

SR 37

**URGING ALL HOSPITAL EMERGENCY ROOMS
IN THE STATE TO PROVIDE EMERGENCY
CONTRACEPTION ON DEMAND TO VICTIMS OF
SEXUAL ASSAULT OR RAPE**

**Hospitals; Sexual Assault; Emergency
Contraception**



THE SEX ABUSE TREATMENT CENTER

A Program of Kapi'olani Medical Center for Women & Children

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DATE: 03/30/2009

TO: The Honorable David Y. Ige, Chair
The Honorable Josh Green, M.D., Vice Chair
Committee on Health

FROM: Adriana Ramelli, Executive Director
The Sex Abuse Treatment Center

RE: Support for SCR63 & SR37
Emergency Contraception for Sexual Assault Victims

Good afternoon Senators Ige and Green and members of the Senate Committee on Health. My name is Adriana Ramelli and I am the Executive Director of the Sex Abuse Treatment Center (SATC), a program of the Kapi'olani Medical Center for Women & Children (KMCWC), an affiliate of Hawaii Pacific Health.

The SATC supports SCR63 & SR37 to urge all hospital emergency rooms in the State to provide emergency contraception on demand to victims of sexual assault. The SATC strongly commends the Senators who have introduced these resolutions. Regrettably, year after year proposed legislation to support a women's right to access emergency contraception have failed. This is not acceptable. It is clearly time to ensure that all hospital emergency rooms in the State adhere to the accepted standard of care for victims of sexual assault as endorsed by the American College of Obstetricians and Gynecologists and the American Medical Association.

Sexual assault is a horrific act of violence; and following an attack, women are left to cope with the raw painful emotions of a situation that was forced upon them. In addition, these women are forced to cope with and manage the many physical consequences of sexual violence. One very serious physical consequence is an unwanted pregnancy. Every year, approximately 300,000 women are raped and about 25,000 women of them become pregnant as a result of the sexual assault (Steward, Russell American Journal of Preventive Medicine Nov. 2000).

Victims of sexual assault should have the right to access therapeutic and medical care following an assault as well as the right to determine their own course of action after an event that stripped them of all of their control.

The SATC is a community program designed to support the needs of victims and is available to them following an assault. The KMCWC is the designated hospital for sexual assault victims to receive a comprehensive medical-legal examination. This examination entails the detection and treatment of injuries, collection of legal evidence, testing for sexually transmitted diseases, and pregnancy testing. If a victim is concerned about or at risk for an unwanted pregnancy, the examining physician will offer

information about and discuss the option of prescribing the emergency contraceptive pill.

Medical Centers on Oahu are aware of the forensic medical services of the SATC and do refer victims to the KMCWC Emergency Department for the comprehensive examination. This system works when victims want the comprehensive forensic examination services of the SATC. However, not all choose this method of care and may be concerned only about becoming pregnant from the assault. If this is the case, the system works when a victim can walk into any emergency room, be evaluated for the risk of pregnancy, and offered the option of receiving emergency contraception.

We strongly urge the passage of SCR63 & CR37. It will demonstrate compassion and safety for female sexual assault victims, while ensuring that Hawaii joins other states in adhering to the accepted standard of care for victims of sexual assault.

Thank you for this opportunity to testify.

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March 30, 2009

Testimony in Support of SR 37 and SCR 63

To: Senator David Ige, Chair and Senator Josh Green, Vice Chair and Members of the Senate Committee on Health.

From: Katie Reardon, Vice President of Government & Public Affairs, Planned Parenthood of Hawaii

Re: Testimony in Support of SR 37 and SCR 63

Thank for hearing my testimony in support of SR 37 and SCR 63, resolutions urging emergency rooms in Hawaii to offer information about and access to Emergency Contraceptives (hereinafter "EC") to sexual assault victims. Though the Senate passed a bill on this issue, SB604 failed in the House. I truly appreciate the effort by the Senators who introduced these resolutions and by the members of this Committee to proceed on this issue and to support sexual assault victims in Hawaii. Accordingly, Planned Parenthood of Hawaii supports these resolutions.

Sexual Assault is a Frequent and Traumatic Occurrence for Hawaii's Women.

In 2007 there were 248,300 rapes in the United States.¹ According to the most recent Crime in Hawaii report, there were 377 forcible rapes reported to law enforcement in Hawaii in 2007.² While the overall crime rate was down, the rate of forced rapes increased by 3.9%.³ Notable is the many rapes that go unreported each year. Major studies show that reporting rates for rape and sexual assault are approximately 40%.⁴ Still some studies have shown that rate to be as low as 16%.⁵ Many of these victims required emergency medical care at one of Hawaii's emergency rooms.

Spouse, neighbor, or stranger- no matter who the perpetrator, sexual assault is a life threatening event and one that leaves victims with not just physical injury, but with long term emotional scars, including depression, anxiety, and intense fear.⁶ Approximately one third of all victims suffer from Post Traumatic

¹ *National Crime Victimization Survey*, US Department of Justice Bureau of Crime Statistics, 2005

² *Crime in Hawaii*, Hawaii Attorney General's Office, 2007

³ *Id.*

⁴ *National Crime Victimization Survey*, 2005

⁵ National Center for Victims of Crime & Crime Victims Research and Treatment Center, *Rape in American: A Report to the Nation*, (1992).

⁶ See, American Medical Association, *Strategies for the Treatment and Prevention of Sexual Assault*, (1995), stating that 80% of sexual assault victims seek services related to mental health needs some time after the assault.

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(A Maui United Way Agency)

Stress Disorder.⁷ Many victims require extensive counseling or therapy to heal from their assaults. Left untreated, sexual assault can lead to significant long term mental health problems.

Pregnancy Resulting from Rape Causes Victims Further Trauma.

Lingering health concerns exacerbate the trauma of a sexual assault. All victims must deal with the reality of reproductive health concerns following an assault. Each victim faces the possibility of contracting an STI or becoming pregnant as the result of a rape.

Pregnancy as the result of a rape can be profoundly traumatic. Sexual assault takes away a person's fundamental control and autonomy over her body. Victims have no choice over engaging in sexual activity, let alone using contraception. For some victims, pregnancy does occur. Though statistics vary, the average rate of pregnancy resulting from rape is somewhere between 1 to 5% with an estimated 32,000 rape related pregnancies occurring every year.⁸ A total of 32.4 percent of these victims did not discover they were pregnant until they had already entered the second trimester; 32.2 percent opted to keep the infant whereas 50 percent underwent an abortion and 5.9 percent placed the infant for adoption; and additional 11.8 percent had spontaneous abortion.⁹

To be clear, though pregnancy does not occur in all, or even most, cases of sexual assault, each victim who has experience forced and unwanted sexual intercourse must confront the risk of pregnancy and other issues related to her sexual and reproductive health. A pregnancy resulting from rape is not just unplanned, it is forced. Denying victims the information and autonomy to make sound medical decisions regarding their reproductive health only furthers the violation of a rape.

Emergency Contraception is Standard of Care for Sexual Assault Victims and is Supported by the Community.

EC is a safe and effective means of preventing pregnancy after a sexual assault. It is not an abortion pill, nor does it cause abortion. EC is a higher dose contraceptive, similar to the commonly used birth control pill. EC, when taken within 72 hours of an assault, prevents ovulation and fertilization of an egg. It may, but has not been conclusively shown to, prevent implantation of an egg. EC has been approved by the FDA.¹⁰

Providing EC to sexual assault victims is the best practice in emergency medical care. Various professional medical associations have stated that this is the preferred standard of care.

The **American Medical Association** has published guidelines for the emergency treatment of sexual assault victims. Those guidelines call for the provision of EC to victims.¹¹

The **American College of Obstetrics and Gynecology** has also established guidelines for treatment of sexual assault victims. In "Acute Treatment of Sexual Assault Victims", ACOG states EC should be offered to all victims of sexual assault if they are at risk of pregnancy.¹²

⁷ National Center for Victims of Crime & Crime Victims Research and Treatment Center, (1992).

⁸ Holmes, Melissa and Resnick, Heidi A. and Kirkpatrick, Dean G. and Best, Connie L. *Rape-related Pregnancy: Estimates and Descriptive Characteristics from a National Sample of Women*. American Journal of Obstetrics and Gynecology, Vol. 175, 2, pp. 320-325. (1995).

⁹ Id.

¹⁰ See Task Force on Postovulatory Methods of Fertility Regulation. *Randomised controlled trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for EC*. The Lancet (1998), 352: 428-433.

¹¹ See, *Strategies for the Treatment and Prevention of Sexual Assault*.

¹² See, American College of Obstetricians and Gynecologists, *Violence Against Women: Acute Care of Sexual Assault Victims* (2004), at http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=1625.

In a 2005 statewide survey of voters, conducted by Planned Parenthood of Hawaii through the services of QMark, a research and polling company, 84 percent of the respondents stated that victims of rape should receive medically accurate information and should be offered EC.

Nonetheless, some of our hospitals do not provide EC, or even information about EC to victims. According to an informal telephone survey performed by Health Mothers Healthy Babies, out of 17 hospitals, only 4 stated that they routinely offer EC to sexual assault victims in their emergency rooms.¹³ Five Oahu hospitals refer victims to Kapiolani Medical Center where they can receive EC, if those victims choose to undergo a forensic rape kit examination.¹⁴ Victims deserve the best care, no matter the hospital they visit. In light of the violence every sexual assault victim experiences, denying a sexual assault victim proper care is unconscionable

Planned Parenthood Has Concerns Regarding “Religious Exemptions”

We support these resolutions, but have concerns about the ‘religious exemption’ language. It is evident from the resolution that the language was crafted in a thoughtful and careful manner. Still, it must be considered that there is no basis in law for such an exemption and that an exemption will likely cause further harm to victims.

Requiring emergency rooms to provide sexual assault victims with the basic standard of emergency medical care, which includes EC, does not impede on any constitutional right to freedom of religion. Both the US Supreme Court and Hawaii’s Supreme Court have upheld similarly neutral laws of general applicability and have dismissed the idea that laws require religious exemptions.¹⁵

Advocates who opposed SB 604, or alternatively asked for a religious exemption amendment, pointed to Catholic Church doctrine forbidding the use of contraceptives. However a close look at Church policy on health care, as expressed in *Ethical and Religious Directives for Catholic Health Care Services, Fourth Edition* (hereinafter “*Directives*”) indicates that the provision of EC after sexual assault is an acceptable practice.

From the *Directives*:

“Compassionate and understanding care should be given to a person who is the victim of sexual assault. Health care providers should cooperate with law enforcement officials and offer the person psychological and spiritual support as well as accurate medical information. A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum.”¹⁶

¹³ Hospitals include Molokai General, Wilcox Memorial on Kauai, Kapiolani Medical Center, Waianae Coast Comprehensive Health Center, and Tripler.

¹⁴ Hospitals include Kuakini Medical Center, Queens Medical Center, Wahiawa General Hospital, Straub Hospital, and Kaiser.

¹⁵ *Employment Div., Dep’t of Human Res. Of Oregon v. Smith*, 494 U.S. 872 (1990) (holding that neutral laws of general applicability that have incidental effects on religious believers do not violate the First Amendment and do not require religious exemptions); See also *State v. Sunderland* 115 Haw. 396 (2007) (upholding a general law that appellant argued interfered with his religious practice and refusing to require a religious exemption).

¹⁶ *Ethical and Religious Directives for Catholic Health Care Services, Fourth Edition, Part Three: The Professional Patient Relationship*, Directive 36, accessed from <http://www.usccb.org/bishops/directives.shtml#partone>.

Most importantly, the provision of the accepted standard of care, especially to a victim at the time of immediate crisis, must not be denied at the whim of an organization's moral or religious beliefs. To do so perpetrates more harm. The potential harm to a victim, both physical and emotional, related to either denying care or delaying treatment and transporting her to a second facility, cannot be ignored. Because we believe that all sexual assault victims deserve the best care, no matter what emergency room they report to and regardless of religion, we feel that a religious exemption is an inappropriate detraction from the important goal of this legislation

Please Support SR 37 and SR 63 and Hawaii's Sexual Assault Victims.

Crucial to a victim's healing is restoring her ability to make decisions and have control over her own body. These resolutions are meaningful steps toward assisting victims and lessening their trauma, as well as restoring their power. Please pass SR 37 and SCR 63.



February 23, 2009

TO: Senator David Y. Ige, Chair and Senator Josh Green, M.D., Vice Chair Committee
On Health
Members of Committee on Health

FROM: Jackie Berry, Executive Director

RE: SCR 63 and SR 37 Urging All Hospital Emergency Rooms in the State to Provide
Emergency Contraception on Demand to Victims of Sexual Assault or Rape

Hearing: Monday, March 30, 2009

Honorable Chairperson Ige, Vice Chairperson Green and Members of the Committee
On Health

HMHB is a statewide coalition of public and private agencies and individuals committed to the improvement of maternal and infant health status in Hawaii through education, coordination and advocacy. **HMHB is testifying today in support of SCR 63 and SR 37** to ensure that victims of sexual assaults are given information about emergency contraception when they receive medical care at a hospital for sexual assault, and that they have immediate access to emergency contraception if they request it.

Emergency Contraception (EC) is a safe and effective FDA approved method of preventing unintended pregnancy following unprotected sex. Medical research strongly indicates that the sooner EC is administered post exposure, the better the change of preventing an unintended pregnancy. EC will not terminate a pregnancy if a woman is already pregnant. The American College of Emergency Physicians (ACEP) and the American College of Obstetricians and Gynecologists (ACOG) concur that EC counseling and treatment should be offered to all victims of sexual assault if it is determined that they are at risk for pregnancy.

The hospital is often the first point of medical contact for victims of sexual assault and those hospitals should be providing the full range of rape counseling and treatment services to those who seek care. Women have a right to receive all information on treatment options for their health and well being. Facilities that do not provide access to this information and care are depriving their patients of the right to make an informed decision for themselves regarding preventing an unintended pregnancy that may result from rape.

Thank you for opportunity to testify

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COMMITTEE ON HEALTH

Sen. David Ige, Chair

Sen. Josh Green, Vice Chair

Monday, March 30, 2009

3:30 PM

Room 016

SUPPORT

SCR 63/SR 37 - Emergency Contraception on Demand for Rape Survivors

HTHTestimony@capitol.hawaii.gov

Aloha Chair Ige, Vice Chair Green and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative working to improve conditions of confinement for our incarcerated individuals, enhance our quality of justice, and promote public safety. We come today to speak for the 6,000+ individuals whose voices have been silenced by incarceration, always mindful that more than 2,000 of those individuals are serving their sentences abroad, thousands of miles from their homes and loved ones.

SCR 63/SR 37 urges all hospital emergency rooms in the state to provide emergency contraception on demand to victims of sexual assault or rape.

Community Alliance on Prisons strongly supports this resolution as many of our incarcerated women are survivors of sexual assault and the traumatic aftermath. We are saddened that some special interests have gone behind closed doors to kill SB 604 and HB 423, bills that required that all emergency rooms in Hawai'i provide sexual assault victims with information and access to emergency contraceptives.

According to the AG's 2007 Crime in Hawai'i report the rate of forced rapes increased by 3.9%, while the overall crime rate was down. Many of these victims required emergency medical care at one of Hawai'i's emergency rooms.

In the aftermath of rape, victims find themselves dealing with a host of reproductive and sexual health issues, including pregnancy. Though statistics vary, the average rate of pregnancy resulting from rape is somewhere between 1 to 5% with an estimated 32,000 rape related pregnancies occurring every year.

Providing EC in the ER is the accepted standard of care. The American Medical Association's Guidelines for treating sexual assault victims states that victims should be informed about and provided EC. The American College of Obstetrics and Gynecology also supports this standard of care. Hawai'i hospitals should offer no less than the accepted standard of care for victims of sexual assault.

Community Alliance on Prisons urges passage of these resolutions and is grateful for this opportunity to testify.



A JOINT LEGISLATIVE EFFORT

E-Mail to: HTHTestimony@Capitol.hawaii.gov
Regarding: Senate Committee on HTH
Hearing on: March 30, 2009 @ 3:30 p.m. #016

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Date: March 26, 2009

To: Senate Committee on Health
Sen. David Ige, Chair
Sen. Josh Green, Vice-Chair

From: Dennis Arakaki
Executive Director
Hawaii Family Forum / Hawaii Catholic Conference

Re: Opposition to SR 37 /SCR 63 Urging All Hospital Emergency Rooms in the State to Provide Emergency Contraception on Demand to Victims of Sexual Assault or Rape

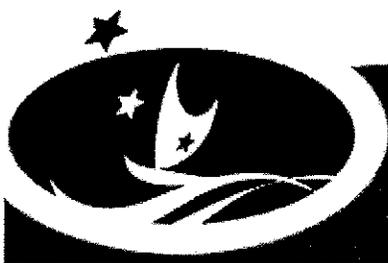
Honorable Chair and members of the Senate Committee on Health, I am Dennis Arakaki, **representing both the Hawaii Family Forum and the Hawaii Catholic Conference** which is the public policy voice for the Roman Catholic Church in the State of Hawaii.

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii. The Hawaii Catholic Conference, under the leadership of Bishop Larry Silva, represents over 220,000 Catholics in Hawaii.

Along with our community partner, St. Francis Healthcare System of Hawaii, we strongly oppose SR 37 because it requires hospitals to provide emergency contraception to sexual assault victims ON DEMAND.

Because of its religious tenets, St. Francis Healthcare System does not provide birth control or abortion services. Although St. Francis no longer operates its two medical centers, the Hawaii Medical Center has agreed (as a condition of the sale and lease of the land) to comply with the Ethical and Religious Directives for Catholic Health Care Services. We agree with the Hawaii Medical Center (St. Francis) that a religious exemption clause would best serve the community. That way, the hospital would not be forced to act outside of its lease agreement with St. Francis.

Mahalo for the opportunity to testify.



DEMOCRATIC PARTY OF HAWAII

Hawai'i State Democratic Women's Caucus 1050 Ala Moana Blvd #D-26, Honolulu, HI 96814 Email: hidemocraticwomenscaucus@yahoo.com

March 30, 2009

To: Senator David Ige, Chair
Senator Josh Green, M.D., Vice Chair and
Members of the Committee on Health

From: Jeanne Ohta, Chair of Legislative Committee, Hawai'i State Democratic Women's Caucus

Re: SR 37 URGING ALL HOSPITAL EMERGENCY ROOMS IN THE STATE TO PROVIDE
EMERGENCY CONTRACEPTION ON DEMAND TO VICTIMS OF SEXUAL ASSAULT OR RAPE

Position: SUPPORT

Thank you for hearing this resolution and for allowing me to provide testimony today, in support of SR 37 which urges all hospitals to provide emergency contraception (EC) on demand to women who are victims of sexual assault or rape

The Hawai'i State Democratic Women's Caucus is a catalyst for progressive, social, economic, and political change through action on critical issues facing Hawai'i's women and girls. It is because of this mission, the Women's Caucus strongly supports this measure which provides for an accepted standard of medical care for victims of sexual assault.

Victims of rape are faced with many difficult decisions that must be made after the assault in addition to dealing with physical and psychological trauma. During this crisis, the patient should not be forced to seek treatment in a different facility. HSDWC is dismayed that the victim's needs are being ignored by legislators who insist that religion is somehow more important than caring for a rape victim. At a time of crisis, can we not all agree that the needs of the victim take precedence over theological discussions?

We call your attention to the American Medical Association's Guidelines for treating sexual assault victims which states that victims should be informed about and provided EC.¹ The American College of Obstetrics and Gynecology also supports this standard of care.² We simply cannot allow care that does not meet established standards. In the aftermath of rape, victims find themselves dealing with a host of reproductive and sexual health issues, including pregnancy. Providing information about EC and administering EC within the recommended 72 hours can prevent pregnancy. Women who have been raped have a particularly compelling need for quick and easy access to EC.

¹ American Medical Association, *Strategies for the Treatment and Prevention of Sexual Assault* (1995).

² American College of Obstetricians and Gynecologists, *Violence Against Women: Acute Care of Sexual Assault Victims* (2004), at http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=1625

Sex assault victims must be provided with this standard of care no matter where treatment is sought. Hospitals are not excused from their duty to provide these accepted standards of care. All hospitals should provide emergency care to sexual assault survivors with written and oral information about EC that is medically and factually accurate and should be provided an option to receive emergency contraception at the hospital.

There is overwhelming support for offering EC to women following a sexual assault. One survey found that 78 percent of women feel their hospital should provide EC for anyone who has been raped (Catholics for Free Choice, 2000). A survey of registered voters conducted for Planned Parenthood Action Fund in June 2001 confirmed these findings: three of four voters favored requiring all hospitals to make EC available to women who have been raped.

Providing EC to survivors of sexual assault is good medical practice, regardless of a hospital's religious affiliation. The women of Hawaii deserve a standard of medical care that is NOT dictated by religious beliefs.

While HSDWC prefers stronger legislation requiring EC in emergency rooms, we urge the committee to pass SR 37 and show that this legislature understands and supports the needs of sexual assault victims. Thank you for allowing me to submit my testimony in support of this measure.