



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

In reply, please refer to:
File:

Senate Committee on Health

S.B. 218, Relating to Healthcare

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Acting Director of Health**

February 2, 2011

Department's Position: The Department of Health (DOH) supports the intent of S.B. 218 to ensure that sexual assault victims are provided medically accurate information and access to Emergency Contraception (EC) when receiving emergency medical care at Hawaii's hospitals but must oppose the measure because there are no available resources to establish and maintain a statewide EC delivery system.

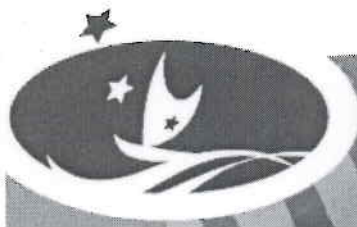
Fiscal Implications: There is a need to determine the estimated amount of funds necessary to carry out the requirements of the bill. Fiscal impact is unknown at present.

Purpose and Justification: S.B. 218 ensures that sexual assault victims are provided medically accurate information and access to EC when receiving emergency medical care at Hawaii's hospitals.

The measure states that "the cost of any EC dispensed shall be paid by the Department using monies from the Domestic Violence Sexual Assault (DVSA) Special Fund under Section 321-1.3." This requires the establishment and maintenance of a statewide EC delivery system. The cost of implementing such a system is unknown. Currently, the DVSA Special Fund is dependent upon funds from tax refund designations and may not have consistent funding to support the ongoing expenses needed to implement and maintain a statewide EC delivery system.

In order for a statewide EC delivery system to be implemented, the following functions need to be developed: 1) Data surveillance system of the need and utilization rates for EC; 2) Purchasing and distribution system for prescription and over the counter EC; 3) Monitoring and enforcement of hospital compliance; 4) Billing system for reimbursement for EC; 5) Protocols and written policy regarding the treatment and referral of sexual assault, especially for minors; and 6) Workforce training and development on sexual assault and EC.

Thank you for the opportunity to testify.



WOMEN'S CAUCUS

DEMOCRATIC PARTY OF HAWAII

February 1, 2011

To: Senator Josh Green, Chair
Senator Clarence Nishihara, Vice Chair and
Members of the Committee on Health

From: Jeanne Ohta, Co-Chair

RE: SB 218 Relating to Health Care
Hearing: Wednesday, February 2, 2011, 2:45 p.m., Room 229

Position: Support

Good afternoon, I am Jeanne Ohta, Co-Chair of the Hawaii State Democratic Women's Party testifying in support of SB 218 Relating to Healthcare. Requiring emergency rooms in Hawaii to offer information about and access to Emergency Contraception (EC) will help us ensure that sexual assault survivors have access to high quality, compassionate care. 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.

In 2009 there were 125,910 rapes in the United States.¹ According to the most recent Crime in Hawaii report, there were 363 forcible rapes reported to law enforcement in Hawaii in 2008.² Many of these survivors 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. Statistics vary, but indicate the approximately 5-8% of all rapes result in pregnancy. Emergency contraceptives are a safe and effective way to prevent a pregnancy as the result of a rape. 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.³ The American College of Obstetrics and Gynecology also supports this standard of care.⁴

However, in Hawaii, sexual assault victims do not always have access to emergency contraception when they visit local emergency rooms. Statewide surveys of Hawaii's emergency rooms have revealed that many facilities lack any clear policy on emergency contraception. Please pass SB 218 and ensure that Hawaii's most vulnerable patients have access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in.

¹ National Crime Victimization Survey, US Department of Justice Bureau of Crime Statistics, 2010

² *Crime in Hawaii*, Hawaii Attorney General's Office, 2008

³ See, American Medical Association, *Strategies for the Treatment and Prevention of Sexual Assault* (1995).

⁴ 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?reco=17&bulletin=1625.

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 01, 2011 12:38 PM
To: HTHTestimony
Cc: sharon.y.ferguson-quick@hawaii.gov
Subject: Testimony for SB218 on 2/2/2011 2:45:00 PM
Attachments: Testimony SB218 EC in the ER.doc

Testimony for HTH 2/2/2011 2:45:00 PM SB218

Conference room: 229
Testifier position: support
Testifier will be present: Yes
Submitted by: Sharon Ferguson-Quick
Organization: Hawaii State Commission on the Status of Women
Address: 235 S. Beretania St. Rm 407 Honolulu, HI 96813
Phone: 808-586-5758
E-mail: sharon.y.ferguson-quick@hawaii.gov
Submitted on: 2/1/2011

Comments:

**Testimony on SB 218
RELATING TO HEALTHCARE**

**COMMITTEE ON HEALTH
Senator Josh Green, M.D., Chair
Senator Clarence Nishihara, Vice Chair**

**Thursday, February 2, 2011, 2:45 p.m.
Conference Room 229, State Capitol
415 South Beretania Street
Honolulu, HI 96813**

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 Compassionate Care for Sexual Assault Survivors (SB 218). 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 lain 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 125,910 women are sexually assaulted each year in the U.S. Of these an estimated 5% to 8% will become pregnant as a result. A large number of these unintended pregnancies could be prevented if all women who were raped used EC. According to the most recent Crime in Hawaii report, there were 363 forcible rapes reported to law enforcement in Hawaii in 2009.

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, it does not cause abortion. 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. SB 218 ensures that Hawaii's women in one of the most vulnerable situations they can experience in their lives would have access to quality compassionate care after a sexual assault, no matter which emergency room they arrive in.

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. In every emergency room! We must ensure that this medical care is available to everyone woman in this state.

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
808-586-5758
Sharon.Y.Ferguson-Quick@hawaii.gov

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 01, 2011 2:14 PM
To: HTHTestimony
Cc: executivedirector@hscadv.org
Subject: Testimony for SB611 on 2/2/2011 2:45:00 PM
Attachments: SB218 and SB611 Compassionate Care.docx

Testimony for HTH 2/2/2011 2:45:00 PM SB611

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Veronika Geronimo
Organization:
Address: 716 Umi St. Suite 210 Honolulu, HI
Phone: 832-9316 ext. 104
E-mail: executivedirector@hscadv.org
Submitted on: 2/1/2011

Comments:

HAWAII STATE COALITION AGAINST DOMESTIC VIOLENCE

The Honorable Josh Green, Chair
Senate Health Committee
Twenty-sixth State Legislature
Regular Session of 2011
State of Hawai'i

February 1, 2011

RE: SB 218 and SB 611 - SUPPORT

Hearing Date: Wednesday February 2, 2011 at 2:45 pm, Room 229

Chair Green, Vice Chair Nishihara, and members of the Senate Committee on Health, the Hawai'i State Coalition Against Domestic Violence respectfully submits the following testimony in support of SB 218 and SB 611. As a statewide coalition of domestic violence service providers, our mission is to ensure the safety and protection of women in intimate relationships by providing training and education, coordinating domestic violence prevention and intervention services, affecting public policy, and establishing coordinated and consistent procedures and actions by the civil and criminal justice systems in Hawai'i.

In its most violent form, domestic violence involves sexual violence where the victim is forced to perform sex acts she does not wish to, or is raped. As a result, many women may need medical treatment and emergency contraception as a result of experiencing sexual violence at the hands of their partners. For these women who experience intimate partner violence, "no" is not an option because of the threat of violence or further emotional abuse.

One of the deepest injuries of rape and domestic violence is that the victim's right to self-determination has been violently taken over by another. SB 218 and SB 611 requires emergency rooms to provide information about Emergency Contraception (EC) to sexual assault survivors and to actually provide EC to survivors who need and request it. Access to emergency contraception and quality, compassionate care after a sexual assault empowers survivors with vital information and an effective way to prevent unintended pregnancies as a result of rape in the context of ongoing domestic violence.

While we are in full support of providing and covering the cost of Emergency Contraception, we hope you will consider alternative means of funding. The bill currently states that the cost of any Emergency Contraception shall use moneys from the domestic violence and sexual assault special fund. The special fund is projected to have a shortfall in the coming years and is already committed to other program purposes to ending sexual and domestic violence in Hawai'i. Furthermore, we request the language of SB 611 be amended to include the changes in SB 218.

Thank you for your consideration.

Submitted by:
Veronika Geronimo
Executive Director, Interim
Hawaii State Coalition Against Domestic Violence
Phone (808) 832-9316 x 104
executivedirector@hscadv.org

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 01, 2011 2:28 PM
To: HTHTestimony
Cc: jyadao@stfrancishawaii.org
Subject: Testimony for SB218 on 2/2/2011 2:45:00 PM

Testimony for HTH 2/2/2011 2:45:00 PM SB218

Conference room: 229
Testifier position: oppose
Testifier will be present: Yes
Submitted by: Joy Yadao
Organization: St Francis Health System of Hawaii
Address: 2226 Liliha St suite 227 Honolulu, HI
Phone: 808-547-8156
E-mail: jyadao@stfrancishawaii.org
Submitted on: 2/1/2011

Comments:
Written testimony will be provided

ATTN: COMMITTEE ON HEALTH
Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair
Committee Members

DATE: Wednesday, February 5, 2011
TIME: 2:45 P.M.
PLACE: Conference Room 229

SB 218 - RELATING TO HEALTHCARE - requiring emergency rooms to provide all sexual assault survivors, who seek care, information about emergency contraceptives and to administer emergency contraceptives if a victim chooses.

STRONG SUPPORT

SB 611 - RELATING TO EMERGENCY COTRACEPTIVES FOR SEXUAL ASSAULT SURVIVORS **Support the intent**

Aloha Chair Green, Vice Chair Nishihara and members of the Health Committee:

I am Ann S. Freed, Co-Chair of the Women's Coalition.

We are in strong support of SB 218 which is the result of over 10 years of work with stakeholders on this issue.

It is a sad fact that in 2009 there were 125,910 rapes in the United States, and in Hawaii's most recent 2008 report, there were 363 forcible rapes. Scarcely a day goes by that this horrific crime, that can affect victims for life, makes headlines in our daily news. Many of these rape survivors have required emergency medical care at one of Hawaii's emergency rooms.

Most people in our state are unaware that our emergency rooms are not offering emergency contraception to rape victims except in some random way. Most people in our state are not aware that such information is considered standard of emergency room care for the purpose of hospital certification. If they were there would be a public outcry.

Consider the following:

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 post-traumatic stress disorder.

Approximately 5-8% of all rapes result in pregnancy.

EC is not the "abortion" pill, nor does it cause abortion.

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 a within a recommended time period after a sexual assault, will prevent pregnancy.

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.

Fifteen states and the District of Columbia have adopted legislation requiring the provision of information about and/or access to EC to sexual assault victims in emergency rooms. This past year, the Federal Government also standardized rules regarding EC and now requires that all military and federal hospitals stock EC. The Army Medical Command Regulations advise discussing and providing EC to sexual assault victims.

However, in Hawaii, sexual assault victims do not always have access to emergency contraception when they visit local emergency rooms. Statewide surveys of Hawaii's emergency rooms have revealed that many facilities lack any clear policy on emergency contraception.

SB 611 reflects a version of this bill that was introduced during the 2009 legislative session. Since 2009 a group of stakeholders on this issue- both advocates and opponents, have met several times. The newer language of SB 218 is a

result of those discussions. Therefore, while we support all initiatives to improve care for sexual assault survivors, we ask that SB 611 be amended to include the changes in SB 218.

We urge you to pass this bill out of committee. Rape victims have waited far too long for compassion in the Emergency Rooms of our hospitals.

Regards,

Ann S. Freed
Co-Chair Women's Coalition
95-227 Waikalani Dr. A403
Mililani, HI 96789

808-623-5676

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 01, 2011 10:09 AM
To: HTHTestimony
Cc: adrianar@kapiolani.org
Subject: Testimony for SB218 on 2/2/2011 2:45:00 PM
Attachments: Testimony_SB218-info_on_emergency_contraceptives.doc

Testimony for HTH 2/2/2011 2:45:00 PM SB218

Conference room: 229
Testifier position: support
Testifier will be present: Yes
Submitted by: Adriana Ramelli
Organization: The Sex Abuse Treatment Center
Address: 55 Merchant Street 22nd Floor Honolulu, HI
Phone: 808-535-7600
E-mail: adrianar@kapiolani.org
Submitted on: 2/1/2011

Comments:



THE SEX ABUSE TREATMENT CENTER

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

Executive Director
Adriana Ramelli

Advisory Board

President
Mimi Beams

Vice President
Peter Van Zile

Marilyn Carlsmith

Senator
Suzanne Chun Oakland

Monica Cobb-Adams

Donne Dawson

Dennis Dunn

Senator
Carol Fukunaga

Frank Haas

Roland Lagareta

Phyllis Muraoka

Martha Smith

DATE: February 2, 2011

TO: The Honorable Josh Green, Chair
The Honorable Clarence K. Nishihara, Vice Chair
Committee on Health

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

RE: In support of SB218
Compassionate Care for Survivors of Sexual Assault

Good afternoon Senators Green and Nishihara and members of the 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.

Every year the SATC serves hundreds of people whose lives have been tragically impacted by sexual violence. In addition to coping with the psychological impact of trauma, victims must face the very real physical consequences of sexual assault. This can include concerns about bodily injuries, sexually transmitted diseases, HIV, and pregnancy. Meeting both the emotional and physical needs of victims is of prime importance to SATC crisis workers and doctors. We firmly believe that victims of sexual assault have the right to access quality therapeutic and medical care following an assault, which includes being informed about their options, including the option of emergency contraception.

Those who seek services at SATC are provided the option of a comprehensive medical-legal examination provided at KMCWC. This examination entails the detection and treatment of injuries, collection and preservation of legal evidence, and testing for sexually transmitted diseases and pregnancy. The examining physician also offers information to the victim about emergency contraception. If the victim is concerned about or at risk of an unwanted pregnancy, the physician can provide contraceptives if that is what the victim chooses.

While some medical facilities on Oahu refer victims to SATC for services, that is not always the case. That is why all medical facilities in Hawaii must commit to offering

emergency contraception information to the sexual assault victims they serve and to providing contraceptives to those who choose them. It is time for Hawai'i to join the growing number of states nationwide who have adopted legislation requiring the provision of these important, compassionate services. Furthermore, the American Medical Association and the American College of Obstetrics and Gynecology support this standard of care.

Sexual assault is a terrible crime that often robs the victim of their sense of safety and control. An important step toward restoring a victim's loss of control is to provide them key, medically relevant information and options, and SB 218 seeks to do that.

We urge you to support SB 218. Thank you for the opportunity to testify.

PRO-FAMILY HAWAII

P.O. Box 25158

Honolulu, Hawaii 96825

Phone and Fax: (808) 396-6569

January 31, 2011

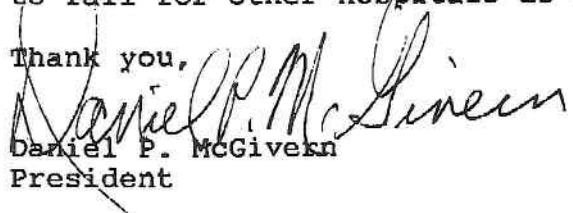
Testimony on SB218
Health Committee
Feb. 2, 2:45 p.m., Room 229

A certain hospital in Hawaii, namely Hawaii Medical Center, formerly known as St. Francis Hospital, and the doctors practicing and operating there, are bound by the present owners of the same, namely the Franciscan Sisters, not to engage in or participate in any abortion services whatsoever, including emergency contraceptives which is being discussed here, at the risk of shutting down the hospital altogether.

Moreover, besides many paying patients, Hawaii Medical Center services many indigent persons, who otherwise may not be served elsewhere, the risk of shutting down such services, creates a great risk to such indigent persons.

Similar bills have failed for years, and must continue to do so. This is true not only for Hawaii Medical Center but this bill needs to fail for other hospitals as well.

Thank you,



Daniel P. McGivern
President

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 01, 2011 9:03 AM
To: HTHTestimony
Cc: kreardon@pphi.org
Subject: Testimony for SB218 on 2/2/2011 2:45:00 PM
Attachments: Testimony SB218 HTH.doc

Testimony for HTH 2/2/2011 2:45:00 PM SB218

Conference room: 229
Testifier position: support
Testifier will be present: Yes
Submitted by: Katie Reardon
Organization: Planned Parenthood of Hawaii
Address: 1350 S. King Street Suite 309 Honolulu, HI
Phone: 589-1156
E-mail: kreardon@pphi.org
Submitted on: 2/1/2011

Comments:

January 31, 2011

Testimony in Support: SB 218

To: Chair Josh Green, Vice Chair Clarence Nishihara, and Members of the Senate Committee on Health
From: Katie Reardon, Director of Government Relations & Public Affairs, Planned Parenthood of Hawaii
Re: Testimony in Support of SB 218 Relating to Healthcare

Planned Parenthood of Hawaii (PPHI) strongly supports SB 218 Relating to Healthcare, and we thank the committee for the opportunity to provide this testimony. SB 218 seeks to ensure compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

I. The Trauma of Sexual Assault is Exacerbated by the Risk of Rape Related Pregnancy

In 2009 there were 125,910 rapes in the United States.¹ According to the most recent Crime in Hawaii report, there were 363 forcible rapes reported to law enforcement in Hawaii in 2008.² Major studies show that reporting rates for rape and sexual assault are approximately 40%.³ Still some studies have shown that rate to be as low as 16%.⁴ Therefore, the rate of sexual assault, both nationally and in Hawaii, is likely much higher. Many of these victims require emergency medical care at one of Hawaii's emergency rooms.

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. 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.⁵ 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 an additional 11.8 percent experienced miscarriage.⁶

II. EC is Safe and Effective

EC is a safe and effective way to prevent a pregnancy as the result of a rape. EC, also known as Levonorgestrel, is a high dose contraceptive that, when taken within 120 hours (or 5 days) of unprotected sex, can prevent pregnancy. It is most effective the earlier it is taken, with a 99% efficacy rate when taken within 12 hours, 82% within 72 hours, and decreasing thereafter.

¹ National Crime Victimization Survey, US Department of Justice Bureau of Crime Statistics, 2010

² *Crime in Hawaii*, Hawaii Attorney General's Office, 2008

³ *National Crime Victimization Survey*, 2005

⁴ National Center for Victims of Crime & Crime Victims Research and Treatment Center, *Rape in American: A Report to the Nation*, (1992).

⁵ 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).

⁶ *Id.*

EC is a contraceptive and is not the abortion pill. It works in two ways. Primarily, EC delivers hormones to the body that prevent ovulation from occurring. When ovulation is prevented, there is no egg to be fertilized, and a pregnancy will be prevented. EC may also be effective after ovulation has occurred. The hormones in EC cause a thickening to the cervical mucus, which prevents sperm from entering the uterus and fertilizing the egg, thereby preventing pregnancy.

EC will not terminate an existing pregnancy. According to medical authorities, such as the American College of Obstetrics and Gynecology and the National Institutes on Health, a pregnancy occurs when a fertilized egg implants itself on the uterine lining. In the past there has been uncertainty as to whether EC will prevent a fertilized egg from implanting onto the uterine lining, and no conclusive data has been able to support that effect. In fact, more recent studies have suggested that it is unlikely that EC will prevent a fertilized egg from implanting or have any effect post-fertilization.⁷ Once implantation has occurred, EC has no effect. Whether a woman became pregnant prior to being sexually assaulted or as a result of it, EC will not terminate or otherwise affect that pregnancy.

III. Providing EC in Emergency Rooms is the Standard of Care

Providing EC in the Emergency Rooms is the accepted standard of care. In 1995, the American Medical Association issued guidelines for treating sexual assault patients stating that victims should be informed about and provided EC.⁸ The American College of Obstetrics and Gynecology has supported this standard of care since 2004.⁹

Fifteen states and the District of Columbia have adopted legislation requiring the provision of information about and/or access to EC to sexual assault victims in emergency rooms.¹⁰ This past year, the Federal Government standardized rules regarding EC and now requires that all military and federal hospitals stock EC.¹¹ The Army Medical Command Regulations advise discussing and providing EC to sexual assault victims.¹² The Religious and Ethical Directives for Catholic Health Care also call for provision of EC to sexual assault victims in most circumstances.¹³ EC is widely recognized and accepted as a necessary part of caring for sexual assault patients.

IV. Sexual Assault Victims in Hawaii May Not Receive Emergency Contraception.

In Hawaii, sexual assault victims do not always have access to emergency contraception when they visit local emergency rooms. In 2010, a coalition of organizations called the Coalition for Compassionate Care for Sexual Assault Victims¹⁴ (CCSAV) distributed a survey to 26 emergency departments in Hawaii. Of the 15 surveys returned, only 6 respondents were aware that their facility had a clear policy on EC. Only four facilities said that they have a clear policy and always offer it to victims of sexual assault. Three hospitals said they never dispense EC. Two responded that they only provide EC if the patient has a prescription and two facilities said EC is only offered some of the time.

⁷ Rev. Nicanor Pier Giorgio Austriaco, "Is Plan B an Abortifacient? A Critical Look at the Scientific Evidence", The National Catholic Bioethics Quarterly, (Winter 2007).

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

⁹ 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.

¹⁰ States Include: AR, CA, CO, CT, DC, IL, MA, MN, NJ, NM, NY, OR, SC, UT, WA, WI.

¹¹ See, Department of Defense, *Pharmacy and Therapeutics Committee Recommendations*, November 2009, Signed February 2010.

¹² See, Army Medical Command Regulation, 40-36, Part 17, January 2009.

¹³ See, Ethical and Religious Directives for Catholic Health Care Services, Fourth Edition, Part Three, Dir. 36.

¹⁴ CCSAV members include: ACLU of Hawaii, Healthy Mothers Health Babies Coalition of Hawaii, Planned Parenthood of Hawaii and the Sex Abuse Treatment Center.

In November of 2010, hoping to obtain more reliable results, CCSAV worked together with Healthcare Association of Hawaii (HAH) to review the survey. As a result HAH distributed the survey to the appropriate personnel at each facility and collected the responses itself. When HAH reported its results to CCSAV in December 2010, approximately half of the surveys had been returned. Similar to CCSAV's result, only half of the respondents reported having a clear policy on EC. The lack of consistent policy among Hawaii's emergency departments is deeply concerning.

V. Conclusion

Survivors who arrive at their local hospitals have little assurance that they will receive the best standard of care after a sexual assault, including access to EC. 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. Therefore we urge the Committee to pass SB 218. Thank you.

PAMELA LICHTY, MPH
MEMBER, ACLU OF HAWAII LEGISLATIVE WORKING GROUP
Honolulu, HI 96816
808 224-3056
pamelalichty@gmail.com

TO: Senate Committee On Health

RE: SB 218 Relating to Healthcare – in support

DATE: February 2, 2011 at 2:45 PM, room 229

Dear Chair Green 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 SB 218 which would require hospitals to provide information about emergency contraception to women who are sexually assaulted and to provide emergency contraception when requested.

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 recent Crime in Hawaii reports, there are more than 368 forcible rapes reported to law enforcement in Hawaii in 2008. Many of these victims required emergency medical care at one of Hawaii's emergency rooms.

Tragically, only a minority of Hawaii's 20 emergency rooms provides 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 this bill is long overdue. This measure represents consensus language developed over the last year by a group of stakeholders representing all sides of the issue. 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.

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 01, 2011 1:41 PM
To: HTHTestimony
Cc: jadamsesq@aol.com
Subject: Testimony for SB218 on 2/2/2011 2:45:00 PM

Testimony for HTH 2/2/2011 2:45:00 PM SB218

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Jo-Ann M. Adams, Esq.
Organization: Individual
Address: 411 Hobron Ln #801 Honolulu, HI 96815
Phone: 808-528-2100
E-mail: jadamsesq@aol.com
Submitted on: 2/1/2011

Comments:

A woman is in the emergency room because she has been raped. She does not want to become pregnant from this rape. Her reasons are her own.

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.

Fifteen states and the District of Columbia have adopted legislation requiring the provision of information about and/or access to EC to sexual assault victims in emergency rooms. This past year, the Federal Government also standardized rules regarding EC and now requires that all military and federal hospitals stock EC. The Army Medical Command Regulations advise discussing and providing EC to sexual assault victims.

However, in Hawaii, sexual assault victims do not always have access to emergency contraception when they visit local emergency rooms. Statewide surveys of Hawaii's emergency rooms have revealed that many facilities lack any clear policy on emergency contraception.

Please pass SB 218 and ensure that Hawaii's most vulnerable patients have access to quality, compassionate care after a sexual assault.

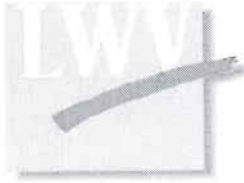
green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 01, 2011 1:51 PM
To: HTHTestimony
Cc: joyamarshall2003@yahoo.com
Subject: Testimony for SB218 on 2/2/2011 2:45:00 PM
Attachments: HB218.odt

Testimony for HTH 2/2/2011 2:45:00 PM SB218

Conference room: 229
Testifier position: support
Testifier will be present: Yes
Submitted by: Joy A Marshall
Organization: League of Women Voters-Hawaii
Address: 49 South Hotel Street, Rm. 314 Honolulu, HI
Phone: 808-531-7448
E-mail: joyamarshall2003@yahoo.com
Submitted on: 2/1/2011

Comments:



THE LEAGUE OF WOMEN VOTERS OF HONOLULU

February 1, 2011

Testimony in **support** of SB 218

Wednesday February 2, 2011

Conference Room 229

State Capitol

COMMITTEE ON HEALTH

Senator Josh Green, M. D., Chair

Senator Clarence K. Nishihara, Vice Chair

Sir, the League of Women Voters of Hawaii stand in strong support of SB 218, which requires all hospitals to provide female survivors of sexual assault with medically and factually accurate and unbiased information regarding emergency contraception (EC)

It is the Leagues position to support a basic level of quality care for all Hawaii residents and controls health care costs. This is minimally a best medical practice, not only endorsed by the AMA (American Medical Association) as well as the ACOG (American College of Obstetricians and Gynecologists) and can protect the woman for an unintended pregnancy both raising psychological and emotional costs as well as life time cost to the survivor and family.

Again, we stand in support of this bill

Thank you for the opportunity to testify

Joy A Marshall, RN

Chair Committee on Health Care Reform

green1 - Karen

From: Gwen Ilaban [gfilaban@aol.com]
Sent: Tuesday, February 01, 2011 3:08 PM
To: HTHTestimony
Subject: SUPPORT SB218

SB218

02-02-11

2:45PM

1 February 2011

Chairman Green and Committee Members:

Josh, it was a pleasure to see you a couple of weeks ago. Ray has been working diligently on his project and will be in touch with you shortly.

I'm urging you and your committee to give full SUPPORT to SB218.

The intention is to ensure that survivors of sexual assault are provided information about and access to emergency contraception when receiving emergency medical care at Hawaii's hospitals for sexual assaults.

As you well know, sexual assault is a life threatening event and one that causes most survivors long-term trauma. Survivors often suffer depression, intense fear, anxiety, and symptoms of post-traumatic stress disorder. Healing can take a lifetime.

The passage of this bill will help sexually assaulted survivors know that Hawaii's hospitals are required to provide medically and factually accurate and unbiased information regarding emergency contraception.

Mahalo for your consideration,
Gwen Ilaban
76-6182 Alii Drive
Kailua-Kona, HI 96740
808.329.1912

Re: **Support of SB218 –Compassionate Care; emergency contraception in ER**

Senate Health Committee

Hearing date: Wednesday, February 2, 2011

Hearing time: 2:45p.m.

Location: Rm. 229

February 1, 2011

To: Senator Josh Green, M.D., Chair

Senator Clarence K. Nishihara, Vice Chair

Members of the Health Committee

Dear Chair Green, Vice Chair Nishihara and Members of the Committee:

I wish to express my **support of SB218**, which guarantees that sexual assault victims are provided information and access to emergency contraception when receiving emergency medical care at our state's hospitals.

In Hawai'i, sexual assault victims do not always have access to emergency contraception when they visit local emergency rooms. Statewide surveys of Hawai'i's emergency rooms have revealed that many facilities lack any clear policy on emergency contraception. Hawai'i is behind in adopting this much needed compassionate care policy; Fifteen states and DC have already adopted similar legislation, and the American College of Obstetrics and Gynecology also supports this standard of care.

There were 363 forcible rapes reported to law enforcement in Hawai'i in 2008,¹ according to the most recent Crime in Hawai'i report. In the aftermath of rape, victims find themselves dealing with a variety of reproductive and sexual health issues, including pregnancy. Statistics vary, but indicate the approximately 5-8% of all rapes result in pregnancy. Information and access to emergency contraception can significantly lower these incidences.

Please pass SB218 which will ensure that Hawai'i's sexual assault victims have access to quality compassionate care, and are given the option of preventing an unwanted pregnancy from nonconsensual intercourse.

Mahalo,

Carmille Lim

Aiea, HI

carmille.lim@gmail.com

¹ *Crime in Hawai'i*, Hawai'i Attorney General's Office, 2008

green1 - Karen

From: John Bickel [jbickel15@yahoo.com]
Sent: Monday, January 31, 2011 7:21 PM
To: HTHTestimony
Subject: Pro SB 218

I wish to submit testimony to the Senate Health Committee, Josh Green Chair, for this week's hearing on SB 218.

I am teacher and have been active in my community through my church and various community organizations. I find it appalling that hospitals are not required to provide emergency contraception for victims of sexual assault. I have been told confidentially that some of my past students have been the victims of sexual assault - a number of times from their legal guardian or parent. It would be morally reprehensible to put them in the position to carry the child of such horrific incident.

John Bickel
2415 Ala Wai 901
Honolulu, Hi 96815