b) This section takes effect 1 day after the date of enactment of this Act.
(c) In this section:

(1) The terms `elementary school' and `secondary school' have the meanings given the terms in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801).

(2) The term `unemancipated minor' means an unmarried individual who is 17 years of age or younger and is a dependent, as defined in section 152(a) of the Internal Revenue Code of 1986.

S 6094-

School-Based Health Centers and Family Planning

What is a school-based health center, and how is it different from a school nurse?

School-based health centers are partnerships between community health care organizations, typically a health department, primary care center or hospital, and a school. The services provided in the health center are similar to that which is delivered in standard medical clinics: assessment and screenings, immunizations, diagnostic and treatment services laboratory, well child health supervision, etc. There are an estimated 1200 of these unique health centers in schools across the country.

Is family planning included in the scope of services?

While the majority of health centers located in middle and high schools provide services such as pregnancy testing (85%), HIV counseling (77%), and STD testing and treatment (73%), services related to birth control are most often contained to counseling. Three in four school-based health centers are prohibited by state law or school policy from dispensing contraception on site.

Do parents provide consent for access to school-based health centers?

Nearly all (94%) school-based health centers require signed parental consent forms before a student can be seen. Two-thirds of school-based health centers allow parents the option of selecting specific services that their child cannot receive.

Do school-based health centers practice within accordance of state laws regarding minors' access to sensitive services?

One-third of health centers reported to the National Assembly on School-Based Health Care that adolescents may be seen for family planning related services (except contraceptive services where prohibited) without parental consent. This policy is often communicated to the parent through the consent process so that the right of adolescents to confidential services is understood.

Do school-based health centers dispense the morning after pill?

In a survey of school-based health centers, 16% of centers serving adolescents reported that emergency contraception is available on site. This represents approximately 130 school-based health centers, or one-fifth of one percent of schools in this nation.

Do federal dollars support school-based health centers?

Federal financial support for school-based health centers comes through Medicaid reimbursement, public health grants through Title V of the Social Security Act, and grants made by the Bureau of Primary Health Care under its Healthy Schools, Healthy Communities initiative.

NFPRHA FACTS

A Fact Sheet produced by National Family Planning and Reproductive Health Association

Emergency Contraception Is JUST THAT, Contraception!

Emergency contraception prevents pregnancy – that is it works ***before*** a pregnancy is established, not afterwards. **Emergency contraception does not interrupt or disrupt an already-established pregnancy and is not the same as a medical abortion.** Emergency contraception can be used if you have unprotected sex or your method of birth control fails and you don't want to become pregnant. The contraceptives that can be used as emergency contraception are also approved by the Food and Drug Administration (FDA) for use as ordinary contraception. On September 2, 1998, the FDA approved an application from Gynetics, Inc. to market "Preven Emergency Contraceptive Kit." In July 1999, another brand of emergency contraceptive, Plan B, was approved by the FDA. These are the first separately packaged oral contraceptive pills labeled specifically for postcoital emergency use.

√ WHAT ARE EMERGENCY CONTRACEPTIVES?

The most commonly used form of emergency contraception is a high dose of birth control pills that are taken within 72 hours of unprotected intercourse. A second dose of the pills is taken 12 hours after the first dose. The birth control pills that can be used as emergency contraceptive pills are the same pills used for daily birth control, just taken in a higher dose. The number of pills in the dose depends on the brand of the Pill being used. This method is sometimes referred to as the "morning after" pill, even though it can be used up to 72 hours after unprotected sex. Other options for emergency contraception include the use of progestin-only minipills within 72 hours of unprotected sex or insertion of a copper-releasing intrauterine device within 5 days after unprotected sex. All of these methods are highly effective at preventing pregnancy.

√ HOW DO EMERGENCY CONTRACEPTIVES WORK?

Depending on the time during the menstrual cycle that they are taken, emergency contraceptive pills and emergency minipills (progestin-only birth control pills) may inhibit or delay ovulation, inhibit fertilization, or they may alter the endometrium (the lining of the uterus), thereby inhibiting implantation of a fertilized egg. The FDA has explicitly declared emergency contraceptive pills to be safe and effective.

When a copper-T IUD is used as emergency contraception (far less common than emergency contraceptive pills), the copper can prevent sperm from fertilizing an egg and can also alter the endometrium, thereby inhibiting implantation of a fertilized egg.

√ WHY IS EMERGENCY CONTRACEPTION IMPORTANT?

Each year, millions of women have unprotected intercourse and are left, in the days that follow, with the fear of pregnancy. Almost half (48 percent) of pregnancies are unintended in the United States.

For couples who did not use any contraception or experienced contraceptive failure, emergency contraception provides a practical option to avoid pregnancy. Emergency contraception is also essential for women who have been sexually assaulted. **Using one of the emergency contraceptive measures would reduce a woman's risk of pregnancy by at least 75 percent.** This does not mean that 25 percent of women will become pregnant. Rather, if 100 women have unprotected sex once during the second or third week of their menstrual cycle, about 8 will become pregnant. If those same women had used emergency contraceptive pills or minipills, only two would have become pregnant.

√ DOES USE OF EMERGENCY CONTRACEPTION CAUSE AN ABORTION?

No. Use of emergency contraception does not cause an abortion. In fact, emergency contraception prevents pregnancy and thereby reduces the need for abortion.

√ WILL WOMEN STOP USING OTHER FORMS OF CONTRACEPTION IF EMERGENCY CONTRACEPTION BECOMES TOO EASILY AVAILABLE?

Emergency contraception is not a logical choice for ongoing protection, given that failure rates are much higher than for any method of regular contraception. It is also more expensive than most other forms of contraception. However, emergency contraception can serve as a bridge to establishing effective use of contraceptives. Many women who do not normally come for family planning visits – women who are at great risk of unintended pregnancy – end up using some form of everyday contraception after seeing a clinician for emergency contraception.

√ HOW ARE EMERGENCY CONTRACEPTIVE PILLS DIFFERENT FROM RU-486?

RU-486, also known as mifepristone, is a completely different drug from the birth control pills used for emergency contraception. RU-486 belongs to a new class of drugs known as antiprogestins, and is not currently available in the United States.

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Banning Access to Emergency Contraception Will Place Teens at Risk for Unintended Pregnancy

On Tuesday, September 19, 2000, the House will vote on Rep. Tom Coburn's (R-OK) motion to instruct FY 2001 Labor-HHS-Education appropriations conferees. Coburn's motion would advocate that conferees resurrect a provision, already rejected in the conference, to prohibit any federal funding for emergency contraception provided to minors in a school-based health clinic. This provision, first offered by Senator Jesse Helms (R-NC), is misguided, contrary to our shared national goal of reducing unintended pregnancy, and designed to confuse emergency contraception with abortion. It could also jeopardize the health of teenagers who might avail themselves of the opportunity while seeking services at a health center to be screened for sexually transmitted diseases including HIV.

- **Congress should respect local decision-makers.** School-based centers vary in size, form and services provided, but they have in common advisory boards comprised of community representatives, parents, youth and family organizations who all participate in the planning and oversight of the health center. Decisions about what services are appropriate to be provided in these settings are best left to local decision-makers who can take into account the community's unique health needs and circumstances, as well as the values of parents.

- **Emergency contraception is just that – contraception.** Emergency contraception prevents pregnancy – that is, it works before a pregnancy is established, not afterwards. Emergency contraception does not interrupt or disrupt an already-established pregnancy. Emergency contraception can be used after having unprotected sex or if a method of birth control fails and a woman does not want to become pregnant. Not to be confused with mifepristone (otherwise known as RU 486), emergency contraception – which has been deemed safe and effective by the Food and Drug Administration - is merely a high dose of oral contraceptives ingested within 72 hours of unprotected sex.

- **Access to emergency contraception is crucial to helping teens avoid unintended pregnancy.** Currently American teenagers experience one million pregnancies each year. In fact, teen pregnancy rates in this country are higher than in all other industrialized countries – twice as high as in England or Canada, and nine times as high as in the Netherlands or Japan. Between 1988 and 1995, three-quarters of the decline in the U.S. teen pregnancy rate is attributable to improved contraceptive use among teenagers. Denying teens ready access to contraception will only jeopardize this recent progress.

- **Teens who seek emergency contraception are those who have had unprotected sex and want to act responsibly.** When teens visit clinics for emergency contraception, health-care professionals have an ideal opportunity to counsel them about the importance of delaying sexual activity, the risks of unprotected sex, and the importance of getting tested for STDs and HIV. Currently three million teens acquire an STD each year, which can put their health, future fertility, and even life at risk.

- **Banning access to emergency contraception may result in more unintended pregnancies and abortion.** The Helms proposal would *not* have the effect of reducing teens' sexual activity but instead will deter teens who have had unprotected sex from seeking the services necessary to avoid unintended pregnancies. Sixty-five percent of females and 68 percent of males are sexually active by age 18. Seventy-eight percent of teen pregnancies are unintended, half of which end in abortion. Emergency contraception could actually reduce the abortion rate by helping teens avoid unintended pregnancy in the first place.

- **While most teens do seek their parents' advice and counsel when making decisions about contraception, in some cases healthy, open family communication is not possible.** School-based health centers can provide a confidential, safe place for teens to receive health-care services – including contraception - and related counseling.

- **Access to emergency contraception is especially critical for teen victims of rape or incest.** Many of these teens may want to rely on a school-based health center for confidential and time-sensitive health-care.

- **School-based health centers are a critical link to the health-care system for some teens.** The more than 1300 school-based health centers are uniquely situated to meet young people's particular health needs. Adolescents are more likely than any other age group to be uninsured. These centers are designed to serve these mostly low-income teenagers who live in rural and underserved areas associated with poverty, unequal distribution of health professionals, inadequate transportation services, and cultural barriers to care.

For more information contact:

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9/18/00

NATIONAL FAMILY PLANNING & REPRODUCTIVE HEALTH ASSOCIATION

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info re: emergency contraception.

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Statement on Contraceptive Methods

Debate on several pieces of legislation have recently raised questions regarding how different methods of contraceptives work. This document summarizes what is known about each method.

Essential steps necessary for pregnancy include:

1. normal maturation of sperm and egg,
2. release of sperm,
3. release of egg (ovulation),
4. transport of sperm through the woman's vagina, cervix, uterus and Fallopian tube,
5. final maturation of sperm in preparation for fusion and fertilization
6. transport of the egg from the ovary into the Fallopian tube,
7. fusion of sperm with egg and normal steps in fertilization,
8. transport of the fertilized egg from the Fallopian tube to the uterus,
9. maturation and cell division leading to the blastocyst stage,
10. readiness of the uterine lining for implantation, and
11. implantation of the blastocyst into the lining of the uterus at the conclusion of which pregnancy is established.

Barrier methods such as the male and female condoms and the diaphragm and cervical cap, along with female and male sterilization, impose a physical barrier between sperm and egg and thereby prevent fertilization. The contraceptive effectiveness of abstinence, periodic abstinence, and withdrawal also depends on their role in preventing contact between sperm and egg.

The mechanism of action of hormonal contraceptives such as oral contraceptive pills, emergency contraceptive pills, injectable and implant hormone products, and of IUDs (intrauterine devices), cannot be described quite so simply. Each of these methods involves multiple biologic effects that potentially could alter several of the steps involved in becoming pregnant. Oral contraceptives (the "Pill") containing estrogen and progestin are highly effective in preventing ovulation, which is considered their primary mechanism of action. In addition, Pill hormones also result in thick cervical mucus that interferes with sperm transport and may have an effect on fluids in the uterus and Fallopian tubes and on transport for sperm an egg in the Fallopian tube. These hormones may also affect sperm final maturation and

readiness of the uterine lining for implantation.

Hormonal contraceptives that contain only progestin, such as mini-pills, implants, and injectables, as well as emergency contraceptive treatment using hormone pills, also act by blocking ovulation. For these methods, however, the other mechanisms described for Pills also pertain and are believed to play a more important role than is the case for Pills. Women using mini-pills and implants, especially, are somewhat more likely to ovulate than are Pill users or injectable users, and emergency contraceptive hormone treatment is in some cases provided after ovulation has already occurred. Thus, the contraceptive efficacy of these methods may involve inhibition of fertilization or steps subsequent to fertilization. Once implantation has occurred and pregnancy is established, none of these methods is effective in interrupting pregnancy or causing abortion.

Two IUDs are currently available in the United States; one releases the hormone progesterone and the other releases copper. Progesterone release causes thickened cervical mucus that blocks sperm transport; the release of copper alter fluids in the Fallopian tubes and uterus in a way that interferes with sperm and egg transport and function. Both can act by inhibiting fertilization, which is considered their primary mechanism of action. In addition, both also alter the lining of the uterus in a way that may be unfavorable for implantation; this effect is probably responsible for the high level of efficacy when copper IUD insertion is used for emergency contraception. Insertion of an IUD in early pregnancy is contraindicated because it may lead to spontaneous abortion and may also result in uterine infection associated with incomplete spontaneous abortion.

In summary, the primary contraceptive effect of all the non-barrier methods, including emergency use of contraceptive pills, is to prevent ovulation and/or fertilization. Additional contraceptive actions for all of these also may affect the process beyond fertilization but prior to pregnancy. For some methods these actions may be significant in contributing to their overall contraceptive efficacy.

3 of 7 DOCUMENTS

PR Newswire

September 20, 2000, Wednesday

SECTION: WASHINGTON DATELINE

DISTRIBUTION: TO NATIONAL, EDUCATION AND POLITICAL EDITORS

LENGTH: 414 words

HEADLINE: FRC Praises House Vote to Block Distribution of 'Morning-After Pill' On School Campuses;
'No Longer Should Americans' Hard-Earned Tax Dollars Be Used To Undermine Parental Rights,' Bowman Said

DATELINE: WASHINGTON, Sept. 20

BODY:

"Both houses of Congress have acknowledged that schools shouldn't be permitted to use taxpayer dollars to distribute without parental consent a pill that can potentially induce an abortion," Family Research Council's Vice President of Government Relations Michael Bowman said Wednesday. "It's ridiculous that a 13-year-old child cannot take an aspirin without her parent's permission, but she has easy access to abortion-inducing drugs. No longer should Americans' hard-earned tax dollars be used to undermine parental rights."

Earlier this summer, Senator Jesse Helms (R-NC) sponsored a provision to the education spending bill that would eliminate federal funding of the distribution of the so-called morning-after pill to elementary and secondary students. The measure was adopted by the full Senate, but was eliminated by Senators Arlen Specter (R-Penn) and Tom Harkin (D-Iowa) during a closed door meeting. On Tuesday, the House voted 250 to 170 to pass a non-binding House motion (H.R. 4577), sponsored by Rep. Tom Coburn (R-OK), that sends a message of support for Sen. Helms' provision to a House-Senate conference committee that ultimately determines how federal funds for education are spent.

The "morning-after pill" can be taken within 72 hours after sexual intercourse with the expectation that it will either prevent conception or end a pregnancy that has already begun. According to the non-partisan Congressional Research Service, at least 180 schools provide the "morning- after pill" to students.

"Not only does the status quo trample upon parental authority, but it also impairs the abstinence-until-marriage efforts that Congress agreed to fund with the Welfare Reform Act of 1996," Bowman said. "If Congress is truly behind abstinence-only education, they cannot simultaneously subsidize abstinence curriculum and the distribution of contraceptives. Just as with alcohol and

drugs, we should encourage teens to make wise decisions rather than accommodate risky behaviors.

"The House vote Tuesday is a step in the right direction. Now, we urge the conference committee to protect parental rights and the lives of our nation's young people by including Helms' provision to the education spending bill," Bowman said.

SOURCE Family Research Council

CONTACT: Heather Cirmo, or for radio: Sharon Sampson, 202-393-2100; both of the Family Research Council

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The Morning Call (Allentown)

September 18, 2000, Monday, SECOND EDITION

SECTION: LOCAL/REGION, Pg. B1, MEREDITH

LENGTH: 659 words

HEADLINE: VIEWS OFFERED ON SENSITIVE SCHOOL TOPICS

BYLINE: CHARLES MEREDITH; The Morning Call

BODY:

Dear friends,

Good morning. The other week, I wrote a column suggesting nine sensitive topics for James Scanlon, Quakertown's schools superintendent. You'll be fascinated with his thoughts, so let's get right to them.

In France, public schools issue RU-486, the so-called morning-after pill, to schoolgirls who request them. The Federal Food and Drug Administration will make this abortion method available soon. I asked Scanlon whether Quakertown schools would issue them to students.

"Not in Quakertown," he replied, "but you might see it in the cities." His answer was identical concerning the dispensing of condoms to boys.

"Just the Facts About Sexual Orientation and Youth" is a booklet the American Academy of Pediatrics, the National Educational Association and the Psychological Association have sent to every public school. Its aim is to provide information about homosexuality that will help educators create safe and healthy school environments. Will Quakertown schools use the booklet?

Scanlon was uncomfortable with the hot potato I tossed. I think schools need to address intolerance on any subject and meet it head-on, but he said he has no immediate plans to introduce the booklet. That's too bad.

Another question: Are school vouchers an effective way to hold public schools' feet to the fire? How do we make public schools accountable? After all, they're monopolies.

"Brute force doesn't work," Scanlon answered. "I doubt that vouchers would be an incentive. Most teachers are good people who want to do well for their students. Taking money from a public school system doesn't help the system."

Should the property tax be the principal method to fund public schools? "Absolutely not," he said. "Pennsylvania needs to undertake major tax reform. Our budget this year is $ 48 million, but only $ 11 million comes from the state. Local sources contribute the remaining $ 37 millionand $ 24.7 million of it is real estate taxes. It's a tremendous burden on property owners and is

clearly unfair.I'd prefer a state income tax, which would be distributed equally among students (in the 501 school districts). But the Legislature won't deal with this hot potato, even though it knows that, presently, tax support is disproportionate. Its refusal to move away from reliance upon the property tax exacerbates the problem."

The fifth topic concerned 'looping.' Tohickon Valley Elementary School parents have the option to enroll their children in an interesting experiment. The school has three teachers who remain with their pupils for portions of two years. One teacher follows the first grade into second; one stays with them for second and third; and one keeps them in third and fourth grades. "Teachers don't lose time in the beginning of the year," Scanlon said. "So far, we've had good results in helping kids achieve their goals. We're comparing looping with non-looping classes."

Some day soon, I'll share his thoughts about steering the brightest college students into teaching, his opposition to bilingual teaching and his views concerning the unusual effort of Asian-American students.

I did have time to ask him, if he had a magic wand, what he would do to improve American public schools.

"I don't have a magic wand, Charlie," he said with a laugh. "But here are the three questions parents ask across the countryand right here in Quakertown: 'Are my kids safe? How well are my kids doing/learning? And how are we using technology to help kids learn? How are they accessing, organizing and analyzing information?"

"At a younger age, we're teaching our students to solve problems without violence," he said. "That's more important than TV surveillance, security checks and the like. We've begun with peer mediation in the fourth and fifth grades. Within three years, all grades will have it, starting with kindergarten."

Stay tuned friends. More's coming.

Sincerely,

Charles Meredith

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HOUSE ACCEPTS COBURN MOTION BANNING THE USE OF FEDERAL FUNDS TO DISTRIBUTE MORNING-AFTER PILLS AT SCHOOLS

(Washington, D.C.) -- The House of Representatives today voted to protect the rights of parents who do not want their children to receive 'morning-after' pills at schools. The morning-after pill is essentially a deliberate overdose of oral contraceptives that can cause an abortion. The 250-170 vote came on a motion by Rep. Tom Coburn (R-OK) to agree to a Senate provision in the Fiscal Year 2001 Labor, Health and Human Service, and Education Appropriations bill prohibiting the use of funds to distribute the morning after pill to minors in elementary and secondary schools. The Senate provision was authored by Senator Jesse Helms (R-NC) and was adopted by voice vote after a motion to kill the amendment failed 41 to 54.

"It is frightening that the federal government can invade the lives of children by giving them morning-after pills behind the backs of their parents. Schools can't give a child an aspirin without their parent's permission, so it is insane that they can give children morning-after pills without their parent's consent. This practice is an outrageous violation of the rights of parents to be involved in the lives of their children," Coburn said.

Coburn, a practicing physician who has delivered more than 3,500 babies and has seen every complication involved with pregnancy and childbirth, added, "The morning-after pill can pose serious health risks to pregnant women and their unborn children, but the most serious health consequence of this practice is the separation that occurs between a child and their parents. When schools hand out morning-after pills to children they enable kids to deceive their parents. The federal government should strengthen the bond between parents and children, not alienate them from one another. Nothing is more vital to the health and stability of our society than the relationship between a parent and their child."

According to the non-partisan Congressional Research Service, at least 180 schools provide the morning-after pill to students.

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Banning Access to Emergency Contraception Will Place Teens at Risk for Unintended Pregnancy

Senator Jesse Helms (R-NC) has offered an amendment to the FY 2001 Labor-HHS-Education appropriations bill to prohibit any federal funding for emergency contraception provided to minors in a school-based health clinic. This prohibition is misguided and is contrary to our shared national goal of reducing unintended pregnancy. It could also jeopardize the health of teenagers who might avail themselves of the opportunity while seeking services at a health center to be screened for sexually transmitted diseases, including HIV.

- **Congress should respect local decision-makers**. School-based centers vary in size, form and services provided, but they have in common advisory boards comprised of community representatives, parents, youth and family organizations who all participate in the planning and oversight of the health center. Decisions about what services are appropriate to be provided in these settings are best left to local decision-makers who can take into account the community's unique health needs and circumstances, as well as the values of parents.

- **Emergency contraception is just that – contraception**. Emergency contraception prevents pregnancy – that is, it works before a pregnancy is established, not afterwards. Emergency contraception does not interrupt or disrupt an already-established pregnancy. Emergency contraception can be used after having unprotected sex or if a method of birth control fails and a woman does not want to become pregnant. Not to be confused with mifepristone (otherwise known as RU 486), emergency contraception – which has been deemed safe and effective by the Food and Drug Administration - is merely a high dose of oral contraceptives ingested within 72 hours of unprotected sex.

- **Access to emergency contraception is crucial to helping teens avoid unintended pregnancy.** Currently American teenagers experience one million pregnancies each year. In fact, teen pregnancy rates in this country are higher than in all other industrialized countries – twice as high as in England or Canada, and nine times as high as in the Netherlands or Japan. Between 1988 and 1995, three-quarters of the decline in the U.S. teen pregnancy rate is attributable to improved contraceptive use among teenagers. Denying teens ready access to contraception will only jeopardize this recent progress.

- **Teens who seek emergency contraception are those who have had unprotected sex and want to act responsibly.** When teens visit clinics for emergency contraception, health-care professionals have an ideal opportunity to counsel them about the importance of delaying sexual activity, the risks of unprotected sex, and the importance of getting tested for STDs and HIV. Currently three million teens acquire an STD each year, which can put their health, future fertility, and even life at risk.

- **Banning access to emergency contraception may result in more unintended pregnancies and abortion**. The Helms proposal would *not* have the effect of reducing teens' sexual activity but instead will deter teens who have had unprotected sex from seeking the services necessary to avoid unintended pregnancies. Sixty-five percent of females and 68 percent of males are sexually active by age 18. Seventy-eight percent of teen pregnancies are unintended, half of which end in abortion. Emergency contraception could actually reduce the abortion rate by helping teens avoid unintended pregnancy in the first place.

- **While most teens do seek their parents' advice and counsel when making decisions about contraception, in some cases healthy, open family communication is not possible.** School-based health centers can provide a confidential, safe place for teens to receive health-care services – including contraception - and related counseling.

- **Access to emergency contraception is especially critical for teen victims of rape or incest.** Many of these teens may want to rely on a school-based health center for confidential and time-sensitive health-care.

- **School-based health centers are a critical link to the health-care system for some teens.** The more than 1300 school-based health centers are uniquely situated to meet young people's particular health needs. Adolescents are more likely than any other age group to be uninsured. These centers are designed to serve these mostly low-income teenagers who live in rural and underserved areas associated with poverty, unequal distribution of health professionals, inadequate transportation services, and cultural barriers to care.

NARAL
Reproductive Freedom & Choice

URGENT FLOOR VOTE: OPPOSE HELMS AMENDMENT TO LIMIT ACCESS TO CONTRACEPTIVE SERVICES

To: Reproductive Health Staff
From: Allison Herwitt, Director of Government Relations
Donna Crane, Legislative Representative
Date: June 29, 2000
Subject: ***Helms Amendment Expected to Labor-HHS-Education Bill***

Tonight, as the Senate considers the Labor, Health and Human Services, and Education appropriations bill, Sen. Jesse Helms (R-NC) is planning to offer an amendment prohibiting schools from using their funds to distribute contraceptives to minors. Although the exact language of the Helms amendment is still unknown, any attempt to restrict teens' access to contraceptives is a misguided proposal that will jeopardize our young people's health and endanger the public health. ***NARAL urges your opposition to the Helms amendment. This vote will be scored in NARAL's 2000 Congressional Record on Choice.***

The Helms amendment is an open attack on school-based health clinics, which are vital links to health services for young people who might have no other access to the health-care system. Young people who are sexually active -- and 65 percent of teens are by age 18 - especially need ready access to contraceptives in order to prevent sexually transmitted diseases and HIV, as well as unintended pregnancies.

Attached is more information about school-based health centers and the damaging effects of this proposed Helms amendment. Please contact Allison Herwitt at 973-3003 or Donna Crane at 973-3047 with any questions.

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Banning Access to Emergency Contraception Will Place Teens at Risk for Unintended Pregnancy

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- **Banning access to emergency contraception may result in more unintended pregnancies and abortion.** The Helms proposal would *not* have the effect of reducing teens' sexual activity but instead will deter teens who have had unprotected sex from seeking the services necessary to avoid unintended pregnancies. Sixty-five percent of females and 68 percent of males are sexually active by age 18. Seventy-eight percent of teen pregnancies are unintended, half of which end in abortion. Emergency contraception could actually reduce the abortion rate by helping teens avoid unintended pregnancy in the first place.

- **While most teens do seek their parents' advice and counsel when making decisions about contraception, in some cases healthy, open family communication is not possible.** School-based health centers can provide a confidential, safe place for teens to receive health-care services – including contraception - and related counseling.

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NARAL
Reproductive Freedom & Choice

To: Appropriations and Reproductive Health Staff
From: Allison Herwitt, Director of Government Relations
Donna Crane, Legislative Representative
Date: July 11, 2000
Subject: ***Legal Analysis of Helms Emergency Contraception Amendment***

On June 30, the Senate passed the FY2001 Labor, Health and Human Services, and Education appropriations bill, which, as you may know, included anti-choice language forbidding federal funding of emergency contraception at school-based health centers. This provision was authored by Sen. Jesse Helms and was strongly opposed by NARAL. A motion offered by Sen. Arlen Specter to table the amendment failed 41-54.

During the course of the brief debate on this matter, emergency contraception was mischaracterized by some as an abortifacient, that is, a chemical that induces abortion. This characterization is untrue. Emergency contraception is just that – contraception. It should not be confused with mifepristone (commonly known as RU 486), which – when approved by the FDA – will be used an abortifacient. We are pleased to provide the enclosed analysis, prepared by NARAL legal staff, which elaborates on this point, as well as talking points which address this and other problems with the Helms amendment.

As the Labor-HHS-Education bill moves to conference with the House, NARAL will be focused on eliminating the Helms amendment from final legislation. We look forward to working with you to achieve this goal, and hope the enclosed materials clarify any questions you may have about the amendment.

As always, if you have any questions, please contact Allison Herwitt at 973-3003 or Donna Crane at 973-3047. Thank you for your consideration.

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NARAL
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MEMORANDUM

To: Interested Parties
From: NARAL® Legal Department
Re: Helms Amendment to H.R. 4577, the Labor, Health and Human Services, and Education appropriations bill
Date: July 11, 2000

On June 30, 2000, the Senate amended H.R. 4577, the Labor, Health and Human Services, and Education appropriations bill, to prohibit the use of federal funds to prescribe, distribute, or provide emergency contraception to minors in elementary and secondary schools.[1] Arguing for his amendment, Senator Jesse Helms (R-NC) claimed that emergency contraception, also known as the "morning-after pill," "is identified as an abortifacient."[2] In fact, like other forms of contraception, emergency contraception prevents – but *cannot terminate* – an established pregnancy.

According to the American College of Obstetricians and Gynecologists, pregnancy begins with the implantation of a fertilized egg in the uterus.[3] Emergency contraceptive pills (ECPs), which are ordinary birth control pills, do not cause abortion; rather, they inhibit ovulation, fertilization, or implantation *before* a pregnancy occurs.[4] The FDA has stated that "postcoital emergency contraception" – consisting of FDA-approved birth control pills taken in specified doses after unprotected sex – is "safe and effective for pregnancy prevention in women who have had unprotected sexual intercourse." The FDA has also stated that "[t]he treatment does not work if a woman is already pregnant."[5]

Emergency contraception should not be confused with the drug mifepristone (RU 486), an early option for nonsurgical abortion that has not yet been approved by the FDA. Unlike emergency contraception, mifepristone can be used to terminate a pregnancy up to seven weeks after a woman's last menstrual period.[6] The FDA is currently considering approval of mifepristone expressly "for the termination of early pregnancy."[7]

Because the Helms amendment specifically sanctions the provision of "postcoital emergency contraception," a drug regimen approved by the FDA

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for *pregnancy prevention*, it does not in any way affect mifepristone or other drugs that can be used for abortion.

In sum, emergency contraception only works – and the FDA has only approved it – as contraception. In contrast, mifepristone works – and when approved by the FDA will be approved for use – as an abortifacient.

The Helms amendment unnecessarily singles out and blocks access to a safe and effective contraceptive option – ECPs can decrease a woman's chance of becoming pregnant by 75 to 89 percent after unprotected sex.[8] Nationally each year, almost 900,000 pregnancies occur among teens aged 15 to 19,[9] and more than three-fourths of all teen pregnancies are unintended.[10] Assuring access to ECPs by opposing barriers such as that imposed by the Helms amendment could significantly reduce the number of unintended pregnancies and abortions in the United States.

Notes

[1] 146 CONG. REC. S6187 (daily ed. June 30, 2000) (amendment to H.R. 4577, 106th Cong. (2000)).

[2] 146 CONG. REC. S6187 (daily ed. June 30, 2000) (statement of Sen. Helms).

[3] COMMITTEE ON TERMINOLOGY, THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, OBSTETRIC-GYNECOLOGIC TERMINOLOGY 299, 327 (Edward C. Hughes, ed., 1972).

[4] ROBERT A. HATCHER ET AL., EMERGENCY CONTRACEPTION: THE NATION'S BEST-KEPT SECRET 29-30 (1995); Judy Peres, *Fears Keeping 'After Sex' Pill on Back Shelf*, CHICAGO TRIBUNE, Feb. 14, 1996, at A1.

[5] *FDA Approves Application for Preven Emergency Contraceptive Kit*, FOOD AND DRUG ADMINISTRATION TALK PAPER (U.S. Dept. of Health and Human Services, Public Health Service, Rockville, MD), Sept. 2, 1998, at 1.

[6] The Population Council, *Frequently Asked Questions: Medical Abortion* (last modified May 24, 2000) <http://www.popcouncil.org/faqs/abortion.html>.

[7] *FDA Issues Approvable Letter for Mifepristone*, FOOD AND DRUG ADMINISTRATION TALK PAPER (U.S. Dept. of Health and Human Services, Public Health Service, Rockville, MD), Feb. 18, 2000, at 1.

[8] James Trussell et al., *The Effectiveness of the Yuzpe Regimen of Emergency Contraception*, 28 FAMILY PLANNING PERSPECTIVES 58, 64 (1996); Women's Capital Corp., *A New Generation of Emergency Contraception Has Arrived: FDA Approves Progestin-Only Emergency Contraceptive, Plan B (levonorgestrel) Tablets*, July 28, 1999 (press release).

[9] *Teenage Pregnancy: Overall Trends and State-by-State Information* (The Alan Guttmacher Institute, New York, N.Y.), April 1999, at tbl. 3.

[10] Stanley K. Henshaw, *Unintended Pregnancy in the United States*, 30 FAMILY PLANNING PERSPECTIVES 24, 26, tbl. 1 (1998).