

Testimony of
Phyllis Dendle
Director of Government Relations

Before:
House Committee on Health
The Honorable Ryan I. Yamane, Chair
The Honorable Dee Morikawa, Vice Chair

February 4, 2011
9:00am
Conference Room 329

HB 127 RELATING TO HEALTHCARE

Chair Yamane and committee members, thank you for this opportunity to provide testimony on HB 127 regarding providing emergency contraception in hospital emergency medicine departments.

Kaiser Permanente Hawaii has a suggested amendment.

We acknowledge that there is a larger discussion about whether the committee should pass this bill. This testimony does not address those issues. What we do want to request is should this committee decide to pass this bill that it be amended as follows:

On Page 4 line 6 it currently says “Ensure that *each person at the hospital* who may provide emergency medical care...” We suggest changing “each person at the hospital” to “the provider”. We think this is clearer and more specifically places the responsibility with the provider.

Thank you for your consideration.

TRANSMITTAL

DATE: 2-3-2011
TO: The Honorable Ryan I. Yamane, Chair
The Honorable Dee Morikawa, Vice Chair
Committee on Health
FROM: Adriana Ramelli
The Sex Abuse Treatment Center
RE: HB 127

Hearing: February 4, 2011 9:00 A.M.
Committee on Health

This transmittal consists of 2 pages including this cover sheet.

Sender: Christine Trecker
Please call 535-7600 if you do not receive all of the pages.



THE SEX ABUSE TREATMENT CENTER

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

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DATE: February 4, 2011

TO: The Honorable Ryan I. Yamane, Chair
The Honorable Dee Morikawa, Vice Chair
Committee on Health

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

RE: In support of HB127
Compassionate Care for Survivors of Sexual Assault

Good morning Representatives Yamane and Morikawa 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 HB 127 seeks to do that.

We urge you to support HB 127. Thank you for the opportunity to testify.



February 3, 2011

TO: Rep. Ryan I. Yamane, Chair, Rep Dee Morikawa, Vice Chair and Members of the Committee on Health

FROM: Jackie Berry, Executive Director

RE: **HB 127**

Hearing: Friday, February 4, 2011 @9:00am

Honorable Chairperson Yamane, Vice Chairperson Morikawa and Members of the Committee on Health

HMHB is a statewide coalition of public and private agencies and individuals committed to the improvement of maternal and infant health status in Hawaii through education, coordination and advocacy. **HMHB is testifying today in support of HB 127 Relating to Health Care to ensure that victims of sexual assaults are given information about emergency contraception when they receive medical care at a hospital for sexual assault, and that they have access to emergency contraception if they request it.**

Emergency Contraception (EC) is a safe and effective FDA approved method of preventing unintended pregnancy following unprotected sex. Medical research strongly indicates that the sooner EC is administered post exposure, the better the chance of preventing an unintended pregnancy. ED 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...

Fifteen states and the District of Columbia have adopted legislation requiring the provision of information and/or access to EC to sexual assault victims in emergency rooms. The Federal Government standardized rules regarding EC and require that all military and federal hospitals stock EC.

We urge you support of this bill.

Mahalo for your consideration of this bill and our testimony.

845 22nd Avenue, Honolulu, Hawaii 96816

Phone # (808) 737-5805

E-mail: jackieb@hmhb-hawaii.org website: www.hmhb-hawaii.org



Papa Ola Lokahi
Nana I Ka Pono Na Ma

Papa Ola Lokahi

894 Queen Street
Honolulu, Hawaii 96813

Phone: 808.597.6550 ~ Facsimile: 808.597.6551

Papa Ola Lokahi
is a non-profit Native Hawaiian organization founded in 1988 for the purpose of improving the health and well-being of Native Hawaiians and other native peoples of the Pacific and continental United States.

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TESTIMONY: HB 127, RELATING TO HEALTH CARE

HOUSE COMMITTEE ON HEALTH

Rep. Ryan Yamane, Chair
Rep. Dee Morikawa, Vice Chair

Friday, February 4, 2011
9:00 am

Conference Room 329
State Capitol

Hardy Spoehr, Executive Director

Aloha Chairman Yamane, Vice Chair Morikawa, and Members of the House Committee on Health. Papa Ola Lokahi (POL) strongly supports for this measure.

It is a sad commentary on our island society that a bill (and law) is required to provide this type of information to those who have undergone this type of extreme trauma in our community. It should be provided as a standard matter of choice.

Thank you for the opportunity to provide strong supportive testimony for this important measure.

February 3, 2011

Testimony in Support: HB 127

To: Chair Ryan Yamane, Vice Chair Dee Morikawa, and Members of the House Committee on Health
From: Katie Reardon, Director of Government Relations & Public Affairs, Planned Parenthood of Hawaii
Re: Testimony in Support of HB 127 Relating to Healthcare

Planned Parenthood of Hawaii (PPHI) strongly supports HB 127 Relating to Healthcare, and we thank the committee for the opportunity to provide this testimony. HB 127 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 HB 218. Thank you.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 03, 2011 9:57 AM
To: HLTtestimony
Cc: mberkowitz@vocationoptions.com
Subject: Testimony for HB127 on 2/4/2011 9:00:00 AM

Testimony for HLT 2/4/2011 9:00:00 AM HB127

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Marcia Berkowitz
Organization: Maui Chapter Hawaii RTL
Address: 1975 E. Vineyard Wailuku, Maui, Hawaii
Phone: 808-298-4142
E-mail: mberkowitz@vocationoptions.com
Submitted on: 2/3/2011

Comments:

Victims of rape and intimate partner violence need compassionate care, however, emergency contraception could actually harm the very women it is intended to help by causing nausea, vomiting, headaches, breast tenderness, dizziness, fluid retention, abdominal pain and irregular bleeding. Depending on when it is taken, emergency contraception also results in early abortion. The bill does not require that patients be informed of these risks. We believe that women deserve better

hawaii family forum

Email to: HLTtestimony@Capitol.hawaii.gov
Hearing on: February 4, 2011 @ 9:00 a.m.
Conference Room #329

DATE: February 1, 2011

TO: House Committee on Health
Rep. Ryan Yamane, Chair
Rep. Dee Morikawa, Vice Chair

FROM: Allen Cardines, Jr., Executive Director

RE: Opposition to HB 127 Relating to Healthcare

Honorable Chairs and members of the House Committee on Health, I am Allen Cardines, **representing the Hawaii Family Forum**. Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii, representing a network of various Christian Churches and denominations.

We oppose this measure because we believe that the government should never force religious institutions to act contrary to their religious belief. Forcing Catholic hospitals to offer contraceptives in rape cases when an early abortion may result conflicts with their religious and ethical duty to do no harm to human life, including the unborn.

Let's be clear, however, that the Hawaii Family Forum fully supports the compassionate care of rape victims. We understand that the Hawaii Medical Centers provide a full range of services responding to sexual assault.

We respectfully suggest the legislature can achieve its purposes and balance religious liberty, tolerance and diversity of opinion by granting a religious exemption.

Mahalo for the opportunity to testify.



HAWAII CATHOLIC CONFERENCE
6301 Pali Highway
Kaneohe, HI 96744-5224

Email to: HLTestimony@Capitol.hawaii.gov
Hearing on: February 4, 2011 @ 9:00 a.m.
Conference Room # 329

DATE: February 1, 2011

TO: House Committee on Health
Representative Ryan Yamane, Chair
Representative Dee Morikawa, Vice Chair

FROM: Walter Yoshimitsu, Executive Director

RE: Opposition to HB 127 Relating to Healthcare

Honorable Chairs and members of the House Committee on Health, I am Walter Yoshimitsu, **representing the Hawaii Catholic Conference**. The Hawaii Catholic Conference is the public policy voice for the Roman Catholic Church in the State of Hawaii, which under the leadership of Bishop Larry Silva, represents over 200,000 Catholics in Hawaii.

GOVERNMENT COMPULSION TO VIOLATE RELIGIOUS BELIEFS

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

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

FIRST AMENDMENT ISSUES AT STAKE - DISCONCERTING LEGAL PRECEDENT

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

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

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E-mail: wyooshimitsu@rcchawaii.org | hcc@rcchawaii.org | www.catholicahawaii.org

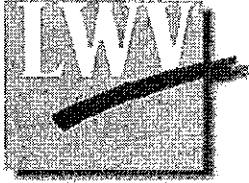
DIVERSITY & TOLERANCE ACHIEVED WITH A RELIGIOUS EXEMPTION

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

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

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

For all these reasons, we oppose this measure. Mahalo for your kind consideration.



THE LEAGUE
OF WOMEN VOTERS OF HONOLULU

February 1, 2011

Testimony in **support** of HB 127

Wednesday February 4, 2011

Conference Room 329

State Capitol

COMMITTEE ON HEALTH

Representative Ryan Yamane., Chair

Representative Dee Morikawa , Vice Chair

Sir, the League of Women Voters of Hawaii stand in strong support of HB 127, 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



DEMOCRATIC PARTY OF HAWAII

February 4, 2011

To: Rep. Ryan Yamane, Chair
Rep. Dee Morikawa, Vice Chair and
Members of the Committee on Health

From: Jeanne Ohta, Co-Chair

RE: HB 127 Relating to Health Care
Hearing: Thursday, February 3, 2011, 9:00 a.m., Room 329

Position: Support

Good afternoon, I am Jeanne Ohta, Co-Chair of the Hawaii State Democratic Women's Party testifying in support of HB 127 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 Sec. 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?recno=17&bulletin=1625.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 03, 2011 10:50 AM
To: HLTtestimony
Cc: office@hrtl.org
Subject: Testimony for HB127 on 2/4/2011 9:00:00 AM

Testimony for HLT 2/4/2011 9:00:00 AM HB127

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Janet Grace
Organization: Hawaii Right to Life
Address:
Phone:
E-mail: office@hrtl.org
Submitted on: 2/3/2011

Comments:

Dear Comittee Members:

As hard as rape and sexual assault is, I have to oppose this measure with the facts that EC can potentially harm the patient instead of help. It has been documented that, nausea, dizziness, vomiting, and even possible abortions can take place when this drug is taken. The EC is two times the dose of the regular birth control pill and is a harsh chemical on a women's body. There are very real life threatening risks such as eptopic pregnancy. Some forms of the EC carry the hormone estrogen and carry the potential risks of blod clots, strokes and heart attacks.

Please help us offer these hurting women hope through compassionate loving quality care. Thank you for reading my testimony.

Janet Grace
District 23



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Touching Lives Everyday"

**House Committee on Health
Representative Ryan I. Yamane, Chair
Representative Dee Morikawa, Vice Chair**

Friday, February 4, 2011

9:00 a.m.

Conference Room 329

Hawaii State Capitol

**Testimony On House Bill 127, Relating to Healthcare
Requires hospitals to Provide survivors of sexual assault with medically and
factually accurate and unbiased information regarding emergency contraception.**

Alice M. Hall

Acting President and Chief Executive Officer

Hawaii Health Systems Corporation

Thank you for the opportunity to present testimony regarding HB 127 that requires hospitals to provide sexual assault victims with information regarding emergency contraception.

Although HHSC understands the intent of this measure, we would like to express a comment of concern about legislation establishing a standard of care for medical practice in emergency rooms. At the same time, given the limited amount of medical staff and nurses at our critical access hospitals, we believe implementation of the proposed directive would be a potential issue and concern.

Sincerely,

Alice M. Hall
Acting President and Chief Executive Officer
Hawaii Health Systems Corporation
(808) 733-4151

PRO-FAMILY HAWAII

P.O. Box 25158

Honolulu, Hawaii 96825

Phone and Fax: (808) 396-6569

Feb. 3, 2011

Testimony on HB127
Health Committee
Feb. 4, 9 a.m.

A certain hospital, 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.

The U.S. Department of Health and Human Services led to Vanderbilt University complying with its applicants not having to comply with the participation in abortion. Federal law states where federal dollars are received, no one can be forced to participate in abortions, on religious grounds or moral convictions.

Please vote no on this bill.

Thank you.



Daniel P. McGivern
President

ATTN: COMMITTEE ON HEALTH
Rep. Ryan I. Yamane, Chair
Rep. Dee Morikawa, Vice Chair
Members

DATE: Friday, February 04, 2011
TIME: 9 A.M.
PLACE: Conference Room 329

HB 127 - 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

Aloha Chair Yamane, Vice Chair Morikawa and members of the Health Committee:

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

We are **in strong support of HB 127** that 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.

Since 2009 a **group of stakeholders** on this issue, both advocates and opponents, have met several times. **The language of HB 127 is a result of those discussions.** 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

morikawa2 - Grant

From: Phil & Dorothy Morris [pdmorris@hawaii.rr.com]
Sent: Wednesday, February 02, 2011 11:41 AM
To: HLTtestimony
Subject: Support of HB 127

Dorothy A. Morris
House Committee on Health
Friday February 4, 2011 at 9:00 am, Room 329
HB 127 Compassionate Care for Sexual Assault Victims

As mother, grandmother and great grandmother, I strongly support HB 127. Hawaii's emergency rooms should provide the standard of care established by the American Medical Association and the American college of Obstetrics and Gynecology.

Hundreds of women in Hawaii are forcibly raped each year, and these victims have a right to be advised at emergency rooms about emergency contraceptives and given emergency contraceptives if they ask for them. Emergency contraceptives are not abortion pills, they merely prevent pregnancy sort of like an after the fact condom.

February 2, 2011

Re: House Bill 127 - Emergency Contraception Requirements for Hawaii Hospitals

Dear Sir or Madam:

I would like to enter my testimony in opposition to the aforementioned bill.

It is of much concern that the passage of this bill would deny Catholic health care providers their rights of conscience.

The United States Conference of Catholic Bishops states that the mandating of abortifacient drugs such as the "emergency contraception" are an incremental step in requiring Catholic hospitals and Catholic medical staff to perform abortions.

This bill should therefore not pass in part for the aforementioned concerns.

Sincerely yours,
Esther Gefroh

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 03, 2011 12:02 AM
To: HLTtestimony
Cc: merway@hawaii.rr.com
Subject: Testimony for HB127 on 2/4/2011 9:00:00 AM

Testimony for HLT 2/4/2011 9:00:00 AM HB127

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Marjorie Erway
Organization: Individual
Address: PO Box 2807 Kailua Kona, HI 96745
Phone: 324-4624
E-mail: merway@hawaii.rr.com
Submitted on: 2/3/2011

Comments:

Providing Emergency Contraceptives (EC) for sexual assault survivors is the accepted standard of care. They are a safe and effective way to prevent a pregnancy as the result of a rape. EC is not an "abortion pill"; not does it cause abortion. This past year, the Federal Government requires that all military and federal hospitals tock ED and advise providing EC to sexual assault victims. Please support this bill and concept. It is very necessary to the health of Hawaii. Mahalo for your consideration.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 03, 2011 12:57 AM
To: HLTtestimony
Cc: jadamsesq@aol.com
Subject: Testimony for HB127 on 2/4/2011 9:00:00 AM

Testimony for HLT 2/4/2011 9:00:00 AM HB127

Conference room: 329
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: 2/3/2011

Comments:

A woman has been sexually assaulted. She is in an emergency room (ER) seeking treatment. She should be asked whether or not she wants emergency contraceptives (EC) to prevent pregnancy. If she chooses this option, she should be given the contraceptives.

Preventing pregnancy is a personal and complex decision based on the circumstances. She should be granted the right to make this personal decision and not subject to the judgment of hospital staff and/or administration. She has already been traumatized and stripped of her dignity during the assault; she should not be further traumatized and stripped of her freedom to choose her course of medical treatment.

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.

HB 127 requires that emergency rooms adhere to these national standards by providing sexual assault survivors information about emergency contraceptives and emergency contraceptives upon request.

There were 363 forcible rapes reported to law enforcement in Hawaii in 2008. That's basically one forcible rape every day of the year. Many of these survivors required emergency medical care at one of Hawaii's emergency rooms.

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.

Please pass HB 127 and ensure that rape victims have compassionate care after a sexual assault, not judgment and condemnation for seeking what is nationally accepted as the standard of care.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 03, 2011 11:40 AM
To: HLTtestimony
Cc: casper@signinghawaii.com
Subject: Testimony for HB127 on 2/4/2011 9:00:00 AM

Testimony for HLT 2/4/2011 9:00:00 AM HB127

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Michael Kaster
Organization: Individual
Address: 94-207 Waipahu St. #254 Wa ipahu, HI
Phone: 808-348-2291
E-mail: casper@signinghawaii.com
Submitted on: 2/3/2011

Comments:

Re: **Support of HB127 –Compassionate Care; emergency contraception in ER**

House Health Committee

Hearing date: Friday, February 4, 2011

Hearing time: 9:00a.m.

Location: Rm. 329

Will not be present at hearing

February 3, 2011

To: Representative Ryan I. Yamane, Chair

Representative Dee Morikawa, Vice Chair

Members of the Health Committee

Dear Chair Yamane, Vice Chair Morikawa and Members of the Health Committee:

I wish to express my **support of HB127**, 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 HB127 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