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**TO:** House Committee On Health

**RE:** HCR121/HR98 URGING ALL HOSPITAL EMERGENCY ROOMS IN THE STATE TO PROVIDE EMERGENCY CONTRACEPTION ON DEMAND TO VICTIMS OF SEXUAL ASSAULT OR RAPE.

**DATE:** Friday, April 3, 2009 at 3:30 PM, room 329

Chair Yamane and Members of the Committee on Health:

As a long time advocate for public health and especially women's health care, in the state of Hawai'i I'm testifying in support of HCR 121 and HR 98, which urge hospitals to provide information about emergency contraception to women who are sexually assaulted and to provide emergency contraception when requested.

It is very disappointing that the bills to effectuate this protocol have not passed over the last several sessions. These resos, if passed, will at least send a message to the hospitals which are blocking the legislation that there are many women's health advocates for whom these measures are not political, but just good public health policy.

Hawai'i should not turn its back on sexual assault survivors and force them to face the added burden of possibly becoming pregnant as a result of rape. The denial of access to contraceptive services for sexual assault survivors has severe repercussions for women's right to live their lives and their ability to participate equally in society. Simply put, reproductive health care is essential to a woman's opportunity – the opportunity to obtain a good education, to improve her economic circumstances, to participate in public life, to define her family, to decide what makes a meaningful life, and to live that life.

According to the most recent Crime in Hawaii report, there were 377 forcible rapes reported to law enforcement in Hawaii in 2007.[1] While Hawaii's overall crime rate was down, the rate of forced rapes increased by 3.9%.[2] Many of these victims required emergency medical care at one of Hawaii's emergency rooms. Tragically, according to a 2002 survey conducted by Healthy Mothers, Healthy Babies, only 2 out of Hawaii's 20 emergency rooms provide emergency

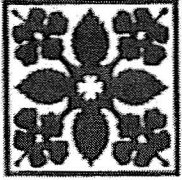
contraceptive access to sexual assault victims.

Further, please consider the following points:

- All emergency care facilities should offer EC to a woman during her initial exam following a sexual assault.
- Major medical groups recommend that EC be offered to women to prevent pregnancy after a sexual assault.
- 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.
- All emergency care facilities should be required to provide EC.
- An institution's religious objections to EC must not imperil a woman's access to timely and comprehensive treatment.
- **EC prevents pregnancy. It does not induce an abortion.**

Passage of a bill on this topic is long overdue, please pass this resolutions in the meantime to send a message to all health care providers that survivors of sexual assault deserve the provision of up to date and compassionate medical options at this most traumatic time.

Thank you for this opportunity to testify. We hope that you will do your utmost to improve the quality of care for survivors of sexual assault in Hawaii.



## Hawai'i Women's Political Caucus

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A State Chapter of the  
National Women's  
Political Caucus

April 1, 2009

TO: Rep. Ryan Yamane, Chair  
Rep. Scott Nishimoto, Vice Chair and  
Members of the House Committee on Health

FROM: Faye Kennedy, President, Hawai'i Women's Political Caucus

RE: HCR 121 / HR 98 URGING ALL HOSPITAL EMERGENCY ROOMS IN THE  
STATE TO PROVIDE EMERGENCY CONTRACEPTION ON DEMAND TO  
VICTIMS OF SEXUAL ASSAULT OR RAPE.  
(Friday, April 3, 2009 at 10:30am in Room 329)

POSITION: STRONG SUPPORT

Good morning, Chair Yamane, Vice Chair Nishimoto and members of the House Committee on Health. I am Faye Kennedy representing the Hawai'i Women's Political Caucus and submitting testimony in strong support of HCR 121 and HR 98 which urges all hospital emergency rooms in the State to provide emergency contraception on demand to victims of sexual assault or rape.

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 HCR 121 and HR 98.

# COMMUNITY ALLIANCE ON PRISONS

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## COMMITTEE ON HEALTH

Rep. Ryan Yamane, Chair

Rep. Scott Nishimoto, Vice Chair

Friday, April 3, 2009

10:30 PM

Room 329

## SUPPORT

**HCR 121/HR 98 - Emergency Contraception on Demand for Rape Survivors**

[HLTestimony@capitol.hawaii.gov](mailto:HLTestimony@capitol.hawaii.gov)

Aloha Chair Yamane, Vice Chair Nishimoto and Members of the Committee!

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

HCR/121/HR 98 urges all hospital emergency rooms in the state to provide emergency contraception on demand to victims of sexual assault or rape.

Community Alliance on Prisons strongly supports the Senate versions of these Resolutions (SCR 63/SR 37) because they totally remove the religious exemption language, which is an insult to a woman who has gone through probably the worst trauma in her life. Hospitals are to provide the basic standard of care, period. This is not negotiable. If a doctor or other medical staff feels that they cannot provide the basic standard of care because of their religion, then they should find another profession. The public deserves no less.

Many of our incarcerated women are survivors of sexual assault and the traumatic aftermath, often leading to drug abuse to self-medicate. This is the pathway to prison for many women. Imagine having to carry a fetus resulting from a rape. How does a woman survive such a trauma?

Community Alliance on Prisons is saddened that some special interests have gone behind closed doors to kill SB 604 and HB 423, bills that required that all emergency rooms in Hawai'i provide sexual assault victims with information and access to emergency contraceptives. As a woman, I am absolutely outraged that a whisper has compromised the health of my sisters.

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

How can you deny a woman information and access to emergency contraception and sleep at night? Don't you want all babies born to be loved and wanted?

Rape is one of the most traumatic incidents that someone could go through. In the aftermath of rape, victims find themselves dealing with a host of reproductive and sexual health issues, including pregnancy.

Providing emergency contraception (EC) in the emergency room is the accepted standard of care. The American Medical Association's Guidelines for treating sexual assault victims states that victims should be informed about and provided EC. The American College of Obstetrics and Gynecology also supports this standard of care. All Hawai'i hospitals must offer no less than the accepted standard of care for victims of sexual assault. Please protect the health of women.

Community Alliance on Prisons urges passage of these resolutions, IF they are amended to mirror SCR 63/SR 37 and is grateful for this opportunity to testify.



# THE SEX ABUSE TREATMENT CENTER

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

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R. Carolyn Wilcox

DATE: 04/03/2009

TO: The Honorable Ryan I. Yamane, Chair  
The Honorable Scott Y. Nishimoto, Vice Chair  
Committee on Health

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

RE: Support for HCR121 & HR 98  
Emergency Contraception for Sexual Assault Victims

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

The SATC supports HCR 121 & HR 98 to urge all hospital emergency rooms in the State to provide emergency contraception on demand to victims of sexual assault. The SATC strongly commends the Senators who have offered these resolutions. Regrettably, year after year proposed legislation to support a women's right to access emergency contraception have failed. This is not acceptable. It is clearly time to ensure that all hospital emergency rooms in the State adhere to the accepted standard of care for victims of sexual assault as endorsed by the American College of Obstetricians and Gynecologists and the American Medical Association.

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

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

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

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

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

We strongly urge the passage of HCR 121 & HR 98. It will demonstrate compassion and the importance of safety for female sexual assault victims, while ensuring that Hawaii joins other states in adhering to the accepted standard of care for victims of sexual assault.

Thank you for this opportunity to testify.

# PLANNED PARENTHOOD® OF HAWAII

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April 3, 2009

## **Testimony in Support of HR 98 and HCR 121**

To: Representative Ryan Yamane, Chair, and Representative Scott Nishimoto, Vice Chair, and Members of the House Committee on Health.

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

Re: Testimony in Support of HR98 and HCR121

Thank for hearing my testimony in support of HR98 and HCR121, resolutions urging emergency rooms in Hawaii to offer information about and access to Emergency Contraceptives (hereinafter "EC") to sexual assault victims. Though the Senate passed a bill on this issue, SB604 failed in the House. I truly appreciate the effort by the Representatives who introduced these resolutions and by the members of this Committee to proceed on this issue and to support sexual assault victims in Hawaii. Accordingly, Planned Parenthood of Hawaii supports these resolutions.

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

In 2007 there were 248,300 rapes in the United States.<sup>1</sup> According to the most recent Crime in Hawaii report, there were 377 forcible rapes reported to law enforcement in Hawaii in 2007.<sup>2</sup> While the overall crime rate was down, the rate of forced rapes increased by 3.9%.<sup>3</sup> Notable is the many rapes that go unreported each year. Major studies show that reporting rates for rape and sexual assault are approximately 40%.<sup>4</sup> Still some studies have shown that rate to be as low as 16%.<sup>5</sup> Many of these victims required emergency medical care at one of Hawaii's emergency rooms.

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

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<sup>1</sup> *National Crime Victimization Survey*, US Department of Justice Bureau of Crime Statistics, 2005

<sup>2</sup> *Crime in Hawaii*, Hawaii Attorney General's Office, 2007

<sup>3</sup> *Id.*

<sup>4</sup> *National Crime Victimization Survey*, 2005

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

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

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(A Maui United Way Agency)



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

### **Pregnancy Resulting from Rape Causes Victims Further Trauma.**

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

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

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

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

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

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

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

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

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

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

<sup>9</sup> Id.

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

<sup>11</sup> See, *Strategies for the Treatment and Prevention of Sexual Assault*.

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

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

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

### **Planned Parenthood Has Concerns Regarding “Religious Exemptions”**

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

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

Advocates who opposed SB 604 and its companion bill HB 423, or alternatively asked for a religious exemption amendment, pointed to Catholic Church doctrine forbidding the use of contraceptives. However a close look at Church policy on health care, as expressed in *Ethical and Religious Directives for Catholic Health Care Services, Fourth Edition* (hereinafter “*Directives*”) indicates that the provision of EC after sexual assault is an acceptable practice.

From the *Directives*:

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

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

<sup>14</sup> Hospitals include Kuakini Medical Center, Queens Medical Center, Wahiawa General Hospital, Straub Hospital, and Kaiser.

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

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

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

**Please Support HR 98 and HCR 121 and Hawaii's Sexual Assault Victims.**

Crucial to a victims healing is restoring her ability to make decisions and have control over her own body. These resolutions are meaningful steps toward assisting victims and lessening their trauma, as well as restoring their power. Please pass HR98 and HCR121.



WOMEN'S CAUCUS

DEMOCRATIC PARTY OF HAWAII

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

April 3, 2009

To: Representative Ryan Yamane, Chair  
Representative Scott Nishimoto, Vice Chair and  
Members of the Committee on Health

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

Re: HCR 121 and HR 98 URGING ALL HOSPITAL EMERGENCY ROOMS IN THE STATE TO PROVIDE EMERGENCY CONTRACEPTION ON DEMAND TO VICTIMS OF SEXUAL ASSAULT OR RAPE (Hearing: April 3, 2009, 10:30 a.m., Room 329)

Position: SUPPORT

Thank you for hearing this resolution and for allowing me to provide testimony today, in support of HCR 121 and HR 98 which urge all hospitals to provide emergency contraception (EC) on demand to women who are victims of sexual assault or rape

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

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

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

<sup>1</sup> American Medical Association, Strategies for the Treatment and Prevention of Sexual Assault (1995).

<sup>2</sup> 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](http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=1625)

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

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

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

While HSDWC prefers stronger legislation requiring EC in emergency rooms, we urge the committee to pass HCR 121 and HR 98 and show that this legislature understands and supports the needs of sexual assault victims. Thank you for allowing me to submit my testimony in support of this measure.

April 1, 2009

TO: Representatives Ryan Yamane and Scott Nishimoto  
House Committee on Health

FROM: Melinda Wood, private citizen

SUBJECT: In Support of HCR 121 and HR 98

Thank you for the opportunity to testify on HCR 121 and HR 98 Urging All Hospitals in the State to Provide Emergency Contraception on Demand to Victims of Sexual Assault. These resolutions reflect the purpose of House Bill 423, which would have required that all emergency rooms in Hawaii provide sexual assault victims with information and access to emergency contraceptives. I am thoroughly disappointed that the bill failed this session. It is some small consolation that these resolutions, although lacking the force of law, continue this important effort to provide proper medical care to sexual assault victims.

EC is a safe and effective way to prevent pregnancy when taken within 72 hours after sexual contact. It is part of the medically accepted standard of care for rape victims. Both the AMA and the American College of Obstetrics and Gynecology support this standard. Hawaii victims who report their assault to the police are taken to the Sex Abuse Treatment Center or other qualified facilities that meet the AMA and ACOG standards for treatment. It is a mandatory part of the protocol to offer EC to sex assault victims.

However, some rape victims may not report their assault to the police and/or may not realize the extent of their injuries immediately. If they choose to go to the nearest hospital or emergency facility, they have no assurance that it follows the accepted medical standards of care. While these victims may be relatively few in number (no accurate figures are available), their trauma and suffering is no less than those who do file a police report. In fact, they may have an even greater level of fear if their rapist is a friend or family member who has threatened them not to go to the police; imagine how much they could fear getting pregnant by that person, especially if the personnel who treat them choose not to inform them about EC.

In light of the failure of HB 423, I encourage the Hawaii House of Representatives to pass HCR 121 and HR 98 Urging All Hospitals in the State to Provide Emergency Contraception on Demand to Victims of Sexual Assault. Although they are watered down resolutions, they may be the best that can be achieved this session. After many years of debate on this issue, I look forward to at least modest progress with the passage of these resolutions. Should you wish to discuss this further with me, you may call me at 945-0135.

## nishimoto2-Bryce

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 31, 2009 9:40 PM  
**To:** HLTtestimony  
**Cc:** merway@hawaii.rr.com  
**Subject:** Testimony for HR98 on 4/3/2009 10:30:00 AM

Testimony for HLT 4/3/2009 10:30:00 AM HR98

Conference room: 329  
Testifier position: support  
Testifier will be present: No  
Submitted by: Marjorie Erway  
Organization: Individual  
Address: PO Box 2807 Kailua-Kona, HI  
Phone: 808-324-4624  
E-mail: [merway@hawaii.rr.com](mailto:merway@hawaii.rr.com)  
Submitted on: 3/31/2009

**Comments:**

I urge you to support this bill, and at the same time, have concerns about the religious exemption language. Requiring emergency rooms to provide sexual assault victims with the basic standard of emergency medical care, which includes emergency contraceptives, does not impede on any constitutional right to freedom of religion. Because all sexual assault victims deserve the best care, no matter to what emergency room they report and regardless of religion, a religious exemption is an inappropriate detraction from the important goal of this legislation.

Mahalo for your consideration,  
Marjorie Erway