

EMERGENCY CONTRACEPTION 101:
THE AVAILABILITY OF EMERGENCY CONTRACEPTION
AT COLLEGE HEALTH CENTERS IN NEW YORK STATE

NARAL/NY Foundation (LOGO)

THE NARAL/NY FOUNDATION

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EXECUTIVE SUMMARY

College women aged 18-24 have the highest rate of unplanned pregnancy in the United States.¹ According to the Centers for Disease Control and Prevention, eighty-six percent of college students nationwide have had sexual intercourse and nearly one-third of women attending four-year institutions report having been pregnant.² Further, college-age women are the largest group to seek abortion services in the United States. Of the 1.3 million women who have abortions each year, 416,000, or 32%, are between the ages of 20-24.³

While the vast number of college students are sexually active and have higher unplanned pregnancy and abortion rates than any other age group, limited efforts have been made by campus health centers to provide female students with the full range of options to prevent unintended pregnancy.⁴ Experts estimate that widespread use of emergency contraception could reduce unintended pregnancy and abortion rates by half.⁵ Access to this highly effective contraceptive method on U.S. campuses could dramatically reduce unplanned pregnancy and abortion rates among young women.

Emergency contraceptive pills (ECPs) are the most common form of emergency contraception.⁶ ECPs have been proven to be 75 percent effective at preventing pregnancy, if taken within 72 hours of unprotected sex.⁷ The drug's efficacy is greatest within 24 hours after intercourse and its effect diminishes with each subsequent 24 hours.⁸ It is critical to the effectiveness of this pregnancy prevention method that ECPs be made readily available in a timely manner.

The campus health center is the optimal place for young women to be informed about and obtain ECPs. College health centers typically provide a wide range of care, significantly reducing students' need to seek preventive and primary health care at off-campus locations.

The NARAL/NY Foundation undertook a study of all four-year residential colleges and universities in New York State operating health centers that prescribe medication. This report was designed to look at the level of access female students have to ECPs on their college campuses.

Using both a telephone survey of prospective users of ECPs, and a survey of administrators at college health centers, the study explores a number of questions, including:

1. Are college health centers providing students with ECPs?
2. How does provision vary based on school location, size, and affiliation?
3. If the campuses do provide ECPs, can students obtain them throughout the week, including on weekends?
4. If the campuses do not provide ECPs, are they giving students quality referrals?
5. Are campuses educating their students about ECP use and availability?
6. What are the costs for obtaining the drug?
7. What services are required by the health center before a student can obtain a prescription?

COLLEGE CAMPUSES ARE NOT ENSURING ACCESS TO ECPs

Over half of campuses provide ECPs, but there is often limited access.

- ◆ Fifty-seven percent of schools provide emergency contraceptive pills to students, while 42 percent do not.
- ◆ Health centers are frequently closed or have limited hours on weekends, significantly decreasing availability of ECPs during these times. Of the schools that do provide ECPs, 41 percent were closed throughout the weekend, while others were only open for limited hours.
- ◆ Sixty-five percent of public schools provide ECPs, while only 53 percent of private schools provide.
- ◆ Costs of the medication ranged from being free at some schools, to \$55 at others.
- ◆ Schools often require students to undergo exams and/or counseling in order to receive the medication, creating unnecessary obstacles for women seeking this care.
- ◆ Less than one-third of health centers provide students with ECP prescriptions for use at a later time.

Among schools that do not provide ECPs, many have obstacles preventing students from obtaining and learning about the medication.

- ◆ Sixty percent of schools that do not provide ECPs gave inconsistent or poor referrals to student callers. Therefore, a significant number of health centers not only fail to provide ECPs to students, they also create additional obstacles to care for students seeking this form of pregnancy prevention.
- ◆ Levels of education on campuses are less than half of that at campuses that do provide ECPs.

Health center personnel are uninformed about ECP policies, and often provide students with incorrect and inconsistent information.

- ◆ Of the 58 schools that provide ECPs, 67 percent provided callers with inconsistent information during the telephone inquiries.
- ◆ At fifteen of the schools, health center personnel handled telephone requests for ECPs in a manner our callers classified as “hostile/judgmental.” The quality of how requests were handled may be shaped by the personal views of the staff and the quality of training staff receive regarding ECP provision.

CONCLUSION

College-age women have the highest rates of unintended pregnancy and abortion in the United States. Colleges need to play a more active role in reducing the unintended pregnancy and abortion rates of their female students and must make a greater commitment to offering the most effective methods of pregnancy prevention in a cost and time efficient manner.

However, ECPs have not yet become a standard pregnancy prevention method for many college women. Over forty percent of schools in New York State fail to offer ECPs to students, and many schools that do provide ECPs are not ensuring access at all times. Schools often require students to undergo unnecessary procedures and services to obtain the medication, and health center staff are often uninformed about campus policy. Widespread inability to obtain ECPs at college and university health centers across New York State indicates substandard reproductive health care for female patients at campus health centers.

This study also reveals why emergency contraceptive pills are still a well-kept secret: if health care providers do not provide the ECPs, and do not educate women about ECPs, patients are less likely to know about, request, or use the drug. Health care professionals, including those on college and university campuses, must lead the way in making ECPs a real reproductive health care option for all women.

By integrating ECPs into the general preventive health care services available on campus, informing students more aggressively on the availability and use of ECPs, and educating college health care personnel on the proper ECP protocols, colleges can become part of the solution to a national problem.

RECOMMENDATIONS

Colleges and universities have an excellent opportunity to lower unplanned pregnancy and abortion rates among their students by making emergency contraceptive pills available on campus in a timely manner.

- ◆ All health centers should make ECPs available to female students. Moreover, since there is a limited timeframe in which ECPs must be accessed in order to be effective, the process through which women obtain the drug should be as easy as possible.
- ◆ Advance prescriptions, increased health center hours on weekends, telephone consultations and prescriptions when the health center is not open, and quality referrals are all necessary components to increasing ECP availability on college campuses.
- ◆ Health centers should avoid any burdensome procedures and costs involved in obtaining the drug by eliminating any unnecessary required services. Such services can become a financial burden on women, causing them to avoid or delay seeking care.
- ◆ Health centers should educate all students about ECPs, including how they work, and how to get them. Education is crucial to ensuring that women are aware of and use this form of pregnancy prevention, thereby decreasing the number of unplanned pregnancies and abortions.
- ◆ Lastly, campus health centers should ensure that all staff are educated about the center's policies regarding ECP provision, and are able to give students accurate and timely information.

NOTES

¹ Henshaw SK. Unintended pregnancy in the United States. *Fam Plann Perspect.* 1992;24:24-29, 46.

² The Centers for Disease Control and Prevention. Youth risk behavior surveillance: National college health risk behavior survey. Atlanta, GA: Centers for Disease Control and Prevention, 1995.

³ The Alan Guttmacher Institute. *Facts in Brief: Induced Abortion.* New York: Alan Guttmacher Institute, 2000.

⁴ Sawyer R et al. Emergency contraceptive pills: A survey of use and experiences at college health centers in the Mid-Atlantic United States. *Journal of American College Health.* 1996;44:139-143.

⁵ Trussell J, Stewart F, Hatcher RA. Emergency contraceptive pills: A simple proposal to reduce unintended pregnancies. *Fam Plann Perspect.* 1992;24:269-273.

⁶ For the purposes of this study, we focus on emergency contraceptive pills. Intrauterine devices (IUDs) may also be used as a post-coital contraceptive if inserted within 5 days of unprotected intercourse. However, pills are far more commonly used than IUDs as emergency contraception.

⁷ Trussell J, Rodriguez G, and Ellerston C. Updated estimates of the effectiveness of the Yuzpe regimen of emergency contraception. *Contraception.* 1999;59:147-151.

⁸ Task Force on Postovulatory Methods of Fertility Regulation. Randomised controlled trial of levonorgestral versus the Yuzpe regimen of combined oral contraceptives for emergency contraception. *Lancet.* 1998;352:428-433.

INTRODUCTION

College women aged 18-24 have the highest rate of unplanned pregnancy in the United States.¹ According to the Centers for Disease Control and Prevention, eighty-six percent of college students nationwide have had sexual intercourse and nearly one-third of women attending four-year institutions report having been pregnant.² Further, college-age women are the largest group to seek abortion services in the United States. Of the 1.3 million women who have abortions each year, 416,000, or 32%, are between the ages of 20-24.³

While the vast number of college students are sexually active and have higher unplanned pregnancy and abortion rates than any other age group, limited efforts have been made by campus health centers to provide female students with the full range of options to prevent unintended pregnancy.⁴ Experts estimate that widespread use of emergency contraception could reduce unintended pregnancy and abortion rates by half.⁵ Access to this highly effective contraceptive method on U.S. campuses could dramatically reduce unplanned pregnancy and abortion rates among young women.

WHAT ARE EMERGENCY CONTRACEPTIVE PILLS (ECPs)?

Emergency contraceptive pills (ECPs) are the most common form of emergency contraception.⁶ The United States Food and Drug Administration (FDA) has declared that ECPs are a safe and effective method of preventing pregnancy.⁷ Studies suggest they work by interrupting ovulation or fertilization, or by preventing implantation of a fertilized egg.⁸ ECPs do not cause an abortion, which is the termination of an existing pregnancy. Medically, a woman is pregnant only after a fertilized egg has implanted in her uterus. Further, emergency contraceptive pills will not harm an established pregnancy.⁹ ECPs

The term “morning-after pill” is inaccurate, as the pills are effective up to 72 hours after unprotected sex.

are often referred to as the “morning-after pill,” but the term is inaccurate as the pills are effective up to 72 hours after unprotected sex. Taken within the proper time-frame, ECPs can be at least 75 percent effective in preventing pregnancy.¹⁰

There are two kinds of ECPs currently approved by the FDA and available in the United States. Both types of ECPs are regular birth control pills taken in a concentrated dosage. The first type is a combination pill, containing estrogen and progestin.¹¹ The second type of pill contains only progestin.¹² They are both administered from standard birth control

packs or from specially packaged "ECP kits," currently marketed as PrevenTM and Plan BTM. ECPs are taken in two doses, 12 hours apart.

WHEN CAN EMERGENCY CONTRACEPTIVE PILLS BE USED?

There are many circumstances in which women benefit from having a means to prevent pregnancy after unprotected sexual intercourse. Even women who have been advised against taking birth control pills on a daily basis can take ECPs.¹³ The pills can be taken at any point during the menstrual cycle and are easy to use. A woman who does not want to become pregnant may want to use emergency contraceptive pills in the following situations:

- ◆ no contraceptives were used during sexual intercourse
- ◆ a condom breaks during sexual intercourse
- ◆ a diaphragm slips during sexual intercourse
- ◆ a woman misses 2 or more birth control pills, or starts a pill pack late
- ◆ a woman misses her last birth control injection
- ◆ "safe days" are miscalculated and a woman realizes that she may have been ovulating during unprotected sexual intercourse
- ◆ a woman is raped

ADMINISTERING ECPs: THE EARLIER THE BETTER

Emergency contraceptive pills reduce a woman's chance of becoming pregnant by 75 percent when taken within 72 hours after intercourse.¹⁰ Evidence indicates that ECPs are

Emergency contraceptive pills' efficacy is greatest within 24 hours after intercourse and their effect diminishes with each subsequent 24 hours.

substantially more effective the sooner they are taken. The drug's efficacy is greatest within 24 hours after intercourse and its effect diminishes with each subsequent 24 hours.¹² It is critical to the effectiveness of this pregnancy prevention method that ECPs be easily available in a timely manner.

MEDICAL EXPERTS SUPPORT EASIER ACCESS TO ECPs

In February 2001, the American College of Obstetricians and Gynecologists (ACOG) announced its support for making emergency contraceptive pills available over-the-counter in an effort to increase American women's access to them.¹⁴ Citing the U.S. Food and Drug Administration's declaration that ECPs are safe and effective in preventing pregnancy, and the fact that ECPs work best when taken within a brief window of 72 hours after unprotected intercourse, ACOG believes increased availability would

significantly reduce the number of unintended pregnancies and abortions in the United States. Moreover, in April 2001, ACOG issued a statement urging ob-gyns to offer advance prescriptions for emergency contraceptive pills to their patients during regular office visits.¹⁵

Other efforts toward making ECPs more available are also being made. Some physicians and family planning clinics have begun prescribing ECPs following a phone consultation. The physician can then call in the prescription to the woman's local pharmacy, eliminating the need for an actual office visit. Planned Parenthood is currently testing the possibility of offering prescriptions over the Internet in Illinois. A Washington State pilot program gave pharmacists the ability to prescribe ECPs directly.¹⁶ California enacted a law allowing pharmacists to do the same, permitting women to more easily obtain the medication.¹⁷

FEW WOMEN ARE AWARE OF ECPs

Along with difficulty obtaining ECPs, one of the greatest obstacles women face is a lack of knowledge regarding its availability and function. In a 2000 survey, the Kaiser Family Foundation found that only eleven percent of women aged 18-44 had heard of emergency contraception, knew it was available in the United States, and knew the

timeframe in which it could be used to prevent pregnancy.¹⁸

Only 1% of women in the U.S. have actually used emergency contraceptive pills, making the drug one of the nation's best-kept pregnancy prevention secrets.

An earlier survey by the Kaiser Family Foundation found that only one percent of women in the United States had actually used emergency contraceptive pills, making the drug one of the nation's best-kept pregnancy prevention secrets.¹⁹

According to the Centers for Disease Control and Prevention, 35 percent of female students at 4-year institutions nationwide reported receiving information on pregnancy prevention from their college.² In the Kaiser Family Foundation study cited above, 66 percent of college women aged 18-24 said they had heard of emergency contraceptive pills, but women in this age group were less knowledgeable than older women about how to properly use ECPs. Additionally, women ages 18-24 are more likely than older women to say they would use the option if they could.¹⁹

THE CAMPUS HEALTH CENTER

The campus health center is the optimal place for young women to be informed about and obtain emergency contraceptive pills. College health centers typically provide a wide range of care, significantly reducing students' need to seek preventive and primary health care at off-campus locations. While there are no available statistics on the percentage of students who use the campus health center for their primary and gynecological care, many centers are designed to be the first place that students seek health care while at school.

The range of services offered by a campus health center often varies with the size of the institution. Larger colleges tend to have comprehensive primary care centers with a facility for treating most medical issues. Mid-size and smaller institutions have smaller health centers that usually provide a more limited range of services. Small health centers may have only a nurse or a nurse practitioner on staff who refers students to health care providers in the community for more complex medical issues.

Regardless of size or capability, the campus health center is the first place students are likely to go for many primary and preventive health care services. Students may rely on the campus health center for their reproductive health and contraceptive needs and, therefore, a complete array of contraceptive health information and services should be available through the center. This includes timely access to emergency contraceptive pills and correct information on how ECPs can be used effectively.

The campus health center is the optimal place for young women to be informed about and obtain emergency contraceptive pills.

Because the campus health center may act as the initial provider of primary care services and it is also the closest and most convenient location for college students to access, the campus health center is the ideal site for women to obtain emergency contraceptive pills.

THE UNIQUE BARRIERS FACING COLLEGE STUDENTS

The college-age population is often faced with unique barriers to accessing off-campus health care services, particularly family planning care. In non-urban communities, with limited or non-existent public transportation, college students may have difficulty getting to an off-campus physician or clinic that prescribes ECPs.

College students typically do not have an established private physician from whom they obtain regular medical care near their campus. Physicians may be hesitant to provide services to a patient they have never seen before. Often, physicians give preventive tests and basic gynecological screenings to new patients as well—increasing the cost of the visit dramatically for a student population with limited sources of disposable income.

PURPOSE AND METHODOLOGY

Recognizing the need for education about and access to ECPs among college women, the NARAL/NY Foundation undertook a study of all four-year residential colleges and universities in New York State operating a health center that prescribes medication. The purpose of the study was to assess the availability of emergency contraceptive pills on college campuses throughout New York State.

Over the course of 8 months, from July 2000 to February 2001, the NARAL/NY Foundation surveyed 102 institutions, all of which met the above criteria. The list of institutions that became our sample was obtained from the New York State Department of Education.²⁰ Two types of survey tools were utilized: a telephone survey of health center personnel and a written survey to be completed by campus health administrators.

TELEPHONE SURVEY BY PROSPECTIVE USERS OF ECPs

For the telephone survey, NARAL/NY Foundation volunteers called the campus health centers acting as students in need of emergency contraceptive pills. All telephone calls were conducted using the same script (Appendix A). The caller noted the health center personnel's response to the question "I need to get the morning-after pill. Can I get it at the health center?" The term "morning-after pill" was used because the medication is commonly described using that term. When the campus health center did provide ECPs, the caller asked further questions to determine how soon they could be seen, if the prescription could be filled at the clinic, and the cost of the prescription. If the campus health center did not provide ECPs, or could not see the caller the same or next day, a referral was requested and checked for accuracy.

In addition to assessing the direct availability of ECPs, callers observed how the clinic staff treated them. They noted if the person they spoke to was supportive or hostile. Further, the caller noted how many times they were transferred or put on hold, and for how long. This analysis was done to gauge the general level of competency with which requests for ECPs were handled, and to better understand how women who need ECPs are likely to be treated when they make such requests.

A minimum of three telephone calls were made to each school. One call was made on a weekday, one was placed on Friday, and another on the weekend. The purpose of making at least three calls was to assess the availability of ECPs at different times throughout the week, including weekends.

SURVEY OF CAMPUS HEALTH ADMINISTRATORS ON ACCESS TO ECPs

A survey was mailed to the director of each health center in the sample (Appendix B). The survey defined the goal of the study and requested detailed information about the health center's procedure concerning the availability of ECPs. Schools that did not return their health administrator surveys were contacted with at least two follow-up telephone calls. Sixty-one percent (62/102) of the surveys were completed and returned.

Administrators were requested to provide details on the following:

- ◆ whether they provide ECPs
- ◆ health center hours
- ◆ referrals sites when they do not or are unable to prescribe ECPs
- ◆ cost of the medication and whether it is covered by student insurance
- ◆ campus education and promotion of the medication's availability
- ◆ what required services and procedures women must obtain before they are able to get ECPs

FINDINGS

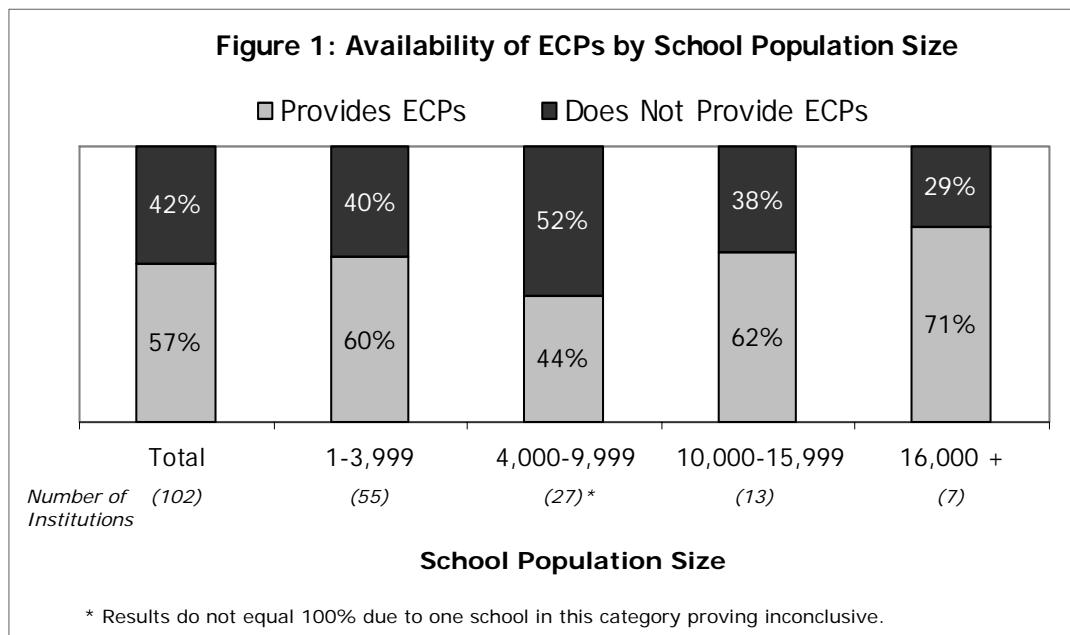
OVERALL AVAILABILITY OF ECPs AT COLLEGE HEALTH CENTERS

Fifty-seven percent of schools (58/102) provide emergency contraceptive pills to students, while 42 percent do not. One school was inconclusive, as the health center staff repeatedly provided contradictory responses to telephone inquiries. Except where explicitly noted, all findings are based on the telephone survey, as opposed to the health administrator survey. The phone survey is prioritized because it reflects responses from all schools in the sample, and reflects the responses a student would experience when requesting the medication. In addition to determining whether or not schools provide ECPs, this study evaluated the differences of availability based on school population size, geographic location, and school affiliation.

Forty-two percent of New York State college health centers do not provide ECPs to their students.

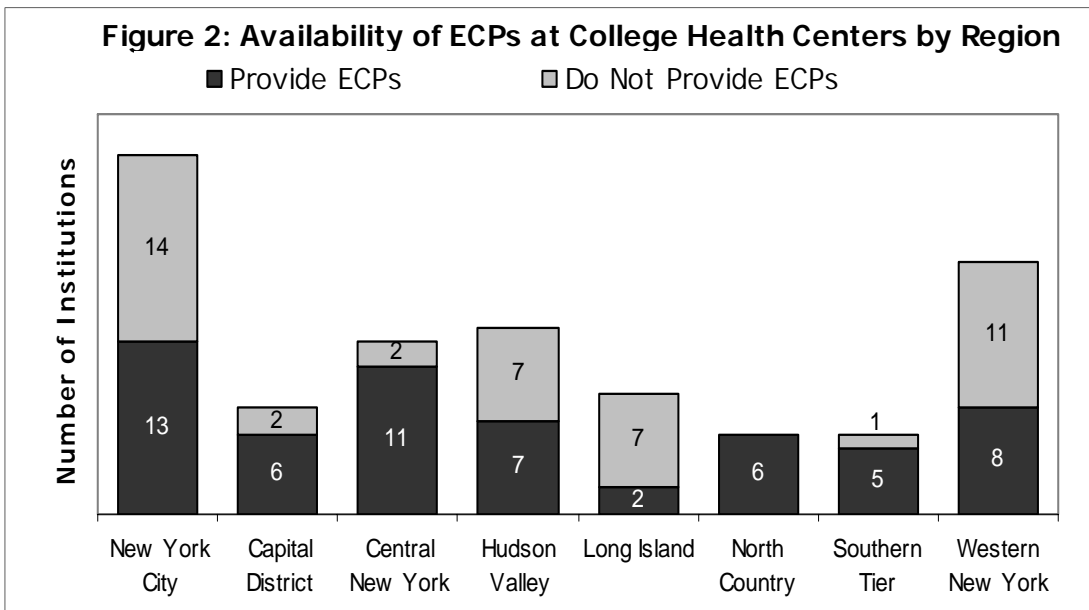
SCHOOL SIZE

The total sample of 102 schools was divided into four groups according to the size of the student body. The availability of ECPs within each of the four groups was evaluated in order to assess whether or not student population size is a factor in the likelihood of obtaining ECPs through a campus health center. It appears that student population size does not play a significant role in determining the availability of ECPs. The availability by school population size is represented in Figure 1.



SCHOOL LOCATION

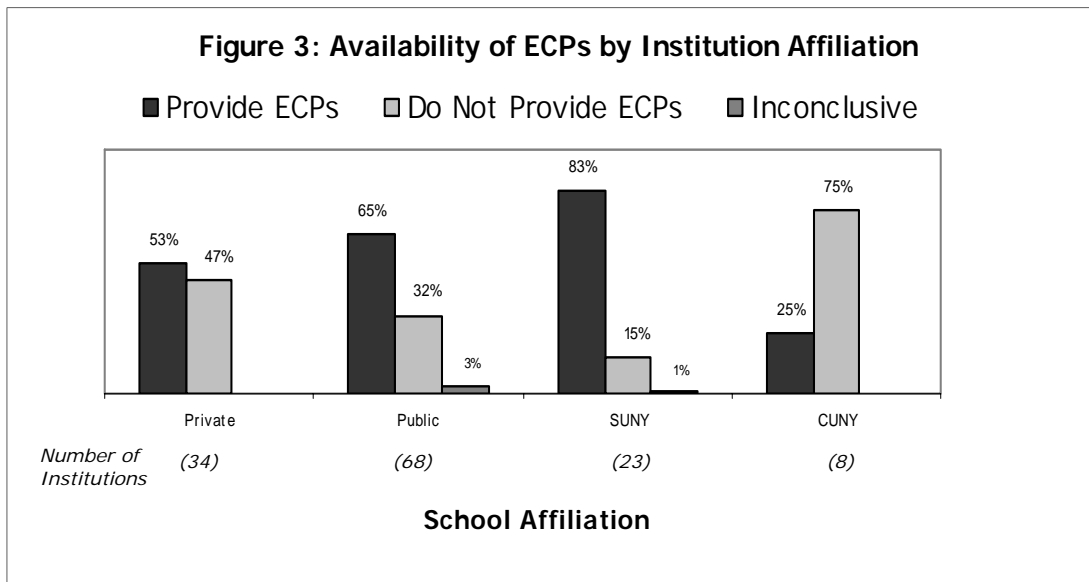
Provision of ECPs also varies according to region (Figure 2). We divided New York State into eight regions: Capital District, Central New York, Hudson Valley, Long Island, North Country, Southern Tier, Western New York, and New York City.²¹ The study found that institutions in some areas of New York State are more likely to provide ECPs to students than others.



PUBLIC VS. PRIVATE COLLEGES

Differences between public and private schools also appear in the availability of emergency contraceptive pills at campus health centers (Figure 3). While there is not a significant difference between provision of ECPs at private and public schools, certain subgroups are significantly more or less likely to make ECPs available:

- ◆ Sixty-five percent of public schools (22/34) provide ECPs.
- ◆ Fifty-three percent of private schools (36/68) provide ECPs.
- ◆ Eighty-three percent of the publicly-operated State University of New York (SUNY) schools provide ECPs. Of the 23 SUNY schools, 19 provide ECPs, three do not, and 1 proved to be inconclusive.
- ◆ Twenty-five percent of the publicly-operated, 4-year City University of New York (CUNY) schools provide ECPs. Of the 8 CUNY schools, 2 provide ECPs and 6 do not.
- ◆ None of the eleven Catholic schools surveyed provide ECPs to their students.



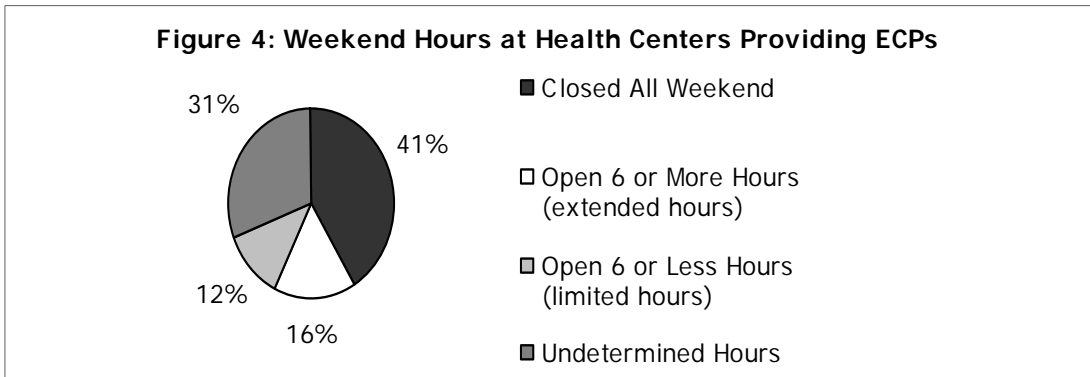
CAMPUS HEALTH CENTERS THAT PRESCRIBE ECPs

Along with looking at which factors may affect whether or not schools provide ECPs, we also looked at the differences in the availability and cost of the medication, campus education about ECPs, and health center responsiveness to student requests at each individual campus. General breakdowns are provided below, while a school-by-school analysis is provided in Appendix C.

WEEKDAY ACCESSIBILITY

Using information from both the telephone and written surveys, we determined the following concerning weekday access to ECPs. Of the 58 schools that provide ECPs:

- ◆ Seventy percent (41/58) were able to see the caller on the same day when called on a weekday.
- ◆ Thirty percent (17/58) could see the caller on the following day.
- ◆ All schools that provide ECPs were able to accommodate the caller's need for the drug within 48 hours when the request was made Monday through Thursday.



WEEKEND ACCESSIBILITY

Using information from both the telephone and written surveys, we determined the following concerning weekend access to ECPs. Of the 58 schools that provide ECPs (Figure 4):

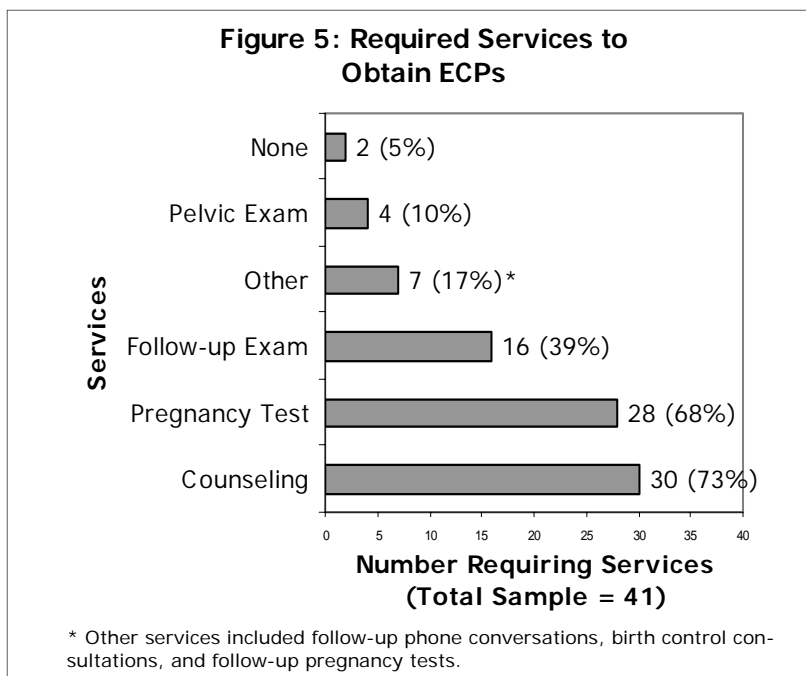
- ◆ Forty-one percent (24/58) were closed entirely.
- ◆ Sixteen percent (9/58) were open for an extended length of time for students to access the facilities (six or more hours between Saturday and Sunday).
- ◆ Twelve percent (7/58) were open for limited hours on weekends (less than six hours between Saturday and Sunday).
- ◆ Thirty-one percent (18/58) had undetermined hours on weekends. (Health centers that are identified as having undetermined weekend hours did not return their health administrator survey to provide a listing of weekend health center hours.)
- ◆ Five health centers (9%) that provide ECPs volunteered information on the health administrator survey indicating that ECPs could be obtained anytime by phone if the clinic is not open.

COST OF ECPs VARIES GREATLY

The cost for the visit to the health center and for the pills varied dramatically between health centers. Costs ranged from \$10 at one school to \$55 at another. Of the 58 schools that prescribe ECPs, 21 had student health insurance that covered some or all of the fees. When insurance covered the visit and/or the ECPs, the students either had to pay a small co-payment ranging from \$1 to \$5 dollars, or nothing at all. At schools where the health insurance did not cover the ECPs, the average cost to students was \$19.

REQUIRED SERVICES FOR STUDENTS OBTAINING ECPs

Most health centers have required services students must receive in order to obtain ECPs. The information in Figure 5, detailing the services required at various health centers, is based on the 41 health administrator surveys that were returned by health centers that provide ECPs.



PRESCRIBING ECPs BEFORE THEY ARE NEEDED

The majority of schools that provide ECPs do not allow students to obtain the drug for use at a later time. Of the 41 schools that returned health administrator surveys, 58 percent of respondents indicated that their health centers do not write prescriptions for

students to use at a later time. Slightly less than one-third (31%) of respondents indicated that their health center would write advance prescriptions. Eleven percent of respondents left this question blank on the survey.

Less than one-third of health centers write ECP prescriptions for a woman to use at a later time.

EDUCATING THE CAMPUS ABOUT ECPs

In addition to asking health administrators their procedure for providing emergency contraceptive pills, administrators were asked how they distribute information about ECPs to the campus population. All of the health administrators who returned the written survey and whose health centers provide ECPs indicated that they use at least one form of education to make the campus aware of ECPs, and most health centers that provide ECPs used an average of four types of education to distribute information about the drug.

The most frequently used forms of education reported by health administrators where ECPs are available are pamphlets in the health centers, health education and peer education programs, and student health guides. Fewer health centers utilize their websites and freshmen orientation sessions to inform students about the availability of ECPs.

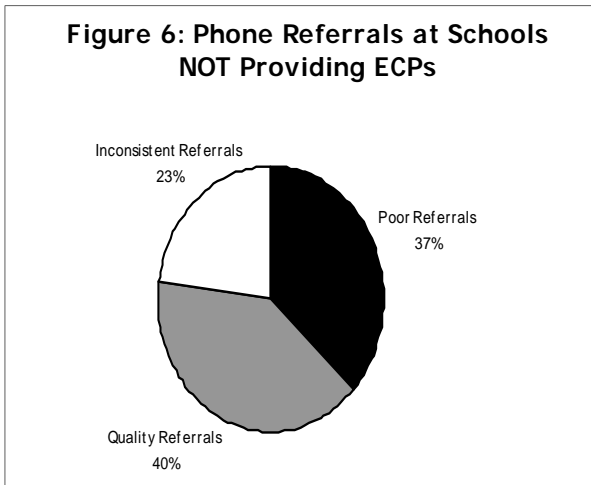
CAMPUS HEALTH CENTERS THAT DO NOT PRESCRIBE ECPs

ADEQUACY OF REFERRALS

Out of the 102 colleges and universities surveyed by phone, 43 schools (42%) do not provide emergency contraceptive pills. When a health center responded that it did not provide ECPs, the caller requested a referral. For the purpose of the study, a referral was defined as including the correct name and phone number of a specific clinic or doctor that prescribes ECPs and is open at some time in the following 24 hours. When a referral met these conditions, it was ranked as a quality referral. Conversely, if a clinic staff member or health administrator refused to give out a name or number, provided incorrect information, gave the name of a clinic that does not prescribe ECPs, or referred the student to a site that was not open in the next 24 hours, it was ranked as a poor referral.

Sixty percent of schools that do not provide ECPs gave poor or inconsistent referrals to students.

During the telephone survey, when callers were told a health center did not provide ECPs, they requested a referral and then followed up on the information they received. Each referral site was called at the time the referral was given, to determine whether or not it was a quality referral. Figure 6 provides a breakdown of the quality of referrals that were received during the telephone survey.



Eleven schools included in this study are affiliated with the Roman Catholic Church. None of these schools provide ECPs to students. Just over one-half of Catholic-affiliated schools (6/11) provided quality referrals during the telephone survey. Four Catholic-affiliated schools provided poor referrals and one proved to be inconsistent.

EDUCATING THE CAMPUS ABOUT ECPs

Health centers that do not provide ECPs also do not offer the campus population much information regarding the drug or its availability. Of the 21 schools that returned their health administrator surveys, twelve health administrators indicated that they provide some form of ECP education on campus. The most frequently used forms of education among schools not providing ECPs are health education programs and pamphlets in the health center. An average of two educational tools are used at schools not providing ECPs, as opposed to the average of four tools at schools that do make the drug available to their students. Nine administrators indicated that their health centers provide no on-campus education on ECPs.

COMPETENCY OF HEALTH CENTER STAFF

In addition to determining the level of availability of emergency contraceptive pills at New York State's colleges and universities, this study gauged how health center staff members responded to requests for ECPs. Staff members were often uninformed on the center's policy and procedure for dispensing ECPs, as well as the cost of the pills.

Five cases were found in which the telephone and health administrator survey responses

Staff members were often uninformed on the center's policy and procedure for dispensing ECPs, as well as the cost of the pills.

differed on the fundamental question of ECP provision. In four cases callers were consistently told they could not get ECPs at the health center, while the health administrator survey indicated that ECPs were available. The opposite occurred in the remaining fifth case.

Discrepancies in information about availability is an apparent problem, but not the only short-coming found through this study. Among the 58 schools that do provide ECPs, only nineteen gave consistent responses regarding the cost of obtaining ECPs, leaving an overwhelming number of cases (39/58) where prospective patients received inaccurate information. Moreover, health center personnel at fifteen schools handled telephone requests for ECPs in a manner our callers classified as "hostile/judgmental." In one case, a caller was specifically told that some nurses refused to prescribe ECPs, despite the health center's established policy to provide the medication. The quality of how requests were handled, in addition to discrepancies in actual information provided, may be shaped by the personal views of the staff and the quality of training staff receive regarding ECP provision.

CONCLUSION

College-age women have the highest rates of unintended pregnancy and abortion in the United States. Colleges need to play a more active role in reducing the unintended pregnancy and abortion rates of their female students and must make a greater commitment to offering the most effective methods of pregnancy prevention in a cost and time efficient manner.

However, ECPs have not yet become a standard pregnancy prevention method for many college women. Over forty percent of schools in New York State fail to offer ECPs to students, and many schools that do provide ECPs are not ensuring access at all times. Schools often require students to undergo unnecessary procedures and services to obtain the medication, and health center staff are often uninformed about campus policy. Widespread inability to obtain ECPs at college and university health centers across New York State indicates substandard reproductive health care for female patients at campus health centers.

This study also reveals why emergency contraceptive pills are still a well-kept secret: if health care providers do not provide ECPs, and do not educate women about ECPs, patients are less likely to know about, request, or use the drug. Health care professionals, including those on college and university campuses, must lead the way in making ECPs an integrated reproductive health care option for all women.

By integrating ECPs into the general preventive health care services available on campus, informing students more aggressively of the potential of ECPs, and educating college health care personnel on the proper ECP protocols, colleges can become part of the solution to a national problem.

RECOMMENDATIONS

MAKE EC MORE AVAILABLE

Colleges and universities have an excellent opportunity to lower unintended pregnancy rates among their students by making emergency contraceptive pills available on campus. All campus health centers should offer ECPs to female students. All college health centers that prescribe medication should also be dispensing ECPs, or at a minimum, providing prescriptions for ECPs as a pregnancy prevention method.

The timeframe in which ECPs must be accessed and taken in order to be effective demands that the process in which women get the drug be as easy as possible. Advance prescriptions, increased health center hours on weekends, telephone consultations and prescriptions when the health center is not open, and quality referrals to health care providers that will prescribe ECPs are all necessary components to increasing the availability of the drug on campuses. Time-consuming hurdles reduce the efficacy of the drug and make women less likely to seek it as a form of pregnancy prevention.

Health centers should also avoid any unnecessary, burdensome procedures and costs involved in obtaining the drug. Studies have shown that required services, including pregnancy tests, are not necessary in the process of prescribing emergency contraceptive pills.²² Such services can become a financial burden on women, causing them to avoid or delay seeking care. While counseling should always be offered as an option, including contraceptive counseling, it is unnecessary to have students come to the health center for special appointments. Any information needed for a prescription can easily be obtained in a phone interview.

CREATE GREATER AWARENESS OF EMERGENCY CONTRACEPTIVE PILLS

The more familiar women are with pregnancy prevention methods, the more likely they will be to use them. This is true for emergency contraceptive pills. Campus health centers and college administrators must take a more active role in making students aware of ECPs. Placing educational posters in key areas on campus, such as women's dorms, women's bathrooms, women's locker rooms, and the exam rooms at the health centers are a first step in creating awareness about this method. Other materials, such as pamphlets, should be part of the general information students are given about health

care and pregnancy prevention. Campuses should also explore and implement creative ways of reaching students, including holding “EC Days,” partnering with student groups (such as sororities) to publicize ECPs, and including information in freshmen orientation materials.

EDUCATE CAMPUS HEALTH CARE PROFESSIONALS

Health center staff members should be able to provide female students with accurate information about this pregnancy prevention method without judgment or delay. In order to do so, health center staff members must be educated about the use of emergency contraceptive pills, the health center’s policy on prescribing the pills, the cost, and the health center hours during which a woman can obtain them. Center administrators should develop written protocols to ensure students are getting accurate information and treatment. In addition, when health centers are unable to fulfill a request for ECPs, health center staff members should be able to provide a quality referral.

NOTES

- ¹ Henshaw SK. Unintended pregnancy in the United States. *Fam Plann Perspect.* 1992;24:24-29, 46.
- ² The Centers for Disease Control and Prevention. Youth risk behavior surveillance: National college health risk behavior survey. Atlanta, GA: Centers for Disease Control and Prevention, 1995.
- ³ The Alan Guttmacher Institute. *Facts in Brief: Induced Abortion.* New York: Alan Guttmacher Institute, 2000.
- ⁴ Sawyer R et al. Emergency contraceptive pills: A survey of use and experiences at college health centers in the Mid-Atlantic United States. *Journal of American College Health.* 1996;44:139-143.
- ⁵ Trussell J, Stewart F, Hatcher RA. Emergency contraceptive pills: A simple proposal to reduce unintended pregnancies. *Fam Plann Perspect.* 1992;24:269-273.
- ⁶ For the purposes of this study, we focus on emergency contraceptive pills. Intrauterine devices (IUDs) may also be used as a post-coital contraceptive if inserted within 5 days of unprotected intercourse. However, pills are far more commonly used than IUDs as emergency contraception.
- ⁷ Food and Drug Administration. Prescription drug products. Certain combined oral contraceptives for use as post-coital emergency contraception: Notice. *Fed Regist.* 1997;62:8610-8612.
- ⁸ Trussell J and Raymond EG. Statistical evidence concerning the mechanism of action of the Yuzpe regimen of emergency contraception. *Obstet Gynecol.* 1999;59:147-151.
- ⁹ Glasier A and Baird D. Emergency post-coital contraception. *New England Journal of Medicine.* 1997;337:1058-1064.
- ¹⁰ Trussell J, Rodriguez G, and Ellerston C. Updated estimates of the effectiveness of the Yuzpe regimen of emergency contraception. *Contraception.* 1999;59:147-151.
- ¹¹ Trussell J et al. Preventing unintended pregnancy: The cost-effectiveness of three methods of emergency contraception. *American Journal of Public Health.* 1997;87:932-937.
- ¹² Task Force on Postovulatory Methods of Fertility Regulation. Randomised controlled trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for emergency contraception. *Lancet.* 1998;352:428-433.
- ¹³ Ellerston C. History and efficacy of emergency contraception: Beyond Coca-Cola. *Fam Plann Perspect.* 1996;28:44-48.
- ¹⁴ American College of Obstetricians and Gynecologists. FDA should grant OTC status to emergency oral contraception. News Release, 6/30/01. http://www.acog.org/from_home/publications/press_releases/nr06-30-01-3.htm.
- ¹⁵ American College of Obstetricians and Gynecologists. New ACOG leader promotes widespread advance prescriptions for emergency contraception. News Release, 4/30/01. http://www.acog.org/from_home/publications/press_releases/nr04-30-01-1.htm.
- ¹⁶ Wells ES et al. Using pharmacies in Washington state to expand access to emergency contraception. *Fam Plann Perspect.* 1998;30:288-290.
- ¹⁷ California Statutes 2001. Chapter 900 California Business and Professional Code, Section 4052.
- ¹⁸ Henry J. Kaiser Family Foundation. National survey of health care providers on emergency contraception. Menlo, CA: Henry J. Kaiser Family Foundation, 2000.
- ¹⁹ Henry J. Kaiser Family Foundation. National surveys of Americans and health care providers on emergency contraception. Menlo, CA: Henry J. Kaiser Family Foundation, 1997.
- ²⁰ New York State Education Department. Institutional directory: Colleges and universities in New York state. <http://www.highered.nysed.gov/ocue/Inst%20Directory.pdf>
- ²¹ The following list contains the counties within each region: Capital District: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington; Central NY: Cayuga, Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego, Otsego, Tompkins; Hudson Valley: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester; Long Island: Nassau, Suffolk; North Country: Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, St. Lawrence; Southern Tier: Broome, Chemung, Chenango, Delaware, Schuyler, Steuben, Tioga, Yates; Western NY: Allegany, Cattaraugus, Chataugua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Seneca, Wayne; and New York City.
- ²² Grimes DA, Raymond EG. Bundling a pregnancy test with the Yuzpe regimen. *Obstet Gynecol.* 1999;94:471-473.

APPENDICES

Appendix A: Telephone Survey

Name of Caller _____

Name of College/University _____

Phone Number _____ (Weekday/Friday/Weekend)

Date _____ Day of Week _____ Time _____

Caller: Hi, I'm an undergrad at (school name). I need to get the morning-after pill.
Can I get it at the health center?

Yes No

Transferred? Yes No

of times _____

Put on hold? Yes No

of times _____

If NO:

Caller: Then do you know where else I can go to get it?

Name of Referral _____

Phone _____

If YES:

Caller: When can I come in? Same Day Other _____

Next Day

Caller: Can I get the prescription filled while I'm there? Yes No

Caller: Will the college/university health insurance cover it? Yes No

Post-Call Comments:

Did the person(s) with whom you spoke ask your name? Yes No

Was/were the person(s) hostile/judgmental, etc.? Yes No

Was/were the person(s) supportive/kind, etc.? Yes No

If a referral was provided, was it a quality referral? Yes No

Please feel free to write any additional comments on back of sheet.

Appendix B: Survey of Health Administrators

Name of College/University _____

Address _____

Phone _____ Fax _____

Email _____

*Name of Person Completing Form _____

*Title _____

-
1. Does your college/university have health services available to students through an on-campus health center? Yes No
2. Does your college/university provide students with information regarding the availability of emergency contraception (EC) through:
- A. Freshmen orientation? Yes No
 - B. Other health education programs? Yes No
 - C. Student health guides? Yes No
 - D. Peer education programs? Yes No
 - E. Pamphlets available in the health center? Yes No
 - F. Website? Yes No
 - G. Other _____
3. Does your college/university provide EC through on-campus health facilities? Yes No
- A. If yes, do you have a written protocol for the distribution of EC? Yes No
(please attach)
 - B. If no, does your college/university offer an appropriate referral to students who request EC? Yes No
- Name of Primary Referral _____
- Address _____
- _____
- _____
- Phone _____

If your school does not provide EC, please go to the end of the survey.

*Please note that this information is strictly for confirmation purposes only and will not be published or released in any form.

4. Are any of the following services required for a student obtaining EC:
- a. Counseling? Yes No
 - b. Pregnancy Test? Yes No
 - c. Pelvic or other gynecological exam? Yes No
 - d. Follow-up exam? Yes No
 - e. Other _____

5. What is the total fee for a student to obtain EC from your college/university, including the costs for all required services specified above? \$ _____

6. Does your college/university's health insurance program cover the total cost (including any extra services) to a student receiving EC? Yes No

- If no, does your college/university health insurance cover any of the costs for receiving EC? Yes No

7. During what hours can a student receive EC on a:

- a. Weekday with appointment From: ____ To: ____
 Not available
 Weekday as a walk-in From: ____ To: ____
 Not available

- b. Weeknight with appointment From: ____ To: ____
 Not available
 Weeknight as a walk-in From: ____ To: ____
 Not available

- c. Saturday with appointment From: ____ To: ____
 Not available
 Saturday as a walk-in From: ____ To: ____
 Not available

- d. Sunday with appointment From: ____ To: ____
 Not available
 Sunday as a walk-in From: ____ To: ____
 Not available

8. During those hours in which EC is unavailable, does your college/university provide a referral to students who request EC? Yes No

a. If yes, to whom do you refer your students?

Name of Primary Referral _____

Address _____

Phone _____

9. Can a student obtain a prescription for EC to be used at a later time? Yes No

Thank you for your participation.

Appendix C: How Does Your School Compare?

The following chart provides information regarding ECP availability at the 102 New York State College health centers that prescribe medication. Schools are in alphabetical order.

KEY: **College/University**

ECP Availability
Weekend Availability
Services Required
Affiliation
School Population Size;
Region
Referral Quality

Services Required

C=Counseling
P=Pregnancy Test
G=Gynecological Exam
F=Follow-Up
O=Other
NA=Information Not Available

Color Coding

Provides ECPs
 Does Not Provide ECPs

<p><u>Alfred University</u> Provides ECPs Undetermined Hours Services: NA Private 2,400; Western NY</p>	<p><u>Bard College</u> Provides ECPs Closed on Weekends Services: C,O Private 1,400; Hudson Valley</p>	<p><u>Barnard College</u> Provides ECPs Closed on Weekends Services: P,O Private 2,300; New York City</p>
<p><u>Baruch College CUNY</u> Does Not Provide ECPs — Public 15,000; New York City Quality Referral</p>	<p><u>Brooklyn College CUNY</u> Provides ECPs Closed on Weekends Services: C Public 15,000; New York City</p>	<p><u>Canisius College</u> Does Not Provide ECPs — Private, Catholic 5,000; Western NY Poor Referral</p>
<p><u>Cazenovia College</u> Provides ECPs Limited Weekend Hours Services: C,P,G,F Private 900; Central NY</p>	<p><u>City College CUNY</u> Does Not Provide ECPs — Public 11,400; New York City Quality Referral</p>	<p><u>Clarkson University</u> Provides ECPs Closed on Weekends Services: C,P Private 2,700; North Country</p>
<p><u>Colgate University</u> Provides ECPs Extended Weekend Hours Services: C Private 2,800; Central NY</p>	<p><u>College of Mount Saint Vincent</u> Does Not Provide ECPs — Private 1,600; New York City Quality Referral</p>	<p><u>The College of New Rochelle</u> Does Not Provide ECPs — Private 7,200; Hudson Valley Quality Referral</p>

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Color Coding
 Provides ECPs
 Does Not Provide ECPs

<p><u>The College of Saint Rose</u> Does Not Provide ECPs ——— Private 4,000; Capital Region Quality Referral</p>	<p><u>College of Staten Island CUNY</u> Does Not Provide ECPs ——— Public 12,000; New York City Poor Referral</p>	<p><u>Columbia University</u> Provides ECPs Limited Weekend Hours Services: C,P Private 11,000; New York City</p>
<p><u>Concordia College</u> Provides ECPs Undetermined Hours Services: NA Private 600; Hudson Valley</p>	<p><u>Cornell University</u> Provides ECPs Extended Weekend Hours Services: O Private 19,000; Central NY</p>	<p><u>Daemen College</u> Does Not Provide ECPs ——— Private 1,900; Western NY Quality Referral</p>
<p><u>Dominican College of Blauvelt</u> Provides ECPs Limited Weekend Hours Services: NA Private 1,700; Hudson Valley</p>	<p><u>D'Youville College</u> Does Not Provide ECPs ——— Private 1,900; Western NY Quality Referral</p>	<p><u>Elmira College</u> Provides ECPs Closed on Weekends Services: C,P,F Private 2,000; Southern Tier</p>
<p><u>Fashion Institute of Technology</u> Provides ECPs Undetermined Hours Services: NA Public 11,200; New York City</p>	<p><u>Fordham University</u> Does Not Provide ECPs ——— Private, Catholic 13,600; New York City Poor Referral</p>	<p><u>Hamilton College</u> Provides ECPs Closed on Weekends Services: C,P,F Private 1,700; Central NY</p>
<p><u>Hartwick College</u> Provides ECPs Extended Weekend Hours Services: P Private 1,500; Southern Tier</p>	<p><u>Hobart and William Smith College</u> Provides ECPs Limited Weekend Hours Services: P,F Private 1,800; Western NY</p>	<p><u>Hofstra University</u> Does Not Provide ECPs ——— Private 12,800; Long Island Inconsistent Referral</p>

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Color Coding
 Provides ECPs
 Does Not Provide ECPs

<p><u>Houghton College</u> Does Not Provide ECPs — Private 1,400; Western NY Inconsistent Referral</p>	<p><u>Hunter College (CUNY)</u> Does Not Provide ECPs — Public 19,600; New York City Quality Referral</p>	<p><u>Iona College</u> Does Not Provide ECPs — Private, Catholic 4,700; Hudson Valley Inconsistent Referral</p>
<p><u>Ithaca College</u> Provides ECPs Undetermined Hours Services: C Private 5,900; Central NY</p>	<p><u>Julliard School</u> Provides ECPs Closed on Weekends Services: C,P,G,F Private 1,100; New York City</p>	<p><u>Keuka College</u> Does Not Provide ECPs — Private 800; Southern Tier Quality Referral</p>
<p><u>Le Moyne College</u> Does Not Provide ECPs — Private, Catholic 3,100; Central NY Quality Referral</p>	<p><u>Lehman College CUNY</u> Does Not Provide ECPs — Public 9,000; New York City Poor Referral</p>	<p><u>Long Island University, Brooklyn Campus</u> Provides ECPs Undetermined Hours Services: NA Private 8,000; New York City</p>
<p><u>Long Island University, CW Post Campus</u> Does Not Provide ECPs — Private 9,200; Long Island Quality Referral</p>	<p><u>Long Island University, Southampton College</u> Provides ECPs Undetermined Hours Services: NA Private 2,800; Long Island</p>	<p><u>Manhattan College</u> Does Not Provide ECPs — Private, Catholic 3,000; New York City Quality Referral</p>
<p><u>Manhattanville College</u> Does Not Provide ECPs — Private 2,100; Hudson Valley Inconsistent Referral</p>	<p><u>Marist College</u> Does Not Provide ECPs — Private 4,800; Hudson Valley Quality Referral</p>	<p><u>Marymount College</u> Provides ECPs Undetermined Hours Services: NA Private 800; New York City</p>

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Color Coding

Provides ECPs
 Does Not Provide ECPs

<p><u>Medaille College</u></p> <p>Does Not Provide ECPs — Private 1,200; Western NY Poor Referral</p>	<p><u>Mercy College</u></p> <p>Does Not Provide ECPs — Private 8,400; Hudson Valley Poor Referral</p>	<p><u>Molloy College</u></p> <p>Does Not Provide ECPs — Private 2,300; Long Island Poor Referral</p>
<p><u>Nazareth College of Rochester</u></p> <p>Provides ECPs Closed on Weekends Services: P Private 2,800; Western NY</p>	<p><u>New School University</u></p> <p>Provides ECPs Closed on Weekends Services: None Private 1,200; New York City</p>	<p><u>New York Institute of Technology</u></p> <p>Does Not Provide ECPs — Private 9,100; Long Island Poor Referral</p>
<p><u>New York Technical College CUNY</u></p> <p>Provides ECPs Undetermined Hours Services: NA Public 11,180; New York City</p>	<p><u>New York University</u></p> <p>Provides ECPs Undetermined Hours Services: NA Private 36,700; New York City</p>	<p><u>Niagara University</u></p> <p>Does Not Provide ECPs — Private, Catholic 2,900; Western NY Inconsistent Referral</p>
<p><u>Nyack College</u></p> <p>Does Not Provide ECPs — Private 1,600; Hudson Valley Quality Referral</p>	<p><u>Pace University</u></p> <p>Provides ECPs Closed on Weekends Services: C,P Private 13,200; New York City</p>	<p><u>Paul Smith's College of Arts and Sciences</u></p> <p>Provides ECPs Closed on Weekends Services: C,P,O Private 800; North Country</p>
<p><u>Plattsburgh SUNY</u></p> <p>Provides ECPs Closed on Weekends Services: C,P Public 5,900; North Country</p>	<p><u>Pratt Institute</u></p> <p>Does Not Provide ECPs — Private 3,800; New York City Poor Referral</p>	<p><u>Rensselaer Polytechnic University</u></p> <p>Provides ECPs Undetermined Hours Services: NA Private 6,500; Capital Region</p>

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Color Coding
 Provides ECPs
 Does Not Provide ECPs

<p><u>Roberts Wesleyan College</u></p> <p>Does Not Provide ECPs — Private 1,500; Western NY Poor Referral</p>	<p><u>Rochester Institute of Technology</u></p> <p>Provides ECPs Closed on Weekends Services: C,P Private 12,600; Western NY</p>	<p><u>Russell Sage College</u></p> <p>Provides ECPs Closed on Weekends Services: C,P,F Private 1,000; Capitol Region</p>
<p><u>Sarah Lawrence College</u></p> <p>Provides ECPs Closed on Weekends Services: C,O Private 1,400; Hudson Valley</p>	<p><u>School of Visual Arts</u></p> <p>Does Not Provide ECPs — Private 5,300; New York City Quality Referral</p>	<p><u>Siena College</u></p> <p>Does Not Provide ECPs — Private, Catholic 3,000; Capital Region Inconsistent Referral</p>
<p><u>Skidmore College</u></p> <p>Provides ECPs Extended Weekend Hours Services: C,P,F,O Private 2,600; Capital Region</p>	<p><u>St. Bonaventure University</u></p> <p>Does Not Provide ECPs — Private, Catholic 2,900; Western NY Inconsistent Referral</p>	<p><u>St. Francis College</u></p> <p>Does Not Provide ECPs — Private, Catholic 2,400; New York City Quality Referral</p>
<p><u>St. John Fisher College</u></p> <p>Does Not Provide ECPs — Private, Catholic 2,500; Western NY Quality Referral</p>	<p><u>St. John's University</u></p> <p>Does Not Provide ECPs — Private, Catholic 18,300; New York City Poor Referral</p>	<p><u>St. Lawrence University</u></p> <p>Provides ECPs Limited Weekend Hours Services: C,P,F Private 1,900; North Country</p>
<p><u>SUNY Albany</u></p> <p>Provides ECPs Extended Weekend Hours Services: P,F Public 16,900; Capital Region</p>	<p><u>SUNY Binghamton</u></p> <p>Provides ECPs Closed on Weekends Services: P Public 12,300; Southern Tier</p>	<p><u>SUNY Brockport</u></p> <p>Provides ECPs Limited Weekend Hours Services: C Public 8,600; Western NY</p>

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 Does Not Provide ECPs

<p><u>SUNY Buffalo</u> Provides ECPs Extended Weekend Hours Services: C,P,G,F Public 23,400; Western NY</p>	<p><u>SUNY College at Canton</u> Provides ECPs Closed on Weekends Services: C,P Public 2,000; North Country</p>	<p><u>SUNY College at Cobleskill</u> Provides ECPs Undetermined Hours Services: NA Public 2,300; Capital Region</p>
<p><u>SUNY College at Delhi</u> Provides ECPs Limited Weekend Hours Services: P,F Public 2,000; Southern Tier</p>	<p><u>SUNY College at Morrisville</u> Provides ECPs Closed on Weekends Services: C,P,G,F Public 2,800; Central NY</p>	<p><u>SUNY College of Technology at Alfred</u> Does Not Provide ECPs — Public 2,800; Western NY Inconsistent Referral</p>
<p><u>SUNY Cortland</u> Provides ECPs Closed on Weekends Services: C,P,O Public 6,500; Central NY</p>	<p><u>SUNY Farmingdale</u> Does Not Provide ECPs — Public 5,500; Long Island Poor Referral</p>	<p><u>SUNY Fredonia</u> Inconclusive — Public 4,800; Western NY Quality Referral</p>
<p><u>SUNY Geneseo</u> Provides ECPs Undetermined Hours Services: NA Public 5,500; Western NY</p>	<p><u>SUNY Maritime College</u> Provides ECPs Undetermined Hours Services: NA Public 800; New York City</p>	<p><u>SUNY New Paltz</u> Provides ECPs Undetermined Hours Services: NA Public 6,400; Hudson Valley</p>
<p><u>SUNY Old Westbury</u> Does Not Provide ECPs — Public 3,400; Long Island Inconsistent Referral</p>	<p><u>SUNY Oneonta</u> Provides ECPs Extended Weekend Hours Services: C,P,F Public 5,400; Southern Tier</p>	<p><u>SUNY Oswego</u> Provides ECPs Closed on Weekends Services: C Public 7,700; Central NY</p>

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Provides ECPs
 Does Not Provide ECPs

<p><u>SUNY Potsdam</u></p> <p>Provides ECPs Undetermined Hours Services: NA Public 4,000; North Country</p>	<p><u>SUNY Purchase</u></p> <p>Provides ECPs Closed on Weekends Services: C,P,F Public 3,600; Hudson Valley</p>	<p><u>SUNY Stony Brook</u></p> <p>Provides ECPs Closed on Weekends Services: C Public 18,600; Long Island</p>
<p><u>SUNY at Utica/Rome</u></p> <p>Provides ECPs Closed on Weekends Services: C,P,F Public 2,500; Central NY</p>	<p><u>Syracuse University</u></p> <p>Provides ECPs Undetermined Hours Services: NA Private 14,500; Central NY</p>	<p><u>Union College</u></p> <p>Provides ECPs Extended Weekend Hours Services: C,P,F Private 2,500; Capital Region</p>
<p><u>United States Merchant Marine Academy</u></p> <p>Does Not Provide ECPs — Public 900; Long Island Poor Referral</p>	<p><u>United States Military Academy</u></p> <p>Does Not Provide ECPs — Public 4,200; Hudson Valley Poor Referral</p>	<p><u>University of Rochester</u></p> <p>Provides ECPs Extended Weekend Hours Services: None Private 8,100; Western NY</p>
<p><u>Utica College</u></p> <p>Provides ECPs Closed on Weekends Services: C Private 2,000; Central NY</p>	<p><u>Vassar College</u></p> <p>Provides ECPs Undetermined Hours Services: NA Private 2,400; Hudson Valley</p>	<p><u>Wagner College</u></p> <p>Provides ECPs Undetermined Hours Services: NA Private 2,100; New York City</p>
<p><u>Wells College</u></p> <p>Does Not Provide ECPs — Private 400; Central NY Poor Referral</p>	<p><u>Yeshiva University</u></p> <p>Does Not Provide ECPs — Private 5,500; New York City Poor Referral</p>	<p><u>York College of CUNY</u></p> <p>Does Not Provide ECPs — Public 5,600; New York City Inconsistent Referral</p>

RESOURCES

Several professional and advocacy organizations are committed to providing information on emergency contraceptive pills. Whether you are a woman looking for an emergency contraception provider, an administrator at a campus health center, a health care professional, or an individual who simply wants to learn more, this resource guide can help. While this resource list is not exhaustive, it provides information on several leading resources on the subject of emergency contraception.

American College of Obstetricians and Gynecologists
409 12th Street, NW, PO Box 96920
Washington, DC 20090-6920
<http://www.acog.org>
(206) 638-5577

Association of Reproductive Health Professionals
2410 Pennsylvania Ave NW, Suite 350
Washington, DC 20037
<http://www.arhp.org/ec>
(202) 466-3825

Consortium for Emergency Contraception
PO Box 13950
Research Triangle Park, NC 27709
<http://www.cecinfo.org>

National Emergency Contraception Hotline
1-888-NOT-2-LATE

Office of Population Research at Princeton University
<http://www.not-2-late.com>

Pacific Institute for Women's Health
2999 Overland Ave, Suite 111
Los Angeles, CA 90064
<http://www.piwh.org>
(310) 842-6828

PATH (Program for Appropriate Technology in Health)
4 Nickerson Street
Seattle, WA 98109-1699
<http://www.path.org>
(206) 285-3500

Physicians for Reproductive Choice and Health
55 West 39th Street, 10th Floor
New York, NY 10018
<http://www.prch.org>
(646) 366-890

Plan B (Women's Capital Corporation)
1990 M Street NW, Suite 250
Washington, DC 20036
<http://www.go2planB.com>
(800) 330-1271

Planned Parenthood Federation of America
810 7th Ave
New York, NY 10019
<http://www.plannedparenthood.org>
(800) 669-0156

Preven
<http://www.preven.com>
(888) PREVEN-2

Reproductive Health Technologies Project
PO Box 33344
Washington, DC 20033
<http://www.rhnp.org>
(202) 530-2900



The NARAL/NY Foundation
462 Broadway, Suite 540
New York, NY 10013
212.343.0114
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naralny@naralny.org