



LINDA LINGLE
GOVERNOR OF HAWAII

CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

House Committee on Finance

, H.D. 1,

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

February 27, 2008, 2:30 p.m.

1 **Department's Position:** The Department understands the intent of H.B. 0466, H.D. 1, but must oppose
2 it because of the fiscal considerations necessary to establish and maintain a statewide delivery system
3 and because of the bill's impact on healthcare facilities who oppose providing this service in principle.

4 **Fiscal Implications:** There is a need to determine the estimated amount of funds necessary to carry out
5 the requirements of the bill. Fiscal impact is undetermined at present.

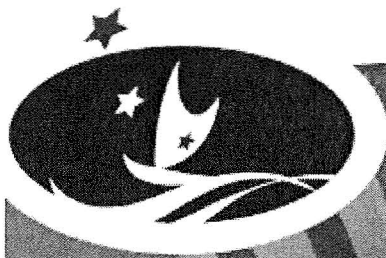
6 **Purpose and Justification:** H.B. 0466, H.D. 1 ensures that sexual assault victims are given medically
7 accurate information about Emergency Contraception (EC) when they receive medical care at a hospital
8 for sexual assault, and that they have immediate access to EC upon request. There should be no delay in
9 making EC known and available to the victim as soon as possible within 72 hours from the time of
10 assault.

11 The bill states that "the cost of any EC dispensed shall be paid by the Department using moneys
12 from the Domestic Violence and Sexual Assault Special Fund under Section 321-1.3." This requires the
13 establishment and maintenance of a statewide delivery system with unknown costs.

14 The number of sexual assault victims who present at the emergency rooms in Hawaii is
15 unknown. The number of referrals to sex assault forensic medical services is also unknown. In order
16 for a statewide delivery system to be implemented, the following issues need to be considered: a system

1 to purchase and distribute prescription and over the counter EC; a billing system for reimbursement of
2 EC; and a plan to monitor and enforce the requirements of the bill. Protocols and written policy
3 regarding the treatment and referral of sexual assault, especially for minors; also need to be established.
4 This system will require training on sexual assault and emergency contraceptives to those who treat
5 victims. In order to determine the cost of this statewide system, the Department will need to partner
6 with stakeholders that include hospitals, pharmacies, healthcare facilities and sexual assault service
7 providers.

8 Thank you for the opportunity to testify on this subject.



WOMEN'S CAUCUS

DEMOCRATIC PARTY OF HAWAII

February 26, 2008

**TO: Representative Marcus Oshiro, Chair
Representative Marilyn Lee, Vice Chair
And Members of the House Committee on Finance**

**FROM: Debbie Shimizu, Co-Chair
Hawaii State Democratic Women's Caucus**

**RE: HB 466 HD1 Relating to Health
(February 27, 2008 at 2:30 p.m. Room 308)**

POSITION: STRONG SUPPORT WITH AMENDMENT

Good afternoon Chair Oshiro, Vice Chair Lee, and Members of the House Committee on Finance. My name is Debbie Shimizu and I am testifying as Co-Chair of the Hawaii State Democratic Women's Caucus in strong support with amendment of HB 466 HD1 Relating to Health.

HB466 HD1 requires all hospitals that provide emergency care to sexual assault survivors to provide them with information on emergency contraceptives, to enable these women to make informed choices regarding whether or not to obtain emergency contraception. In addition, this bill requires these hospitals to provide emergency contraception training to emergency care providers. It also allows for training of hospital staff and includes penalties.

SUGGESTED AMENDMENT: The proposed legislation has its effective date to be January 1, 2050. The measure's effective date should be changed to July 1, 2008.

More than 300,000 women are sexually assaulted each year in the United States. Of these an estimated 25,000 will become pregnant as a result. About 22,000 of these pregnancies could be prevented if all women who were raped used emergency contraceptives (*Stewart & Trussell, 2000*). Many hospitals neglect their responsibility to offer emergency contraceptives to sexual assault survivors as an option for reducing the risk of pregnancy. A survey of all 20 (100%) emergency rooms at health care facilities statewide was conducted in February, 2002 by Healthy Mothers, Healthy Babies. The survey found that 2 out of 20 (10%) of all emergency rooms could provide emergency contraceptive access to the caller within the 72-hour time frame. A total of 18 out of 20 (90%) of the emergency room's were not able to provide emergency contraceptive access to the caller. Widespread access and availability of emergency contraceptives for all women as a means of reducing unintended pregnancy is endorsed by many groups, including the American Medical Association and the American College of Obstetricians and Gynecologists (*ACOG, 2001; AMA, 2000*).

The Hawaii State Democratic Women's Caucus firmly believes that emergency contraception should be provided immediately at every hospital to any sexual assault survivor who requests it, including the provision of the initial dose, which the sexual assault survivor can take at the hospital, as well as any appropriate subsequent dosage as is medically prescribed, necessary, or required.

We urge your Committee to pass this important legislature that will protect women having endured the horrific experience of rape. Please help Hawaii's girls and women. Thank you for this opportunity to submit testimony in strong support.

#



ACTION NETWORK

501(c)4 Organization

1350 S. King Street • Suite 309 • Honolulu, Hawaii 96814 • Phone: (808) 589-1156 • Fax: (808) 589-1404

February 26, 2008

To: Rep. Marcus Oshiro, Chair and Rep. Marilyn Lee, Vice Chair and
Members of the House Committee on Finance

From: Allicyn Hikida-Tasaka, President, Board of Directors of Planned Parenthood of Hawaii-Action Network

Re: Testimony in Support of HB 466 HD1 Relating to Health

Thank you for allowing me to testify today in support of HB 466 HD1. I am Allicyn Hikida-Tasaka, President of the Planned Parenthood of Hawaii-Action Network. The Action Network is the 501 c 4 non-profit agency of Planned Parenthood of Hawaii. We were formed in 2007 to encourage and protect informed individual choice regarding reproductive health care, to advocate public policies which guarantee the right to choice and full and nondiscriminatory access to reproductive health care, and to foster and preserve a social and political climate favorable to the exercise of reproductive choice.

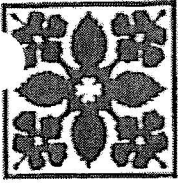
We support HB 466 because it is in keeping with our purpose to encourage and protect informed individual choice regarding reproductive health care. This bill requires that hospital emergency room personnel provide medically accurate information on emergency contraception (EC) to survivors of sex assault and if desired, provide EC.

This legislation is important because women who have been sexually assaulted deserve immediate and comprehensive attention and a hospital emergency department is often the first point of contact for care following an assault. Women who have been sexually assaulted should be given clear information about the potential of pregnancy and the availability of EC.

Hospitals, especially nonprofit hospitals, are community assets and have a duty to provide the health care that the community needs. Women who have been sexually assaulted need to be offered a comprehensive regimen of care. The provision of EC in these circumstances has become a standard of medical care endorsed by the country's leading medical associations, including American Medical Association and the American College of Obstetricians and Gynecologists. All health care institutions that counsel and treat women who have been sexually assaulted should inform and provide meaningful treatment of EC.

At present the following states have legislation requiring EC in the ER: Illinois, Washington, California, Florida, Kentucky, Connecticut, Ohio, Maryland, and New York. We urge the passage of HB 466 so that Hawaii can join the effort of assuring full and compassionate care to survivors of sex assault.

We ask also, that the effective date of this legislation be changed to July 1, 2008. Thank you for allowing us to testify today.



Hawai'i Women's Political Caucus

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Alice Tucker
Director

State Chapter of the
National Women's
Political Caucus

February 26, 2008

TO: Rep. Marcus Oshiro, Chair
Rep. Marilyn Lee, Vice Chair
And Members of the House Committee on Finance

FROM: Faye Kennedy
President, Hawaii Women's Political Caucus

RE: HB 466 HD1 Relating to Health
(February 27, 2008 at 2:30 p.m. Room 308)

POSITION: STRONG SUPPORT WITH AMENDMENT

Good afternoon Chair Oshiro, Vice Chair Lee, and Members of the House Committee on Finance. My name is Faye Kennedy and I am submitting testimony as President of the Hawaii Women's Political Caucus in strong support of HB 466 HD1 Relating to Health.

HB 466 HD1 requires a hospital and public health facilities to provide information and emergency contraception to a sexual assault victim, includes training for medical professionals and also includes penalties.

SUGGESTED AMENDMENT:

The proposed legislation has it effective date to be January 1, 2050. Perhaps due to a drafting error, the measure's effective date should be changed to July 1, 2008.

Emergency contraceptives are a safe and effective means of reducing the risk of pregnancy after unprotected intercourse. It is unethical to withhold emergency contraceptives for any reason from a woman who has been raped. All hospitals should, in good conscious, have the responsibility to provide emergency care to sexual assault survivors with written and oral information that is medically and factually accurate. And it is the right of every woman who has been sexually assaulted to have the option of receiving emergency contraception at the hospital.

The Hawai'i Women's Political Caucus was established in 1981 and is a multi-partisan organization committed to increasing women's participation in the political process and increasing their representation in elected and appointed office. HWPC also supports male candidates committed to its goals. HWPC is dedicated to equality in employment, stopping all violence against women, and improving the health and well-being of women and families. Reproductive freedom is one of our most fundamental issues.

On behalf of the Hawaii Women's Political Caucus, I urge your Committee to pass this important measure that ensures the rights of women to make decisions about their own bodies.

Thank you for the opportunity to submit this testimony in strong support of HB 466 HD1.



January 24, 2007

Committee: House Finance
HB 466 HD 1: Relating to Health

Honorable Chairperson Oshiro and Members of the House Finance Committee:

My name is Jackie Berry, Executive Director for Healthy Mothers Healthy Babies of Hawaii (HMHB). 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 HB 466 HD 1 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 chance 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 the 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.

There are still significant barriers to accessing EC in Hawaii. Even though the FDA has approved emergency contraception, Plan B, for over-the counter use- the pharmacy is not the optimal place to receive rape-related education and care. A woman who has been assaulted should instead receive trauma-specific counseling and treatment, including EC, when they enter any Hawaii hospital for her initial care and follow-up services.

Thank you for the opportunity to testify.

COMMUNITY ALLIANCE ON PRISONS

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REALLY LATE TESTIMONY

COMMITTEE ON FINANCE

Rep. Marcus Oshiro, Chair

Rep. Marilyn Lee, Vice Chair

Wednesday, February 27, 2008

2:30 PM

Room 308

STRONG SUPPORT - HB 466 HD1 - EC in the ER

Aloha Chair Oshiro, Vice Chair Lee and Members of the Committees!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative working on prison reform and criminal justice issues in Hawai`i for almost a decade. I respectfully offer my testimony while remembering that Hawai`i has more than 6,000 people behind bars - more than 2,000 of whom are serving their sentences abroad, thousands of miles away from their loved ones.

HB 466 HD1 requires a hospital, including a public health facility, to provide information and emergency contraception to a sexual assault victim; requires training; includes penalties.

Community Alliance on Prisons stands in strong support of this long over-due health measure. Many of the women in prison are survivors of sexual assault and abuse who, unfortunately, turned to drugs to dull their pain, which then landed them in the jaws of the criminal processing system.

It is without a doubt that hospitals should be offering the standard of care to people and if they are unwilling to do so, they should not be in the health care business. Emergency contraception does not interfere with an established pregnancy. It prevents an unwanted pregnancy. Why would any person of good will want a woman to relive one of the most painful experiences of her life by not offering her the medically proven option of EC?

Emergency contraception is a safe and effective means of reducing the risk of pregnancy after unprotected sex. Women who have been sexually assaulted have a particularly compelling need for quick and easy access to emergency contraceptives. Although there is a rape protocol in existence through trained physicians and specific hospitals, the treatment is a *protocol*, not a law. It is not even a regulation. This protocol amounts to a recommendation, not a mandate and can be withdrawn or weakened at any point. All of a patient's health care needs should be met in the emergency room, especially those patients who have been violated by rape.

Time is of the essence in the dispensing of EC. It is most effective if taken within 12 hours and can be effective up to 120 hours after unprotected sex, but its efficacy decreases the longer one waits. It is, therefore, vital that women be offered EC in the emergency room, so she doesn't have to search for it herself after enduring such a traumatic experience.

The American College of Obstetricians and Gynecologists and the American Public Health Association recommend that EC be offered to all rape patients at risk of pregnancy. Likewise, in their guidelines for treating women who have been raped, the American Medical Association advises physicians to ensure that rape patients are informed about and, if appropriate, provided EC.

A few years ago Healthy Mothers, Healthy Babies conducted a survey and discovered that 90 percent of the ER's do not dispense EC. This means that for those victims who chose not to call the police or the rape crisis centers, there will be unintended pregnancies resulting from rape. Women, who have suffered will be faced with an agonizing decision about what to do. For women who have just endured the worst trauma of their life because of the rape, they will now have to endure the trauma of wondering whether they could face an unwanted pregnancy. This is inhumane, in our view. A recent survey by Q Mark revealed that 84% of respondents agreed that all hospitals should provide all rape victims with medically accurate information about the potential of pregnancy as a result of the rape and that the victims should be offered EC to prevent pregnancy. Only 14 percent felt that religious based hospitals should not be required to offer EC; 2 percent were undecided.

Some emergency care facilities, invoking religious objections, refuse to provide EC because it may interfere with the implantation of a fertilized egg. Such baseless objections cannot be allowed to stand against the urgent needs of a woman who has been raped. Emergency care facilities — whether religiously affiliated or not — are ethically and morally obligated to offer the best care possible to everyone who comes through their doors in need of care. EC is basic health care for women who have been raped.

Please support women and pass HB 466 HD1.

Mahalo for this opportunity to testify.



VIA FAX: 586-6001

Committee: Committee on Finance
Hearing Date/Time: Wednesday, February 27, 2008, 2:30 p.m.
Place: State Capitol, Conference Room 308
Re: *Testimony of the ACLU of Hawaii in Support of H.B. 466, HD1 (HSCR217-08)*

Dear Chair Oshiro and Members of the Committee on Finance:

The American Civil Liberties Union of Hawaii ("ACLU of Hawaii") writes in support of H.B. 466, HD1 (HSCR217-08) which seeks to require a hospital, including a public health facility, to provide information and emergency contraception to a sexual assault victim. The bill also seeks to require training and includes penalties.

Throughout the country, many emergency care facilities fail to offer women who have been raped the treatment they need to prevent pregnancy. Emergency contraceptive (EC) pills, sometimes referred to as "morning-after" pills, can prevent pregnancy after unprotected intercourse, including rape.¹ EC significantly reduces the risk of pregnancy if taken within 72 hours of unprotected intercourse or contraceptive failure. It is most effective if taken within 12 hours of intercourse, but can be effective up to at least 120 hours.²

Many emergency care facilities fail to provide EC to women who have been raped, and some fail even to inform women seeking care after an assault that such a treatment is available. According to a study by the ACLU, fewer than 40 percent of emergency care facilities in eight of eleven states surveyed provide EC on-site to rape victims.³ The failure of hospitals and other facilities treating rape victims to provide EC leaves these women at risk of becoming pregnant as a result of assault. EC is part of comprehensive care for women who have been raped and should be offered on-site by emergency care facilities.

Six states – California, Massachusetts, New Jersey, New Mexico, New York, and Washington – have passed laws requiring emergency care facilities to offer EC to rape victims they treat. Many other states have introduced similar measures.

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Emergency care facilities should offer EC to a woman during her initial exam following a sexual assault.

Time is absolutely critical for a woman who wishes to prevent pregnancy after rape. The effectiveness of EC diminishes with delay: Experts stress that EC is most effective the sooner it is taken, with effectiveness decreasing every 12 hours.⁴ Therefore, it is extremely important that, during an initial examination, emergency care facilities offer EC to women who have been raped.

A woman who has been raped who does not obtain EC in an emergency care facility must track down EC on her own. Because of recent action by the Food and Drug Administration, EC is currently available at the pharmacy to women 18 and older who present government-issued proof of age. For women under the age of 18 and adult women who do not have government-issued proof of age, a prescription is still necessary to obtain EC.

Regardless of this effort to increase availability of EC, a woman who has been raped should not have to seek out additional medical care to prevent pregnancy. In addition to the emotional burden this imposes, a rape victim would face increased risk of pregnancy because of the delay inherent in having to take further steps to track down EC, and in some instances she may be unable to obtain EC at all.

Major medical groups recommend that EC be offered to women to prevent pregnancy after a sexual assault.

The American College of Obstetricians and Gynecologists and the American Public Health Association recommend that EC be offered to all rape patients at risk of pregnancy.⁵ Likewise, in their guidelines for treating women who have been raped, the American Medical Association advises physicians to ensure that rape patients are informed about and, if appropriate, provided EC.⁶

Sexual assault victims' groups around the country have also advocated to increase access to EC for rape victims.⁷ In addition, the National Sexual Violence Resource Center has worked to ensure that every sexual assault victim is offered the means to prevent pregnancy when she receives treatment at an emergency care facility.⁸

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A bill that merely requires emergency care facilities to provide information, a referral, or a prescription for EC, fails to ensure women's health and well-being.

By the time a woman arrives at an emergency facility, hours may have already elapsed since the rape took place. In the time remaining before the EC will cease to be effective, a woman who is merely informed that EC exists would most likely have to find a pharmacy that carries the medication. Unfortunately, studies show some pharmacies do not stock EC and others refuse to dispense it.⁹ As the hours tick by, her chances of preventing pregnancy decrease. Depending on when the rape occurs and where she lives, obtaining EC in time may be virtually impossible.

Some bills may not require that the emergency care facility actually offers the woman EC. Instead, they may only require the facility to simply tell rape victims that EC exists. Because the needs of rape victims are so acute and the window to prevent pregnancy through EC so brief, bills that do less than impose a blanket requirement to offer EC on-site to rape victims are unacceptable.

All emergency care facilities should be required to provide EC.

A rape victim is often taken to an emergency care facility by the police or emergency medical technicians. Under these conditions, most women lack the time, information, and opportunity to assess a given hospital's policy and ask to be taken to a facility that provides EC. Nor should these women be expected to do so after surviving such a brutal crime.

Moreover, in some rural communities, there is only one local hospital. If that hospital does not provide EC, it may be extremely difficult or even impossible for a rape victim to access the care she needs to avoid a pregnancy as a result of the rape.

An institution's religious objections to EC must not imperil a woman's access to timely and comprehensive treatment.

Some emergency care facilities, invoking religious objections, refuse to provide EC because it may interfere with the implantation of a fertilized egg. Such objections cannot be allowed to stand against the urgent needs of a woman who has been raped. Emergency care facilities — whether religiously affiliated or not — are ethically and morally obligated to offer the best care possible to everyone who comes through their doors in need of care. EC is basic health care for women who have been raped.

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Moreover, emergency care facilities treat and employ people of many faiths; they should not be allowed to impose one set of religious beliefs on the people of diverse backgrounds who provide and seek care. If a hospital is unwilling to dispense EC, it is not equipped to treat rape victims.¹⁰

EC prevents pregnancy. It does not induce an abortion.

Emergency contraceptive pills are high doses of oral contraceptives, the birth control pills that millions of women take every day. EC generally works by preventing ovulation or fertilization. It may also work by preventing implantation, although there is no proof of this. EC does not disrupt an established pregnancy, which the medical community defines as beginning with implantation. EC should not be confused with mifepristone (RU-486 or the early-abortion pill), a drug approved by the Food and Drug Administration in September 2000, which causes an abortion in the first 63 days of pregnancy.

The EC regimen usually consists of two doses: the woman must take the first dose within 120 hours of the unprotected intercourse; she takes the second dose 12 hours after the first dose. If the EC is a progestin-only pill, like Plan B, the only FDA approved product specifically designed for emergency contraception, a patient may take both doses at the same time.

To help protect rape victims from unintended pregnancy go to
<http://www.aclu.org/ReproductiveRights/ReproductiveRights.cfm?ID=17705&c=30>

The mission of the ACLU of Hawaii is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawaii fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawaii is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawaii has been serving Hawaii for over 40 years.

Thank you for this opportunity to testify.

Sincerely,

Laurie A. Temple
Staff Attorney
Legislative Committee Member
ACLU of Hawaii

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ENDNOTES

¹ For purposes of this fact sheet, EC means emergency contraceptive pills. Intrauterine devices (IUDs) may also be used as post-coital contraceptives if inserted within 5 days of the unprotected intercourse. However, pills are far more commonly used than IUDs as emergency contraception.

² Charlotte Ellertson et al., Extending the time limit for starting the Yuzpe regimen of emergency contraception to 120 hours, 101 *Obstet. Gynecol.* 1168, 1168 (2003); Helena von Hertzen et al., Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: A WIIO multicentre randomized trial, 360 *Lancet* 1803, 1809-10 (2002).

³ A copy of the ACLU briefing paper, *Preventing Pregnancy after Rape: Emergency Care Facilities Put Women at Risk*, may be downloaded at www.aclu.org/reproductiverights/gen/12748pub20041215.html. If you are interested in conducting a survey, the ACLU manual, *EC in the ER: A manual for improving services for women who have been sexually assaulted*, may greatly assist your efforts. For copies of the manual, or for printed copies of the ACLU EC briefing paper, contact rfp@aclu.org or call 212-549-2633.

⁴ G. Piaggio et al., Timing of emergency contraception with levonorgestrel and the Yuzpe regimen, 353 *Lancet* 721, 721 (1999); see also Task Force on Postovulatory Methods of Fertility Regulation, Randomised controlled trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for emergency contraception, 352 *Lancet* 428, 430-31 & Table 3 (1998).

⁵ American College of Obstetricians and Gynecologists, Sexual Assault 242 *Educ. Bull.* 3 (Nov. 1997); 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.

⁶ See, e.g., American Medical Association, *Strategies for the Treatment and Prevention of Sexual Assault* (1995).

⁷ Letter from Montana Coalition Against Domestic & Sexual Violence et al., to Diane M. Stuart, Director, Office on Violence Against Women (January 6, 2005), available at <http://www.aclu.org/ReproductiveRights/ReproductiveRights.cfm?ID=17278&c=30>

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⁸ National Sexual Violence Resource Center et al., Preventing Pregnancy from Sexual Assault: Four Action Strategies to Improve Hospital Policies on Provision of Emergency Contraception (2003), available at <http://www.nsvrc.org/resources/docs/ECtoolkit.pdf>

⁹ Eve Espey et al., Emergency Contraception: Pharmacy Access in Albuquerque, New Mexico, 102 Obstet. Gynecol. 918, 920 (2003); Clara Bell Duvall Reproductive Freedom Project of the ACLU of Pennsylvania, Knowledge and Availability of Emergency Contraception in Pennsylvania Pharmacies (2002), at <http://www.aclupa.org/duvall/ecinpa/pharmacists.html>.

¹⁰ For a detailed and useful response to religious objections to providing EC for rape victims, see National Sexual Violence Resource Center et al., Supra note 9, at 37-39.

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CHRISTIAN VOICE of HAWAII

Standing for Righteousness in the Public Square
Post Office Box 23055 • Honolulu, Hawai'i 96823

HOUSE FINANCE COMMITTEE

PUBLIC HEARING:

WEDNESDAY, FEBRUARY 27, 2008

9:00 A.M., CONFERENCE ROOM 229

TESTIMONY IN OPPOSITION TO HB 466 HD1 – UNLESS RELIGIOUS EXEMPTION IS INCLUDED

CHAIR MARCUS OSHIRO, VICE-CHAIR MARILYN LEE and
MEMBERS of the HOUSE FINANCE COMMITTEE

Aloha. I offer this testimony today on behalf of Christian Voice of Hawaii, a network of more than 800 ministers from many denominations throughout Hawaii. The network involves pastors and numerous faith-based ministries that are active in the community providing support services such as homeless shelters, food distribution to the needy, family counseling, medical missions, elderly and hospice care, legal counseling, assisting un-wed mothers, problem pregnancies, child services, education and so forth.

The members of the Christian Voice of Hawaii network hereby register our **OPPOSITION** to **HB 466 HD1** because it requires compliance to dispense drugs to induce abortions even if the ethical/moral standards of the hospital forbid the practice of abortion.

Without a religious exemption, this bill would place those religious-based health care institutions whose policies forbid abortion, into the untenable position of choosing whether to violate their policies based on the moral standards of God's law; or violate secular state law. This would place the state into the awkward position of having to enforce a law that is contrary to ethical/moral codes of an institution that in all respects provides life sustaining services. Is the state ready to prosecute a hospital which in good conscience, refuse to dispense "abortion pills"?

While the victims of rape and incest certainly require compassionate care, requiring institutions to provide treatments forbidden by moral and ethical

standards is not the answer. If this bill is to pass, it must include an explicit religious exemption for religious-owned (or operated) health care institutions.

Furthermore, Christian Voice of Hawaii insists that HB 466 HD1 should be amended to include a comprehensive religious exemption to include individual caregivers as well, whether or not they are employed by a religious-based institution. The First Amendment of the U.S. Constitution protects the rights of individuals to practice their religious beliefs, which includes the right to personally uphold the standards required of their faith. To many doctors and nurses that means to purposefully protect life, not to purposefully destroy it through abortion.

Providing such an amendment would only exempt those institutions and individuals who oppose abortion, from being forced into participating in abortion activities. It would not stop or preclude other institutions and individuals from continuing its ongoing policy of killing innocent babies.

Christian Voice of Hawaii and the 800 Christian leaders it represents, OPPOSES HB 466 HD1 unless this legislature amends it to include a comprehensive religious exemption.

The killing of Hawaii's babies has to stop! A day of reckoning is coming when this legislative body and each of you individually, will have to account for your role in the taking of thousands of innocent lives.

Truthfully submitted,



Leon Siu
Director,
Christian Voice of Hawaii



THE SEX ABUSE TREATMENT CENTER

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

Executive Director
Adriana Ramelli

Advisory Board

President
Mimi Beams

Vice President
Peter Van Zile

Marilyn Carlsmith

Senator
Suzanne Chun Oakland

Monica Cobb-Adams

Dennis Dunn

Senator
Carol Fukunaga

Tina Watson
Geraldine A. Hayes

Roland Lagareta

M. Stanton Michels, M.D.

Willow Morton

R. Carolyn Wilcox

Date: February 27, 2008

To: The Honorable Marcus R. Oshiro, Chair
The Honorable Marilyn B. Lee, Vice Chair
Members of the House Committee on Finance

From: Adriana Ramelli, Executive Director
Sex Abuse Treatment Center
Kapi'olani Medical Center for Women and Children

RE: Support for HB 466/HD1
Emergency Contraception for Sexual Assault Victims

Good afternoon Representatives Oshiro and Lee and members of the House Committee on Finance. 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 HB 466/HD1 which requires all hospitals that provide emergency care to female sexual assault victims to provide information on emergency contraceptives and, if the victim so chooses, make it available to them. This sound and compassionate legislation demonstrates a women's right to protect herself against an unwanted pregnancy resulting from a sexual assault.

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. An unwanted pregnancy is one such example of these many physical consequences. 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 emergency contraception.

Offering emergency contraception is also a time-sensitive issue. The medication needs to be administered within 72 hours of the sexual attack to be effective. It is not uncommon for victims to delay seeking immediate medical care because the realities of a sexual assault are often too painful to face. In addition, it is not uncommon for sexual assault victims to be faced with transportation issues and be forced to seek care for the unwanted pregnancy at a medical facility nearest their home.

The passage of HB 466/HD1 will promote sound public policy and demonstrates compassion and safety for sexual assault victims. Most importantly, it demonstrates a woman's right to protect herself against an unwanted pregnancy from a sexual assault.

Thank you for this opportunity to testify.



St. Francis

HEALTHCARE SYSTEM OF HAWAII
A Legacy of Caring for Hawaii's People

Email To: Finance Committee ~ FINtestimony@capitol.hawaii.gov
For House Committee on Finance Hearing, Agenda #5
Wednesday, February 27, 2008, 2:30 p.m., Conference Room 308

February 25, 2008

HOUSE COMMITTEE ON FINANCE

Representative Marcus R. Oshiro, Chair
Representative Marilyn B. Lee, Vice Chair

Testifying: Myron L. Tong, Administrator
St. Francis Healthcare Foundation

St. Francis Healthcare System of Hawaii strongly opposes HB466, HD1 unless a religious exemption is included.

Because of its religious tenets, St. Francis Healthcare System does not provide abortion services, including "emergency contraception" which may induce early abortion. Although St. Francis no longer operates its two medical centers, the Sisters continue to maintain its religious tenets and therefore, included these tenets as a condition of the sale and lease of the land under the two medical centers. As part of the purchase agreement, Hawaii Medical Center has agreed to comply with the Ethical and Religious Directives for Catholic Health Care Services (ERDs).

St. Francis is not suggesting that other health care facilities adopt our practices but support our religious freedom rights to operate in a manner consistent with our religious beliefs. We ask the legislature to provide language for a religious exemption. The following is sample language from HB1240 HD1, 2005 Legislature for a religious exemption:

"A religiously affiliated hospital with a religious objection to participation in the requirement of subsection (xx) shall be exempt therefrom but shall provide emergency care to a sexual assault survivor by providing medically appropriate transportation in a timely manner to another health care facility or provider of the survivor's choice. The religiously affiliated hospital shall be responsible to the cost associated with transportation to the healthcare facility or provider of the survivor's choice. A hospital that is exempt under this subsection shall inform the sexual assault survivor that she will not be held responsible for the cost associated with transportation to the health care facility or provider of the survivor's choice".

I have included relevant section of the Ethical and Religious Directives for Catholic Health Care Services and the Asset Purchase Agreement between St. Francis Healthcare System and Hawaii Medical Center.

St. Francis urges this committee to not pass this legislation unless there is a religious exemption.

Sister Agnelle Ching
Chief Executive Officer

Relevant section of Asset Purchase Agreement

Section 7.11 Ethical and Religious Directives for Catholic Health Care Services.

Buyer hereby covenants and agrees to observe, respect, and abide by The Ethical and Religious Directives for Catholic Health Care Services in the operation of the Facilities and the conduct of the Business, including, without limitation, those prohibiting abortion, sterilizations, and assisted suicides, for so long as Buyer or any Affiliate, transferee, or successor in interest of Buyer leases or otherwise occupies any portion of the Ground Leased Real Property. Buyer acknowledges that the covenants contained in this **Section 7.11** relate to matters which are unique and of a special character which gives this covenant a special value, and that a breach of the covenants contained herein will result in irreparable harm and damages to Seller and the Subsidiaries which cannot be adequately compensated for by a monetary award. Accordingly, it is expressly agreed that in addition to all other remedies available at law or in equity, Seller and the Subsidiaries shall be entitled to the remedy of a temporary restraining order, preliminary injunction or such other form of injunctive or equitable relief as may be issued by any court of competent jurisdiction to restrain or enjoin Buyer from breaching these covenants or otherwise to specifically enforce these covenants, all without any requirement to post a bond or other security or to prove irreparable harm, each and all of which requirements are hereby waived to the fullest extent permitted by Law.

Relevant section of Ethical and Religious Directives for Catholic Health Care Services

PART FOUR

Issues in Care for the Beginning of Life

Introduction

The Church's commitment to human dignity inspires an abiding concern for the sanctity of human life from its very beginning, and with the dignity of marriage and of the marriage act by which human life is transmitted. The Church cannot approve medical practices that undermine the biological, psychological, and moral bonds on which the strength of marriage and the family depends.

Catholic health care ministry witnesses to the sanctity of life "from the moment of conception until death."²⁰ The Church's defense of life encompasses the unborn and the care of women and their children during and after pregnancy. The Church's commitment to life is seen in its willingness to collaborate with others to alleviate the causes of the high infant mortality rate and to provide adequate health care to mothers and their children before and after birth.

The Church has the deepest respect for the family, for the marriage covenant, and for the love that binds a married couple together. This includes respect for the marriage act by which husband and wife express their love and cooperate with God in the creation of a new human being. The Second Vatican Council affirms:

This love is an eminently human one. . . . It involves the good of the whole person. . . . The actions within marriage by which the couple are united intimately and chastely are noble and worthy ones. Expressed in a manner which is truly human, these actions signify and promote that mutual self-giving by which spouses enrich each other with a joyful and a thankful will.²¹

Marriage and conjugal love are by their nature ordained toward the begetting and educating of children. Children are really the supreme gift of marriage and contribute very substantially to the welfare of their parents. . . . Parents should regard as their proper mission the task of transmitting human life and educating those to whom it has been transmitted. . . . They are thereby cooperators with the love of God the Creator, and are, so to speak, the interpreters of that love.²²

For legitimate reasons of responsible parenthood, married couples may limit the number of their children by natural means. The Church cannot approve contraceptive interventions that "either in anticipation of the marital act, or in its accomplishment or in the development of its natural consequences, have the purpose, whether as an end or a means, to render procreation impossible."²³ Such interventions violate "the inseparable connection, willed by God . . . between the two meanings of the conjugal act: the unitive and procreative meaning."²⁴

With the advance of the biological and medical sciences, society has at its disposal new technologies for responding to the problem of infertility. While we rejoice in the potential for good inherent in many of these technologies, we cannot assume that what is technically possible is always morally right. Reproductive technologies that substitute for the marriage act are not consistent with

human dignity. Just as the marriage act is joined naturally to procreation, so procreation is joined naturally to the marriage act. As Pope John XXIII observed:

The transmission of human life is entrusted by nature to a personal and conscious act and as such is subject to all the holy laws of God: the immutable and inviolable laws which must be recognized and observed. For this

reason, one cannot use means and follow methods which could be licit in the transmission of the life of plants and animals.²⁵

Because the moral law is rooted in the whole of human nature, human persons, through intelligent reflection on their own spiritual destiny, can discover and cooperate in the plan of the Creator.²⁶

Directives

38. When the marital act of sexual intercourse is not able to attain its procreative purpose, assistance that does not separate the unitive and procreative ends of the act, and does not substitute for the marital act itself, may be used to help married couples conceive.²⁷
39. Those techniques of assisted conception that respect the unitive and procreative meanings of sexual intercourse and do not involve the destruction of human embryos, or their deliberate generation in such numbers that it is clearly envisaged that all cannot implant and some are simply being used to maximize the chances of others implanting, may be used as therapies for infertility.
40. Heterologous fertilization (that is, any technique used to achieve conception by the use of gametes coming from at least one donor other than the spouses) is prohibited because it is contrary to the covenant of marriage, the unity of the spouses, and the dignity proper to parents and the child.²⁸
41. Homologous artificial fertilization (that is, any technique used to achieve conception using the gametes of the two spouses joined in marriage) is prohibited when it separates procreation from the marital act in its unitive significance (e.g., any technique used to achieve extra-corporeal conception).²⁹
42. Because of the dignity of the child and of marriage, and because of the uniqueness of the mother-child relationship, participation in contracts or arrangements for surrogate motherhood is not permitted. Moreover, the commercialization of such surrogacy denigrates the dignity of women, especially the poor.³⁰
43. A Catholic health care institution that provides treatment for infertility should offer not only technical assistance to infertile couples but also should help couples pursue other solutions (e.g., counseling, adoption).
44. A Catholic health care institution should provide prenatal, obstetric, and postnatal services for mothers and their children in a manner consonant with its mission.
45. **Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which, in its moral context, includes the interval between conception and implantation of the embryo. Catholic health care institutions are not to provide abortion services, even based upon the principle of material cooperation. In this context, Catholic health care institutions need to be concerned about the danger of scandal in any association with abortion providers.**
46. Catholic health care providers should be ready to offer compassionate physical, psychological, moral, and spiritual care to those persons who have suffered from the trauma of abortion.
47. Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child.
48. In case of extrauterine pregnancy, no intervention is morally licit which constitutes a direct abortion.³¹

49. For a proportionate reason, labor may be induced after the fetus is viable.

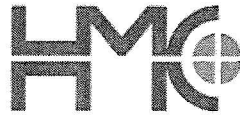
50. Prenatal diagnosis is permitted when the procedure does not threaten the life or physical integrity of the unborn child or the mother and does not subject them to disproportionate risks; when the diagnosis can provide information to guide preventative care for the mother or pre- or postnatal care for the child; and when the parents, or at least the mother, give free and informed consent. Prenatal diagnosis is not permitted when undertaken with the intention of aborting an unborn child with a serious defect.³²

51. Nontherapeutic experiments on a living embryo or fetus are not permitted, even with the consent of the parents. Therapeutic experiments are permitted for a proportionate reason with the free and informed consent of the parents or, if the father cannot be contacted, at least of the mother. Medical research that will not harm the life or physical integrity of an unborn child is permitted with parental consent.³³

52. Catholic health institutions may not promote or condone contraceptive practices but should provide, for married couples and the medical staff who counsel them, instruction both about the Church's teaching on responsible parenthood and in methods of natural family planning.

53. Direct sterilization of either men or women, whether permanent or temporary, is not permitted in a Catholic health care institution. Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available.³⁴

54. Genetic counseling may be provided in order to promote responsible parenthood and to prepare for the proper treatment and care of children with genetic defects, in accordance with Catholic moral teaching and the intrinsic rights and obligations of married couples regarding the transmission of life.



HAWAII MEDICAL CENTER

February 25, 2008

The Honorable Representative Marcus Oshiro
Chairman of the Committee on Finance
39th Representative District
Hawaii State Capitol, Room 306
415 South Beretania Street
Honolulu, Hawai'i 96813

Re: The Hawaii Medical Center does not support HB466 "Relating to Health" (Emergency Contraception)

Hawaii Medical Center opposes HB466, which requires hospitals to provide emergency contraception to sexual assault victims when requested.

In January 2007, HMC consummated a year long negotiation to purchase the assets of St. Francis Medical Center and St. Francis Medical Center – West from St. Francis Healthcare System. St. Francis still owns the land upon which HMC operates the two medical centers.

HMC is contractually required to operate the two hospitals, including the Emergency Departments, in a manner consistent with the Ethical and Religious Directives (ERDs) for Catholic Health Care Services. I have included Section Four of the ERDs (Attachment I) for your review. Also included are the relevant portions of Asset Purchase Agreement between St. Francis and HMC requiring this obligation (Attachment II).

By providing emergency contraception, which can sometimes act to cause an early abortion, would be a substantive violation of our contractual obligations and a grave violation of the sanctity of life principles of the St. Francis Healthcare System.

HMC is asking the Legislature for an exemption from the provisions of HB466 HD1 because it is in direct violation of our contractual requirements with St. Francis Healthcare System.

Hawaii Medical Center urges this committee to make an exemption for HMC because of the ERDs and Asset Purchase agreement. .

Sincerely,

A handwritten signature in black ink, appearing to read 'Danelo R. Canete'.

Danelo R. Canete, M.D.
CEO and President

Attachment I

Ethical and Religious Directives for Catholic Health Care Services

PART FOUR

Issues in Care for the Beginning of Life

Introduction

The Church's commitment to human dignity inspires an abiding concern for the sanctity of human life from its very beginning, and with the dignity of marriage and of the marriage act by which human life is transmitted. The Church cannot approve medical practices that undermine the biological, psychological, and moral bonds on which the strength of marriage and the family depends.

Catholic health care ministry witnesses to the sanctity of life "from the moment of conception until death."²⁰ The Church's defense of life encompasses the unborn and the care of women and their children during and after pregnancy. The Church's commitment to life is seen in its willingness to collaborate with others to alleviate the causes of the high infant mortality rate and to provide adequate health care to mothers and their children before and after birth.

The Church has the deepest respect for the family, for the marriage covenant, and for the love that binds a married couple together. This includes respect for the marriage act by which husband and wife express their love and cooperate with God in the creation of a new human being. The Second Vatican Council affirms:

This love is an eminently human one. . . . It involves the good of the whole person. . . . The actions within marriage by which the couple are united intimately and chastely are noble and worthy ones. Expressed in a manner which is truly human, these actions signify and promote that mutual self-giving by which spouses enrich each other with a joyful and a thankful will.²¹

Marriage and conjugal love are by their nature ordained toward the begetting and educating of children. Children are really the supreme gift of marriage and contribute very substantially to the welfare of their parents. . . . Parents should regard as their proper mission the task of transmitting human life and educating those to whom it has been transmitted. . . . They are thereby cooperators with the love of God the Creator, and are, so to speak, the interpreters of that love.²²

For legitimate reasons of responsible parenthood, married couples may limit the number of their children by natural means. The Church cannot approve contraceptive interventions that "either in anticipation of the marital act, or in its accomplishment or in the development of its natural consequences, have the purpose, whether as an end or a means, to render procreation impossible."²³ Such interventions violate "the inseparable connection, willed by God . . . between the two meanings of the conjugal act: the unitive and procreative meaning."²⁴

With the advance of the biological and medical sciences, society has at its disposal new technologies for responding to the problem of infertility. While we rejoice in the potential for good inherent in many of these technologies, we cannot assume that what is technically possible is always morally right. Reproductive technologies that substitute for the marriage act are not consistent with human dignity. Just as the marriage act is joined naturally to procreation, so procreation is joined naturally to the marriage act. As Pope John XXIII observed:

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54. Genetic counseling may be provided in order to promote responsible parenthood and to prepare for the proper treatment and care of children with genetic defects, in accordance with Catholic moral teaching and the intrinsic rights and obligations of married couples regarding the transmission of life.

Attachment II Relevant section of Asset Purchase Agreement

Section 7.11 Ethical and Religious Directives for Catholic Health Care Services.

Buyer hereby covenants and agrees to observe, respect, and abide by The Ethical and Religious Directives for Catholic Health Care Services in the operation of the Facilities and the conduct of the Business, including, without limitation, those prohibiting abortion, sterilizations, and assisted suicides, for so long as Buyer or any Affiliate, transferee, or successor in interest of Buyer leases or otherwise occupies any portion of the Ground Leased Real Property. Buyer acknowledges that the covenants contained in this **Section 7.11** relate to matters which are unique and of a special character which gives this covenant a special value, and that a breach of the covenants contained herein will result in irreparable harm and damages to Seller and the Subsidiaries which cannot be adequately compensated for by a monetary award. Accordingly, it is expressly agreed that in addition to all other remedies available at law or in equity, Seller and the Subsidiaries shall be entitled to the remedy of a temporary restraining order, preliminary injunction or such other form of injunctive or equitable relief as may be issued by any court of competent jurisdiction to restrain or enjoin Buyer from breaching these covenants or otherwise to specifically enforce these covenants, all without any requirement to post a bond or other security or to prove irreparable harm, each and all of which requirements are hereby waived to the fullest extent permitted by Law.

A JOINT LEGISLATIVE EFFORT

E-Mail to: FINtestimony@Capitol.hawaii.gov
Regarding: House Committee on Finance
Hearing on: February 27, 2008 @2:30 p.m. in room 308
Agenda # 5

HAWAII FAMILY FORUM BOARD

Francis Oda
President

Austin Imamura
Vice-President

Gill Berger
Secretary

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D'Olier, H. Mitchell
Pace, Dr. Nancy
Papandrew, Tom
Paty, William
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Young, Sandra

HAWAII CATHOLIC CONFERENCE BOARD

Most Reverend Clarence Silva
Bishop of Honolulu

Alexander, Very Rev. Marc
Andrade, Eva
Chung, Sr. Earnest
Coleman, David
Downes, Patrick
Himenes, Dr. Carmen
Ignacio, Carol
Pilar, Prudencio
Larson, Betty Lou
Rauckhorst, Jerome
Tong, Myron
Yoshimitsu, Walter

Date: February 25, 2008

To: House Finance Committee
The Honorable Marcus R. Oshiro, Chair
The Honorable Marilyn Lee, Vice Chair

From: Walter Yoshimitsu

Re: Strong Opposition to HB 466 HD1 Relating to Health
Unless a religious exemption is included.

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii. The Hawaii Catholic Conference is the public policy voice for the Roman Catholic Church in Hawaii, which under the leadership of Bishop Larry Silva, represents over 210,000 Catholics in Hawaii.

GOVERNMENT COMPULSION TO VIOLATE RELIGIOUS BELIEFS

Because of its religious tenets, St. Francis Healthcare System, does not provide abortion services, including "emergency contraception" which may induce early abortion. While it is true that the former St. Francis hospitals are now the Hawaii Medical Centers (HMCs), there are two crucial legal items that merit your attention.

First, St. Francis still owns the land upon which the HMC's operate. Second, the legal relationship between HMC and St. Francis is governed by a contract binding HMC to operate the hospitals in a manner consistent with Catholic ethical and religious directives. Those directives prohibit complicity in the termination of life, beginning at the moment of conception, fertilization. Emergency contraceptives sometimes work post-fertilization, resulting in the termination of the new young life and the ending of the pregnancy. This violates a core religious directive. Passage of HB 466 HD1 would use government force to compel St. Francis to provide 'emergency contraceptives' which can act as abortifacients – something that would be directly contrary to St. Francis' religious beliefs in the sanctity of human life.

PAGE TWO

FIRST AMENDMENT ISSUES AT STAKE - DISCONCERTING LEGAL PRECEDENT

One need not support the position of St. Francis and HMC on emergency contraception to support their rights to assist the community in a manner that comports with their religious beliefs.

If the government can compel that which religion prohibits in this instance, there is no legal or public policy justification left to stop this state legislature from requiring religious hospitals to perform surgical abortions. Yet legislators tell me uniformly they are not interested in such a mandate. However, the underlying principles are no different.

DIVERSITY & TOLERANCE ACHIEVED WITH A RELIGIOUS EXEMPTION

St. Francis and HMC are not suggesting other health care facilities adopt their practices. Nor are they suggesting the government codify Catholic medical practice protocols. We simply request the same courtesy and consideration. We respectfully suggest the legislature can achieve its purposes and balance religious liberty, tolerance and diversity of opinion by granting a religious exemption.

Years ago, we worked with the proponents on an exemption that achieved the proponents overall objections while respecting the religious rights of religious institutions. Unfortunately, certain of the proponents with an extreme position were willing to have no law rather than accommodate the sincerely held religious differences of other important members of our community. I appeal to you to reject such an extreme position and include a religious exemption.

Finally, we also believe strongly, along with St. Francis that the "scope of services" provided by any licensed health care institution is the prerogative of that organization's administration and its medical staff. It is that institution's right as a business and a health care provider to determine which services should be made available via its programs and facilities. In addition, it is that organization's administration and medical staff that adopts medical protocols for services to be rendered.

For all these reasons, we urge you to oppose HB 466 HD1. Mahalo for your kind consideration.

02-27-08 08:58 From:SGT AT ARMS

+8086886601

T-08 P.02/09 F-461

FAX to: Finance Committee 2/27/08
PRO-FAMILY HAWAII
P.O. Box 25158
Honolulu, Hawaii 96825
8:14a.
Phone and Fax: (808) 396-6569

FAX/No: 586-6001

February 26, 2008

Testimony for
Committee on Finance Hearing
at 2:30 p.m., Feb. 27, Room 308
on HB 466, HD1

RECEIVED
2008 FEB 21 A 7:33
OFFICE OF
THE SGT AT ARMS
HONOLULU, HAWAII

My name is Daniel P. McGivern, president of Pro-Family Hawaii which totally opposes H.B. 466, HD 1.

These so-called emergency contraceptives kill the day or two-old baby, if the woman is pregnant. That is murder of an innocent victim.

The rape of a woman is a horrible crime. But that does not allow the woman to commit a crime herself. She cannot murder the rapist, although she can kill him in self-defense. However, she can never kill an innocent human being in her womb. She can put the child up for adoption, but cannot compound the original crime by murdering her own child.

The doctors at Hawaii Medical Centers on Liliha and in Ewa know this. They are moral, religious men and women who are physicians obliged to uphold their contract with the nuns of the Order of St. Francis, which opposes the use of contraceptives under all circumstances and, of course, opposes all abortions.

But, I must remember this is the Finance Committee. So, I present the following based on the New York Times investigative reporting.

All RU-486 drugs sold in the U.S.--all of them, are made in China. The company that makes them has been accused by the government of China of producing tainted drugs that have paralyzed

02-27-08 08:58 From-SGT AT ARMS

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T-063 P.03/09 F-481

Pro-Family Hawaii, Finance Committee Testimony on H.B. 466, HD1

200 cancer patients. Last year, the head of China's FDA was executed for taking bribes to approve drugs.

The questions I have for the Finance Committee are:

1. Do you have absolute proof that none of the Plan B drugs are made in China? Remember, they can't even keep lead out of paint and now, thanks to the New York Times, the scandal in drugs made in China is out in the open.

2. Does the State of Hawaii have deep pockets to pay for all those women and girls harmed by such tainted Plan B drugs distributed by hospitals, who frequently don't know what is made in China. On that point, China is now trying to make part of the drugs for American companies at low prices, perhaps a ticket to death.

3. Will the Finance Committee approve a bill that it knows could lead to attorneys clamoring to sue the State, if some women get tainted, harmful Plan B drugs distributed at hospitals mandated by this H.B. 466, HD1.

Most parents of a girl who has been raped believe their daughter needs counseling, testing for STDs, a police report, and preservation of forensic evidence to incarcerate the rapist. All that is ignored in this bill.

Please kill H.B. 466, HD 1.

Thank you.

02-27-08 08:58 From:SGT AT ARMS

48085866501

T-063 P.04/09 F-481

World Center

Asia Pacific

U.S. AMERICAS ASIA PACIFIC EUROPE MIDDLE EAST

TECHNOLOGY SCIENCE HEALTH SPORTS OPINION ARTS

STYLE TRAVEL JOBS REAL ESTATE

WORLD AUTO

Tainted Drugs Tied to Maker of Abortion Pill



A woman who was paralyzed by a tainted drug

Article Reprinted by The New York Times

NY — A huge state-owned Chinese pharmaceutical company exports to dozens of countries, including the United States, is at the center of a nationwide drug scandal after nearly 200 Chinese patients were paralyzed or otherwise harmed last summer by tainted leukemia drugs.

Chinese drug regulators have accused the manufacturer of the tainted drugs of a cover-up and have closed the factory that produced them. In December, China's Food and Drug Administration said that the Shanghai police had begun a criminal investigation and that two officials, including the head of the plant, had been detained.

The drug maker, Shanghai Hualian, is the sole supplier to the United States of the abortion pill, mifepristone, known as RU-486. It is made at a factory different from the one that produced the tainted cancer drugs, about an hour's drive away.

The United States Food and Drug Administration declined to answer questions about Shanghai Hualian, because of safety concerns stemming from the sometimes violent opposition to abortion. But in a statement, the agency said the RU-486 plant had passed an F.D.A. inspection in May.

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Drugs Tied to Maker of Abortion Pill - LIVES

is not aware of any evidence to suggest the issue that occurred at the leukemia
illness is linked in any way with the facility that manufactures the mifepristone,
ement said.

old of Shanghai Hualian's troubles, Dr. Sidney M. Wolfe, a leading consumer
and frequent F.D.A. critic, said American regulators might be concerned
of accusations that serious health risks had been covered up there. "Every one of
plants should be immediately inspected," he said.

ector of the Chinese F.D.A.'s drug safety control unit in Shanghai, Zhou Qun, said
they had inspected the factory that produced mifepristone three times in recent
and found it in compliance. "It is natural to worry," Ms. Zhou said, "but these two
are in two different places and have different quality-assurance people."

Investigation of the contaminated cancer drugs comes as China is trying to restore
ence in its tattered regulatory system. In the last two years, scores of people around
ld have died after ingesting contaminated drugs and drug ingredients produced in
Last year, China executed its top drug safety official for accepting bribes to
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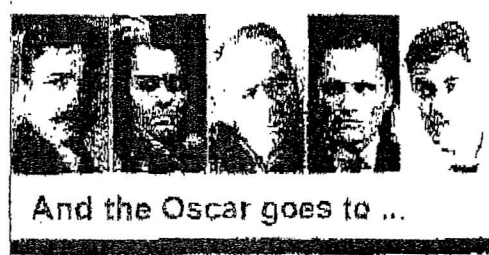
week, The New York Times asked the F.D.A. whether the Shanghai Pharmaceutical
exported to the United States any drugs or pharmaceutical ingredients other than
ortion pill. But after repeated requests, the agency declined to provide that
ation: it did not cite a reason.

At least two occasions in 2003, Shanghai Hualian had shipments of drugs stopped at
nited States border, F.D.A. records show. One shipment was an unapproved
outlet and the other a diuretic that had "false or misleading labeling." Records also
that another unit of Shanghai Pharmaceutical Group has filed papers declaring its
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major pharmaceutical company, Pfizer, declined to buy drug ingredients from
ghai Pharmaceutical Group because of quality-related issues, said Christopher
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p's "capabilities" as an ingredient supplier, but so far the company "has not met the
ards required by Pfizer," Mr. Loder said in a statement.

use of opposition from the anti-abortion movement, the F.D.A. has never publicly
ified the maker of the abortion pill for the American market. The pill was first
ufactured in France, and since its approval by the F.D.A. in 2000 it has been
distributed in the United States by Danco Laboratories. Danco, which does not list a
e address on its Web site, did not return two telephone calls seeking comment.

blems with the cancer drugs first surfaced last summer after leukemia patients
ved injections of one cancer drug, methotrexate. Afterward, patients experienced leg
and, in some cases, paralysis. At the People's Liberation Army No. 307 Hospital in
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injected in the spine with the drug. "We were already unlucky to have this illness,"
ther, Mian Futian, said of the leukemia. "Then we ran into this fake drug."

authorities recalled two batches of the drug, but issued only mild warnings because
use of the problem was unclear. Officials with Shanghai Pharmaceutical Group
by their producers, saying that drug regulators investigating the plant had found no
ems. But when another cancer drug made in the same factory — cytarabine
chloride — also began causing adverse reactions, investigators suspected
mination.

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*Hooker reported from Beijing and Shanghai, and Walt Bogdanich from New York.
ew Lehren contributed reporting from New York.*

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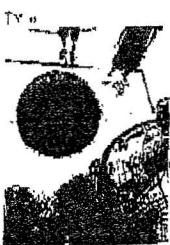
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The setting of a few notable movies, perhaps Memphis should be more Oscar-conscious than it is.



A Mountain Kingdom Shares Its Secrets

PRO-FAMILY HAWAII

P.O. Box 25158
Honolulu, Hawaii 96825

Phone and Fax: (808) 396-6569

February 26, 2008

Testimony for
Committee on Finance Hearing
at 2:30 p.m., Feb. 27, Room 308
on HB 466, HD1

My name is Daniel P. McGivern, president of Pro-Family Hawaii which totally opposes H.B. 466, HD 1.

These so-called emergency contraceptives kill the day or two-old baby, if the woman is pregnant. That is murder of an innocent victim.

The rape of a woman is a horrible crime. But that does not allow the woman to commit a crime herself. She cannot murder the rapist, although she can kill him in self-defense. However, she can never kill an innocent human being in her womb. She can put the child up for adoption, but cannot compound the original crime by murdering her own child.

The doctors at Hawaii Medical Centers on Liliha and in Ewa know this. They are moral, religious men and women who are physicians obliged to uphold their contract with the nuns of the Order of St. Francis, which opposes the use of contraceptives under all circumstances and, of course, opposes all abortions.

But, I must remember this is the Finance Committee. So, I present the following based on the New York Times investigative reporting.

All RU-486 drugs sold in the U.S.--all of them, are made in China. The company that makes them has been accused by the government of China of producing tainted drugs that have paralyzed

Pro-Family Hawaii, Finance Committee Testimony on H.B. 466, HD1

200 cancer patients. Last year, the head of China's FDA was executed for taking bribes to approve drugs.

The questions I have for the Finance Committee are:

1. Do you have absolute proof that none of the Plan B drugs are made in China? Remember, they can't even keep lead out of paint and now, thanks to the New York Times, the scandal in drugs made in China is out in the open.

2. Does the State of Hawaii have deep pockets to pay for all those women and girls harmed by such tainted Plan B drugs distributed by hospitals, who frequently don't know what is made in China. On that point, China is now trying to make part of the drugs for American companies at low prices, perhaps a ticket to death.

3. Will the Finance Committee approve a bill that it knows could lead to attorneys clamoring to sue the State, if some women get tainted, harmful Plan B drugs distributed at hospitals mandated by this H.B. 466, HD1.

Most parents of a girl who has been raped believe their daughter needs counseling, testing for STDs, a police report, and preservation of forensic evidence to incarcerate the rapist. All that is ignored in this bill.

Please kill H.B. 466, HD 1.

Thank you.

Tainted Drugs Tied to Maker of Abortion Pill



Ariana Lindquist for The New York Times

...in Shanghai who was paralyzed by a tainted drug
...WALT ROGDANICH

ING — A huge state-owned Chinese pharmaceutical company exports to dozens of countries, including the United States, is at center of a nationwide drug scandal after nearly 200 Chinese cancer patients were paralyzed or otherwise harmed last summer by contaminated leukemia drugs.

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The Daily The New York Times
...ed 19 who also became
...injections with the
...tainted drugs in a Beijing
...receives help from his wife,
...ing in stretching his legs

Chinese drug regulators have accused the manufacturer of the tainted drugs of a cover-up and have closed the factory that produced them. In December, China's Food and Drug Administration said that the Shanghai police had begun a criminal investigation and that two officials, including the head of the plant, had been detained.

The drug maker, Shanghai Hualian, is the sole supplier to the United States of the abortion pill, mifepristone, known as RU-486. It is made at a factory different from the one that produced the tainted cancer drugs, about an hour's drive away.

The United States Food and Drug Administration declined to answer questions about Shanghai Hualian, because of safety concerns stemming from the sometimes violent opposition to abortion. But in a recent report, the agency said the RU-486 plant had passed an F.D.A. inspection in May.

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F.D.A. is not aware of any evidence to suggest the issue that occurred at the leukemia treatment facility is linked in any way with the facility that manufactures the mifepristone," the statement said.

Informed of Shanghai Hualian's troubles, Dr. Sidney M. Wolfe, a leading consumer advocate and frequent F.D.A. critic, said American regulators ought to be concerned about the use of accusations that serious health risks had been covered up there. "Every one of these plants should be immediately inspected," he said.

The director of the Chinese F.D.A.'s drug safety control unit in Shanghai, Zhou Qun, said his agency had inspected the factory that produced mifepristone three times in recent months and found it in compliance. "It is natural to worry," Ms. Zhou said, "but these two plants are in two different places and have different quality-assurance people."

The investigation of the contaminated cancer drugs comes as China is trying to restore confidence in its tattered regulatory system. In the last two years, scores of people around the world have died after ingesting contaminated drugs and drug ingredients produced in China. Last year, China executed its top drug safety official for accepting bribes to approve drugs.

Shanghai Hualian is a division of one of China's largest pharmaceutical companies, the Shanghai Pharmaceutical Group, which owns dozens of factories. Neither Shanghai Hualian nor its parent company would comment on the tainted medicine.

Last week, The New York Times asked the F.D.A. whether the Shanghai Pharmaceutical Group exported to the United States any drugs or pharmaceutical ingredients other than the abortion pill. But after repeated requests, the agency declined to provide that information; it did not cite a reason.

On at least two occasions in 2002, Shanghai Hualian had shipments of drugs stopped at the United States border, F.D.A. records show. One shipment was an unapproved antibiotic and the other a diuretic that had "false or misleading labeling." Records also show that another unit of Shanghai Pharmaceutical Group has filed papers declaring its intention to sell at least five active pharmaceutical ingredients to manufacturers for sale in the United States.

A major pharmaceutical company, Pfizer, declined to buy drug ingredients from Shanghai Pharmaceutical Group because of quality-related issues, said Christopher Loder, a Pfizer spokesman. In 2006, Pfizer agreed to evaluate Shanghai Pharmaceutical Group's "capabilities" as an ingredient supplier, but so far the company "has not met the standards required by Pfizer," Mr. Loder said in a statement.

In the face of opposition from the anti-abortion movement, the F.D.A. has never publicly named the maker of the abortion pill for the American market. The pill was first manufactured in France, and since its approval by the F.D.A. in 2000 it has been marketed in the United States by Danco Laboratories. Danco, which does not list a physical address on its Web site, did not return two telephone calls seeking comment.

Problems with the cancer drugs first surfaced last summer after leukemia patients received injections of one cancer drug, methotrexate. Afterward, patients experienced leg pain, in some cases, paralysis. At the People's Liberation Army No. 307 Hospital in Beijing, a 26-year-old patient, Miao Yuguang, was unable to stand up five days after



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Email to : FINtestimony@capitol.hawaii.gov
To : Chair, Marcus Oshiro & Members of the Finance Committee
Re: HB466.HD1 **Measure Title:** Relating to Health.
Report Title: Health; Emergency Contraception
Description: Requires a hospital, including a public health facility, to provide information and emergency contraception to a sexual assault victim; requires training; includes penalties (HB466HD1).
Package: Women's Legislative Caucus **Companion:** SB1110
Introducer(s): THELEN, AWANA, BELATTI, BERG, CARROLL, CHANG, EVANS, HANO HANO, LEE, LUKE, MORITA, RHOADS, SHIMABUKURO, Cabinilla, Har
Current Referral: HLT, JUD, FIN **Public Hearing :** 02-27-08 at 2:30 pm in Conference Room 308.

Dear Chair and Committee members,

I am against HB466HD1 and request that it be Held.

Firstly, to force health professionals in any health facility to accept the legal definition that EC does not cause abortion or death of a fertilized egg is to force him to act against his personal conscience. Health professionals will continue to differ on their definition of when human life begins and therefore whether EC is an abortive tool. Many, may like myself, a trained Social Worker choose to opt out or work in other areas or states where they are not forced to compromise their beliefs in killing of human life.

Moral beliefs dictate human behavior. Moral behavior for most Americans is formed by their religious teachings and beliefs, and protected by the Constitution. Not just Catholics or Christians believe in life being formed at conception and that it is morally wrong to take an innocent human life. Buddhism, Islam, or Judaism also strongly respects the beginnings of human life. **Legal definitions of pre implantation or post implantation of a zygote or embryo are artificial means of forcing changes in strongly held beliefs about when human life begins.** You will find that when professionals strongly believe their rights have been violated, they will choose to opt out of the system. Doesn't Hawaii already have a brain drain of health professionals that it has to deal with?

Secondly, the people who drafted this bill either have poor abilities as mathematicians or deliberately wish to mislead the legislature on the real numbers of women who have been raped in their lifetime. One in four women as they claim sounds like rape is more common than cancer, heart attacks or strokes combined. To then arrive at only approximately 300 rape victims tells us previous figures have been exaggerated. To also name and claim so called Catholic hospitals as having accepted EC is unsupported by factual research. No city names are mentioned for most of the hospitals with common names nor does the text indicate that some hospitals may have only agreed to EC after test have shown that the woman is not pregnant pre implantation. This can be a serious misrepresentation of facts to mislead the legislature in order to influence decision in favor of those who stand to benefit financially from promoting EC. Besides, just because some have caved in to legislative pressure does not mean all should cave in and agree. Wrong is wrong whether spoken by one or many.

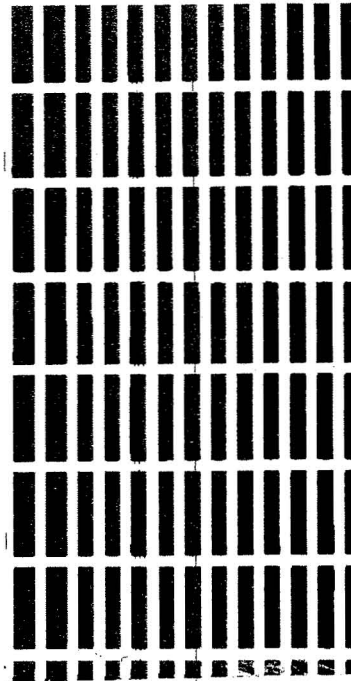
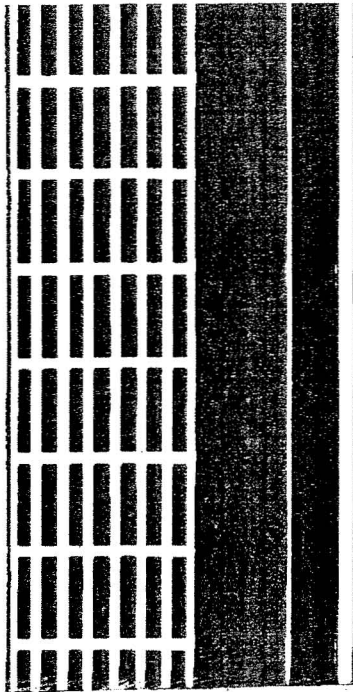
Thirdly, there is a saying that women can be their worst enemies. As a woman who has been given the ability to bear life, the instinct to protect and nurture life, I find it reprehensible that a Women's Legislative Caucus is formed to force EC on health care providers and professionals who respect and protect beginning human life as well as are truly concern about women's mental and physical health. Incidentally, these devoted physicians are whom you can trust to do their best for your health not those who compromise their values. We cannot trivialize sex as adult entertainment or privilege or as an uncontrollable urge that needs scratching. Sex with marital love commitment brings stability to human relationships. Too many intricate human relationships are dependent on how we view procreation, marriage and family. **Years of birth control pills and EC cannot have zero effect on women's health. We all know the motivating factor for pressurizing EC and contraceptives or abortions is the huge amounts of monies is made selling us so called sexual freedom.** Do you truly believe that female bodies cumulatively are not poisoned over the years by so many so called harmless contraceptive drugs strong enough to kill an unborn but not strong enough to hurt the child bearer? Please research online the number of studies done on post-abortive females. No longitudinal studies have yet been made on women taking ECs over the counter.

Fourthly therefore is a looming hidden gigantic problem that threatens women of childbearing age directly namely imports of pharmaceuticals, Made in China. The New York Times has reported these problems of quality control. So far, product recalls have involved pet food contamination, lead paints in toys. ALL abortive drugs, RU-486 for the USA is COMPLETELY made in China at a factory, the Shanghai Hualian Pharmaceutical where contamination was found in the drug used to treat leukemia patients. China is the world's most cruel human rights violator in deliberate infanticide, and enforcer of population control. I cannot believe that EC drugs are not made in China.

6 months crackdown by China in 2007 on medical devices and drugs have netted 26,644 illegal drug advertisements, 1,349 medical equipments pulled off the shelves. 1,100 illegally approved drugs were found. 7,300 pharmacy companies withdrew applications for drug approvals. 900 fake drug producers were found, 279 facing criminal prosecutions. Please see attached addendum (two pages)

Please hold HB466HD1. Thank you.

Leander Jung, Honolulu, HI, 96816 (May testify if time permits)



China shuts down 300 drug & medical instrument manufacturers -- china.org.cn



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China shuts down 300 drug & medical instrument manufacturers

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China has shut down 300 drug and medical instrument manufacturers for inferior quality products during a national campaign that has been ongoing since last July, said China's drug watchdog in Beijing on Monday.

"The campaign to correct malpractice in the pharmaceutical industry is showing results," said Wu Zhen, deputy director of the State Food and Drug Administration (SFDA), at a press conference.

By October, about 900 fake drug producers were dug out and 440 cases were handed over to the prosecutors while 279 persons faced criminal charges, he said.

During the campaign, inspectors have examined more than 29,000 types of drugs and examined over 148,000 drug registration files and 26,000 files for medical instruments.

About 7,300 pharmacy companies withdrew their application for drug approvals during the campaign, Wu said, adding that the quality of drugs, waiting for approval, has greatly improved although the number of applications has dropped.

The inspectors also found 1,100 already approved drugs and medical appliances that had been illegally approved.

"Producers of blood products and vaccines were high on the inspection agenda," Wu said. About 1,300 inspectors were sent to specific pharmaceutical firms to tighten supervision.

The administration also verified the companies winning certificates of Good Manufacturing Practice (GMP) and withdrew 150 such certificates, he said.

To regulate the medicine distribution, more than 900 drug retailers and wholesalers' sales licenses were withdrawn for selling drugs they should not sell.

Meanwhile, around 180 drugs and medical instruments were banned from sale after being advertised illegally

The Panama medicine deaths have reflected managerial differences between different countries, Wu Zhen also said

"Management on imported drugs varies among different countries," said Wu.

"This will inevitably result in blank points in management that may enable some companies to take advantage of the loophole," he added.

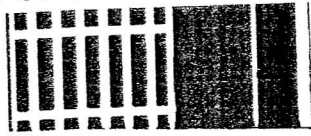
China has been strict with management regarding chemical medical materials, said Wu.

According to China's law on drug management, Chinese companies are not allowed to produce medical materials that could be directly used in medicine unless they have got a license and a certificate number from the proper drug authorities.

And China has set down specific regulations regarding imported drug management, Wu said, noting that no drug would be admitted into the country before it is proved to be safe.

<http://www.china.org.cn/english/news/234219.htm>

2/25/2008



China shuts down 300 drug & medical instrument manufacturers -- china.org.cn

In some countries, however, imported drugs need not be approved, the official said.

To address the differences, Wu said that the SFDA has signed an agreement with pertinent organizations inside the European Union focused on strengthening drug management, and has reached consensus with the Food and Drug Administration (FDA) of the United States in areas of drug and medical apparatus safety.

China's actions follow the deaths of dozens of people in Panama after taking medicine that was made in China. A Chinese company shipped 11,349 kg of "TD glycerin" to Spain in 2003, where it was then sold on to Panama.

The product, "TD glycerin" is an industrial solvent containing the toxic diethylene glycol. It was later found to be linked to dozens of deaths in Panama from tainted medicine.

Chinese quality officials have said that "TD glycerin" is a misleading label because it could be mistaken for glycerin, a sweetener commonly used in drugs. China has shut down the Taixing Glycerin Factory, the producer of "TD glycerin."

But Chinese quality officials stressed that the Panamanian merchants were mainly responsible for the tragedy because they changed the scope of use and shelf life of this product.

The Chinese company confirmed with the Spanish company that the product could not be used as a pharmaceutical in China and that the product's shelf life was one year rather than four years, according to Chinese officials.

At the press conference, Wu also warned both domestic and foreign drug trading companies not to import from illegal Chinese exporters or drug producers in order to ensure drug safety.

(Xinhua News Agency December 4, 2007)

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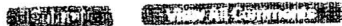
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Date: February 24, 2007

To: House Committee on FINANCE
Rep. Marcus Oshiro, Chair
Rep. Marilyn Lee, Vice Chair

From: Teresa Bill

Re: HB 466, HD1 relating to Health
Wed. February 27, 2008 2:30 p.m.
Conference Room 308

I am Teresa Bill and I am testifying as a member of the Women's Coalition **in strong support of HB 466, HD1**. I am testifying as staff of the U.H. Women's Center but my testimony is my own and does not reflect the official position of the University. I **strongly support** requiring hospitals and public health centers to offer emergency contraceptives to sex assault survivors. Women who have been sexually assaulted have a particularly compelling need for quick and easy access to Emergency Contraceptives which should be provided immediately at every hospital to any sex assault survivor who requests it. This issue has been in the legislative process for many years, it is time to pass it.

The issue of funding cannot not be a roadblock. Appropriate funds are available from the domestic violence and sex assault special fund. I'm sure DOH receives a discounted price and the approximate \$1 or so required per victim would not unnecessarily overextend the funds.

In my work at the Women's Center I have become aware that Kapiolani Medical Center is the best place to go for comprehensive treatment for victims of sex assault. However, this is not known to everyone. If a woman enters an emergency room for treatment of injuries related to sex assault, ANY EMERGENCY ROOM, she should be given information about and access to emergency contraceptives.

The location of treatment should not impact the medical care that a victim receives, especially if that hospital or clinic receives public funds. And most people agree. In a Qmark Survey in January 2004, 84% of respondents agreed that all hospitals should provide all rape victims with information about possible pregnancy and be offered emergency contraception to prevent such pregnancy.

I have been testifying and watching this issue and legislation for a number of legislative sessions. It is time to pass this bill and give all sex assault victims access to all their options.

Thank you for this opportunity to testify.

ROBERT K. MATSUMOTO
Attorney at Law
345 Queen St., Suite 701
Honolulu, HI 96813
Telephone: (808) 585-7244
Facsimile: (808) 585-7284
Email: rkmbengoshi@hawaii.rr.com

No. of pages including this page: 6

DATE: February 26, 2008

TO: Representative Marcus Oshiro
Chair, House Finance Committee

FACSIMILE NO. (808) ~~586-6501~~ 586-6201

RE: HB 466 HD 1
Date & Time of Hearing: February 27, 2008 @ 2:30 p.m.
Conference Room 308

Dear Rep. Oshiro

I urge you to vote NO, or in the alternative to defer HB 466 HD 1 in committee for several reasons, i.e., the bill as presently drafted is unconstitutional because there is no exemption for those who have religious or conscientious objections to the dispensing of the "morning-after pill." Moreover, because there may be a contract in existence between the present owners of the formerly known St. Francis Hospital with the religious order selling the said hospital, namely the Franciscan Sisters, to the effect that the present owners will not engage in any abortion services whatsoever, otherwise the hospital will cease to operate. With the said contract in place, HB 466 HD 1, if enacted in its present form will violate the "Contract clause" of the U.S. Constitution, Article I, §10: "No State shall...pass any...Law impairing the Obligation of Contracts."

I. ENACTMENT OF 466 HD 1, IN ITS PRESENT FORM WOULD BE A CLEAR VIOLATION OF CONSTITUTIONAL RELIGIOUS AND/OR CONSCIENTIOUS OBJECTORS' RIGHTS.

In a case recently decided in the U.S. District Court, Western District of Washington, "Stormans, Incorporated, et. al., Plaintiffs, vs. Mary Selecky, Acting Secretary of the Washington State Department of Health, Civil Action No. C07-5374, the Court ruled in favor of a pharmacy owner and two (2) pharmacists who objected on religious grounds (saying their constitutional religious rights were being violated) to dispense the "morning after pill." The rules adopted by the State of Washington which the plaintiffs refused to abide by said a patient's right to purchase Plan B (the morning-after pill) trumped any pharmacist's or drug-store owner's moral objections to the pill's interference with potential pregnancy. The Court disagreed with the State of Washington and suspended the rules statewide because of the potential for "irreparable injury" to constitutional rights. The Court further denied the State's request to hold up the underlying lawsuit while the injunction (suspending the rules statewide) is appealed. A true copy of a synopsis of the case is attached hereto for your convenience.

As an aside, any resident of the State of Hawaii, who chooses to bring a lawsuit against the State of Hawaii and prevails were HB 466, HD 1 enacted in its present form, would be awarded in all probability all of his/her attorney's fees because such a resident would have his/her civil rights abridged.

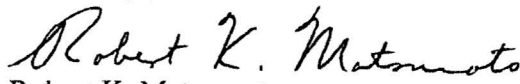
II. ENACTMENT OF HB 466, HD 1 IN ITS PRESENT FORM WOULD VIOLATE THE SALE AND PURCHASE CONTRACT OF THE ST. FRANCIS HOSPITALS UNDER THE "CONTRACT" CLAUSE OF THE U.S. CONSTITUTION, ARTICLE I, §10.

As noted herein above, were HB 466, HD 1 enacted in its present form, it would have the effect of shutting down St. Francis Hospitals because of the contract provision which contractually obligates the current operators NOT TO PERFORM ANY ABORTION SERVICES. This contract provision is protected under the "Contract" clause of the U.S. Constitution, Article I, §10. While it may be argued that the dispensing of the "morning-after" pill will not cause any abortion, such an argument is without merit. No less than Pope Benedict XVI himself has warned against dispensing drugs such as the "morning-after" pill. An article of the pope's pronouncement is attached hereto for your convenience.

It is quite evident, then, that the entire shut down of the St. Francis Hospitals (Liliha and West), would have dire economic consequences of not only those working in the 2 hospitals but also would have severe health consequences on those dependent on medical services provided there.

For the foregoing reasons, I urge you to vote NO, or in the alternative to defer HB 466, HD 1 in committee.

Very truly yours,


Robert K. Matsumoto



Monday, February 25, 2008

TEXT SIZE

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In The News

Associated Press - Federal Judge Rules on Behalf of Pro-Life Pharmacists in Washington State



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February 18, 2008

by The Associated Press

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TACOMA, Wash. — Pharmacists and drug-store owners in Washington can still refuse to sell the "morning-after pill" if they have religious objections to the emergency contraceptives, a federal judge has ruled.

U.S. District Judge Ronald Leighton's Feb. 15 decision, a defeat for Gov. Chris Gregoire, is the latest twist in long-running legal and political battles over the morning-after pill, which is sold as Plan B.

The pill is a high dose of a drug found in many regular birth-control pills, and can dramatically lower the risk of pregnancy if taken within 72 hours of unprotected sex.

It prevents ovulation or fertilization of an egg; it also may prevent a fertilized egg from implanting into the uterus, though some research suggests that's unlikely.

Critics consider the pill tantamount to abortion, although it is different from the abortion pill RU-486 and has no effect on women who already are pregnant.

Rules adopted by the state last year said a patient's right to purchase Plan B trumped any pharmacist's or drug-store owner's moral objections to the pill's interference with potential pregnancy.

Two druggists and an Olympia pharmacy owner sued over the rules last summer, saying their constitutional religious rights were being violated.

They asked for an exemption to the rule while the lawsuit was in motion. But Leighton went further, suspending the rules statewide because of the potential for "irreparable



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injury" to constitutional rights.

On Feb. 15, Leighton refused the state's request to reinstate the Plan B sales rules for everyone except the plaintiffs.

In back-and-forth questioning with lawyers during the Feb. 15 hearing, Leighton said he sensed that wrangling over the issue is driven by bitterness between the two sides, and not by desire for good health care policy.

"I do get the impression that this is a solvable problem, and it's not an issue that anyone wants to have solved," Leighton said.

Leighton also denied a state request to hold up the underlying lawsuit while the injunction is appealed, although the judge predicted the case eventually could wind its way to the U.S. Supreme Court.

Plaintiff Kevin Stormans, a co-owner of the Stormans Inc. family grocery business in Olympia, was relieved after the hearing.

"The Constitution tells me that I should have the ability to practice what I believe is right," Stormans said.

Karen Cooper, director of NARAL Pro-Choice Washington, said she was disappointed by the ruling, but not surprised. "Patient access to appropriate care should not be undermined by personal, non-medical judgments," Cooper said.

Although state lawyers suggested otherwise on Feb. 15, Plan B was squarely at the center of the state's decision to implement the pharmacy rules.

Gregoire, a Democrat, applied public pressure to the Pharmacy Board, warning that she would replace board members who didn't follow her wishes on the issue. She later worked out the compromise rule that was approved by the Pharmacy Board.

Individual pharmacists were given a limited way around selling Plan B: passing the prescription to another druggist in the same store, provided the patient's order was filled without delay. But that left no option for a lone pharmacist, or for the owner of a pharmacy who also has religious objections to a particular drug.

RELATED DOCUMENTS IN ABORTION

MELANIE KELLY, MD

February 25, 2008

The Honorable Representative Marcus Oshiro
Chairman of the Committee on Finance
39th Representative District
Hawaii State Capitol, Room 306
415 South Beretania Street
Honolulu, Hawai'i 96813

Re: In Opposition to HB466 "Relating to Health" (Emergency Contraception)

Dear Chair Oshiro, Vice Chair Lee and Committee Members:

I am a physician and Medical Director at the Hawaii Medical Center Emergency Departments. I have practiced Emergency Medicine in Hawaii for over twenty years, and have experience in managing a Family Planning clinic for 6 years.

I am personally and professionally in favor of emergency contraception, and its widespread availability. I also strongly believe that each physician and healthcare system must weigh its options and make informed decisions on whether they would choose to participate in providing contraception. They should be allowed to make choices and to have the freedom to practice according to their choices. This right should be protected by the first amendment.

Women have 72 hours to obtain and take emergency contraception. Emergency physicians can, and should provide education to these patients about their options, then pharmacies can provide the medication if this option is chosen.

The State also is taking the position that our system is not prepared to fund and implement a program requiring all Emergency Departments to be able to provide on-site Emergency contraceptives. It may be much simpler option to implement this program at a select few Emergency Departments who serve this population most frequently, or to provide the medication through pharmacies in coordination with Emergency Department prescriptions.

In summary, I oppose this bill because

- I believe health care providers and systems need to make and stand by their ethical choices on this matter
- The State is not prepared to fund or implement the ramifications of passing this bill
- Women could obtain the Emergency Contraceptive easily within the 72 hour time frame through pharmacies

Sincerely,

Melanie Kelly, MD

FINtestimony

From: Jeannine Johnson [jeannine@hawaii.rr.com]
Sent: Sunday, February 24, 2008 11:36 AM
To: FINtestimony
Subject: Opposition to HB 466 HD 1 Unless a Religious Exemption is Included

COMMITTEE ON FINANCE

Rep. Marcus R. Oshiro, Chair
Rep. Marilyn B. Lee, Vice Chair

HB466 HD1 RELATING TO HEALTH

Hearing: Wed, Feb. 27, 2008, @ at 2:30 pm in House conference room 308

Aloha Chair Oshiro, Vice Chair Lee and Honorable Committee Members,

I would support HB466 HD1 requiring hospitals, including public health facilities, to provide information and emergency contraception to sexual assault victims **only** if religious affiliated hospitals were exempt. While there are unfortunately many agnostic people who feel no guilt at forcing others to go against their faith, if we truly are a country based on religious freedom, the exemption **must** be included in this bill.

Mahalo for doing what's pono for all our citizens, including those who are Catholics.

Aloha,

Jeannine

Jeannine Johnson

5648 Pia Street

Honolulu, Hawai'i 96821

Ph: 373-2874 / 523-5030 (w)

Email: jeannine@hawaii.rr.com

"PUPUKAHI I HOLOMUA"

(Unite in Order to Progress)

February 25, 2008

The Honorable Representative Marcus Oshiro
Chairman of the Committee on Finance
39th Representative District
Hawaii State Capitol, Room 306
415 South Beretania Street
Honolulu, Hawai'i 96813

Re: In Opposition to HB466 "Relating to Health" (Emergency Contraception)

Dear Chair Oshiro, Vice Chair Lee and Committee Members:

I am Chairman of the Hawaii Physician Group, a group of local physicians who own 49% of Hawaii Medical Center, Vice-Chairman of the Board of Hawaii Medical Center, and have been a practicing cardiac surgeon in Honolulu for 32 years.

I am opposed to HB466 for the following reasons:

- 1) St. Francis Medical Center has served the health needs of the people of Hawaii for over 80 years while maintaining it's Catholics tenets. The owners of Hawaii Medical Center believe that the Sisters of St. Francis had and have an honorable mission, and have purchased St. Francis Medical Center agreeing to continue that mission and maintaining the Catholic tenets. Mandating emergency contraception forces Hawaii Medical Center to violate it's purchase agreements.
- 2) There is no proof that immediate treatment in any emergency room prevents pregnancy. Emergency contraception and support for rape victims is available at other hospitals in Honolulu. It is preferable that rape victims be transferred to institutions that have a complete support system to deal with such situations. Hawaii Medical Center would be willing to transfer patients who show up in its emergency rooms to hospitals with such a support system at Hawaii Medical Center's expense.

Sincerely,

Collin R. Dang, M.D.

Chairman of the Board,
Hawaii Physician Group (HPG)

**HOUSE OF REPRESENTATIVES
THE TWENTY-FOURTH LEGISLATURE
REGULAR SESSION OF 2008**

COMMITTEE ON FINANCE

DATE: Wednesday, February 27, 2008
TIME: 2:30 p.m.
PLACE: Conference Room 308

Testimony in Opposition to HB 466, HD1

RELATING TO HEALTH, EMERGENCY CONTRACEPTION

**Carol White
Hawaii Right to Life**

This bill has two flaws.

First, it has a flawed explanation of what an emergency contraceptive does. §321(2) of the Definitions states that it prevents pregnancy “by delaying ovulation, preventing fertilization of an egg, **or preventing implantation of an egg in the uterus.**” What is “implanted” is a **fertilized egg, or more properly, a zygote** (a one-celled embryo) and at this stage, the e.c. acts as an abortifacient.

The Emergency Contraception Website, of the Office of Population Research, Princeton University states,

If you take emergency contraceptive pills before fertilization (the point when the egg and sperm meet), they may interfere with the process of fertilizing the egg, for instance making it harder for the egg or the sperm to travel (and meet up) in your reproductive tract. **It’s also possible that emergency contraceptive pills work after fertilization, making it impossible for the fertilized egg to implant in your uterus;** researchers will probably never be able to prove for certain whether or not emergency contraceptive pills have an effect after fertilization.

That website also has a link to a February 2008 research paper, *Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy* by James Trussell, PhD and Elizabeth G. Raymond, MD, MPH. They discuss the possibility that e.c. has an abortifacient effect:

Some studies have shown histologic or biochemical alterations in the endometrium after treatment with the regimen, leading to the conclusion that combined ECPs may act by impairing endometrial receptivity to subsequent implantation of a fertilized egg.^{38,41,42,43} However, other more recent studies have found no such effects on the endometrium.^{37,44,45} **Nevertheless, statistical evidence on the effectiveness of combined ECPs suggests that that if the regimen is as effective as claimed, it must have a mechanism of action other than delaying or preventing ovulation.**⁴⁹

This committee should at least be honest about what is happening and amend the language of §321(2) to state that a fertilized egg is what is implanted.

Secondly, HB 466 does not provide for a right of conscience for any medical personnel who might encounter this situation.

Pg. 2

HB 466, HD 1

February 27, 2008

Testimony of Carol White

This is the objection that Catholic hospitals and other conscientious objectors have to emergency contraception. **It is a dangerous precedent for the power of the state to be used to punish those who refuse to participate in a morally questionable procedure.** We do not live in such isolated areas that a female assault victim cannot find someone to prescribe the procedure.

A state that can mandate the use of emergency contraception(an abortifacient) sets the precedent to require religious hospitals and conscientious objectors to perform surgical abortions.

This bill must be amended to provide for the right of conscience for medical personnel and provide an exemption for Hawaii Medical Centers so that they would not be forced to violate their operating agreement with St. Francis Healthcare Systems.

FINtestimony

From: Markpetti@cs.com
Sent: Monday, February 25, 2008 11:19 AM
To: FINtestimony
Subject: Opposition to HB 466 HD 1 Unless a Religious Exemption is Included

Re: HB 466 HD 1; February 27, 2008 hearing, Agenda Item No. 5

Dear Chairman Oshiro and Members of the House Finance Committee:

This e-mail is to register my opposition to the above bill, which would compel a medical center, founded by a religious organization and operated according to its beliefs about the sanctity of human life, to violate those beliefs by providing "emergency" contraceptives that have the intended result of inducing abortion. I believe the proposed bill as applied to the Hawaii Medical Centers (formerly St. Francis) contravenes the Religion Clauses of the First Amendment.

I also believe the bill could survive constitutional scrutiny if there were a conscience exemption for organizations like the Hawaii Medical Centers. It would be inimical to the public interest if the Hawaii Medical Centers had to close their doors in response to passage of the bill.

Sometimes well-intended legislation can harm society greatly, as recently happened when Massachusetts drove Catholic Social Services out of the adoption business by forcing it to handle cases that were contrary to its beliefs.

I hope you will consider placing a conscience exemption in any version of the bill that is presented to the legislature for passage.

Thank you for your time and consideration.

Sincerely,

Mark D. Pettinato

Mark D. Pettinato
Attorney at Law
98-211 Pali Momi Street, Suite 402
Aiea, HI 96701
(808) 487-8402

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2/25/2008

February 25, 2008

The Honorable Marcus Oshiro
Chairman, House Finance Committee
Hawaii State Capitol
Honolulu, HI 96813

RE: HB 466, HD 1 Relating to Health
Hearing Date: Wednesday, February 27, 2008
Agenda Item #5

Dear Chairman Oshiro and Members of the House Finance Committee:

I would like to testify in opposition to HB HB 466, HD 1, which would require Hawaii Medical Centers to provide emergency contraceptives to patients who are sex assault victims, unless an exemption is provided for the St. Francis Healthcare Systems. St Francis has been a valued provider of healthcare in Hawaii for decades, in accordance with its beliefs in compassionate service to the poor and ill. However, the dispensing of abortion pills is prohibited by Catholic directives. Additionally, this bill sets a grave precedent. If a religious hospital is mandated to dispense abortion pills, it could also be mandated to perform surgical abortions.

I respectfully ask that you exempt St. Francis Healthcare Systems from the requirements of this bill. With other facilities in close proximity, i.e., Kuakini Medical Center, I see no reason to subject St. Francis to this disregard of their directives.

Sincerely,
Ron Arnold
Senior Pastor
Kaimuki Christian Church
1117 Koko Head Avenue
Honolulu, HI 96816

Jane E. Seymour
2092 Kuhio Ave. Apt. 1105
Honolulu, HI 96815

February 25, 2008

To: House Finance Committee
Representative Marcus R. Oshiro, Chair
Representative Marilyn B. Lee, Vice-Chair

From: Jane Seymour, MSW student UH Manoa

Re: Support for HB 466 HD 1, Relating to Health
Wednesday, February 27, 2008 at 2:30pm in House conf. room 308

The purpose of this bill is to require hospitals and public health facilities to provide medically accurate information and emergency contraception to sexual assault victims. I strongly support this bill. All women have a right to be provided with health information that is medically and factually accurate, particularly in the case of victims of sexual assault, who have just experienced an extremely traumatic event.

Each year in the United States more than 300,000 women are sexually assaulted, resulting in an estimated 25,000 pregnancies. If emergency contraception (EC) was more widely available to these women, then approximately 88% of these pregnancies could be prevented (Stewart & Trussell, 2000). Simply by providing women with information and resources we can safely and effectively prevent thousands of women each year from experiencing the additional trauma of becoming pregnant as the result of a sexual assault.

Medical associations, such as the American Medical Association, American Public Health Association, and American College of Obstetricians and Gynecologists, support legislation requiring hospitals to offer EC to sexual assault victims (Center for Policy Alternatives, 2007). Public support for this legislation is also very high. In one national study, constituents on both sides of the political spectrum overwhelmingly expressed that sexual assault victims should be provided with information and EC, regardless of the hospitals', physicians' or pharmacists' religious beliefs (Center for Policy Alternatives, 2007).

Policies and procedures almost always need to be established with the passage of new legislation, and this instance is no different. Certainly collaboration between the Department of Health and relevant stakeholders is necessary. However, while the cost of this collaboration should be considered and provided for, costs should not be used as an excuse to deprive sexual assault victims of their right to protect their health and well-being. The emotional, physical and social costs to the victims should take precedence over any initial financial costs to the Department and our state.

Just as it is unethical for hospitals to withhold information to women about their health options, including the use of Emergency Contraception, it is also unethical for our state to continue to allow sexual assault victims to be denied access to information and services that may prevent further trauma.

I urge you to pass HB 466 HD1. Thank you for this opportunity to testify.

Jeanne Y. Ohta
1016 A Hind Iuka Drive
Honolulu, HI 96821

February 27, 2008

To: Representative Marcus Oshiro, Chair
Representative Marilyn Lee, Vice Chair
And Members of the House Committee on Finance

From: Jeanne Ohta

Re: HB 466 HD1 Relating to Health
Hearing: January 27, 2008, 2:30 p.m., Room 308

Position: Strong Support

Good afternoon, I am Jeanne Ohta, testifying in strong support of HB 466 HD1, Relating to Health which requires emergency contraception information to be provided to survivors of sexual assault. This bill is also supported by the Hawaii Women's Coalition and is part of the coalition's 2008 Legislative Package.

Emergency Contraceptives (EC) is a safe and effective means of reducing the risk of pregnancy after unprotected intercourse. Women who have been sexually assaulted have a particularly compelling need for quick and easy access to EC.

This bill merely requires that standards of emergency medical care established by the American Medical Association be followed. The standard of care requires that female victims of sexual assault be counseled regarding the risk of pregnancy and be offered emergency contraception.

Widespread access and availability of EC for all women as a means of reducing unintended pregnancy is endorsed by many groups, including the American Medical Association and the American College of Obstetricians and Gynecologists (ACOG, 2001; AMA, 2000).

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.

EC has been shown to be safe and effective, and it is unethical to withhold it for any reason from a woman who has been raped. All hospitals should provide emergency care to sexual assault survivors with written and oral information about EC that is medically

and factually accurate. In addition, all sexual assault survivors should be provided an option to receive emergency contraception at the hospital.

Many hospitals neglect their responsibility to offer EC to sexual assault survivors as an option for reducing the risk of pregnancy. Catholic hospitals have a deplorable record of providing EC to sexual assault survivors.

Emergency contraception should be provided immediately at every hospital to any sexual assault survivor who requests it, including the provision of the initial dose, which the sexual assault survivor can take at the hospital, as well as any appropriate subsequent dosage as is medically prescribed, necessary, or required.

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. Please do not allow religious interference in the medical care of sexual assault survivors.

In the best interest of the women of Hawaii, I urge you to pass HB 466 HD1; the state can certainly afford to provide EC to sex assault victims. Thank you for this opportunity to testify.

FINtestimony

From: Suzanne Meisenzahl [MeisenzaS001@hawaii.rr.com]
Sent: Monday, February 25, 2008 8:26 PM
To: FINtestimony
Cc: Trussel, Steven
Subject: HB466, February 27, 2008, Agenda #5

TO
House Committee on Finance
Chair: Rep. Marcus Oshiro
Vice Chair: Rep. Marilyn Lee

FROM
League of Women Voters/Hawaii
Women's Health & Safety Committee
Chair: Suzanne Meisenzahl

The League of Women Voters strongly supports HB466, HD1 (HSCR217-08).

Emergency Room Contraception (EC) is safe and effective. In the case of the trauma of sexual assault it can prevent the further trauma of pregnancy. According to Planned Parenthood's statistics more than 300,000 women are sexually assaulted each year in the U.S. Of these an estimated 25,000 will become pregnant as a result. About 22,000 of these pregnancies would be prevented if all women who were raped used EC.

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 had been raped. Further, 53 percent of voters said they would be more likely to vote for a candidate who supports mandatory EC availability in hospitals for sexual assault survivors.

Please support the access and availability of EC through HB466. Thank you for the opportunity to support this bill.

To: Representative Marcus Oshiro, Chair
Representative Marilyn Lee, Vice Chair
Committee on Finance

From: Jill Araki, Direct Services Manager
Domestic Violence Action Center
P.O. Box 3198
Honolulu, HI 96801

Date: Wednesday, 2/27/08, 2:30 p.m.

Subject: Support of HB 466 HD1: Relating to Emergency Contraception in the
Emergency Room

I manage five advocacy programs at the Domestic Violence Action Center (DVAC). The Domestic Violence Action Center is committed to providing individual and systems advocacy and direct legal services to domestic violence survivors to increase their level of safety in the community. The Domestic Violence Action Center is also committed to working with the community and educating the public around the issue of domestic violence.

I fully support HB 466 which would create an opportunity for domestic violence survivors who are sexually assaulted in their relationships to have access to emergency contraception in emergency rooms across Hawaii.

According to a report put out by the Department of the Attorney General in February, 2004, intimates comprised about ten percent of the sexual assaults in Hawaii.¹ Over a period of 10 years, adult intimates and former intimates made up around twenty-three percent of sexual assaults in the State of Hawaii.² Nationwide, the Bureau of Justice Statistics in 2007 noted that close to eleven percent of victims of nonfatal intimate partner violence were raped or sexually assaulted.³ Also nationwide, a 2005 study found that 1 in 4 teen girls revealed that they have been pressured to perform oral sex or engage in intercourse in their relationships.⁴

As a direct service practitioner in the field of domestic violence for over eighteen years, I have recognized that it is sometimes difficult for domestic violence survivors to have easy access to medical care while in the abusive relationship. Many times batterers fear exposure of their violence and/or the batterers isolate their partners from community resources.

If a domestic violence survivor does have access to the emergency room for services after an incident, it would be helpful if the survivor had access to all options available for treatment, including emergency contraception, because it is unpredictable when the survivor may have access to medical services again. In addition, if the survivor becomes pregnant and has the child as a result of the sexual violence, it endangers the survivor who tries to leave because the child links the batterer to the survivor until the child is eighteen. It is common for batterers to use the child to threaten and punish the survivor. It would also be difficult for the child to grow up in a violent household. I strongly urge the passage of HB 466 HD 1 and I thank you for the opportunity to testify on this matter.

¹ Sexual Assault Victims in Honolulu – A Statistical Profile. Department of the Attorney General Crime Prevention and Justice Assistance Division State of HI in Partnership With Sex Abuse Treatment Center Honolulu, HI, February 2004. Retrieved 26 February 2008.

² Bronster, M. S., Anderson J. W. & Koga, L. "Felony Sexual Assault Arrests in Hawaii". Crime Trend Series. Dept. of the Attorney General, Crime Prevention and Justice Assistance Division. V5(2), Jan. 1997.

³ "Intimate Partner Violence in the United States". Bureau of Justice Statistics. Revised 19 December 2007. Retrieved 26 February 2008.

⁴ "Abuse and Teens". Liz Claiborne Inc. Study conducted by Teenage Research Unlimited, February 2005. Retrieved from <http://www.loveisnotabuse.com/statistics.htm> on 26 February 2008.

Email: FINTestimony@Capitol.hawaii.gov

Hearing Date: Wednesday, February 27, 2008, 2:30 p.m.
Conference Room 308

February 26, 2008

Honorable Representatives Marcus R. Oshiro, Chair, Marilyn B. Lee, Vice Chair and Members of the House Committee on Finance

Subject: **HB 466 HD 1 - Relating to Health**

Aloha Honorable Representatives,

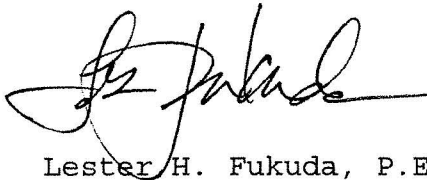
Speaking as a concerned citizen of Hawaii, father of two children, and community leader I urge you to **Oppose HB 466 HD 1 - Relating to Health**. This bill will force all health facilities to provide emergency contraceptives to sexual assault victims. The problem, there is no exclusion for institutions such Catholic Saint Francis Health Care Systems and Hawaii Medical Centers (HMC). HMC is under an operating agreement with Saint Francis for operating the medical center and abortions are a strictly prohibited practice. This bill will force HMC to violate their operating agreement with Saint Francis.

Please help us respect the interests of our religious institutions by Opposing this bill.

We urge you to Oppose HB 466 HD 1 - Relating to Health.

Mahalo for this opportunity to express my deepest convictions on this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Lester H. Fukuda". The signature is fluid and cursive, with a large initial "L" and "F".

Lester H. Fukuda, P.E., FACEC

FINtestimony

From: gboisclair@inhimhawaii.org
Sent: Wednesday, February 27, 2008 12:17 PM
To: FINtestimony
Subject: HB 466 HD 1

LATE

Honorable Marcus Oshiro,

My name is Gary Boisclair. I live in Kailua, and I teach at Maryknoll. I want to kindly urge you to OPPOSE HB466 HD1.

This bill infringes on the religious rights of the hospital connected with St. Francis Healthcare.
What is worse, it would inevitably allow further legislation to require the same religious institution to provide surgical abortions

The United States of America, **and Hawaii**, has and must continue to uphold the sacred right to religious freedom.

Thank you so much for opposing this bill.

Gary Boisclair