



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. 611, Relating to Emergency Contraceptives for Sexual Assault Survivors**

**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 Senate Bill 611 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. 611 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.



# 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: SB611-In Support with Suggested Amendments  
Relating to Emergency Contraceptives for Sexual Assault Survivors

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.


While the SATC supports the intent of SB611, we recommend the bill be amended to mirror the language included in SB 218. The SATC was part of a group of interested stakeholders, both in favor of the proposed legislation and opposed, who met several times over the course of 2010. As a result of group discussions, SB218 was drafted to reflect the concerns of the stakeholders. The changes incorporated into SB218, which SATC supports, are outlined in Hawai'i Planned Parenthood's testimony on this measure.

Thank you for the opportunity to testify.

## green1 - Karen

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 01, 2011 12:39 PM  
**To:** HTHTestimony  
**Cc:** sharon.y.ferguson-quick@hawaii.gov  
**Subject:** Testimony for SB611 on 2/2/2011 2:45:00 PM  
**Attachments:** Testimony SB611 EC in the ER.doc

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

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](mailto:sharon.y.ferguson-quick@hawaii.gov)  
Submitted on: 2/1/2011

Comments:

**Testimony on SB 611**  
**RELATING TO EMERGENCY CONTRACEPTIVES FOR SEXUAL ASSAULT SURVIVORS**

**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 611). 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](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 611 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. While I support all initiatives to improve care for sexual assault survivors I would ask that SB 611 be amended to include the changes made in SB 218 by both advocates and opponents to strengthen the bill.

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**

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**From:** Jeanne Ohta [jyohta@hawaii.rr.com]  
**Sent:** Tuesday, February 01, 2011 1:04 PM  
**To:** HTHTestimony  
**Subject:** SB 218 Wed Feb 2- 2:45 pm  
**Attachments:** HDWC SB 218 020111.doc; HDWC SB 611 020111.doc

Committee on Health  
Feb. 2, 2011  
2:45 p.m.

Two bills: SB 218 and SB 611 are attached. Thank you.



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

Position: Support With Comments

Good afternoon, I am Jeanne Ohta, Co-Chair of the Hawaii State Democratic Women's Party testifying in support of SB 611 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 supports this measure. We suggest, however, that SB 611 be amended to reflect SB 218 Relating to Healthcare, which contains language that addresses the concerns expressed by various community stakeholders.

In 2009 there were 125,910 rapes in the United States.<sup>1</sup> According to the most recent Crime in Hawaii report, there were 363 forcible rapes reported to law enforcement in Hawaii in 2008.<sup>2</sup> 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.<sup>3</sup> The American College of Obstetrics and Gynecology also supports this standard of care.<sup>4</sup>

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 611 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.

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<sup>1</sup> National Crime Victimization Survey, US Department of Justice Bureau of Crime Statistics, 2010

<sup>2</sup> *Crime in Hawaii*, Hawaii Attorney General's Office, 2008

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

<sup>4</sup> 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](http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=1625).

**green1 - Karen**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 01, 2011 1:57 PM  
**To:** HTHTestimony  
**Cc:** joyamarshall2003@yahoo.com  
**Subject:** Testimony for SB611 on 2/2/2011 2:45:00 PM  
**Attachments:** HB218.odt

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

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](mailto:joyamarshall2003@yahoo.com)  
Submitted on: 2/1/2011

**Comments:**

The League supports a basic level of quality care for all Hawaii residents and controls health care costs.





# THE LEAGUE OF WOMEN VOTERS OF HONOLULU

February 1, 2011

Testimony in **support** of SB 611

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 611, 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**

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**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](mailto: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](mailto:executivedirector@hscadv.org)

**green1 - Karen**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 01, 2011 2:30 PM  
**To:** HTHTestimony  
**Cc:** jyadao@stfrancishawaii.org  
**Subject:** Testimony for SB611 on 2/2/2011 2:45:00 PM

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

Conference room: 229  
Testifier position: oppose  
Testifier will be present: Yes  
Submitted by: Joy Yadao  
Organization: St Francis Healthcare System of Hawaii  
Address: 2226 Liliha St. ste227 Honolulu, HI  
Phone: 808-547-8156  
E-mail: [jyadao@stfrancishawaii.org](mailto:jyadao@stfrancishawaii.org)  
Submitted on: 2/1/2011

Comments:  
written testimony will be submitted

## green1 - Karen

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**From:** Ann Freed [annfreed@hotmail.com]  
**Sent:** Tuesday, February 01, 2011 3:20 PM  
**To:** HTHTestimony  
**Subject:** SB 218 Strong Support, SB 611 support intent  
**Attachments:** SB 218 EC test; ATT00001..htm

### **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 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

**PRO-FAMILY HAWAII**

P.O. Box 25158

Honolulu, Hawaii 96825

Phone and Fax: (808) 396-6569

January 31, 2011

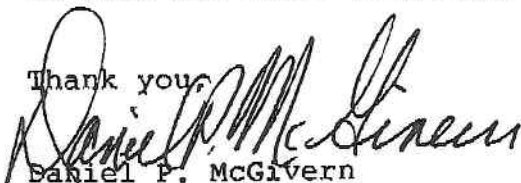
Testimony on SB611:  
Health Committee  
Feb. 2, 2:45 p.m., Room 229

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, or contraceptives, 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



1 RELATING TO EMERGENCY CONTRACEPTIVES FOR SEXUAL ASSAULT  
2 SURVIVORS.

3  
4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

5  
6 SECTION 1. In 2009, there were three hundred and  
7 ninety two forcible rapes reported in Hawaii. A woman who  
8 is sexually assaulted may face the additional trauma of an  
9 unwanted pregnancy by the rapist. Of the ninety thousand  
10 rape victims in the United States in 2006, many women  
11 became pregnant as a result and a number of the pregnancies  
12 ended in abortion.

13 Standards of emergency care established by the  
14 American Medical Association require that female victims of  
15 sexual assault be counseled about the risk of pregnancy and  
16 offered emergency contraception. However, one statewide  
17 study found that nearly one in three hospitals fail to  
18 offer emergency contraception to sexual assault victims in  
19 Hawaii. An additional twenty-three per cent have no clear  
20 policy on the issue.

21 Most women of reproductive age do not know enough  
22 about emergency contraception to ask for it, Only eleven  
23 per cent of those women have heard of it, are aware of its

1 availability, and know how soon after sexual intercourse it  
2 must be taken to be effective.

3 The purpose of this Act is to ensure that victims of  
4 sexual assault are provided information about emergency  
5 contraception when receiving medical care at hospitals for  
6 sexual assault and to require that emergency contraception  
7 is provided to women who request it.

8

9 SECTION 2. Chapter 321, Hawaii Revised Statutes, is  
10 amended by adding a new part to be appropriately designated  
11 and to read as follows:

12 **PART . COMPASSIONATE CARE FOR SEXUAL ASSULT**

13 **SURVIVOR~~EMERGENCY CONTRACEPTIVES~~**

14 **~~FOR SEXUAL ASSAULT SURVIVORS~~**

15

16 **§321- Definitions.** As used in this part, unless the  
17 context otherwise requires:

18 "Emergency contraception" means a drug that:

19 (1) Is used postcoitally;

20 (2) Used for the purpose of preventing pregnancy ~~Prevents~~

21 ~~pregnancy by delaying ovulation, preventing~~

22 ~~fertilization of an egg, or preventing implantation of~~

23 ~~an egg in a uterus; and~~

24 (3) Is approved by the United States Food and Drug

1 Administration.

2 "Hospital" includes :

3 (1) An institution with an organized medical staff,  
4 regulated under section 321-11(10), that admits  
5 patients for inpatient care, diagnosis, observation,  
6 and treatment; and

7 (2) A health facility subject to chapter 323F, Hawaii  
8 Revised Statutes.

9 "Medical care" means every type of care, treatment,  
10 surgery, hospitalization, attendance, service, and supplies  
11 as the nature of the injury or condition requires.

12 "Sexual assault" shall have the same meaning as "sexual  
13 penetration" as defined in section 707-700.

14 "Sexual assault survivor" means a female who alleges or is  
15 alleged to have been sexually assaulted as defined in this  
16 part.

17 **§321- Emergency contraception.** (a) Any hospital that provides  
18 medical care to a sexual assault survivor shall:

19 (1) Provide the sexual assault survivor with medically  
20 and factually accurate written and oral information about  
21 emergency contraception;

22 (2) Orally inform each sexual assault survivor of the  
23 option to receive emergency contraception at the  
24 hospital;

1 (3) When medically indicated ~~Immediately~~ provide emergency  
2 contraception to each sexual assault survivor who requests  
3 it, including the initial dose that the sexual assault  
4 survivor can take at the hospital, and any further dosage  
5 as necessary; and

6 (4) Ensure that each person at the hospital who may  
7 provide medical care to a sexual assault survivor is  
8 trained in sexual assault treatment and emergency  
9 contraception and that the training uses medically and  
10 factually accurate written and oral information.

11 (b) No hospital shall deny any sexual assault survivor  
12 emergency contraception based on a refusal to undergo a  
13 forensic or other medical examination or refusal to report  
14 the alleged sexual assault to law enforcement.

15 (c) (b) The cost of any emergency contraception dispensed  
16 to this part shall be paid by the department using  
17 moneys from the domestic violence and sexual assault  
18 special fund under section 321-1.3.

19 (d) No hospital may be required to provide emergency  
20 contraception to a victim who has been determined to be  
21 pregnant through the administration of a pregnancy test  
22 approved by the United States Food and Drug Administration.

23 (e) (e) The department shall adopt rules in accordance with  
24 chapter 91.

1 §321- Enforcement; administrative penalties. (a) The  
2 department may set, charge, and collect administrative  
3 fines and recover administrative fees and costs, including  
4 attorney's fees and costs, resulting from a violation of  
5 this part or any rule adopted under this part.

6 (b) The department shall:

7 (1) Establish a policy and procedure to monitor compliance  
8 with this part, including a complaint process; and

9 (2) Provide written notice to any hospital that the  
10 department determines is in violation of this part or  
11 any rule adopted under this part, that includes notice  
12 of an opportunity to take corrective action.

13 (c) Any hospital that violates this part or any rule  
14 adopted under this part after receiving written notice and  
15 an opportunity to take corrective action pursuant to  
16 subsection(b) (2) shall be fined not more than \$1,000 for  
17 each separate offense."

18 (d) Sanctions under this section shall not be issued for  
19 violations occurring before July 1, 2012.

20  
21 SECTION 3. This Act shall take effect upon its approval.

**green1 - Karen**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 01, 2011 9:04 AM  
**To:** HTHTestimony  
**Cc:** kreardon@pphi.org  
**Subject:** Testimony for SB611 on 2/2/2011 2:45:00 PM  
**Attachments:** Testimony SB611 HTH.doc; SB 611 Amended.doc

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

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](mailto:kreardon@pphi.org)  
Submitted on: 2/1/2011

Comments:



1350 S. King Street • Suite 309 • Honolulu, Hawaii 96814 • [www.pphi.org](http://www.pphi.org) • Phone: 808-589-1156 • Fax: 808-589-1404

January 31, 2011

## Testimony in Support With Suggested Amendments: SB 611

**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 611 Relating to Healthcare With Amendments

Planned Parenthood of Hawaii (PPHI) supports SB 611 Relating to Healthcare, and we thank the committee for the opportunity to provide this testimony. SB 611 requires 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. However, we recommend to bill be amended to mirror the language included in SB 218 Related to Healthcare. PPHI was part of a group interested stakeholders, both in favor of the proposed legislation and opposed, who met several times over the course of 2010. Our meetings were facilitated by House Health Chair Ryan Yamane. As a result of the discussions, a bill was drafted to reflect the concerns of the stakeholders. PPHI suggests that SB 611 be amended as outlined in Section V. of this testimony.

### 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.<sup>1</sup> According to the most recent Crime in Hawaii report, there were 363 forcible rapes reported to law enforcement in Hawaii in 2008.<sup>2</sup> Major studies show that reporting rates for rape and sexual assault are approximately 40%.<sup>3</sup> Still some studies have shown that rate to be as low as 16%.<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup>

### II. EC is Safe and Effective

<sup>1</sup> National Crime Victimization Survey, US Department of Justice Bureau of Crime Statistics, 2010

<sup>2</sup> *Crime in Hawaii*, Hawaii Attorney General's Office, 2008

<sup>3</sup> *National Crime Victimization Survey*, 2005

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

<sup>5</sup> 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).

<sup>6</sup> Id.

#### Honolulu Health Center

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#### Kailua Kona Health Center

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(A Maui United Way Agency)

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.

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.<sup>7</sup> 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.<sup>8</sup> The American College of Obstetrics and Gynecology has supported this standard of care since 2004.<sup>9</sup>

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.<sup>10</sup> This past year, the Federal Government standardized rules regarding EC and now requires that all military and federal hospitals stock EC.<sup>11</sup> The Army Medical Command Regulations advise discussing and providing EC to sexual assault victims.<sup>12</sup> The Religious and Ethical Directives for Catholic Health Care also call for provision of EC to sexual assault victims in most circumstances.<sup>13</sup> 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 Victims<sup>14</sup> (CCSAV) distributed a survey to 26 emergency departments in Hawaii. Of the 15

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

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

<sup>9</sup> 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](http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=1625).

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

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

<sup>12</sup> See, Army Medical Command Regulation, 40-36, Part 17, January 2009.

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

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



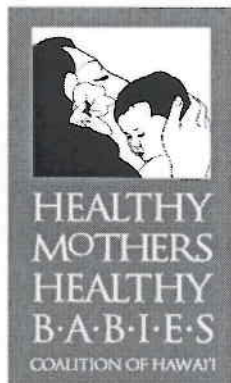
surveys returned, only 6 respondents were aware that their facility had a clear policy on EC. Only four facilities said that they have a clear policy and always offer it to victims of sexual assault. Three hospitals said they never dispense EC. Two responded that they only provide EC if the patient has a prescription and two facilities said EC is only offered some of the time.

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.

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 611 with the amendments suggested below. Thank you.

#### **V. New Language**

A group of interested stakeholders met throughout 2010 with the goal of reaching consensus on the issue of EC for sexual assault survivors. PPHI drafted legislation that addresses concerns voiced during the groups meetings. First, the definition of "emergency contraception" was drafted to be more accurate in describing EC. Second, language was developed to require EC be given "when medically necessary" in order to address concerns of health care providers who felt that they required some discretion and ability to triage patients within emergency departments. Third, an allowance for hospitals to perform pregnancy tests on patients prior to administering EC was included to address concerns that the medication may harm an existing pregnancy. Finally, in recognition of some hospitals' good faith desire to create policies assuring access to EC for sexual assault patients, a one year grace period prior to the issuance of sanctions was included. We think the language in SB 218 fairly represents the interests of survivors of sexual assault as well as health care providers.



**January 31, 2011**

**TO: Senator Josh Green, M.D., Chair, Senator Clarence K. Nishihara, Vice Chair and members of the Committee On Health**

**FROM: Jackie Berry, Executive Director, Healthy Mothers Healthy Babies**

**RE: SB 611 Relating to Emergency Contraceptive for Sexual Assault Survivors**

**HEARING: Wednesday, February 2, 2011 at 2:45pm**

HMHB is a statewide coalition of public and private agencies and individuals committed to the improvement of maternal and infant health status in Hawaii through education, coordination and advocacy. HMHB is testifying today in support of SB 611 to ensure that victims of sexual assaults are given information about emergency contraception when they receive medical care at a hospital for sexual assault, and those they have immediate access to emergency contraception if they request it. This bill, 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 HMHB supports all initiative to improve care for sexual assault survivors, we ask that SB 611 be amended to include the changes in SB 218.

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

The hospital is often the first point of medical contact for victims of sexual assault and those hospitals should be providing the full range of rape counseling and treatment services to those who seek care. Women have a right to receive all information on treatment options for their health and well being.

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. The Federal Government standardized rules regarding EC and requires that all military and federal hospitals stock EC.

Thank you for this opportunity to testify.

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**HAWAII CATHOLIC CONFERENCE**  
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Email to: [HTHTestimony@Capitol.hawaii.gov](mailto:HTHTestimony@Capitol.hawaii.gov)  
Hearing on: February 2, 2011 @ 2:45 p.m.  
Conference Room # 229

**DATE:** January 28, 2011

**TO:** Senate Committee on Health  
Senator Josh Green, Chair  
Senator Clarence Nishihara, Vice Chair

**FROM:** Walter Yoshimitsu, Executive Director

**RE:** Opposition to SB 218 Relating to Healthcare  
Opposition to SB 611 Relating to Emergency Contraceptives for Sexual Assault Survivors

Honorable Chairs and members of the Senate 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. We oppose BOTH bills for the same 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 SB 611 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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## **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 SB611 and SB218.

Mahalo for your kind consideration.



Email to: [HTHTestimony@Capitol.hawaii.gov](mailto:HTHTestimony@Capitol.hawaii.gov)  
Hearing on: February 2, 2011 @ 245 p.m.  
Conference Room #229

**DATE:** January 31, 2011

**TO:** Senate Health Committee  
Senator Josh Green, Chair  
Senator Clarence Nishihara, Vice Chair

**FROM:** Allen Cardines, Jr., Executive Director

**RE:** Opposition to SB 218 Relating to Healthcare  
Opposition to SB 611 Relating to Emergency Contraceptives for Sexual Assault Survivors

Honorable Chairs and members of the Senate 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 both of these measures 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.

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

**TO: Senate Committee On Health**

**RE: SB 611 Relating to Emergency Contraceptives for Sexual Assault Survivors  
– in support (with suggested amendments)**

**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 611 which would require hospitals to provide information about emergency contraception to women who are sexually assaulted and to provide emergency contraception when requested.**

**While I support this bill, I prefer the improved language in SB 218 which is the result of consensus among the various stakeholders with a spectrum of views on this issue. I respectfully request that you amend this measure to include the language in SB 218.**

**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. 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**

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**From:** Gwen Ilaban [gfilaban@aol.com]  
**Sent:** Tuesday, February 01, 2011 3:29 PM  
**To:** HTHTestimony  
**Subject:** SUPPORT SB611

SB611

02-02-11

2:45PM

1 February 2011

Chairman Green and Committee Members:

I urge you and your committee to support SB611.

While supporting all initiatives to improve compassion care for sexual assault survivors, I suggest that SB611 be amended to include the new language in

SB218.

Mahalo,

Gwen Ilaban

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