

SB218

Testimony

COMMITTEE ON JUDICIARY AND LABOR

Senator Clayton Hee, Chair

Senator Maile S.L. Shimabukuro, Vice Chair

SB218:

DATE: Thursday, February 24, 2011

TIME: 9:00 a.m.

PLACE: Conference Room 016

Aloha Senators Hee and Shimabukuro and Members of the Committee:

SB 218 requires that emergency rooms provide all sexual assault survivors who seek care information about emergency contraceptives and administer emergency contraceptives if a victim chooses. Sexual assault is a life threatening event and one that causes most victims long-term trauma. It is critical that fears of unwanted pregnancy in such situation be dealt with by the availability of emergency contraception. However, women on the Neighbor Islands cannot be assured of receiving this standard of care. I urge you to support passage of this important measure.

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.¹ The American College of Obstetrics and Gynecology also supports this standard of care.²

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.³ This past year, the Federal Government also standardized rules regarding EC and now requires that all military and federal hospitals stock EC.⁴ The Army Medical Command Regulations advise discussing and providing EC to sexual assault victims.⁵

However, 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. This is an unconscionable deficiency in our approach to sex assault and its aftermath.

¹ See, American Medical Association, *Strategies for the Treatment and Prevention of Sexual Assault* (1995).

² 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.

³ States Include: AR, CA, CO, CT, DC, IL, MA, MN, NJ, NM, NY, OR, SC, UT, WA, WI.

⁴ See, Department of Defense, *Pharmacy and Therapeutics Committee Recommendations*, November 2009, Signed February 2010.

⁵ See, Army Medical Command Regulation, 40-36, Part 17, January 2009.

Please pass SB 218 and ensure that Hawai'i's most vulnerable patients have access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in.

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.

Again, please help place Hawai'i at the forefront of women's reproductive justice by supporting SB 218.

Sincerely,

Marilyn Brown, Ph.D.
Associate Professor, Sociology
University of Hawai'i at Hilo

From: [GLBT Caucus Chair](#)
To: [JDLTestimony](#)
Subject: SB218, 2/24 @ 9 AM - In Support
Date: Sunday, February 20, 2011 9:48:58 PM
Attachments: [top.letterhead](#)

< ; >

The Caucus is proud to stand with its allies, Planned Parenthood of Hawaii, the Hawaii Democratic Women's Caucus and the Women Coalition in support of this bill.

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.

Mahalo for the opportunity to testify,

Jo-Ann Adams, Chair
[GLBT Caucus of the
Democratic Party of Hawaii](#)



Email to: JDLTestimony@Capitol.hawaii.gov
Hearing on: February 24, 2011 @ 9:00 a.m.
Conference Room #016

DATE: February 20, 2011

TO: Senate Judiciary Committee
Senator Clayton Hee, Chair
Senator Maile Shimabukuro, Vice Chair

FROM: Allen Cardines, Jr., Executive Director

RE: Opposition to SB 218 Relating to Healthcare

Aloha and mahalo for the opportunity to testify on this measure. 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.

We oppose this measure because we believe that the government should never force religious institutions to act contrary to their religious belief. Forcing a Catholic hospital to offer contraceptives in rape cases when an early abortion may result directly 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 and to that end, we understand that the Hawaii Medical Centers provides 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. We leave the specific language of such an amendment to the experts.

Mahalo for the opportunity to testify.



HAWAII CATHOLIC CONFERENCE

6301 Pali Highway
Kaneohe, HI 96744-5224

Email to: JDLTestimony@Capitol.hawaii.gov
Hearing on: February 24, 2011 @ 9:00 a.m.
Conference Room # 016

DATE: February 20, 2011

TO: Senate Committee on Judiciary
Senator Clayton Hee, Chair
Senator Maile Shimabukuro, Vice Chair

FROM: Walter Yoshimitsu, Executive Director

RE: Opposition to SB 218 Relating to Healthcare

Mahalo for the opportunity to testify. 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 under the leadership of Bishop Larry Silva. We oppose this bill for several reasons:

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. 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.

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 bill.

Mahalo for your kind consideration.

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: MALLETTE@mylifeline.net
Subject: Testimony for SB218 on 2/24/2011 9:00:00 AM
Date: Tuesday, February 22, 2011 1:15:00 PM

Testimony for JDL 2/24/2011 9:00:00 AM SB218

Conference room: 016
Testifier position: oppose
Testifier will be present: No
Submitted by: Sandra S Mallette
Organization: Individual
Address:
Phone:
E-mail: MALLETTE@mylifeline.net
Submitted on: 2/22/2011

Comments:

Please value the rights of the women, doctors, hospital, and unborn baby(?) during this most sensitive time in her life.

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: hawaiivein@gmail.com
Subject: Testimony for SB218 on 2/24/2011 9:00:00 AM
Date: Tuesday, February 22, 2011 4:37:49 PM

Testimony for JDL 2/24/2011 9:00:00 AM SB218

Conference room: 016
Testifier position: oppose
Testifier will be present: No
Submitted by: Woodrow Chung
Organization: Individual
Address:
Phone:
E-mail: hawaiivein@gmail.com
Submitted on: 2/22/2011

Comments:

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: coffee@heavenlyhawaiian.com
Subject: Testimony for SB218 on 2/24/2011 9:00:00 AM
Date: Tuesday, February 22, 2011 9:03:32 AM

Testimony for JDL 2/24/2011 9:00:00 AM SB218

Conference room: 016
Testifier position: oppose
Testifier will be present: No
Submitted by: David Bateman
Organization: Individual
Address:
Phone:
E-mail: coffee@heavenlyhawaiian.com
Submitted on: 2/22/2011

Comments:

You should oppose SB218 as written because of the following drafting deficiencies:

- 1) There is no time limit for claiming the rape - fetus could theoretically be in the third trimester and still be aborted.
- 2) The victim does not have to file a rape claim or report with law enforcement - this invites false claims of rape to obtain "compassionate" contraception services.

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: aloreneg@yahoo.com
Subject: Testimony for SB218 on 2/24/2011 9:00:00 AM
Date: Tuesday, February 22, 2011 4:47:08 PM

Testimony for JDL 2/24/2011 9:00:00 AM SB218

Conference room: 016
Testifier position: oppose
Testifier will be present: No
Submitted by: Lorene Godfrey
Organization: Individual
Address:
Phone:
E-mail: aloreneg@yahoo.com
Submitted on: 2/22/2011

Comments:

The idea that our government can force medical professionals on how best to do their "hypocratic" duty is ridiculous. One objection is that apparently there is no exception for hospitals or individuals who object to offer emergency contraception for medical, ethical, moral, or religious reasons. Does that mean they'd have to go to jail if they refuse to offer the contraceptive? Do not pass this law.

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: toddhairgrove@yahoo.com
Subject: Testimony for SB218 on 2/24/2011 9:00:00 AM
Date: Tuesday, February 22, 2011 6:06:49 PM

Testimony for JDL 2/24/2011 9:00:00 AM SB218

Conference room: 016
Testifier position: oppose
Testifier will be present: Yes
Submitted by: Todd Hairgrove
Organization: Individual
Address:
Phone:
E-mail: toddhairgrove@yahoo.com
Submitted on: 2/22/2011

Comments:

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: lisaals@hotmail.com
Subject: Testimony for SB218 on 2/24/2011 9:00:00 AM
Date: Wednesday, February 23, 2011 4:47:45 AM

Testimony for JDL 2/24/2011 9:00:00 AM SB218

Conference room: 016
Testifier position: oppose
Testifier will be present: No
Submitted by: Lisa Shorba, M.A.
Organization: Individual
Address:
Phone:
E-mail: lisaals@hotmail.com
Submitted on: 2/23/2011

Comments:
Written testimony will be submitted by the end of today.

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: merway@hawaii.rr.com
Subject: Testimony for SB218 on 2/24/2011 9:00:00 AM
Date: Tuesday, February 22, 2011 4:54:30 PM

Testimony for JDL 2/24/2011 9:00:00 AM SB218

Conference room: 016
Testifier position: support
Testifier will be present: No
Submitted by: Marjorie Erway
Organization: Individual
Address:
Phone:
E-mail: merway@hawaii.rr.com
Submitted on: 2/22/2011

Comments:

Providing Emergency Contraception (EC) in the Emergency Room (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, as does the Army Medical Command Regulations.

Hawaii should provide nothing less! Statewide surveys of Hawaii's ERs have revealed that many facilities lack any clear policy on EC.

In the aftermath of rape, victims find themselves dealing with a host of reproductive and sexual health issues, including pregnancy. EC is NOT an 'abortion' pill, nor does it cause abortion.

I urge you to pass HB 127 and ensure that Hawaii's most vulnerable patients have access to quality and compassionate care after a sexual assault, no matter which ER they go to.

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: izumiarts@yahoo.com
Subject: Testimony for SB218 on 2/24/2011 9:00:00 AM
Date: Tuesday, February 22, 2011 10:10:16 AM

Testimony for JDL 2/24/2011 9:00:00 AM SB218

Conference room: 016
Testifier position: oppose
Testifier will be present: No
Submitted by: Dennis & Yvonne Izumi
Organization: Individual
Address:
Phone:
E-mail: izumiarts@yahoo.com
Submitted on: 2/22/2011

Comments:

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: mwood17@hawaii.rr.com
Subject: Testimony for SB218 on 2/24/2011 9:00:00 AM
Date: Tuesday, February 22, 2011 1:57:33 PM

Testimony for JDL 2/24/2011 9:00:00 AM SB218

Conference room: 016
Testifier position: support
Testifier will be present: No
Submitted by: Melinda Wood
Organization: Individual
Address:
Phone:
E-mail: mwood17@hawaii.rr.com
Submitted on: 2/22/2011

Comments:

I strongly support SB218, which requires emergency rooms to provide sexual assault survivors with information about emergency contraception (EC) and to administer EC if requested. This is now deemed to be the "standard of care" by the AMA, American College of OB/GYN, and the federal government which oversees military hospitals. I encourage the HI State Senate to ensure that our women receive this level of care.

Testimony in support of SB218
2011 Hawaii Legislature
2/23/11
David Shaeffer, MD

Honorable Senators,

I am writing in support of Senate Bill 218, Compassionate Care. I am a licensed physician in the state of Hawaii, a board certified surgeon, a student of public health at the University of Hawaii, and a father. This testimony represents my personal opinion, and does not necessarily represent the views of my employer, The Queen's Medical Center.

Sexual assault, as devastating as it is for the victim, can be a challenging situation for even the most empathetic clinician. In the emotionally charged aftermath of sexual assault there may be many reasons why a clinician does not offer a sexual assault victim emergency contraception, despite the fact that it is a safe and effective way of preventing a pregnancy.

If Senate Bill 218 becomes law, it will help clinicians do the right thing for their patients, upholding the medical ethics of non-paternalism, beneficence, and truthfulness. From a public health perspective, this bill will give victims of sexual assault the option of safely preventing a pregnancy that could have devastating social consequences.

Most importantly, this bill supports a woman's right to have all the necessary information and treatments available to make appropriate decisions about their body and their family during a tragic time. I urge you to support this bill.



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

February 22, 2011

To: Senator Clayton Hee, Chair
Senator Maile S.I. Shimabukuro, Vice Chair

From: Amy Monk, Women's Caucus of the Democratic Party of Hawaii

Re: SB 218 Relating to Compassionate Care
Hearing: Thursday, February 24, 2011, 9 a.m., Senate Committee on Judiciary and Labor Room 016

Position: STRONG SUPPORT

Thank you for hearing this bill and for allowing me to provide testimony, in strong support of SB 218 which seeks to assure Hawaii's women and girls the best possible, compassionate, medical treatment for those who are the victims of sexual assault.

The Hawai'i State Democratic Women's Caucus is a catalyst for progressive, social, economic, and political change through action on critical issues facing Hawai'i's women and girls. It is because of this mission, the Women's Caucus strongly supports this measure which provides assault victims and their doctors with a full range of medical tools and information to provide the best possible medical care.

- SB 218 requires that emergency rooms provide all sexual assault survivors who seek care accurate information about emergency contraceptives and administer emergency contraceptives if a victim chooses.
- 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 (EC) 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. EC is not the "abortion" pill, nor does it cause abortion.³

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

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

- 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.⁴ The American College of Obstetrics and Gynecology also supports this standard of care.⁵
- 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.⁶ This past year, the Federal Government also standardized rules regarding EC and now requires that all military and federal hospitals stock EC.⁷ The Army Medical Command Regulations advise discussing and providing EC to sexual assault victims.⁸

Passage of this measure will assure that all emergency rooms in hospitals throughout the state of Hawaii meet widely accepted standards of care for victims of sexual assault. I urge that we demonstrate our compassion for Hawaii’s women and girls faced with the trauma of assault by insisting that every one of them gets adequate counseling and treatment.

³ See *Emergency Contraception Fact Sheet*, Guttmacher Institute, <http://www.guttmacher.org/media/supp/ec121702.html>

⁴ See, American Medical Association, *Strategies for the Treatment and Prevention of Sexual Assault* (1995).

⁵ 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.

⁶ States Include: AR, CA, CO, CT, DC, IL, MA, MN, NJ, NM, NY, OR, SC, UT, WA, WI.

⁷ See, Department of Defense, *Pharmacy and Therapeutics Committee Recommendations*, November 2009, Signed February 2010.

⁸ See, Army Medical Command Regulation, 40-36, Part 17, January 2009.



Hawaii Right to Life

81 S. Hotel St., Ste. 200-B, Honolulu, HI 96813-3144 • 808.585.8205 • office@hrtl.org

Senate Committee on Judiciary and Labor

Chair Sen. Clayton Hee

Vice Chair Sen. Maile Shimabukuro

Hearing Date and Time: February 24, 2011, 9:00am

Location: Hawaii State Capitol Conference Room 016

Strong Opposition to SB 218 Relating to Healthcare

Aloha Chair Hee, Vice Chair Shimabukuro, and members of the committee:

On behalf of Hawaii Right to Life and its members statewide, we strongly oppose SB 218. Victims of rape and intimate partner violence deserve compassionate care. While we appreciate the intent of this bill to help women in difficult circumstances, which is part of the scope of what we within the pro-life community do as well, we feel there are serious problems with this bill in its current form.

1. **Side effects.** The drugs commonly prescribed as emergency contraception could actually harm the very women they are intended to help by causing such adverse effects as nausea, vomiting, headaches, dizziness, severe abdominal pain, bleeding, ovarian pain, ovarian cysts, and increased risk of ectopic pregnancy. Given these risks, it is important that women understand beforehand the possible complications that can arise.
2. **Abortifacient action.** Depending on when it is taken, emergency contraception results in early abortion. Drugs such as levonorgestrel, commonly called Plan B, can help prevent pregnancy but can also destroy an embryo prior to implantation. Claims that Plan B cannot cause an abortion are based on a definitional sleight of hand, where the concept of "pregnancy" is redefined to mean the *implantation* of a developing human embryo rather than the medically accurate definition of pregnancy beginning with the *moment of conception*. However, regardless of when you define the beginning of life, it is a medical fact that Plan B stops the implantation process, thereby causing the embryo's demise.

In its testimony to the FDA, the American Association of Pro-Life Obstetricians and Gynecologists noted that ulipristal acetate, brand name Ella, is in the same pharmaceutical class as the abortion pill RU-486, called selective progesterone receptor modulators. In clinical studies, some participants experienced side effects similar to those of RU-486, including excessive abdominal pain and bleeding. Longer-term effects included ovarian pain and cysts.

In the case of Ella, the drug is thought to work for emergency contraception primarily by stopping or delaying the release of an egg from the ovary. Ella only delays ovulation if taken a day or so before ovulation happens. It is relatively unlikely that the woman will be taking the drug during this precise window of time. Taken at other times, it has no effect on ovulation.

*Ho'omaika'i ke ola ka pono lehua me ka make
Respect for life from conception to natural death*



Hawaii Right to Life

81 S. Hotel St., Ste. 200-B, Honolulu, HI 96813-3144 • 808.585.8205 • office@hrtl.org

Ella is marketed as being effective for five full days following intercourse, because even if conception occurs, it is around the fifth day that implantation happens—except with Ella it can't, because the uterine lining has been destroyed by the drug. *This is an early abortion.*

The current packaging of these pills violates the vital medical principle of informed consent. The patient education material claims that these products do not affect pregnancy or cause abortion.

*Ho'omaika'i ke ola ka pono lehua me ka make
Respect for life from conception to natural death*

While some have obfuscated for political reasons the terms associated with early human development, a significant percentage of women still consider pregnancy to begin with fertilization.

Adequate informed consent requires that information be appropriate for the *patient*—not the drug manufacturer or even the provider. No credible expert disputes that EC must have post-fertilization effects to work, particularly because in real life it is often taken after ovulation has occurred. Many women will feel betrayed when they learn the scientific realities of the mechanisms of action. SB 218 does not specifically require that patients be informed of these facts. We believe that women deserve better, particularly after being victimized, and that they should not later discover that they have been deceived in this way.

3. **Conscience exception.** SB 218 does not provide a healthcare right of conscience exception for hospitals or individuals who object to offering emergency contraception for medical, ethical, moral, or religious reasons. Those who refuse would face penalties by state government and could risk discipline from their own employers.

Moreover, this bill sets a troubling precedent by allowing the government to mandate clinical protocols, in effect practicing medicine. Patient care would ultimately suffer as healthcare providers set aside their professional judgment to follow governmental requirements or leave the practice of medicine rather than violate the dictates of their own consciences. It should be noted that requiring hospitals and individuals to provide emergency contraceptives against their deeply held religious or moral beliefs would violate current conscience laws such as the Church Amendment, 42 U.S.C. 300a-7.

We respectfully ask that at a minimum SB 218 be amended to prevent healthcare providers either individually or as a group or organization from being forced to administer emergency contraception in violation of their professional judgment or sincerely held beliefs.

4. **Funding.** For the aforementioned reasons, our constituents are strongly opposed to public funding of emergency contraception. Emergency contraception is widely available for purchase at retail outlets without a prescription, and patients could be directed there. Hospital and clinic pharmacies could also keep these drugs on the shelf, if so inclined, for patient purchase, typically over-the-counter.

In closing, we at Hawaii Right to Life have firsthand testimony from rape victims who became pregnant and chose life for their children. These women reported that the births of their children were the *only* positive outcomes of their trauma, contributing to their psychological recoveries. Providing information to women that allows them to make truly informed decisions should include this, along with a directory of agencies prepared to assist them if needed. Hawaii Right to Life has been serving Hawaii since 1973; our organization and a network of pro-life support groups stand by ready to help women in their time of need.

Thank you for the opportunity to testify.



Hawaii Right to Life

81 S. Hotel St., Ste. 200-B, Honolulu, HI 96813-3144 • 808.585.8205 • office@hrtl.org

Sincerely,

Janet M. Grace
Executive Director
Hawaii Right to Life

*Ho'omaika'i ke ola ka pono lehua me ka make
Respect for life from conception to natural death*

**Testimony on SB 218
RELATING TO HEALTHCARE**

**COMMITTEE ON JUDICIARY AND LABOR
Senator Clayton, M.D., Chair
Senator Maile Shimabukuro, Vice Chair**

**Thursday, February 24, 2011, 9:00 a.m.
Conference Room 16, 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

TRANSMITTAL

DATE: 2-22-2011

TO: The Honorable Clayton Hee, Chair
The Honorable Maile S.L. Shimabukuro, Vice Chair
Committee on Judiciary and Labor

FROM: Adriana Ramelli
The Sex Abuse Treatment Center

RE: SB 218

Hearing: February 24, 2011 9:00 A.M.
Committee on Judiciary and Labor

This transmittal consists of 3 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

Executive Director
Adriana Ramelli

Advisory Board

President
Mimi Beams

Vice President
Peter Van Zile

Marilyn Carlsmith

Senator
Suzanne Chun Oakland

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Senator
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Gidget Ruscetta

DATE: February 24, 2011

TO: The Honorable Clayton Hee, Chair
The Honorable Maile S.L. Shimabukuro, Vice Chair
Committee on Judiciary and Labor

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

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

Good morning Senators Hee and Shimabukuro and members of the Committee on Judiciary and Labor. 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.

Testimony for SB 218, Thursday February 24, 2011 @ 9am

Please pass HB 127 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.

In 2008, 363 women were reported as forcibly raped. Statistically, approximately 20-30 of those women and girls would have been forced to deal with pregnancy on top of the horrific consequences of this violation. Do not allow others to choose for these 30 women. Let these women take control of their own lives in the face of this devastating event. Allow them the access and information they need to heal in the manner they choose. Lets not add additional trauma to women who have been brutalized.

The Federal Government has already standardized rules about Emergency Contraception (EC) and requires that all federal hospitals and military hospitals stock EC. In addition, 15 states and the District of Columbia have already adopted legislation requiring that information about and access to EC for sexual assault victims be provided in emergency rooms.

The American Medical Association's own guidelines provide for treating sexual assault victims with information and access to EC. Additionally, the American College of Obstetrics and Gynecology also support this care standard.

EC is not "the abortion pill" and should not be cast in the light of abortion. Instead, they are high dose contraceptives that will prevent pregnancy when used properly.

Again, I urge you to give choice and access to women who have suffered enough. Lets make their recovery just a little easier.