

SB 604



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

In reply, please refer to:
File:

Senate Committee on Health

S.B. 0604, Relating to Emergency Contraceptives for Sexual Assault Survivors

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

February 11, 2009

1 **Department's Position:** The Department understands the intent of the bill but must oppose it because
2 there are no available resources to establish and maintain a statewide delivery system.

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

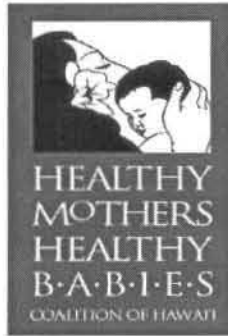
5 **Purpose and Justification:** S.B. 0604 ensures that sexual assault victims are given medically accurate
6 information about Emergency Contraception (EC) when they receive medical care at a hospital for
7 sexual assault, and that they have immediate access to EC upon request. There should be no delay in
8 making EC known and available to the victim as soon as possible within 72 hours from the time of
9 assault.

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

13 The number of sexual assault victims who present at the emergency rooms in Hawaii is
14 unknown. The number of referrals to sex assault forensic medical services is also unknown. In order
15 for a statewide delivery system to be implemented, the following issues need to be considered: a system
16 to purchase and distribute prescription and over the counter EC; a billing system for reimbursement of

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

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



DATE: FEBRUARY 9, 2009

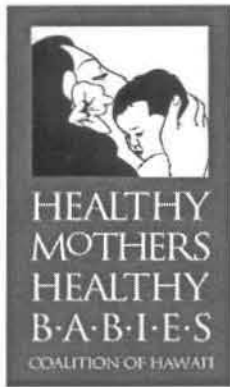
TO: SENATOR DAVID Y. IGE, CHAIR, SENATOR JOSH GREEN, MD, VICE CHAIR,
AND MEMBERS OF THE COMMITTEE ON HEALTH

FROM: Jackie Berry, Executive Director

SUBJECT: SB 604

Attached is testimony opposed to the above bill scheduled for hearing on Wednesday, February 11th, 2009 at 3:00pm. Please make additional copies as needed for committee members.

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February 9, 2009

Committee on Health

SB604 : Relating to Emergency Contraceptives for Sexual Assault Survivors

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

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 SB 604 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 those they have immediate access to emergency contraception if they request it.

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

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

Thank you for opportunity to testify

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Senate Health Cmte
Wed, Feb 11, 2009
3:00 pm
room 016

National Association of Social Workers

Hawaii Chapter

February 9, 2009

TO: Senator David Ige, Chair
Members of the Senate Health Committee

FROM: Debbie Shimizu, LSW
National Association of Social Workers

RE: SB 604 Relating to Emergency Contraceptives for Sexual Assault Survivors- **SUPPORT**

Chairman Ige and members of the Senate Health Committee, I am Debbie Shimizu, Executive Director of the National Association of Social Workers (NASW), Hawaii Chapter. NASW is the largest professional organization for social workers in Hawaii. I am testifying in **SUPPORT of SB 604 to ensure that victims of sexual assault are provided with information about emergency contraception (EC) and will be provided to those who request it.**

National statistics show that there are more than 300,000 women who are sexually assaulted each year in the US. Of these, an estimated 25,000 become pregnant as a result of being raped. About 22,000 of these pregnancies could be prevented if all women who were raped used emergency contraception. (Stewart & Trussell, 2000)

It is unfortunate that in Hawaii, many hospitals neglect their responsibility to offer EC to rape victims as an option for reducing the risk of pregnancy. A survey of all 20 emergency rooms at health care facilities statewide conducted by Healthy Mothers, Healthy Babies in February 2002, found that 2 out of 20 (10%) of all ER's could provide EC access to the caller within the 72-hour time frame. A total of 18 out of 20 (90%) of the ER's were NOT able to provide EC access to the caller.

A survey of women found that 78% feel their hospital should provide EC for anyone who has been raped (Catholics for Free Choice, 2000). Additionally, the American Medical Association and the American College of Obstetricians and Gynecologists endorse access and availability of EC for all women as a means of reducing unintended pregnancy.

EC is safe and effective and should be provided as an option to sexual assault survivors at the hospital.

I urge your favorable consideration of SB 604 and thank you for this opportunity to testify.

PRO-FAMILY HAWAII

P.O. Box 25158
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Phone and Fax: (808) 396-6569

February 10, 2009

Testimony on SB604
Health Committee, Room 016, 3 p.m.
by Daniel P. McGivern
Pro-Family Hawaii president

This bill has reared its ugly head for four years now. The bill in reality calls for abortion in all hospitals in Hawaii. Emergency contraceptives is a code name to provide such a high dose of contraceptives that it indeed prevents implantation of a conceived embryo in the womb.

Hawaii Medical Center East and West are both hospitals that would rather fold up than cause an abortion. Doctors there are legally committed to the Franciscan Sisters to prohibit both contraceptives and abortion.

Other hospitals should do the same. There is never a valid reason for a just-conceived child to be killed in the womb. The child is the most innocent of all, and in nine months, if the woman is pregnant, will be born.

Hospitals should never be required to do what is illegal and immoral. Hospitals are there to save lives, not take them.

If such a bill passed, where does it end? Doctor-assisted suicide? Euthanasia?

If society can kill its most innocent, its most defenseless, then it can turn around and kill the sick and elderly. Please kill SB604. Pro-Family Hawaii is adamantly opposed to this bill.



A JOINT LEGISLATIVE EFFORT

E-Mail to: HTHTestimony@Capitol.hawaii.gov
Regarding: Senate Committee on HTH
Hearing on: February 11, 2009 @ 3:00 p.m. #016

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Date: February 9, 2009

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

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

Re: **Opposition to SB 604 Relating to Emergency Contraceptives for Sexual Assault Survivors**

Honorable Chair and members of the Senate Committee on Health, I am Dennis Arakaki, representing both the Hawaii Family Forum and the Roman Catholic Church in the State of Hawaii.

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

Along with our community partner, St. Francis Healthcare System of Hawaii, we strongly oppose SB 604 because it requires hospitals to provide emergency contraception to sexual assault victims when requested.

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

Mahalo for the opportunity to testify.



Hawai'i Women's Political Caucus

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(808) 732-4987

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A State Chapter of the
National Women's
Political Caucus

February 9, 2009

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

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

RE: SB604 Relating to Emergency Contraceptives for Sexual Assault Survivors.
(Wednesday, February 11, 2009 at 3:00pm in Room 016)

POSITION: STRONG SUPPORT

Good afternoon, Chair Ige, Vice Chair Green and members of the Senate Committee on Health. I am Faye Kennedy representing the Hawai'i Women's Political Caucus and submitting testimony in strong support of SB604 which requires hospitals to provide information about emergency contraception to women who are sexually assaulted and to provide emergency contraception when requested. It also provides for administrative penalties for non-compliance.

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 SB604.



THE SEX ABUSE TREATMENT CENTER

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

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DATE: 02/11/2009

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

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

RE: Support for SB604
Emergency Contraception for Sexual Assault Victims

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

The SATC supports SB604 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. 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.

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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 SB604 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.



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 the ACLU of Hawaii in Support of S.B. 604, Relating to Emergency Contraceptives for Sexual Assault Survivors*

Dear Chair Ige and Members of the Committee on Health:

The American Civil Liberties Union of Hawaii ("ACLU of Hawaii") writes 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.

1. This bill is critically important for sexual assault victims on the neighbor islands

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, only six out of Hawaii's twenty emergency rooms provide emergency contraceptive access to sexual assault victims.³ In other

¹ *Crime in Hawaii*, Hawaii Attorney General's Office, 2007.

² *Id.*

³ To our knowledge, Wilcox Memorial on Kauai, Molokai General, Tripler, Kapiolani, Waianae Coast Comprehensive Health Center and Kahuku Hospital routinely offer EC to sexual assault survivors.

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words, residents of Maui, Lanai and the Big Island may have no access to emergency contraception in the emergency room. 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.

2. Emergency Contraception is only effective if taken within a few hours of a sexual assault

Emergency contraceptive (“EC”) pills, sometimes referred to as “morning-after” pills, can *prevent* pregnancy after unprotected intercourse, including rape.⁴ EC is a concentrated dosage of ordinary birth-control pills that can dramatically reduce a woman’s chance 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.⁵

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.⁶ Therefore, it is extremely important that, during an initial examination, emergency care facilities offer EC to women who have been raped.

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

⁴ 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.

⁵ 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 WHO multicentre randomized trial, 360 *Lancet* 1803, 1809-10 (2002).

⁶ 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).

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.⁷ 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.⁸

Sexual assault victims' groups around the country have also advocated to increase access to EC for rape victims.⁹ 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.¹⁰

4. The list of states mandating that EC be available in the Emergency Room is growing

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.¹¹ The failure of hospitals and

⁷ 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.

⁸ See, e.g., American Medical Association, *Strategies for the Treatment and Prevention of Sexual Assault* (1995).

⁹ 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>.

¹⁰ 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>.

¹¹ 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, please contact us at office@acluhawaii.org or call 808-522-5900.

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.

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

A woman who has been raped who does not obtain EC in an emergency care facility must track down EC on her own. However, a woman who has been raped should not have to seek out additional medical care to prevent pregnancy.¹² 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.

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.

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.¹³

¹² 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.

¹³ 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*,

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.

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.

6. 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.

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.¹⁴

Knowledge and Availability of Emergency Contraception in Pennsylvania Pharmacies (2002), at <http://www.aclupa.org/duvall/ecinpa/pharmacists.html>.

¹⁴ 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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7. 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.

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 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,

Laurie A. Temple
Staff Attorney
ACLU of Hawaii

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**TESTIMONY
SB 604
ROOM 016
2/11/2009
3:00 PM**

Senate Health Committee

Chair Ige and Members of the Committee:

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.

Thank you for the opportunity to testify.

Rev. Jory Watland
Member, ACLU of Hawaii Legislative Committee

PLANNED PARENTHOOD® OF HAWAII

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February 11, 2009

Testimony in Support: SB 604

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

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

Re: Testimony in Support of SB 604

I thank the Committee for hearing this bill today and for allowing me the opportunity to testify in support of SB 604, which provides all sexual assault victims with information and access to emergency contraceptives in emergency rooms. I understand that this is a familiar bill to the legislature and I urge you to support it. Planned Parenthood of Hawaii strongly supports this bill as it ensures that our most vulnerable and victimized citizens receive the best standard of emergency care.

I. SB 604 Requires Emergency Rooms Provide Information About and Access to Emergency Contraceptives to Sexual Assault Victims.

SB 604, requires all Hawaii hospitals to provide information regarding emergency contraceptives to all sexual assault victims who seek treatment in their emergency rooms, and for those victims who request it, to administer EC. Providing EC is the standard of care accepted by the medical community, however some hospitals neglect or refuse to provide this basic care to sexual assault victims. This bill will ensure that all sexual assault victims receive the same quality of medical care, thereby reducing the number of pregnancies resulting from rape and mitigating the inevitable trauma caused by this violent offense.

II. Sexual Assault is a Frequent and Traumatic Occurrence for Hawaiian Women.

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

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

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

³ *Id.*

⁴ *National Crime Victimization Survey*, 2005

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(808) 589-1149

Kona Clinic
75-184 Hualalai Road
Suite 205
Kailua-Kona, HI 96740
(808) 329-8211

Kahului Clinic
140 Hooahana Street
Suite 303
Kahului, Maui, HI 96732
(808) 871-1176

(A Maui United Way Agency)

Spouse, neighbor, or stranger- no matter who the perpetrator, sexual assault is a life threatening event and one that leaves victims with not just physical injury, but with long term emotional scars, including depression, anxiety, and intense fear.⁶ Approximately one third of all victims suffer from Post Traumatic Stress Disorder.⁷ Many victims require extensive counseling or therapy to heal from their assaults. Left untreated, sexual assault can lead to significant long term mental health problems.

III. 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 or using contraception. The violation is perhaps the most intimate and violent act one can experience. For some victims, pregnancy does occur. Though statistics vary, the average rate of pregnancy resulting from rape is somewhere between 1 to 5% with an estimated 32,000 rape related pregnancies occurring every year.⁸ A total of 32.4 percent of these victims did not discover they were pregnant until they had already entered the second trimester; 32.2 percent opted to keep the infant whereas 50 percent underwent an abortion and 5.9 percent placed the infant for adoption; and additional 11.8 percent had spontaneous abortion.⁹

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.

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

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

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

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

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

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

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

⁹ Id.

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

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

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

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. Victims deserve the best care, no matter the hospital they visit. Especially in Hawaii, victims may not be able to choose which hospital they report to. In light of the violence every sexual assault victim experiences, denying a sexual assault victim proper care is unconscionable. SB 604 ensures that no matter which hospital a victim is seen, she receives the best standard of care.

Twelve states have enacted similar legislation regarding EC for sexual assault victims. Those states include: **California, Connecticut, Massachusetts, Minnesota, New Jersey, New Mexico, New York, Ohio, Oregon, Pennsylvania, Washington, and Wisconsin**¹³

IV. Amendment

A house version of this bill, HB 423, has passed the House Committee on Health with an amendment that provides for a religious exemption, allowing religious affiliated hospitals to refrain from administering EC. The amendment requires these hospitals provide information about EC as a treatment option, a written disclosure that the hospital does not provide EC and that it is no fault of the patient’s, and, if the patient chooses EC, immediate transport to a hospital that will administer EC at the hospital’s cost.

I strongly urge you to reject any such amendment. The amendment allows for the continued denial of EC at hospitals that qualify for the exemption, counter to the purpose of this bill. Furthermore, the exemption jeopardizes victims’ physical and mental health. As stated above, in order for EC to be effective time is of the essence. Potential delays resulting from the amendment could render EC ineffective. This care must be viewed in the context of emergency medical care. Many victims have other injuries requiring medical attention, which may be compromised due to the delay caused by this amendment, or may render the transport to another facility for effective EC treatment impossible.

The process suggested by the amendment will cause emotional harm to rape victims. The prospect of being denied medical care, being transported to another location, and having to re-tell the story of the rape is discouraging and damaging to victims. A 2005 study found: Victims who experience negative reactions when first disclosing their sexual assault are more likely to experience PTSD and less likely to make

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

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

¹³ Access to Emergency Contraception, State Policies in Brief, as of February 1, 2009, Guttmacher Institute. Available at: http://www.agi-usa.org/pubs/spib_EC.pdf.

subsequent disclosures.¹⁴Victims who were required to make multiple disclosures, regardless of negative reactions, suffered from more acute PTSD symptoms.¹⁵

The amendment is not motivated by any legal requirement. The bill is not an impermissible infringement on religious freedom, as it does not plainly prohibit religious practice, its purpose is wholly unrelated to religion, and it is narrowly tailored to achieve its laudable purpose.¹⁶ The sole testifier suggesting and supporting this amendment in front of the House Committee on Health was a representative from the St. Francis Health Care System. To be clear, St. Francis no longer owns or operates a hospital in Hawaii.¹⁷ What health services it does run are unaffected by this bill. The St. Francis testimony was given on behalf of Hawaii Medical Centers (HMC). HMC is not operated by St. Francis or any other religious organization. Indeed, when visiting HMC's website and reading its mission statements, there is little or no mention of any religious affiliation.¹⁸

HMC does claim that it has a property interest in the amendment, pointing to agreements it made when it leased the property from St. Francis. It is a long held legal tenant that restrictive covenants on land that violate fundamental rights cannot be legitimized by state action.¹⁹ An entity's property interests cannot outweigh a victim's right to basic health, safety and protection, or a woman's constitutional right to privacy in her body and reproductive health decisions. To be of assistance in striking such an imbalance is to put an undue burden on fundamental rights.

IV. Please Support SB 604 and Hawaii's Sexual Assault Victims.

SB 604 is essential to providing the best quality of care for sexual assault victims, who after a rape are challenged with myriad physical and emotional injuries. Crucial to a victim's healing is restoring her ability to make decisions and have control over her own body. This bill is a meaningful step towards assisting victims and lessening their trauma, as well as restoring their power. All victims deserve the best standard of care no matter what ER they arrive in, and passing this bill will ensure that they do. We ask you to pass SB 604. Thank you for this opportunity to testify today.

¹⁴ Starzynski, L. L., Ullman, S. E., Filipas, H. H., Townsend, S. M. (2005). Correlates of women's sexual assault disclosure to informal and formal support sources. *Violence and Victims*, 20, 417-432.

¹⁵ Id.

¹⁶ *Employment Div. v. Smith*, 494 U.S. 872, 879 (1990).

¹⁷ See St. Francis Website, About Us, Historical Timeline, accessed from <http://www.stfrancishawaii.org/About/Pages/Timeline.aspx>

¹⁸ See Hawaii Medical Centers Website accessed from <http://www.hawaiimedcen.com/hmc/> and HMC mission accessed from <http://www.hawaiimedcen.com/hmc/mission.html>

¹⁹ *Shelley v. Kraemer*, 334 U.S. 1 (1948).

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No. of pages including this page: 5

DATE: February 11, 2009
TO: Senator David Y. Ige
Chair, Senate Health Committee
FACSIMILE NO. (808) 586-6231
RE: SB 604
Date & Time of Hearing: February 11, 2009 @ 3:00 p.m.
Conference Room 016

Dear Senator Ige:

I urge you to vote NO, or in the alternative to defer SB 604 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 may cease to operate. With the said contract in place, SB 604, if enacted in its present form, may 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 SB 604, IN ITS PRESENT FORM WOULD BE A CLEAR VIOLATION OF CONSTITUTIONAL RELIGIOUS, CIVIL, AND/OR CONSCIENTIOUS OBJECTORS' RIGHTS.

The American Center for Law and Justice, a national non-profit organization, with whom I have worked in the past, has instituted lawsuits in various parts of the country to protect the civil rights of employees not to force them to dispense the so called "morning after" pill or to make referrals to those who do. A copy of these cases is attached for your convenience.

As you can see from these cases, any Hawaii resident employee of the formerly known "St. Francis" hospital, who chooses to bring a lawsuit against the State of Hawaii and prevails were SB 604 enacted in its present form, would be awarded in all probability all of his/her lost just compensation and/or attorney's fees because such a resident would have his/her civil rights abridged.

II. ENACTMENT OF SB 604 IN ITS PRESENT FORM WOULD VIOLATE THE SALE AND PURCHASE CONTRACT OF THE FORMER ST. FRANCIS HOSPITALS UNDER THE "CONTRACT" CLAUSE OF THE U.S. CONSTITUTION, ARTICLE I, §10.

As noted herein above, were SB 604 enacted in its present form, it may have the effect of shutting down the formerly known "St. Francis" Hospitals, in whole or in part, because of the contract provision which presumably obligates contractually 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. It is quite evident, then, that the shut down, in whole or in part, of the formerly known "St. Francis" Hospitals (Liliha and West), may have dire economic

consequences of not only those working in the 2 hospitals but also may have severe health consequences on those dependent on medical services provided there who would otherwise have received such care.

For the foregoing reasons, I urge you to vote NO, or in the alternative to defer SB 604 in committee.

Very truly yours,

A handwritten signature in black ink that reads "Robert K. Matsumoto". The signature is written in a cursive style with a large, prominent "R" and "M".

Robert K. Matsumoto

February 10, 2009

TO: Senators David Ige and Josh Green, MD
Senate Committee on Health

FROM: Melinda Wood, private citizen

SUBJECT: In Support of SB 604

Thank you for the opportunity to testify on SB 604 Relating to Emergency Contraceptives for Sexual Assault Victims. As this is an emotional issue for some people, let me begin with the facts. Emergency contraception (EC) is simply a high dose of birth control pills. It prevents ovulation, fertilization, or implantation of an egg, when taken within 72 hours, in this case, after a rape. It is not the “abortion pill.” EC is a safe and effective way to prevent pregnancy.

Use of EC 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. In compliance these standards and with Hawaii state criminal statutes, it is made available to all rape victims who report their assault to the police. These victims are taken to the Sex Assault Treatment Center to receive the highest level of professional and compassionate care.

However, some 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 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 do not offer the option of EC.

In past years, there has been some debate in Hawaii regarding religious exemptions for some medical facilities, notably St. Francis Hospitals. These facilities have been bought out and taken over by a private, for-profit group of doctors, renaming the facilities to Hawaii Medical Centers (HMC). The Catholic nuns that own the land under the facilities state that HMC is required to follow the Catholic tenets regarding birth control and abortion. This is objectionable and specious on several counts. First, a number of Catholic hospitals around the country that have found guidance in their beliefs and covenants that enable them to offer EC to sexual assault victims in their facilities. Second, HMC is not a religious facility—it is a doctor-owned private facility that leases its land from the Catholic Church. The relationship between the landowner and the leaseholder needs to be explored in much greater legal depth, perhaps similar to how Bishop Estate lands were examined by our courts in decades past. Finally, twelve other states have passed similar legislation to SB 604, including several that fall under the same Circuit Court as Hawaii.

I highly recommend that the Hawaii Senate acknowledge that the rights of rape victims to receive the medically accepted standards of care should supercede the rights of facilities to deny

that care to them. Please support emergency contraception for sexual assault victims. Should you wish to discuss this further with me, you may call me at 945-0135. After many years of debate on this issue, I look forward to a positive outcome this year.

DATE: February 9, 2009

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

FROM: Betty Sestak, Public Policy Chair,
American Association of University Women, Hawaii Division

HEARING: Senate Committee On Health, Room 016

Public Hearing on SB 604 Relating to Emergency Contraceptives for
Sexual Assault Victims

Wednesday, February 11, 2009 at 3:00 PM

RE: SB 604 Relating to Emergency Contraceptives for Sexual Assault
Victims

**We are testifying in support of SB604 Relating to Emergency Contraceptives for
Sexual Assault Victims**

My name is Betty Sestak, RN, MPH, CRC, LMHC and I am the public policy chairperson for the state division of AAUW that has a membership of approximately 90 concerned women who feel strongly about this issue. We are in strong support of this bill to provide emergency contraceptives for sexual assault victims.

SB 604 requires that emergency rooms provide all sexual assault victims who seek care information about emergency contraceptives and administer emergency contraceptives if a victim chooses. In 2007 there were 248,300 rapes in the United States. According to the most recent Crime in Hawaii report, there were 377 forcible rapes reported to law enforcement in Hawaii in 2007. While the overall crime rate was down, the rate of forced rapes increased by 3.9%. Many of these victims required emergency medical care at one of Hawaii's emergency rooms. Sexual assault is a life threatening event and one that causes most victims long-term trauma. Survivors often suffer depression, intense fear, anxiety, and symptoms of posttraumatic stress disorder. Healing can take a lifetime. In the aftermath of rape, victims find themselves dealing with a host of reproductive and sexual health issues, including pregnancy. Though statistics vary, the average rate of pregnancy resulting from rape is somewhere between 1 to 5% with an estimated 32,000 rape related pregnancies occurring every year.

Emergency contraceptives are a safe and effective way to prevent a pregnancy as the result of a rape. EC are high dose contraceptives that, when taken within 72 hours of a rape, prevent ovulation, fertilization, or implantation of an egg. EC is not the "abortion" pill, nor does it cause abortion. Providing EC in the ER is the accepted standard of care. The American Medical Association's Guidelines for treating sexual assault victims states that victims should be informed about and provided EC. The American College of Obstetrics and Gynecology also supports this standard of care.

While many sexual assault victims in Hawaii do receive EC, some hospitals do not provide this standard of care. All sexual assault victims deserve the best standard of care no matter what ER they arrive in. 12 states have enacted similar legislation regarding EC for sexual assault victims. Those states include: **California, Connecticut, Massachusetts, Minnesota, New Jersey, New Mexico, New York, Ohio, Oregon, Pennsylvania, Washington, and Wisconsin**¹

We are in **strong support of SB 604**. Thank you on behalf of the Hawaii Division AAUW for the opportunity to testify and to support this bill.

Betty Sestak
391-9390

¹ Access to Emergency Contraception, State Policies in Brief, as of February 1, 2009, Guttmacher Institute. Available at: http://www.agi-usa.org/pubs/spib_EC.pdf.

From: judith anderson [gr8olbroad@hotmail.com]
Sent: Monday, February 09, 2009 7:56 PM
To: HTHTestimony
Subject: Testimony on two bills, SB604 and SB777, to be heard 2/11/09 at 3 p.m.

Categories: Green Category, Blue Category

Dear Chair Ige, Vice Chair Green and members of the Senate Committee on Health,

My name is Judith Anderson, and I wish to submit testimony in support of the two bills above.

Re SB604, I cannot tell you how much I abhor the laws that allow religious scruples to deny any woman, particularly one who has been raped, all possible care to reduce or eliminate the risk of disease or pregnancy. If a doctor, a nurse, a pharmacist or anyone else in the health industry feels unable to prescribe or provide certain medications or information to a patient in need of them, that person should find another profession. They are in the health industry, not the religious industry or the philosophical industry or the moral guidance industry. Their job is to provide the health knowledge they possess to anyone who needs it, not to determine who is worthy of their assistance or what assistance is worthy of being provided.

Doctors take an oath to do no harm, yet will prevent a raped woman from obtaining the means to avoid bearing a child of her rapist's. Can anyone with 2 functioning brain cells consider this to be doing no harm? I have heard that if a given hospital is unwilling to provide contraceptive aid or information it may send a woman to another hospital which is. Does anyone actually think it is not outrageous to tell a woman who has been severely traumatized that she should get into a cab with a strange man and hie herself off to someone else who might help her? Such a woman is rarely in any kind of shape to go trundling from one hospital to another, begging for the most basic help. To force her to deal with rejection and disapproval and frightening actions at a time like this is unconscionable.

I strongly urge you to support this bill.

Re SB777, this is a natural precursor to the bill above. People who receive complete, accurate and unbiased education in their youth are less likely to be either rapist or rape victim. They have knowledge of their bodies and their sexuality and the best way to use them. They have knowledge of situations which may be risky, and of more intelligent and healthy and rewarding ways of using their sexuality. A proper education will provide knowledge of civilized ways of relating to the opposite sex, of respect toward themselves and others. Some people will always be inclined to ignore this knowledge, but at least they will know of better choices if they are able to make them.

To make the most of their lives and their relationships with others, they need to have a true knowledge of sex and sexuality, of their bodies, of their emotions, of how to relate to and respect those with whom they must interact in their personal relations. A narrow, incomplete, inaccurate and disapproving so-called 'sex education' prepares children only for unhappiness, inappropriate actions and a restricted, unfulfilling love life. We must keep our education clear of bias and bigotry, and reserve religion, philophy and any other dogma for activities outside of our educational system.

Judith Anderson
2421 Ala Wai Blvd.
Honolulu HI 96815

**Testimony on SB 604
RELATING TO HEALTH**

**COMMITTEE ON HEALTH
Senator David Ige, Chair
Senator Josh Green, Vice Chair**

**Wednesday, February 11, 2009, 3:00 p.m.
Conference Room 16, State Capitol**

My name is Sharon Ferguson-Quick and as Executive Director of the Hawaii State Commission on the Status of Women, I'm providing written testimony on the measure Relating to Emergency Contraceptives for Sexual Assault Survivors (SB 604). I strongly support this bill in its effort requires a hospital to provide information and emergency contraception to a sexual assault victim and to provide emergency contraception when requested.

Hawaii Revised Statute 367, establishing the Hawaii State Commission on the Status of Women in 1964, has laid out as its primary purpose to ensure equality for women and girls in the State of Hawaii by acting as a catalyst for change through advocacy, education, collaboration and program development and research. The Commissioners have defined a set of priorities to fulfill this mandate. This bill touches on a number of areas of importance as established by the Commissioners. Two of the priorities are Women's Health and Women's Safety.

It is startling when we come face to face with the statistics on rape in this country. More than 300,000 women are sexually assaulted each year in the U.S. Of these an estimated 32,000 will become pregnant as a result. (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). About 22,000 of these pregnancies could be prevented if all women who were raped used EC. (Stewart & Trussell, 2000) According to the most recent Crime in Hawaii report, there were 377 forcible rapes reported to law enforcement in Hawaii in 2007. While the overall crime rate was down, the rate of forced rapes increased by 3.9%. (*Crime in Hawaii*, Hawaii Attorney General's Office, 2007)

The physical abuse and violation of a rape traumatizes a woman in ways that will take years to overcome and impacts every area of her live. To add an unnecessary pregnancy to that life altering abuse is unconscionable. Emergency Contraceptives (EC) is a safe and effective means of reducing the risk of pregnancy after unprotected intercourse. Providing EC in the ER is the accepted standard of care. The American Medical Association's Guidelines for treating sexual assault victims states that victims should be informed about and provided EC. American Medical Association, Strategies for the Treatment and Prevention of Sexual Assault (1995). The American College of Obstetrics and Gynecology also supports this standard of care. 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. Yet many hospitals in our own community neglect their responsibility to sexual assault survivors by not providing them with medically accurate fact based information on pregnancy risk after an assault and the Emergency Contraceptive that is available to reduce it. This is even more amazing in the face of overwhelming support in the community for offering EC to women following a sexual assault. In one survey of registered voters, 75% favored requiring all hospitals to make EC available to women who have been raped.

We do the women of this community a grave disservice if we do not demand and ensure Emergency Contraceptives are available and easily accessible in our emergency rooms.

I strongly support this bill and the protection it provides women in our states.

Sharon Ferguson-Quick
Executive Director
Hawaii State Commission on the Status of Women
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