

LATE

VIA EMAIL: hthtestimony@capitol.hawaii.gov

Committee: Committee on Health
Hearing Date/Time: Wednesday, February 11, 2009, 3:00 p.m.
Place: State Capitol, Conference Room 016
Re: *Testimony of Gail P. Gnazzo, MS in Support of S.B. 604, Relating to
Emergency Contraceptives for Sexual Assault Survivors*

Dear Chair Ige and Members of the Committee on Health:

I write in support of S.B. 604, which seeks to require hospitals to provide information about emergency contraception to women who are sexually assaulted and to provide emergency contraception when requested.

Hawaii 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 a woman's right to live her life and her 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. Hawaii should not turn its back on sexual assault survivors.

- This bill is critically important for sexual assault victims on the neighbor islands
- Emergency Contraception is only effective if taken within a few hours of a sexual assault
- Major medical groups recommend that EC be offered to women to prevent pregnancy after a sexual assault.
- The list of states mandating that EC be available in the Emergency Room is growing
- Emergency care facilities should offer EC to a woman during her initial exam following a sexual assault.
- 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.

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

Sincerely,

Gail P. Gnazzo
Maui County Director
Board of Directors
ACLU Hawaii

From: Rachel Dorr [rdorr@hawaii.edu]
Sent: Wednesday, February 25, 2009 10:25 PM
To: JGO Testimony
Subject: Testimony

LATE

Aloha Chairs of the committee.

Although you will not be hearing public testimony for SB604, Relating to Contraception for Sexual Assault Survivors, I would like to briefly state that I STRONGLY SUPPORT SB604.

Thank you for your support.

Rachel Dorr

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TESTIMONY to the JUDICIARY and GOVERNMENT OPERATIONS COMMITTEE

SB604 SD1 Relating to Emergency Contraceptives for Sexual Assault Survivors

27 February 2009

9:30 AM -- Conference Room 016

Chairman Taniguchi, Vice-Chair Takamine, and Committee Members

I most strongly OPPOSE SB604 SD1 and ask you to vote NO on this Bill.

I notice that all members of the Committee are males so I don't know if you feel the same way I do, but I have never seen so many Bills that have insulted women.

First we were too stupid to decide for ourselves what kind of cigarette packs we should buy (SB779 SD1); then we are told we can't have abstinence only sex education because we are not bright enough or don't have enough moral fortitude to follow through with it (SB778); and now we are too stupid to protect ourselves following a sexual assault. I had never imagined our legislators had such low esteem for women.

I do not believe women are as dumb as we are made out to be and I object to any Bill that states that women's knowledge is lacking.

In SB604 it states: Most women of reproductive age do not know enough about emergency contraception to ask for it - only eleven per cent have heard of it, are aware of its availability, and know how soon after sexual intercourse it must be taken to be effective.

Just as with the lipstick packs of cigarettes, women are creative and will find something small and cute to store cigarettes, women have been overdosing on birth control pills as a

safety measure for decades. Please don't vote for Bills that insist women are uninformed.

I have a recommended change of direction for this SB604 that might be agreeable to everyone and not compromise any person's or organization's principles (once the paragraph indicating women are uninformed is removed.)

What SB604 fails to acknowledge is that doctors and hospitals do not agree on the benefits and the dangers of emergency contraception. These are high dose birth control pills and even the American Medical Association don't know the long term consequences of these pills on young bodies, especially if they are taken over and over during a short time-frame. I am aware that some women take them each time they have sexual relations, "just in case". No hospital, doctor or other attending care provider should be required to provide a service/medication they deem unhealthy and unethical. The fact that some doctors do not recommend these pills must be told to the victim. It would be handicapping the victim's decision making process if this information were withheld from them.

What concerns me about this SB604 is that the drafters, the United States Food and Drug Administration, and the American Medical Association are willing to use women as guinea pigs for these drugs. Women have had to have a doctor's prescription to get low dose birth control pills. We provide high dose birth control pills (emergency contraception) over the counter and now to sexual assault victims. Many side effects of birth control pills are blood clots, stroke, and heart attack. Having a baby is less dangerous to women than these serious medical conditions.

Paragraph 321-B of the Bill should be replaced with the following:

321-B Emergency contraception. (a) Any hospital that provides medical care to a sexual assault survivor shall:

- (1) Provide the sexual assault survivor with an opportunity to report their attack to the police so the perpetrator's of this crime will be stopped and unable to attack another victim. Time is of the essence.
- (2) After submitting the police report, the hospital or medical staff will provide medically and factually accurate information about emergency contraception including all side effects and drug interactions.
- (3) Medical staff must determine whether the sexual assault victim has been administered emergency contraception any time during the last year, and if so, how many times. This is to protect the hospital or doctor from any repercussions from having administered too much of the drug too often on one victim. Doctors and hospitals must be not be put in jeopardy for medical malpractice for dispensing these drugs.
- (4) Orally inform each sexual assault survivor of the option whether it can be received in the facility they are in or whether they will have to go to a different facility or be seen by a different staff member.
- (5) Let the sexual assault victim decide whether they want to stay at the facility they are in or go to a different facility.
- (6) For facilities providing the emergency contraception, provide it if requested if the victim is 18 or older. For minors, contact the parents or guardians to ensure the child will not have a medical reaction to the medication.
- (7) Ensure that hospitals which provide emergency contraception to sexual assault victims, train those staff members who are willing to administer the drug. The pros and cons of taking the emergency contraception pill must be provided to the victim. If the sexual assault victim self-identified as a member of a religious group during the admission process, the victim must be provided information regarding that Church's position on emergency contraception. It would be unethical to administer something to a

victim that victimizes her again.

(8) The State of Hawaii will annually compile a list for public record of the number of victims receiving medical services following a sexual assault; the number of victims who chose to receive the emergency contraceptive; and the number of victims who are assaulted multiple times in one year; and the number of victims who have had assaults in prior years including the total number of assaults per victim. These reports will be used to focus the State of Hawaii on reducing the number of assault cases by quickly identifying the person committing the assault(s), identifying unsafe locations; and taking corrective measures which will reduce the number of future victims.

(b) the cost of any emergency contraception dispensed pursuant to this part shall be paid by the perpetrator of the sexual assault. If the sexual predator is not found, from personal or family insurance, and as a last resort moneys from the domestic violence and sexual assault special fund under section 321-1.3.

321-C No change if the recommended changes above are made.

Thank you for your consideration of this matter.

Please OPPOSE SB604 SD1 as written.

Aloha,

Mary Smart

Mililani, HI 96789