



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

In reply, please refer to:
File:

House Committee on Judiciary

HB 0411, HD 1, Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims

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

February 22, 2013

1 **Department's Position:** Supports but prefers the Administration Bill SB 1109, RELATING TO
2 HOSPITAL STANDARDS FOR SEXUAL ASSAULT VICTIMS.

3 **Fiscal Implications:** None or minimal to the Department of Health.

4 **Purpose and Justification:** This bill amends Department of Health (DOH) statute to require hospital
5 emergency rooms to offer female sexual assault survivors specific services and require appropriate
6 training for hospital staff. Enforcement is conducted through DOH Office of Health Care Assurance.

7

8 DOH prefers SB 1109, Relating to Hospital Standards for Sexual Assault Victims, which contains
9 various clarifications, corrections, and fixes jointly agreed to by DOH and the Department of Human
10 Services.

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

ALII PLACE
1060 RICHARDS STREET • HONOLULU, HAWAII 96813
PHONE: (808) 547-7400 • FAX: (808) 547-7515

KEITH M. KANESHIRO
PROSECUTING ATTORNEY

ARMINA A. CHING
FIRST DEPUTY PROSECUTING ATTORNEY



**THE HONORABLE KARL RHOADS, CHAIR
HOUSE JUDICIARY COMMITTEE
Twenty-Seventh State Legislature
Regular Session of 2013
State of Hawai`i**

February 22, 2013

**RE: H.B. 411, H.D. 1; RELATING TO HOSPITAL EMERGENCY COMPASSIONATE
CARE FOR SEXUAL ASSAULT VICTIMS.**

Chair Rhoads, Vice Chair Har, and members of the House Committee on Judiciary, the Department of the Prosecuting Attorney submits the following testimony in support of H.B. 411, H.D. 1.

The purpose of H.B. 411, H.D. 1 is to require that hospitals:

- (1) Provide any female sexual assault survivor with medically and factually accurate and unbiased written and oral information about emergency contraception;
- (2) Orally inform each female sexual assault survivor of the option to receive emergency contraception at the hospital;
- (3) When medically indicated, provide emergency contraception to each female sexual assault survivor who requests it, including the initial dose that can be taken at the hospital, and any further dosage as necessary; and
- (4) Ensure that each person at the hospital who may provide emergency medical care shall be trained to provide a sexual assault survivor with medically and factually accurate and unbiased written and oral information about emergency contraception and sexual assault treatment options and access to emergency contraception.

The requirements in this bill are reasonably related to addressing the acute medical, psychological, and emotional needs of sexual assault survivors. Furthermore, the provisions of this measure are consistent with the proper standard of professional care endorsed and recommended by the American Medical Association and the American College of Obstetrics and Gynecology.

Sexual assault is one of the most traumatic crimes that target Hawaii's women, and the fear of an unwanted pregnancy, as well as the potentially damaging medical and psychological effects that accompany it, can exponentially increase the level of harm that is inflicted upon victims. Those who have not experienced this horror cannot imagine the agony that victims experience. What these victims need is calm, caring, and supportive treatment that can help to lessen the traumatic effects of the sexual assault at a time when a victim may need to make many difficult decisions. Their ability to make the correct decisions for themselves is predicated on the availability of information that is accurate, thorough, and unbiased.

We understand that concerns have been raised in the past two legislative sessions regarding 45 C.F.R. §88.1 - §88.2, which were codified to enforce Church Amendments, 42 U.S.C. 300a-7, section 245 of the Public Health Service Act, 42 U.S.C. 238n, and the Weldon Amendment, Consolidated Appropriations Act, 2010, Public Law 111-117, Div. D, Sec. 508(d), 123 Stat. 3034, 3279-80, referred to collectively as the "federal health care provider conscience protection statutes."

The Church Amendment to the Public Health Service Act, among other things, prohibits entities that receive certain federal health care funding from discriminating against an individual or entity that performs or assists in the performance of or refuses to perform or assist in the performance of abortions or sterilizations if such performance or assistance "would be contrary to his religious beliefs or moral convictions."

Section 245 of the Public Health Service Act, also known as the Coats Amendment, prohibits the federal government, and state or local governments receiving federal funding, from discriminating against medical residency programs or individuals based on a refusal to provide abortion-related services or training.

The Weldon Amendment, contained in annual appropriations law, prohibits the allocation of certain funds to federal agencies or programs and state and local governments that discriminate against any health care entity (including insurers) based on a refusal to "provide, pay for, provide coverage of, or refer for abortions."

Under the plain language reading of "federal health care provider conscience protection statutes," there is no prohibition to prevent health care entities from providing medically accurate information about emergency contraception, nor from providing emergency contraception to female sexual assault survivors who request it. "Emergency contraception" is limited to

prescription drugs used for the purpose of preventing pregnancy, rather than sterilizing or aborting an existing pregnancy.

Further, sixteen (16) other states currently have statutes similar to H.B. 411, requiring that hospitals treating sexual assault survivors provide medically accurate information regarding emergency contraception. Twelve (12) states also have statutes that require hospitals to provide emergency contraception to sexual assault survivors, upon request. A number of these statutes were enacted as early as 2002, and to date, none have been struck down nor found invalid in a court of law.

The Department strongly believes that all victims of sexual assault in Hawaii should have equal access to medically accurate information and options, to facilitate their decisions regarding medical care, as these decisions may affect the victim for a lifetime. To do any less, deprives victims of the opportunity for self determination, which must be permitted to insure their ability to transition from victim to survivor. Since sexual assault survivors have a very limited window of time in which to receive effective emergency contraceptives, it is imperative that they receive access to this care upon arrival at any hospital in our state. The passage of H.B. 411, H.D. 1 will go a long way toward fulfilling our obligation to respond to sexual assault survivors in a compassionate and medically effective manner.

For all the reasons cited above, the Department of the Prosecuting Attorney of the City and County of Honolulu strongly support H.B. 411, H.D. 1. Thank you for your time and consideration.



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

February 22, 2013

TO: The Honorable Karl Rhoads, Chair
House Committee on Judiciary

FROM: Patricia McManaman, Director

SUBJECT: **H.B. 411, H.D. 1 – RELATING TO HOSPITAL EMERGENCY
COMPASSIONATE CARE FOR SEXUAL ASSAULT VICTIMS**

Hearing: Friday, February 22, 2013; 2:00 p.m.
Conference Room 325, State Capitol

PURPOSE: The purpose of this bill is to add a new part to chapter 321, Hawaii Revised Statutes, to ensure that victims of sexual assault are provided with medically and factually unbiased information about and access to emergency contraception when receiving emergency medical care at Hawaii's hospitals for sexual assaults.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) strongly supports this bill to ensure that victims of sexual assault are provided with medically and factually unbiased information about and access to emergency contraception when receiving emergency medical care at Hawaii's hospitals for sexual assaults.

In the aftermath of rape, victims find themselves dealing with a host of reproductive and sexual health issues. The physical and emotional trauma suffered by victims is compounded by the possibility of an unwanted pregnancy as a result of the rape. The average rate of pregnancy resulting from rape is between five and eight per cent with an

estimated thirty-two thousand rape-related pregnancies occurring every year in the United States.

Emergency contraception is not an abortion pill, nor does it cause any abortive process to take place. Emergency contraception is a safe and effective means of preventing pregnancy after a sexual assault. In fact, the provision of emergency contraception to victims of sexual assault is the most widely recognized and accepted standard of care for sexual assault patients. The American Medical Association and the American College of Obstetricians and Gynecologists have stated that sexual assault victims should be informed about and provided emergency contraception. However, a recent survey of emergency facilities in Hawaii revealed a lack of clear policy on the issue.

The Department of Human Services will pay for the necessary emergency contraception medications on a fee-for-service basis. It is estimated that the cost would be negligible, less than \$10,000.

Thank you for the opportunity to testify on this measure.

NEIL ABERCROMBIE
GOVERNOR



STATE OF HAWAII
**CRIME VICTIM COMPENSATION
COMMISSION**

1136 Union Mall, Suite 600
Honolulu, Hawai'i 96813
Telephone: 808 587-1143
FAX 808 587-1146

MARI MCCAIG
Chair

THOMAS T. WATTS
Commissioner

L. DEW KANESHIRO
Commissioner

PAMELA FERGUSON-BREY
Executive Director

TESTIMONY IN SUPPORT OF HOUSE BILL 411
RELATING TO HOSPITAL EMERGENCY COMPASSIONATE CARE
FOR SEXUAL ASSAULT VICTIMS

By

Pamela Ferguson-Brey, Executive Director
Crime Victim Compensation Commission

House Committee on Judiciary
Representative Karl Rhoads, Chair
Representative Sharon E. Har, Vice Chair

Friday, February 22, 2013; 2:00 PM
State Capitol, Conference Room 325

Chair Rhoads, Vice Chair Har, and Members of the House Committee on Judiciary:

Thank you for providing the Crime Victim Compensation Commission ("Commission") with the opportunity to testify before you today. The Commission strongly supports HB 411 HD1, Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims.

The Commission was established in 1967 to mitigate the suffering and financial impact experienced by victims of violent crime by providing compensation to pay un-reimbursed crime-related expenses. Many victims of violent crime could not afford to pay their medical bills, receive needed mental health or rehabilitative services, or bury a loved one if compensation were not available.

The Commission strongly supports HB 411 HD1, which establishes a new part in HRS Chapter 321 to ensure that victims of sexual assault are provided with medically and factually unbiased information about, and access to, emergency contraception when receiving emergency medical care at Hawai'i's hospitals for sexual assaults. Providing emergency contraception to victims of sexual assault is the accepted standard of care recommended by leading national medical organizations including the American Medical Association and the American College of Obstetricians and Gynecologists. The Commission strongly believes that all victims of sexual assault, regardless in what hospital they are treated at in the state, should have equal access to medically accurate and factual information in order to make informed decisions about their medical care in the aftermath of a traumatic rape.

Thank you for the opportunity to testify in favor of House Bill 411 HD1.



St. Francis

HEALTHCARE SYSTEM OF HAWAII
A Legacy of Caring for Hawaii's People

LATE

HOUSE COMMITTEE ON JUDICIARY

Representative Karl Rhoads, Chair
Representative Sharon E. Har, Vice Chair

DATE: February 22, 2013
TIME: 2:00 P. M.
PLACE: Conference Room 325
State Capitol
415 South Beretania Street

STRONG OPPOSITION TO HB 411 – Relating to Hospital Emergency
Compassionate Care for Sexual Assault
Victims

The Sisters of St. Francis

The St. Francis Healthcare System is Hawaii's only Catholic healthcare system. We currently provide Home and Community-based services such as Home Care, Hospice and Palliative Care, Lifelines, Bathing services, and senior day care and housing. We are sponsored by the Sisters of St. Francis of the Neumann Communities of Syracuse, New York and are the legacy of the Sisters' commitment to the people of Hawaii for the past 128 years, beginning with Saint Marianne Cope and her courageous ministry in Kalaupapa. **The Sisters are here in Hawaii with the permission of the Bishop of the Catholic Diocese of Honolulu.** They must abide by and follow the Catholic Ethical and Religious Directives as well as the directives of Bishop Larry Silva.

The contributions of the Sisters of St. Francis to this state are vast. From hospital development, dialysis and transplant services to home care, hospice and palliative care, St. Francis and its many community partners and supporters have shaped the landscape of healthcare in Hawaii. Always with compassion and concern for the underprivileged, St. Francis has treated those in their care as "whole" people, keeping in mind their physical, emotional and spiritual needs.

St. Francis Properties

The St. Francis Healthcare System of Hawaii does not presently own or operate any emergency service providers or hospitals. As a part of the sale of St.

Francis' West Oahu Medical Center real property assets to The Queen's Medical Center, Queen's Medical has contractually agreed with St. Francis to operate its West Oahu hospital and medical facilities in the spirit of a Catholic Health Care facility and pursuant to the moral, ethical and social teachings of the Roman Catholic Church. This contractual undertaking by Queen's Medical was an essential condition to St. Francis' agreement to sell to Queen's Medical, as it will ensure the continuance of the precepts that are at the very core of St. Francis' ministry in Hawaii. St. Francis would not have sold the West Oahu Medical Center to Queen's Medical without this legal obligation upon Queen's Medical. Among the most important of the Ethical and Religious Directives for Catholic Health Care Services that Queen's Medical has agreed to observe is the respect for life from the time of conception to natural death.

Emergency Contraception

In accordance with our understanding of the definition of life, life begins at conception. Medications used as emergency contraception can interfere with the implantation of a newly conceived human life. There is currently no reliable pregnancy test that will detect this stage of pregnancy, therefore, women who choose to take this medication risk aborting their pregnancy.

St. Francis recognizes that emergency contraceptives may be legal, but for reasons stated here, believes they should not be legal, because they potentially take the life of a human being, which the State has a compelling interest to protect. And even if they are legal, therefore, a conscience exemption should be assured to protect our First Amendment rights to the free exercise of religion. We are always willing to provide medically and factually accurate information and, if needed, transportation for rape victims to an emergency care setting of their choice. In fact, most emergency contraceptive medications are available over the counter at community pharmacies.

While recognizing the vulnerability of the patient, we simply ask that hospitals not be **mandated** to provide specific medications, especially if providing it is a direct violation of a hospital's ethical directives.

Religious Freedom

The St. Francis Healthcare System is confident that this committee can appreciate that religious freedom is what is at stake here and that there must be a way that the needs of patients and providers can be met. Standardizing the information given and ensuring access to care are issues we can support.

We hereby respectfully request that you not ask us to violate a core ethical directive and compromise our agreement with the Diocese of Honolulu and the Roman Catholic Church.

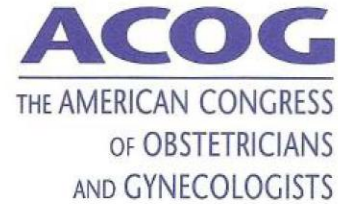
The St. Francis Healthcare System appreciates the opportunity to share our thoughts and thanks you for your dedication to improving health care in Hawaii. Please do not pass this bill without inclusion of a religious exemption.

Respectfully,

St. Francis Healthcare System of Hawaii

**American Congress of Obstetricians and Gynecologists
District VIII, Hawaii (Guam & American Samoa) Section**

Lori Kamemoto, MD, MPH, FACOG, Chair
1319 Punahou Street, Suite 990
Honolulu, HI 96826



**February 22, 2013-Friday
2:00 PM
Conference Room 325
State Capitol**

**To: Representative Rhoads, Chair
Representative Har, Vice Chair
House Committee on Judiciary**

**From: Lori Kamemoto, MD, MPH, Chair
Greigh Hirata, MD, Vice Chair
American Congress of Obstetricians and Gynecologists, Hawaii Section**

**Re: HB411HD1, Relating to Hospital Emergency Compassionate Care for Sexual
Assault Victims**

Position: Strongly Support

Dear Chair Rhoads, Vice Chair Har, and House Committee on Judiciary Members:

The American Congress of Obstetricians and Gynecologists (ACOG), Hawaii Section, strongly supports HB411HD1, which ensures the provision of pregnancy prevention information and emergency contraception to victims of sexual assault in a timely manner.

The National Violence Against Women survey by the U.S. Department of Justice revealed that there are more than 300,000 rape-related physical assaults against women annually. Approximately 18% of women surveyed reported that they had been the victim of a completed or attempted rape during their lifetime. In addition to acute traumatic physical injuries, sexually transmitted infections and many long-term health effects, sexual assault is also associated with a potential resulting pregnancy. The national rape-related pregnancy rate is calculated to be 5% per rape among females aged 12-45 years. This would be equivalent to about 32,000 pregnancies as a result of rape each year.

Although the Food and Drug Administration first approved emergency contraception in 1998, unfortunately, there have been many barriers to the provision of emergency contraception, including misconceptions regarding how it works. Emergency contraception works through the prevention of ovulation. The American College of

Obstetricians and Gynecologists reviews Emergency Contraception in this national publication, which states (ACOG Committee Opinion #542 Access to Emergency Contraception, page 1, paragraph 3):

“A common misconception is that emergency contraception causes an abortion. Inhibition or delay of ovulation is the principal mechanism of action. Review of evidence suggests that emergency contraception cannot prevent implantation of a fertilized egg. Emergency contraception is not effective after implantation; therefore, it is not an abortifacient.”

This document goes on to review Recommendations, which includes encouraging legislation consistent with HB411 HD1 which states (page 3):

“ Support legislation to increase access to emergency contraception by requiring that it be dispensed confidentially by all pharmacies and by requiring provision of emergency contraception for survivors of sexual assault.”

To be most effective, emergency contraception should be given as soon as possible after the rape has occurred, therefore it is of great importance that all facilities have the ability to provide this to sexual assault victims in a timely manner.

The American College of Obstetricians and Gynecologists is clear in its support of the discussion and provision of emergency contraception for all sexual assault victims in the following national publication (ACOG Committee Opinion #499 Sexual Assault, page 3, paragraph 3):

“When the physical and medical-legal needs of the patient have been addressed, the health care provider should discuss with the patient the degree of injury and the probability of infection or pregnancy. Emergency contraception should be provided. Emergency contraception should be available in hospitals and facilities where victims of sexual assault at risk of pregnancy are treated.”

ACOG, Hawaii Section strongly supports the timely discussion of possible pregnancy resulting from sexual assault with all victims, and the timely provision of emergency contraception if desired, to be most effective in pregnancy prevention. Emergency contraception should be available in all hospitals and facilities where victims of sexual assault at risk of pregnancy are treated. Although we believe that the majority of health providers at facilities where sexual assault victims are treated already discuss and provide emergency contraception, this law is needed so we can be assured that all Hawaii’s sexual assault victims have timely access to emergency contraception regardless of the facility at which they are treated.

We urge your committee members to focus on supporting the Sexual Violence Victims who do not have a direct voice in this legislative process. Sexual assault victims deserve the best care possible, including timely access to the discussion and provision of emergency contraception at the hospital or facility where they are treated.

Please let us know if you have any questions regarding this issue.

Thank you for the opportunity to provide this testimony.

Honorable Chair and Members of the Judiciary Committee:

I am writing on behalf of Americans for Democratic Action Hawaii in favor of HB411 requiring hospitals to have the option of emergency contraception available in their emergency rooms.

Emergency Contraception (EC) is a safe and effective means of preventing pregnancy after unprotected intercourse. EC — also known as "Plan B" or "the morning after pill" — contains a higher dosage of the same hormones found in regular birth control. Emergency contraception is NOT the same medication as RU-486 ("the abortion pill"). Emergency contraception can be 95% effective in preventing pregnancy from rape if taken within 24 hours. A delay of even 12 hours can increase the odds of pregnancy by almost 50%. Emergency contraception was approved by the FDA for over-the-counter sales in August 2006. It is available at most pharmacies to women over the age of 17 with a valid photo ID when a pharmacist is on duty.

It is especially critical that this option be available in emergency rooms as rape victims need this option to prevent the horrors of having to carry to term a child that is the product of a rape. This should be required of all hospitals no matter where they are located or what land they lie on. If we are lucky, rape victims will come to an emergency room for care. It would be a travesty if after all she has gone through that the hospital would tell her that she needed to go elsewhere to get this option. Any one with an ounce of compassion should see the urgency of passing this bill.

John Bickel, Vice President ADA Hawaii



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

Friday, February 22, 2013

2:00 p.m.

Conference Room 325

To: COMMITTEE ON JUDICIARY
Rep. Karl Rhoads, Chair
Rep. Sharon E. Har, Vice Chair

From: Hawaii Medical Association
Dr. Steven Kemble, MD, President
Dr. Linda Rasmussen, MD, Legislative Co-Chair
Dr. Joseph Zobian, MD, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: HB 411 RELATING TO HOSPITAL EMERGENCY COMPASSIONATE CARE
FOR SEXUAL ASSAULT VICTIMS

In Support.

Chairs & Committee Members:

Hawaii Medical Association supports this measure.

Emergency contraception is not an abortion pill, nor does it cause any abortive process to take place. Emergency contraception is a safe and effective means of preventing pregnancy after a sexual assault.

The American Medical Association and the American College of Obstetricians and Gynecologists have stated that sexual assault victims should be informed about and provided with the option of emergency contraception.

Mahalo for the opportunity to provide this testimony.

OFFICERS

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TREASURER - BRANDON LEE, MD EXECUTIVE DIRECTOR - CHRISTOPHER FLANDERS, DO



HAWAII CATHOLIC CONFERENCE

6301 Pali Highway
Kaneohe, HI 96744-5224

Online Submittal: JUDTestimony@Capitol.hawaii.gov

Hearing on: February 22, 2013 @ 2:00 p.m.

Conference Room # 329

DATE: February 19, 2013
TO: House Committee on Judiciary
Rep. Karl Rhoads, Chair
Rep. Sharon Har, Vice Chair
From: Walter Yoshimitsu, Executive Director
Re: Strong Opposition to HB 411 HD 1 Hospital Emergency Compassionate Care for Sexual Assault Victims

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.

Because of its religious tenets, any Catholic institution in Hawaii, will not provide or pay for abortion services, which we believe includes the use of “emergency contraception.” The teaching of the Catholic Church that human life begins at conception is based on science, which recognizes the zygote as a unique combination of the DNA of both the human mother and the human father with an identity separate from either, though dependent on the mother for nurturing to full maturity. Therefore the use of the “ec” pill, which may prevent implantation of an already fertilized egg, could, in fact, cause an abortion.

While compassionate care of a rape victim is a major concern, the possibility of conception of new human life also establishes a fundamental right for this new human being. Taking the life of this hidden but very real person adds another act of violence to the violent act of rape.

While it is true that the former St. Francis Hospital Ewa is now owned by Queen’s Medical Center, there are two crucial legal items that merit your attention.

GOVERNMENT COMPULSION TO VIOLATE RELIGIOUS BELIEFS

First, the legal relationship between Queens and St. Francis is governed by a contract binding them 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 thereby ending the pregnancy. This violates a core religious directive.

Passage of this measure would use government force to compel Queens to provide ‘emergency contraceptives’ which the Catholic Church believes can act as abortifacients – something that would be directly contrary to our religious belief in the sanctity of human life. We have explained this in our opening statement above.

PAGE TWO

That directive, in its entirety reads (emphasis added):

Compassionate and understanding care should be given to a person who is the victim of sexual assault. Health care providers should cooperate with law enforcement officials and offer the person psychological and spiritual support as well as accurate medical information. A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. **It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum.**¹⁹ (Directive 36)

(¹⁹ It is recommended that a sexually assaulted woman be advised of the ethical restrictions that prevent Catholic hospitals from using abortifacient procedures; cf. Pennsylvania Catholic Conference, "Guidelines for Catholic Hospitals Treating Victims of Sexual Assault," Origins 22 (1993): 810.)

SCOPE OF SERVICES UP TO HOSPITAL

Finally, we also believe strongly 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. It is that organization's administration and medical staff that adopts medical protocols for services to be rendered without government interference.

Mahalo for your kind consideration.



THE SEX ABUSE TREATMENT CENTER

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

Executive Director
Adriana Ramelli

DATE: February 22, 2013

Advisory Board

TO: The Honorable Karl Rhoads, Chair
The Honorable Sharon E. Har, Vice Chair
House Committee on Judiciary

President
Mimi Beams

Vice President
Peter Van Zile

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

Joanne H. Arizumi

RE: H.B. 411, H.D. 1
Relating to Hospital Emergency Compassionate Care for Sexual Assault
Victims

Mark J. Bennett

Andre Bisquera

Marilyn Carlsmith

Senator
Suzanne Chun Oakland

Good afternoon Chair Rhoads, Vice Chair Har and members of the House Committee on Judiciary. 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 Hawai'i Pacific Health.

Monica Cobb-Adams

Donne Dawson

Dennis Dunn

SATC strongly supports H.B. 411, H.D. 1 to ensure sexual assault survivors are provided information about and access to emergency contraception.

Councilmember
Carol Fukunaga

Sexual violence remains a major public health issue here in Hawai'i. According to the Attorney General's report, *Crime in Hawai'i*, there were 353 reported forcible rapes in 2011.¹ However, sexual violence is severely underreported. The Department of Justice concluded that between 2006-2010 sixty-five percent (65%) of rapes and sexual assaults went unreported.²

David I. Haverly

The impact of sexual violence is significant. Survivors face not only emotional trauma, but very real physical consequences. According to one survey, becoming pregnant was a concern to more survivors than contracting sexually transmitted diseases or HIV/AIDS.³

Linda Jameson

Currently, there are hospitals in Hawai'i that do not provide information about emergency contraception or dispense emergency contraception to survivors of sexual assault. The American Medical Association,⁴ American College of Obstetricians and Gynecologists,⁵ and American College of Emergency Physicians⁶ all recommend that a survivor should be provided with information regarding emergency contraception and/or provided with treatment if indicated. With the passage of this legislation, a sexual assault survivor can be guaranteed to receive the same level of medical care regardless of what facility she presents at and the standard of care recommended by leading medical organizations.

Michael P. Matsumoto

Phyllis Muraoka

Gidget Ruscetta

oral and written) on emergency contraception and be provided with contraception if the survivor so requests and if medically indicated. It is also important that medical staff serving female sexual assault survivors be adequately trained to provide complete, accurate and unbiased information on emergency contraception.

On O'ahu, those who seek services at SATC are provided the option of a comprehensive medical-legal examination, which is performed at KMCWC. As part of this examination, the attending physician offers female survivors information about emergency contraception. If the survivor is concerned about or at risk of an unwanted pregnancy, the physician can provide contraceptives if they are requested and medically indicated.

If a survivor does not want the comprehensive medical-legal examination, the survivor has the right to decline that examination. Thus, it is not always necessary or appropriate for medical facilities to refer a survivor to SATC for services. However, the survivor's immediate needs must still be met. Pregnancy prevention is a time sensitive issue, as emergency contraception is most effective when taken within 72 after an assault. Therefore, all hospitals in Hawai'i must commit to offering emergency contraception information to the sexual assault survivors they serve and to providing contraceptives to those who choose them.

We urge you to pass H.B. 411, H.D. 1. It is truly sound, compassionate legislation that underscores a woman's right to choose contraception when faced with the possibility of an unwanted pregnancy resulting from a sexual assault.

Thank you for this opportunity to testify.

¹ State of Hawai'i, Attorney General, Crime Prevention & Justice Assistance Division, Research & Statistics Branch, *Crime in Hawai'i: 2011*, at 4 (Nov. 2012), available at http://hawaii.gov/ag/cpja/main/rs/crimeinhawaii/CIH2011/Crime_in_Hawaii_2011.pdf

² U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Victimizations Not Reported to the Police, 2006-2010 National Crime Victimization Survey*, at 4, available at <http://bjs.ojp.usdoj.gov/content/pub/pdf/vnrp0610.pdf>.

³ National Victim Center, *Rape in America: A Report to the Nation* (1992).

⁴ American Medical Association, Policy H-75.985 *Access to Emergency Contraception*.

⁵ American College of Obstetricians and Gynecologists, Committee on Health Care for Underserved Women, *Committee Opinion: Access to Emergency Contraception*, No. 542, at 1 (Nov. 2012).

⁶ American College of Emergency Physicians, *Management of the Patient with the Complaint of Sexual Assault* (reaffirmed Oct. 2008).

HAWAII
STATE
COMMISSION
ON THE
STATUS
OF
WOMEN



Chair
LESLIE WILKINS

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Executive Director
Catherine Betts, Esq.

Email:
DHS.HSCSW@hawaii.gov
Visit us at:
humanservices.hawaii.gov
/hscsw/

235 S. Beretania #407
Honolulu, HI 96813
Phone: 808-586-5758
FAX: 808-586-5756

February 22, 2013

**Testimony in Support of HB 411, HD1, Relating to Hospital Emergency
Compassionate Care for Sexual Assault Victims**

To: Honorable Karl Rhoads, Chair
Honorable Sharon E. Har, Vice-Chair
Members of the House Committee on Judiciary

From: Cathy Betts, Executive Director, Hawai'i State Commission on the Status of
Women

Re: Testimony in Support of HB 411, HD 1

On behalf of the Hawai'i State Commission on the Status of Women, thank you for this opportunity to testify. I would like to express my strong support for HB 411, HD 1, which would ensure compassionate care for sexual assault victims by requiring emergency departments to offer information about emergency contraception and to dispense the medication when requested.

Seventeen states and the District of Columbia have all passed legislation requiring hospitals to comply with this nationally endorsed standard of care.¹ The American Medical Association and the American College of Obstetricians and Gynecologists have supported and endorsed a standard policy that victims be informed about and provided emergency contraception.^{2 3} Additionally, the Centers for Disease Control's treatment guidelines provide for offering emergency contraceptives to sexual assault survivors.⁴ Emergency contraception is a safe and effective FDA approved method of contraception to prevent pregnancy as the result of a rape. It is not an abortion pill, nor will it terminate an existing pregnancy.

While opponents of this measure may cite religious liberty as a cloak of protection, the hospitals in question are *institutions* receiving state and federal funding to provide health care to the general public. Institutions cannot substitute religious doctrine for the standard of care. Individuals have the right to religious freedom, but that freedom does not include imposition of their beliefs on others when it will irrevocably harm others. Additionally, HB 411, HD 1 is a law of general applicability and does not violate the free exercise clause.⁵ We should be clear: we are talking about rape victims, many of them under the age of 18. We are talking about young girls who have been molested, young women who have been brutally victimized, young women who are seeking healing and care. A victim of rape should not have to seek further medical care on her own because of an institution's denial of basic care. Please pass HB 411, HD 1, and in doing so, you will allow rape victims to continue on their path to healing.

¹ Guttmacher Institute, *State Policies in Brief: Emergency Contraception*, February 2013.

² See American Medical Association, *Strategies for the Treatment and Prevention of Sexual Assault* (1995).

³ See American College of Obstetricians and Gynecologists, Committee Opinion, Number 499, August 2011, at:

http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underserved_Women/Sexual_Assault.

⁴ Centers for Disease Control, Treatment Guidelines 2010, Sexual Assault and STDs, at: <http://www.cdc.gov/std/treatment/2010/sexual-assault.htm>.

⁵ *Employment Div., Dep't of Human Res. of Oregon v. Smith*, 494 U.S. 872 (1990); *See also, State v. Sunderland*, 115 Haw. 396 (2007).

DATE: February 20, 2013
TO: House Judiciary Committee
Rep. Karl Rhoads, Chair
Rep. Sharon E. Har, Vice Chair
RE: **Opposition/Comments on HB 411 HD1**
Judiciary Comm. Hearing Friday, 2/2/13, 2:00 pm Rm. 325

My name is James Hochberg, and I have been a civil rights attorney in Honolulu since 1984. Currently I am also the president of Hawaii Family Advocates, a 501(c)(4) independent expenditure, non-candidate committee.

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I am testifying in opposition to HB411 HD1 because it seeks to: 1) Pronounce the State orthodoxy on the question of when life begins, and 2) trample on the rights of conscience of people who disagree with this State- pronounced Orthodoxy as to when life begins on the basis of religious belief. For those who do not agree that life begins at implantation of the fertilized egg into the uterine wall, they cannot comply with the requirements of HB411 HD1.

There is at this point in time, no agreed to orthodoxy as to the answer to the question when does life begin. The text of HB 411 HD1 states that

“Emergency contraception is not an abortion pill, nor does it cause any abortive process to take place. Emergency contraception is a safe and effective means of preventing pregnancy after a sexual assault. In fact, the provision of emergency contraception to sexual assault victims is the most widely recognized and accepted standard of care for sexual assault victims. The American Medical Association and the American College of Obstetricians and Gynecologists have stated that sexual assault victims should be informed about and provided emergency contraception.”

In order for the first two sentences of this statement to be medically and scientifically true, one must take the medically and scientifically disputed position that life begins at implantation of the fertilized egg into the uterine wall. However, according to a February 2012 study that was published in the American Journal of Obstetrics and Gynecology, the preponderance of opinion on the question of when life actually begins indicated that 57% of the respondents actually believe that life begins at conception, not implantation. Attached hereto is a copy of the Abstract of that study.

The House Health Committee heard HB411 on February 6, 2013. William L.T. Fong, MD testified that for many members of ACOG, life begins at fertilization, not implantation. He testifies that:

“Some in the medical field (notably ACOG) define pregnancy or the beginning of human life as occurring at the time of implantation of the fertilized egg. Their logic then follows that since E.C. reportedly does not affect a fertilized egg after implantation it does not cause an abortion and is not involved in the abortive process. However, many others define pregnancy as occurring at the time of conception or fertilization of the egg, well **before** implantation. In fact, according to an article in the well-respected, peer reviewed American Journal of Obstetrics and Gynecology (Chung et al, Feb 2012), in a survey involving 1154 physicians, *“One-half of US obstetrician-gynecologists (57%) believe pregnancy begins at conception. Fewer (28%) believe*

Suite 1201, Fort Street Tower, 745 Fort Street Mall | Honolulu, Hawaii 96813



it begins at implantation, and 16% are not sure.“ So those who believe that pregnancy and human life begin at conception likewise believe that EC does in fact cause an abortion or is involved in an abortive process when it affects a fertilized egg before implantation.”

Dr. Fong’s testimony is attached.

Consequently, HB411 HD1 seeks to establish this false orthodoxy starting at page one, line 12. This is not the role of the legislature. For those emergency room workers whose religious belief includes that conception occurs at fertilization, their religious beliefs must be permitted to shield them from having to provide emergency contraception to sexual assault victims. This is not really a huge protection to ask for since many in the emergency room will be willing to provide the information and medication.

A number of Federal statutes protect health care provider conscience rights with respect to the issue of abortion. See the Church Amendments, Public Health Service Act Section 2445, The Weldon Amendment and the Affordable Care Act. However, the orthodoxy set forth in HB411HD1 takes E.C. out of these conscience protections to the extent the protections would have applied (based on the other criteria in the statutes). Therefore, a particularly stated conscience protection should be added to HB411 HD1.

In addition, HB411 HD1 requires, beginning on page 3 line 17, that medically and factually accurate and unbiased written and oral information about emergency contraception be given to female sexual assault survivors who present for emergency services. However, according to the study and Dr. William Fong’s testimony cited above, HB411HD1 itself is a biased presentation of the medical and factual information concerning what emergency contraceptives do with respect to ending a life.

As stated by the 6th Circuit Court of Appeals in its opinion January 27, 2012, in the Ward vs. Polite case, “Tolerance is a two-way street. Otherwise, the rule mandates orthodoxy, not anti-discrimination.”

This statement squarely applies to HB411HD1. Without a religious exemption, HB411HD1 mandates the orthodoxy on the disputed question of when life begins, and consequently what emergency contraceptives do with respect to ending a life. Tolerance for both beliefs is required, and on that basis I oppose HB411 HD1 without a clear religious exemption.

Sincerely,

James Hochberg, Esq.
President

Display Settings: Abstract



Am J Obstet Gynecol. 2012 Feb;206(2):132.e1-7. doi: 10.1016/j.ajog.2011.10.877. Epub 2011 Nov 7.

Obstetrician-gynecologists' beliefs about when pregnancy begins.

Chung GS, Lawrence RE, Rasinski KA, Yoon JD, Curlin FA.

Section of General Internal Medicine, Department of Medicine, The University of Chicago, Chicago, IL 60637, USA.
gchung@uchicago.edu

Abstract

OBJECTIVE: The purpose of this study was to assess obstetrician-gynecologists' regarding their beliefs about when pregnancy begins and to measure characteristics that are associated with believing that pregnancy begins at implantation rather than at conception.

STUDY DESIGN: We mailed a questionnaire to a stratified, random sample of 1800 practicing obstetrician-gynecologists in the United States. The outcome of interest was obstetrician-gynecologists' views of when pregnancy begins. Response options were (1) at conception, (2) at implantation of the embryo, and (3) not sure. Primary predictors were religious affiliation, the importance of religion, and a moral objection to abortion.

RESULTS: The response rate was 66% (1154/1760 physicians). One-half of US obstetrician-gynecologists (57%) believe pregnancy begins at conception. Fewer (28%) believe it begins at implantation, and 16% are not sure. In multivariable analysis, the consideration that religion is the most important thing in one's life (odds ratio, 0.5; 95% confidence interval, 0.2-0.9) and an objection to abortion (odds ratio, 0.4; 95% confidence interval, 0.2-0.9) were associated independently and inversely with believing that pregnancy begins at implantation.

CONCLUSION: Obstetrician-gynecologists' beliefs about when pregnancy begins appear to be shaped significantly by whether they object to abortion and by the importance of religion in their lives.

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Comment in

Influence of religious beliefs in the professional practice of US gynecologists.

PMID: 22177187 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Grant Support

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February 2, 2013

Rep. Della Au Belatti, Chair, Committee on Health

Rep. Dee Morikawa

Rep. Rida Cabanilla

Rep. Mele Carroll

Rep. Jo Jordan

Rep. Bertrand Kobayashi

Rep. Justin Woodson

Rep. Lauren Cheape

House of Representatives

Hawaii State Legislature

Honolulu, Hawaii

Dear Representatives:

I take this opportunity to submit testimony as an individual citizen in opposition to HB411 related to compassionate care for sexual assault victims. I have been licensed as a physician in the State of Hawaii since 1979. In addition, I am a member in good standing of the American Congress of Obstetricians and Gynecologists (ACOG). The opinions that I express do not represent the views of the John A. Burns School of Medicine of which I am a faculty member.

HB411 states, **“Emergency contraception is not an abortion pill, nor does it cause any abortive process to take place.”** My objection to this statement and therefore HB411 revolves around the use and understanding of the words “abortion” and “abortive process”. Some in the medical field (notably ACOG) define pregnancy or the beginning of human life as occurring at the time of implantation of the fertilized egg. Their logic then follows that since EC reportedly does not affect a fertilized egg after implantation it does not cause an abortion and is not involved in the abortive process. However, many others define pregnancy as occurring at the time of conception or fertilization of the egg,

well **before** implantation. In fact, according to an article in the well-respected, peer reviewed American Journal of Obstetrics and Gynecology (Chung et al, Feb 2012), in a survey involving 1154 physicians, *“One-half of US obstetrician-gynecologists (57%) believe pregnancy begins at conception. Fewer (28%) believe it begins at implantation, and 16% are not sure.”* So those who believe that pregnancy and human life begin at conception likewise believe that EC does in fact cause an abortion or is involved in an abortive process when it affects a fertilized egg before implantation.

I sincerely care for the victims of sexual assault. I have in the past provided what I believe was compassionate medical services to clients of the Sex Assault Treatment Center (SATC). Once informed of all possible mechanisms of EC (how and when it works), sexual assault victims that so desire EC may obtain it through a variety of readily available sources. It is not necessary to require hospitals or physicians to provide or dispense EC if this action violates their conscience.

William L.T. Fong, MD
1122 Clio Street
Honolulu, Hawaii 96822
wfongmdinc@yahoo.com
808-537-6664

February 21, 2013

Testimony in Strong Support: HB 411 HD1

To: Chair Karl Rhoads, Vice Chair Sharon Har, and Members of the House Committee on Judiciary
From: Katie Reardon Polidoro, Director of Public Affairs & Government Relations, Planned Parenthood of Hawaii
Re: Testimony in Strong Support of HB 411 HD1 Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims

Planned Parenthood of Hawaii (PPHI) strongly supports HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

Survivors of Sexual Assault Deserve Compassionate Care at Hawaii's Hospitals

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and is the best, compassionate care that survivors deserve.

The crime of sexual assault is one that happens too frequently in the United States and in Hawaii. Nearly 1 in 5 of all women in the US will experience rape in their lifetime.¹ 2011 saw 83,245 reported forcible rapes throughout the country.² In Hawaii there were 353 reported forcible rapes.³ On the island of Oahu, that meant a rate of 21.1 rapes per 100,000 people.⁴ Alarming, the rate of sexual assault was considerably higher on neighbor islands, reaching as high as 48.7 per 100,000 residents on the island of Kauai.⁵ These numbers only represent those rapes that were reported to law enforcement. Major studies show that reporting rates for rape and sexual assault are approximately 46%.⁶ Still some studies have shown that rate to be as low as 16%.⁷ Therefore, the rate of sexual assault, both nationally and in Hawaii, is likely much higher.

When those survivors seek emergency medical care in one of Hawaii's hospitals, they expect to receive the basic standard of care. The American Medical Association⁸ and the American College of Obstetrics and

¹ *National Intimate Partner and Sexual Violence Survey*, Centers For Disease Control, Nov. 2011, http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf.

² *Crime in the United States*, Federal Bureau of Investigations, 2011, <http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2011/crime-in-the-u.s.-2011/tables/table-1>.

³ *Crime in Hawaii*, Hawaii Attorney General's Office, Nov. 2012, http://hawaii.gov/ag/cpja/main/rs/crimeinhawaii/CIH2011/Crime_in_Hawaii_2011.pdf

⁴ Id.

⁵ Id.

⁶ *National Crime Victimization Survey*, Bureau of Justice Statistics, US Department of Justice, 2006-2010.

⁷ National Center for Victims of Crime & Crime Victims Research and Treatment Center, *Rape in America: A Report to the Nation*, (1992).

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

Honolulu Health Center

1350 S. King Street, Suite 310
Honolulu, HI 96814
808-589-1149

Kailua Kona Health Center

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

Kahului (Maui) Health Center

140 Ho'ohana Street, Suite 303
Kahului, HI 96732
808-871-1176
(A Maui United Way Agency)

Gynecology⁹ have long recognized EC as the standard of care for emergency treatment of sexual assault victims. However, some hospitals in Hawaii do not offer EC, or even provide information about it, leaving survivors at risk for pregnancy resulting from rape.

Pregnancy as the result of a rape can be profoundly traumatic. Sexual assault takes away a person's fundamental control and autonomy over her body. Victims have no choice over engaging in sexual activity or using contraception. 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.¹⁰ A total of 32.4% of these victims did not discover they were pregnant until they had already entered the second trimester; 32.2% decide to raise the child, 50% underwent an abortion and 5.9% placed the infant for adoption; and an additional 11.8% experienced miscarriage.¹¹

Providing EC in Emergency Rooms is the Standard of Care

EC is a safe and effective way to prevent a pregnancy as the result of a rape. EC is a high dose hormonal 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 works to prevent pregnancy primarily by preventing ovulation from occurring.¹² EC may also be effective after ovulation. The hormones in EC cause a thickening to the cervical mucus, which prevents sperm from fertilizing the egg, thereby preventing pregnancy.¹³ 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.¹⁴ In fact, the International Federation of Gynecology & Obstetrics issued a statement in 2011 noting that after reviewing several studies, levonorgestrel-only EC (e.g. Plan B and Next Step), do not interfere with implantation.¹⁵ The National Institute of Health recently updated its description of EC to remove any mention that the drug interfered with implantation.¹⁶ And an FDA Spokeswoman told the New York Times, "The emerging data on Plan B suggest that it does not inhibit implantation. Less is known about Ella. However, some data suggest it also does not inhibit implantation."¹⁷

⁹ American College of Obstetricians and Gynecologists, *Violence Against Women: Acute Care of Sexual Assault Victims* (2004), at http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=1625.

¹⁰ 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).

¹¹ *Id.*

¹² *Emergency Contraception Fact Sheet*, US Department of Health and Human Services, Office on Women's Health, <http://womenshealth.gov/publications/our-publications/fact-sheet/emergency-contraception.cfm>.

¹³ *Id.*

¹⁴ *Id.*, See Also: Noe G., Croxatto H, Salvatierra A M, Reyes V, Villarroel C, Munoz C, Morales G, Retamales A, "Contraceptive efficacy of emergency contraception with levonorgestrel given before or after ovulation," *Contraception* 2011, 84, 486-492; See Also: Rev. Nicanor Pier Giorgio Austriaco, "Is Plan B an Abortifacient? A Critical Look at the Scientific Evidence", *The National Catholic Bioethics Quarterly*, (Winter 2007).

¹⁵ "Mechanism of Action: How Do Levonorgestrel-only emergency contraceptive pills (LNG-ECs) prevent pregnancy?" Joint Statement of International Federation of Gynecology and Obstetrics and International Consortium for Emergency Contraception, available at: http://www.figo.org/files/figo-corp/MOA_FINAL_2011_ENG.pdf

¹⁶ <http://www.nlm.nih.gov/medlineplus/ency/article/007014.htm>

¹⁷ "Abortion Qualms on Morning After Pill May Be Unfounded", Pamela Belluck, *New York Times*, June 5 2012, available at <http://www.nytimes.com/2012/06/06/health/research/morning-after-pills-dont-block-implantation-science-suggests.html?pagewanted=all>

It is worth noting that the makers of Plan B, Teva Pharmaceuticals, have repeatedly asked the FDA to remove the implantation wording from the drug's labeling.¹⁸ Nevertheless, the labeling on that drug is clear that an existing pregnancy will not be terminated by it. The phrase "Do not take while pregnant (because it will not work)" appears on the Plan B label. EC is not an "abortion pill." It will not terminate an existing pregnancy.¹⁹

Providing EC in the emergency room is the accepted standard of care. In 1995, the American Medical Association issued guidelines for treating sexual assault patients stating that survivors should be informed about and provided EC.²⁰ The American College of Obstetrics and Gynecology has supported this standard of care since 2004.²¹

Sixteen states and the District of Columbia have adopted legislation requiring the provision of information about and/or access to EC to sexual assault survivors in emergency rooms.²² The Federal Government now requires all military and federal hospitals to stock EC.²³ The Army Medical Command Regulations advise discussing and providing EC to sexual assault survivors.²⁴

Hawaii's Women and Girls are Harmed by Hospitals that Deny EC

In 2010, a coalition of organizations called the Coalition for Compassionate Care for Sexual Assault Victims²⁵ (CCSAV) distributed a survey to 26 emergency departments in Hawaii. Of the 15 surveys returned, only 6 respondents were aware that their facility had a clear policy on EC. Only four facilities said that they have a clear policy and always offer it to survivors 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. The lack of consistent policy among Hawaii's emergency departments is deeply concerning.

Many women in Hawaii, especially those living on neighbor islands and in rural areas, do not have access to a pharmacy that is open 7 days a week or 24 hours a day. Depending on when a woman seeks care, this might mean a wait of up to 48 hours before she can obtain EC. As noted above, EC is most effective when taken early, and efficacy decreases over time. When asked to seek EC somewhere else, survivors are put at risk for unwanted pregnancy.

Further, younger women have more difficulty obtaining EC outside of the emergency room. Minors under the age of 17 must have a written prescription to purchase EC. Considering the pervasiveness of sexual assault among younger women, it is even more urgent that EC be available in emergency rooms. According to the CDC among victims of completed rape, 42.2% were assaulted prior to age 18.²⁶

Denying EC also exacerbates emotional trauma. The prospect of being denied medical care, having one's health care decisions judged, and having to re-tell the story of the rape is discouraging and damaging to

¹⁸ See "Abortion Qualms on Morning-After Pill May Be Unfounded."

¹⁹ *Emergency Contraception Fact Sheet*

²⁰ See, American Medical Association, *Strategies for the Treatment and Prevention of Sexual Assault* (1995).

²¹ 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.

²² States Include: AR, CA, CO, CT, DC, IL, MA, MN, NJ, NM, NY, OR, SC, TX, UT, WA, WI.

²³ See, Department of Defense, *Pharmacy and Therapeutics Committee Recommendations*, November 2009, Signed February 2010.

²⁴ See, Army Medical Command Regulation, 40-36, Part 17, January 2009.

²⁵ CCSAV members include: ACLU of Hawaii, Healthy Mothers Health Babies Coalition of Hawaii, Planned Parenthood of Hawaii and the Sex Abuse Treatment Center.

²⁶ *National Intimate Partner and Sexual Violence Survey*, 2011.

victims. A 2005 study found: Survivors who experience negative reactions when first disclosing their sexual assault are more likely to experience PTSD and less likely to make subsequent disclosures.²⁷ Survivors who were required to make multiple disclosures, regardless of negative reactions, suffered from more acute PTSD symptoms.²⁸

HB 411 Does Not Violate Religious Freedom

Opponents of HB 411 have argued that the bill interferes with religious freedom. However, both the United States Supreme Court and Hawaii's Supreme Court have rejected claims challenging the constitutionality of neutral statutes on this basis of religious freedom and have rejected the notion that laws require religious exemptions.

Neutral laws of general applicability that have incidental effects on religious beliefs or practice are constitutional and do not violate the First Amendment and Free Exercise of Religion. Historically, the US Supreme Court has struggled with balancing state and federal lawmaking with individuals' religious beliefs. Even in its earliest decisions, the Court has denied "religious exemptions" from otherwise neutral laws. In *Reynolds v. United States*, the court denied appellant's argument that a Utah statute banning polygamy infringed on his religious freedom. Addressing the issue of religious exemption the Court wrote "To permit this would be to make the professed doctrines of religious belief superior to the law of the land, and in effect to permit every citizen to become a law unto himself. Government could exist only in name under such circumstances."²⁹

The Court has developed a clear rule in evaluating the constitutionality of laws that interfere with religion. In limited cases, the court uses a "compelling interest" test, balancing an individual's right to free exercise against a states compelling interest in creating in applying laws.³⁰ However, in *Employment Div., Dep't of Human Res. Of Oregon v. Smith* (hereinafter "*Smith*") The Court stated, that the "compelling interest" test is only applicable in the limited context of the government's individual assessment of unemployment benefits and is not appropriately applied to across the board laws of general applicability.³¹

In *Smith*, the court articulated a bright line rule for reviewing the constitutionality of general laws under the First Amendment's Free Exercise clause. The Court held that neutral laws of general applicability are not unconstitutional even when they have incidental effects on religious beliefs. It stated "We have never held that an individual's religious beliefs excuse him from compliance with an otherwise valid law prohibiting conduct that the State is free to regulate. On the contrary, the record of more than a century of our free exercise jurisprudence contradicts that proposition."³² It goes on to state "Subsequent decisions have consistently held that the right of free exercise does not relieve an individual of the obligation to comply with a 'valid and neutral law of general applicability on the ground that the law proscribes (or prescribes) conduct that his religion prescribes (or proscribes).'"³³

Hawaii's highest court has followed the Supreme Court in its applying the *Smith* rule.³⁴ In *Sunderland*, appellant challenged Hawaii's criminal law regarding marijuana use. He claimed that (1) the criminal statute was unconstitutional as applied to him as his religious practice involved the daily use of cannabis and (2) the

²⁷ Starzynski, L. L. Ullman, S. E., Filipas, H. H., Townsend, S. M. (2005). Correlates of women's sexual assault disclosure to informal and formal support sources. *Violence and Victims*, 20, 417-432.

²⁸ Id.

²⁹ See *Reynolds v. United States*, 98 U.S. 145 (1878) at 167.

³⁰ See *Sherbert v. Verner* 374 U.S. 398 (1963).

³¹ See *Employment Div., Dep't of Human Res. Of Oregon v. Smith*, 494 U.S. 872 (1990), 880-81.³¹

³² *Smith* at 878-79.

³³ *Id* at 880 citing *United States v. Lee*, 455 U.S. 252, 263, n. 3 (1982) (STEVENS, J., concurring in judgment).

³⁴ *State v. Sunderland* 115 Haw. 396 (2007).

law required a religious exemption to meet the requirements of the constitution.³⁵ The Court applied to Smith test and found that the criminal code is a neutral law, applied to all people in the same way and was not intended to target religion.³⁶ Accordingly, the law did not infringe on religious freedom and no religious exemption was required.³⁷

HB 411 proposes a law of general applicability. Its sole purpose is to protect the health and safety of Hawaii's sexual assault victims and guarantee that they receive the medically accepted standard of care. It applies to all emergency rooms across the board and does not address or target religion. Because it is a rule of general applicability, it must be reviewed pursuant to *Sunderland* and *Smith*. Accordingly, the potential law does not violate free exercise, nor does it necessitate any religious exemption clause. If a religious institution were to appeal sanctions under this law arguing that the law infringes on its religious freedom, the claim will fail.

A similar state court ruling comes from the California Supreme Court. In *Catholic Charities of Sacramento v. Superior Court*, a religious affiliated organization questioned the constitutionality of California's Women's Contraception Equality Act (hereinafter "Act").³⁸ The Act required employers who provide prescription coverage as part of an employee's health insurance benefit, to ensure that prescription coverage extended to contraceptives.³⁹ Appellant organization claimed that because the use of contraceptives offended their religious beliefs, the law was unconstitutional as applied to them, and required a religious exemption.⁴⁰ The California Court applied the *Smith* test and found that the Act was constitutional and did not infringe on religious freedom.⁴¹

Finally, in cases where courts have protected religious freedoms, *they have protected the freedoms of individuals, not institutions*. For example, in a case where an individual was successful in defeating a motion to dismiss his claim that his religious freedom was violated involved a law mandating that pharmacies provide access to EC. In that case, claimant was discharged after he refused to fill an EC prescription based on his religious beliefs. He brought action against his employer for discrimination on the basis of religion. Defendant employer claimed it fired him because it was required by law to fill EC prescriptions.⁴² The Court stated that the employer erred in firing plaintiff and stated that other pharmacists employed at the store who did not share claimant's beliefs could have filled the prescription pursuant to the valid statute.⁴³ The above case is plainly distinguished from any constitutional arguments against HB 411 and the law in question was not invalidated.

Conclusion

Hawaii's women deserve better. In light of the violence every sexual assault survivor experiences, denying a sexual assault victim proper care is unconscionable. When a survivor seeks care in one of Hawaii's hospitals, she should be given the information she needs to make decisions about her health, and should rely on the fact that her right to make those decisions will not be compromised by someone who does not walk in her shoes. Therefore we urge the Committee to pass HB 411. Thank you.

³⁵ *Sunderland* at 399.

³⁶ *Id* at 400-02.

³⁷ *Id*.

³⁸ See *Catholic Charities of Sacramento v. Superior Court*, 32 Cal. 4th 527 (2004)

³⁹ *Catholic Charities of Sacramento* at 537,8.

⁴⁰ *Id*. at 540-44.

⁴¹ *Id*. at 549-552.

⁴² See *Vandersand v. Wal-mart Stores, Inc.* (C.D. Ill. 7-31-2007) No. 06-3292. (*motion to dismiss denied*).

⁴³ *Id*. at 9-10.

Testimony of Phyllis Dendle

Before:
House Committee on Judiciary
The Honorable Karl Rhoads, Chair
The Honorable Sharon E. Har, Vice Chair

February 22, 2013
2:00 pm
Conference Room 325

**HB 411 HD1 RELATING TO HOSPITAL EMERGENCY COMPASSIONATE CARE
FOR SEXUAL ASSAULT VICTIMS**

Chair Rhoads and committee members, thank you for this opportunity to provide testimony on HB 411 HD1 regarding providing emergency contraception in hospital emergency medicine departments.

Kaiser Permanente Hawaii supports this bill.

We appreciate the amendments made by the House Committee on Health as we requested and now support the bill as written.

At Kaiser Permanente Hawaii we are always concerned about the effect of legislation that specifically directs the actions of physicians and other health care providers. We think that in most cases medical decisions should be made by the provider and patient and should not be specifically directed by law. That being said we recognize that this bill addresses a very serious issue and patients may benefit by having the care provided though out the community be standardized.

Thank you for your consideration.



Email to: JUDtestimony@Capitol.hawaii.gov
Hearing on: February 22, 2013 @ 2:00 p.m.
Conference Room #329

DATE: February 21, 2013

TO: House Committee on Judiciary
Rep. Karl Rhoads, Chair
Rep. Sharon Har, Vice Chair

FROM: Eva Andrade, Executive Director

RE: Opposition to HB 411 HD 1 Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims (if Conscience Provisions are Not Made)

Honorable Chair and members of the House Committee on Judiciary, I am Eva Andrade, **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.

Let's be clear at the forefront that the Hawaii Family Forum fully supports the compassionate care of rape victims and the use of appropriate standards of care in emergency rooms. We oppose this measure, however, because we strongly believe that the government should never force religious or private institutions and/or individuals to act contrary to their strongly held moral and religious tenets or governance. If the bill is passed as written, and St. Francis chooses to later reopen its doors, the law would force them to provide services that will violate their medical and ethical directives. The same can be said for those individuals who work in an emergency room.

This bill renews a constant threat against the rights of many Christian and pro-life institutions and individuals regarding their beliefs about the sanctity of human life and sexuality. Moreover, the language in the bill in no way covers individuals who object to participating in the mandated services (but who will have no other choice after this law is imposed).

Many people in the religious community strongly believe that life begins at the moment of conception. Denying that fact, or ignoring it altogether, is intentionally misguided and bad public policy. We strongly recommend that at the very least, a conscience provision needs to be added to the bill so that the purpose and intent of this legislation can be achieved without infringing on the religious rights of those who oppose the procedure.

Mahalo for the opportunity to testify.

**GAY LESBIAN
BISEXUAL AND
TRANSGENDER
CAUCUS**



**DEMOCRATIC
PARTY OF HAWAII**

February 20, 2013

Testimony in Support: HB411

To: Chair Karl Rhoads, Vice Chair Sharon Har, and
Members of the Committee on the Judiciary: Reps Belatti, Brower, Cabanilla, Carroll, Ito,
Kawakami, Lee, Tsuji, Wooley, McDermott and Thielen

From: Jo-Ann M. Adams, Legislative Liaison

Re: *Hospital Emergency Compassionate Care for Sexual Assault Victims.*

The Gay Lesbian Bisexual and Transgender Caucus strongly supports HB411, which requires emergency rooms (ER) to offer information about emergency contraception (EC) and dispense the medication when needed and requested.

Accepted Standard of Care. Providing EC in the ER is the accepted standard of care. American Medical Association's Guidelines state that victims should be informed about and provided EC. The American College of Obstetrics and Gynecology also supports this standard of care.

Who pays? Most health insurance covers EC. If health insurance does not cover EC, the State of Hawaii will cover the cost. Please note that the Governor, the Department of Health and the Department of Human Services are aware of this and support this measure.

Is EC currently available in Hawaii ERs? In 2010, the Coalition for Compassionate Care for Sexual Assault Victims distributed a survey to 26 emergency departments. Of the 15 surveys returned, only 6 reported a clear policy. Only 4 facilities always offered EC to sexual assault victims. Some hospitals left the decision up to the treating physician, some provided a written prescription only, some did not keep EC in stock, and some never provided EC, claiming religious exemptions. (Note: Institutions that serve the public do not have the right to deny basic health care. Medical professionals with religious objections should be required to find another staff person on site to assist a victim rather than deny the victim information and treatment.)

EC prevents pregnancy. EC are high dose contraceptives that, when taken within a recommended time period, prevent pregnancy from occurring. EC is a safe and effective way to prevent a pregnancy; it does not terminate pregnancy.

Sexual assault victims deserve access to complete, compassionate care after a sexual assault, wherever they present themselves for treatment. We urge the Committee to pass HB411.

Thank you for your consideration.



TO: Representative Karl Rhoads, Chair
House Committee on Judiciary

FROM: Kristine Yoo.
Director, Hawaii Women Lawyers

RE: H.B. 411, H.D.1: Relating to Hospital Emergency Compassionate
Care for Sexual Assault Victims
Hearing Date: February 22, 2013 2:00 pm, Room 325

Hawaii Women Lawyers, founded in 1978, is a membership organization dedicated to improving the lives and careers of women in all aspects of the legal profession, to influence the future of the legal profession, and to enhance the status of women and promote equal opportunities for all people. Our members are both men and women who have worked in all aspects of the law. Our board includes partners and associates of Hawai'i law firms, in-house counsel, legal service attorneys and law students.

Hawaii Women Lawyers submits this testimony in **strong support** of H.B. 411, H.D.1, which ensures that victims of sexual assault are provided with medically and factually unbiased information about and access to emergency contraception when receiving emergency medical care at Hawaii's hospitals for sexual assaults.

When a woman is sexually assaulted, the resulting physical and emotional trauma is significant and, in addition to a host of sexual health issues, can include the possibility of pregnancy. Statistics vary, but indicate that approximately 5-8% of all rapes result in pregnancy. In Hawaii, some hospitals do not currently offer sexual assault survivors emergency contraception, or provide information about it after a woman is sexually assaulted. This leaves some victims at risk for pregnancy resulting from rape.

Providing emergency contraception in the ER is an accepted standard of care by the American Medical Association and American College of Obstetrics and Gynecology. At least 16 states have already taken the lead on this important issue, and have passed laws that require hospitals to provide information and access to emergency contraception in emergency rooms.

H.B. 411, H.D.1 follows this standard of care, by requiring that survivors are provided information about and access to emergency contraception while being treated for the trauma of a sexual assault. We believe making emergency contraception available in

emergency rooms is the best and most compassionate care that sexual assault survivors can receive and deserve.

We respectfully ask that the Committee pass this bill. Mahalo for the opportunity to testify.



February 6, 2013

To: Chair Rhoads, Vice Chair Har, and Members of the Committee on Judiciary

Re: Testimony in Support of HB 411 HD1 Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims
Hearing: Friday, February 22, 2013, 2:00 p.m., Room 325

From: Jeanne Ohta, Co-Chair

Position: Support

The Hawai'i State Democratic Women's Caucus writes in support of HB 411 HD1 Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims. Requiring emergency rooms in Hawaii to offer information about and access to Emergency Contraception (EC) will help ensure that sexual assault survivors have access to high quality, compassionate care. The Hawai'i State Democratic Women's Caucus is a catalyst for progressive, social, economic, and political change through action on critical issues facing Hawai'i's women and girls. It is because of this mission, the Women's Caucus strongly supports this measure.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve. However, some hospitals in Hawai'i do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape. Statistics vary, but indicate that approximately 5-8% of all rapes result in 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.ⁱ The American College of Obstetrics and Gynecology also supports this standard of care.ⁱⁱ

Sixteen 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.ⁱⁱⁱ The Federal Government now requires all military and federal hospitals to stock EC.^{iv} The Army Medical Command Regulations advise discussing and providing EC to sexual assault victims.^v

Please pass this measure and require that all hospitals in the state provide information about and access to EC to all victims who seek emergency care after a rape. Thank you for this opportunity to provide testimony.

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

ⁱⁱ 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.

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

^{iv} See, Department of Defense, *Pharmacy and Therapeutics Committee Recommendations*, November 2009, Signed February 2010.

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

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February 20, 2013

Friday, February 22, 2013 – 2:00 p.m.
House of Representative's Committee on Judiciary
State Capitol – Room 325
415 South Beretania Street
Honolulu, HI 96813

RE: STRONG SUPPORT for House Bill 411 HD1

Aloha Chairperson Rhoads and fellow committee members,

Honolulu Pride is Hawaii's oldest and largest lesbian, gay, bisexual, transgender, queer, questioning, and intersex (LGBTQI) pride and advocacy organization in the State of Hawai'i. We are writing to you in STRONG SUPPORT of House Bill 411 HD 1.

HB 411 HD 1 would establish a new part in chapter 321, Hawaii Revised Statutes, to ensure that sexual assault victims are provided with medically and factually unbiased information about and access to emergency contraception when receiving emergency medical care at Hawaii's hospitals.

After experiencing one of the most traumatic events that no person should EVER go through the last thing a female survivor of rape should have to worry about is if they are going to be offered ALL relevant medical care and that includes Emergency Contraception.

It is a shame that we even have a need for this bill. There is supposed to be a bond that all medical professionals will see that their patients receive the best and medically accurate care that their facility has to offer. No medical professional or organization should filter out any medicine just because they have a personal prejudice against Emergency Contraception based on some outdated and scientifically inaccurate preconception.

Some think that HB 411 HD 1 is not an LGBT issue and nothing could be further from the truth. But even if this were not a LGBT issue we would still be here in support of HB 411 HD 1 because it is the right thing to do. But here is why HB 411 HD 1 is a LGBT issue - lesbians and members of the transgender community are raped. Ignorant, homophobic men are under the horrific fallacy that they think they can rape lesbians straight. Members of the transgender community are raped because their attackers think that they can rape them into the gender that the attackers wants them to be and not who they are.

HONOLULU PRIDE – HB 411 HD 1

Regardless of the inexcusable cop-out behind any rape no survivor should have to relive their attack. Can you think of anything that would be a bigger reminder of a rape then to find out that your attacker had impregnated you? We surely cannot.

Emergency Contraception is not an abortion it just ensures that if an egg becomes fertilized from the rape that it cannot implant in the uterine wall. That way a survivor of rape will not have to make the decision if they will have an abortion or carry their rapist's fetus to term. A decision that no survivor should have to make and they would not have to make it if Emergency Contraception was required to be offered to survivors of rape.

So for all these reasons we ask that you protect survivors of rape and pass HB 411 HD 1.

Mahalo for the opportunity to testify.

Rob Hatch
Honolulu Pride
Legislative Representative



46-063 Emepele Pl. #U101 Kaneohe, HI 96744 · (808) 679-7454 · Kris Coffield · Co-founder/Legislative Director

**TESTIMONY FOR HOUSE BILL 411, HOUSE DRAFT 1, RELATING TO
HOSPITAL EMERGENCY COMPASSIONATE CARE FOR SEXUAL
ASSAULT VICTIMS**

**House Committee on Judiciary
Hon. Karl Rhoads, Chair
Hon. Sharon E. Har, Vice Chair**

**Friday, February 22, 2013, 2:00 PM
State Capitol, Conference Room 325**

Honorable Chair Rhoads and committee members:

I am Kris Coffield, representing the IMUAlliance, a nonpartisan political advocacy organization that currently boasts over 150 local members. On behalf of our members, we offer this testimony in strong support of, with proposed amendments for HB 411, relating to hospital emergency compassionate care for sexual assault victims.

Four decades after *Roe v. Wade*, women are facing unprecedented challenges to their reproductive rights. In Mississippi, for example, the State Legislature passed HB 1390, requiring abortion providers to gain hospital admitting privileges. This has led to the closure of all but one of the state's abortion clinics, in Jackson, because of concerns that granting admitting privileges would, to quote one hospital, "lead to both an internal and external disruption of the Hospital's function and business within this community." If the Jackson clinic closes, as seems likely at the time of this hearing, the 2,000 women who go there for abortions each year will need to travel out-of-state, being forced to pay additional money for bus fare or gas, as well as childcare, all while losing wages due to travel. There will also be hotel fees: Many nearby states require a 72-hour waiting period between a state-mandated counseling session and an abortion. On top of this, abortion procedures, in the South, can cost \$450 or more. Similarly, Virginia was one of several states, last year, to propose medically unnecessary, painful, vaginal-probe ultrasounds as a mandated precursor to abortion, bringing shame upon the state's lawmakers and executive branch. While this bill does not deal with such intrusive procedures or

cutbacks to reproductive rights, make no mistake, the opponents of this measure are, by and large, anti-rights activists seeking to compartmentalize women's health within the sphere of religious dogma.

Contrary to the views of its opponents, HB 411 does not impugn religious liberty. Instead this bill requires emergency rooms to provide all sexual assault survivors with medically accurate information about emergency contraceptives and administer such contraceptives *if, and only if, a victim chooses, acting out of their personal volition and beliefs about reproductive health.* In 2011, 18.3 percent of women over 18-years-old reported being sexually assaulted in their lifetime, according to research conducted by the American Statistical Association. By comparison, only 17.4 percent of women reported smoking. Allow us to restate that comparison in stark terms: In the United States, rape may be more common than smoking. Other statistics similarly evince the troubling frequency of sexual assault. In 2009, 125,910 rape cases were reported in the United States. Crime In Hawaii reports that, in 2011, there were 434 forcible rapes in Hawaii, victims of which were often in need of medical care at local hospitals and emergency rooms. Finally, a famous study of rape-resultant pregnancy, entitled “Are per-incident pregnancy rates higher than per-incident consensual pregnancy rates?” and published in the peer-reviewed science journal *Human Nature*, found that 6.4 percent of women suffering a single incident of forcible rape (in a given year) became pregnant after being victimized, compared with only 3.1 percent of women who experienced a single incident of consensual sex. Thus, rape may result in pregnancy at double the rate of consensual sex, making the provision of contraception upon request mandated by this bill all the more urgent.

That said, we encourage the committee to consider amending proposed subsection §321-B(3) of the bill to state: “(3) When medically indicated, offer a complete course of emergency contraception to each female sexual assault victim.” In our opinion, this amendment would a) ensure that sexual assault victims receive all appropriate contraceptive services meant to prevent pregnancy, rather than risk failed treatment from a partial or initial dosage; and b) give rape victims control over their contraceptive dosage intake, rather than leaving dosage prescriptions to medical staff who may, at religiously-affiliated hospitals, be hesitant to provide additional contraception for theological reasons. We also note that many rape victims are impressionable minors who may be unaware of medical nuance, prompting the Society for Adolescent Medicine to call for the provision of a complete course of contraception in 2004.

Similarly, the definition of “sexual assault” currently contained in this bill is extremely problematic, potentially jeopardizing the measure's purpose. The current definition refers to HRS 707-700, yet HRS 707-700 contains no definition of sexual assault. In fact, no definition of sexual assault using the exact language specified in this bill exists in Hawaii's criminal code. Instead, *penetrative* sexual assault is primarily criminalized under HRS 707-730 (first degree), as well as HRS 707-731 (second degree), and HRS 707-732 (third degree). Given the hostility of the opposition to this measure and the general importance of accurate legal language (again, a faulty definition of sexual assault could invalidate the bill's purpose), we suggest incorporating the following definition of sexual assault into the bill: **“Sexual assault” means an act of sexual penetration pursuant to the provisions in 707-730, 707-731, and 707-732.** This definition carries the ancillary benefit of ensuring that all victims of sexual assault are offered emergency reproductive care. Studies have shown that rape victims are often traumatized and, at times, have trouble remembering details of their assault or admitting the extent of their attack. Thus, the only way to ensure that all sexual assault victims receive reproductive care is to ensure that all victims of sexual assault are offered contraception. Additionally, our amendment would extend the bill's care requirement to cover victims of statutory rape, who, in our reading, are not currently covered by the bill unless they acknowledge a lack of consent. Statutory rape laws exist precisely because minors do not have the developmental skills necessary to consent to to sexual intercourse. Under HRS 707-730 and HRS 707-732, sexually penetrative statutory rape applies to anyone who engages in sexual penetration with a person below fourteen-years-old, and anyone who engages in sexual penetration with a minor who is at least fourteen years old but less than sixteen years old, provided that the assailant is not less than five years older than and not legally married to the minor. These victims, too, should be offered compassionate care.

Mahalo for the opportunity to testify in strong support of this bill.

Sincerely,
Kris Coffield
Legislative Director
IMUAlliance



THE LEAGUE OF WOMEN VOTERS OF HAWAII

21 February 2013

Testimony in **support** of HB 411

Friday, February 22, 2013

Conference Room 325

State Capitol

COMMITTEE ON JUDICIARY

Representative Karl Rhoads, Chair

Representative Sharon E. Har, Vice Chair

The League of Women Voters of Hawaii stand in strong support of HB 411 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 the basic level of quality health 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 the League. This compassionate care can protect the woman from an unintended pregnancy which raise psychological and emotional costs as well as a 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

Women's Health and Health Care Reform



TO: Chair Rhoads
Vice Chair Har
Members of the Committee on Judiciary

FR: Nanci Kreidman, M.A.

RE: HB 411, HD 1

Good afternoon. We submit this testimony in support of HB 411, HD1. The availability of comprehensive and responsive services to survivors of sexual violence is critically important. The community responsibility and importance of meeting the needs of victims of violent crime cannot be overstated. Preventing unwanted pregnancy is among those needs.

This work to meet the needs of those suffering the psychological and physiological effects of sexual assault belongs to all of us. The difficulty in having these complex needs understood, and the right to supportive and effective treatment remain stunning.

The collective community voices are significant and growing. The support from our legislative leaders and health care providers is essential in the approach to supporting survivors of violent crimes.

Thank you for your ongoing work to address the issue and provide what is needed for those traumatized by sexual violence.

Mahalo for the opportunity to share our perspective on HB 411, HD1.



To: Chair Karl Rhoads
Vice-Chair Sharon E. Har
HOUSE COMMITTEE ON JUDICIARY

From: Veronika Geronimo, Executive Director
Hawaii State Coalition Against Domestic Violence

RE: HB411, HD1 – SUPPORT

PLACE: Conference room 325

LATE

DATE and TIME: Friday, February 22, 2013 @ 2:00 PM

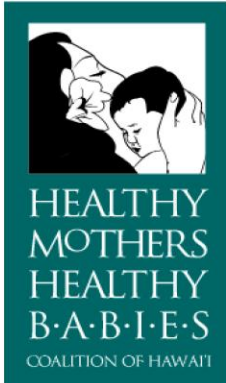
The Hawaii State Coalition Against Domestic Violence is in strong support of HB411, HD1 which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

In its most violent form, domestic violence involves sexual violence where the victim is raped and/or forced to perform sex acts against her will. 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. Access to compassionate and quality care, and emergency contraception 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 domestic violence.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. We urge the Committee to pass HB411, HD1. Thank you.

Hawaii State Coalition Against Domestic Violence
810 Richards Street, Suite 960
Honolulu, HI 96813
vgeronimo@hscadv.org | www.hscadv.org Tel: 808-832-9316 ext. 104 | Fax: 808-841-6028

LATE



February 21, 2013

TO: Rep. Karl Rhoads, Chair; Rep. Sharon E. Har, Vice Chair; and Members of the House Judiciary Committee

FROM: Lisa Kimura, Executive Director, Healthy Mothers Healthy Babies

RE: Testimony in Support of HB411 HD1 Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims

HEARING: Friday, February 22, 2013 at 2:00 pm

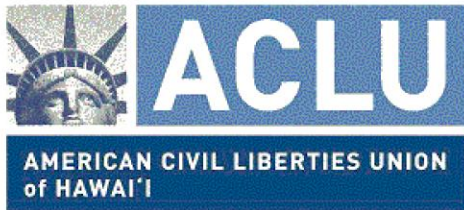
Healthy Mothers Healthy Babies Coalition of Hawaii is testifying today in support of HB 411 HD1, relating to a law requiring emergency rooms to provide information about and access to emergency contraception (EC) for sexual assault victims who seek emergency care after a rape.

Providing EC in the ER is the accepted standard of care. The American Medical Association's guidelines state that sexual assault victims should be informed about and be provided EC. The American College of Obstetrics and Gynecology also supports this standard of care.

As of 2012, 16 states and the District of Columbia have adopted similar legislation requiring the provision of EC in the emergency room and the Federal Government requires all military and federal hospitals to stock EC as well. Currently there is no clear or standard policy among Hawaii hospitals; putting survivors at risk for additional risk of victimization, as statistics indicate approximately 5-8% of rapes result in pregnancy.

Hawaii's most vulnerable patients deserve standard, consistent access to compassionate, quality care after experiencing the trauma of a sexual assault. We ask that you protect the health of women in Hawaii and pass this bill.

Thank you for opportunity to testify.



LATE

Committee: Committee on Judiciary
Hearing Date/Time: Friday, February 22, 2013, 2:00 p.m.
Place: Conference Room 325
Re: Testimony of the ACLU of Hawaii in Support of H.B. 411, HD1

Dear Chair Rhoads and Members of the Committee on Judiciary:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in support of H.B. 411, HD1, which requires hospitals to provide survivors of sexual assault with medically and factually accurate and unbiased information regarding emergency contraception.

By expanding access to a critical, yet underutilized, means of pregnancy prevention, this bill would help ensure that Hawaii women are able to access comprehensive reproductive healthcare when they need it the most.

Emergency contraception (“EC”) is often misunderstood and underutilized. Emergency contraceptive pills are really just high doses of oral contraceptives, the birth control pills that millions of U.S. women take every day. EC has been proven highly effective in preventing unintended pregnancy when taken no more than 72 hours after unprotected intercourse; it is most effective when it is taken within 12 hours. EC works by preventing ovulation, fertilization, or implantation. It does not disrupt an established pregnancy, which the medical community defines as beginning with implantation. EC should not be confused with mifepristone (RU-486), a drug approved by the Food and Drug Administration in September 2000 for early abortion. EC prevents unwanted pregnancy. It does not induce an abortion.

Despite the tremendous potential of EC to drastically reduce unintended pregnancy, EC is not as available or as widely known as it should be. The bill you consider today would dramatically expand access to EC and provide a crucial boost to reproductive freedom and women’s health.

Women have limited access to EC in Hawaii; there are no 24-hour pharmacies on neighbor islands, so women are unable to get EC after hours unless they can get it from an emergency room.

H.B. 411, HD1 would vastly expand access to emergency contraception for women in Hawaii, with the potential to bring about a dramatic decrease in unintended pregnancies. We know that time is of the essence in ensuring the effectiveness of EC. This problem is exacerbated in rural areas of Hawaii with fewer medical resources. Indeed, no neighbor island has a 24-hour pharmacy. Even Oahu has only a handful of 24-hour pharmacies in Honolulu and Kaneohe.

American Civil Liberties Union of Hawaii
P.O. Box 3410
Honolulu, Hawaii'i 96801
T: 808-522-5900
F: 808-522-5909
E: office@acluhawaii.org
www.acluhawaii.org

Women who are raped after the pharmacies close may be unable to get emergency contraception except through an emergency room.

Research suggests that widespread fast access to EC would prevent nearly half of the unintended pregnancies in the United States, a number estimated to be as high as 2.5 million each year. Given the unacceptably high rates of unintended pregnancy, expanded access to EC is certainly an urgent public health priority.

H.B. 411, HD1 would mandate that emergency rooms counsel rape survivors concerning the availability of EC and, upon her request, provide EC on site. Perhaps nowhere is access to EC more urgently needed than in emergency rooms treating survivors of rape. Each year, more than 600,000 American women are raped, with an estimated 25,000 of those rapes resulting in pregnancy. As many as 22,000 of those pregnancies could be prevented by timely administration of emergency contraception.

The major medical organizations agree: rape survivors should be counseled about and offered EC. The American College of Obstetricians and Gynecologists (ACOG) recommends that physicians treating rape survivors, as part of their overall sexual assault exam, administer pregnancy tests and offer the patient EC. Likewise, in their guidelines for treating sexual assault survivors, the American Medical Association advises physicians to ensure that sexual assault patients are informed about and, if appropriate, provided EC. Quite simply, providing EC as part of sexual assault treatment is the standard of care.

Yet, despite this consensus, many hospitals fail to provide rape survivors with EC and some fail even to inform women about the available treatment.

A woman who has just survived rape is already in crisis and should not have to track down EC on her own, after she has undergone a rape exam in an emergency room. In addition to the emotional burdens of having to seek this medical care elsewhere, the rape survivor would face increased risk of pregnancy because of the delay inherent in having to find a pharmacist to dispense EC. By the time a woman arrives at an emergency room, hours may have already elapsed since the rape took place. In the time remaining before the 72-hour window expires, obtaining EC may be virtually impossible. Moreover, as the hours tick by, her chances of preventing pregnancy decrease.

Some health care institutions, invoking religious objections, refuse to provide EC. The ACLU of Hawaii is a staunch defender of religious liberty; however, we believe that an institution's religious objections to EC must not imperil a rape survivor's access to timely and comprehensive

Chair Rhoads and Members of the Committee on
Judiciary
February 22, 2013
Page 3 of 3

treatment. Emergency rooms - whether religiously affiliated or not - are ethically and morally obligated to offer the best care possible to everyone who comes through their doors in need of care.

A rape survivor is often taken to a hospital by the police or emergency medical technicians. Under these conditions, most women lack the time, information, and opportunity to assess a given hospital's EC policy and ask to be taken to a facility that provides EC. Nor should she be expected to do so after surviving such a brutal crime. EC is basic health care for rape survivors and religious objections cannot be allowed to stand against the urgent needs of a rape survivor. Moreover, hospitals treat and employ people of many faiths; they should not be allowed to impose one set of religious beliefs on the people of diverse backgrounds who provide and seek their care.

In short, a hospital's failure to provide EC unacceptably leaves women at risk for becoming pregnant as a result of the assault. This bill would ensure that hospitals abide by the standard of care when treating rape survivors. For all these reasons, the ACLU of Hawaii urges support for H.B. 411, HD1.

Thank you for this opportunity to testify.

Sincerely,
Laurie Temple
Staff Attorney and Legislative Program Director
ACLU of Hawaii

The ACLU has been the nation's guardian of liberty since 1925 and the ACLU of Hawaii since 1965. The ACLU works daily in the courts, legislatures and communities to defend and preserve the individual rights and liberties equally guaranteed to all by the Constitutions and laws of the United States and Hawaii. The ACLU works to ensure that the government does not violate our constitutional rights, including, but not limited to, freedom of speech, association and assembly, freedom of the press, freedom of religion, fair and equal treatment, and privacy. The ACLU network of volunteers and staff works throughout the islands to defend these rights, often advocating on behalf of minority groups that are the target of government discrimination. If the rights of society's most vulnerable members are denied, everyone's rights are imperiled.

**American Civil Liberties Union of Hawaii
P.O. Box 3410
Honolulu, Hawaii 96801
T: 808-522-5900
F: 808-522-5909
E: office@acluhawaii.org
www.acluhawaii.org**

February 22, 2013 (Friday)
2:00 PM
Conference Room 325
State Capitol

To: Representative Rhoads, Chair
Representative Har, Vice Chair
House Committee on Judiciary

From: Jennifer Salcedo, M.D., M.P.H., M.P.P.

Re: HB411 HD1, Relating to Hospital Emergency Compassionate Care for Sexual
Assault Victims

Position: Strongly Support

To Whom It May Concern:

I am an obstetrician gynecologist in Honolulu with specialized training in contraception and public health. It is absolutely imperative for sexual assault victims in Hawaii that HB411 HD1 pass.

Sexual assault victims must be provided with every opportunity to reduce the risk of pregnancy from their attack, if they desire. This position is supported by the American College of Obstetricians and Gynecologists (ACOG), which clearly states that “emergency contraception [and prophylaxis for sexually transmitted diseases] should be available and provided to these women.”¹

Because emergency contraceptive pills act to delay the release of an egg from the ovary, they must be taken as soon as possible after sexual assault to be as effective as possible in preventing pregnancy. Delaying access to this vital medication only further victimizes a sexual assault survivor by decreasing her ability to prevent an unwanted pregnancy resulting from her attack. Importantly, there is NO evidence that available emergency contraceptive pills (Plan B [150 mg levonorgestrel] and Ella [30 mg ulipristal acetate]) work to prevent pregnancy after an egg has been released from the ovary, which is why use promptly after the act of intercourse is so vital². Consequently, any suggestion that emergency contraceptive pills may be withheld based on conflicting opinions about when pregnancy begins are irrelevant and fail to align with current medical knowledge.

In sum, providing medically accurate information about emergency contraception to sexual assault victims, and providing emergency contraceptive pills if desired by the woman is the current standard of medical care. Failing to do so unquestionably means providing substandard care to a woman who already experienced a traumatic life-altering event.

Respectfully,
Jennifer Salcedo, MD, MPH, MPP

¹ American College of Obstetricians and Gynecologists. Committee Opinion: Sexual Assault. August 2011.

² Gemzell-Danielsson K, Berger C. Emergency contraception – mechanisms of action. Contraception 2013;87:300-8.

**February 22, 2013-Friday
2:00 PM
Conference Room 325
State Capitol**

**To: Representative Rhoads, Chair
Representative Har, Vice Chair
House Committee on Judiciary**

From: Bliss Kaneshiro, MD, MPH

Re: HB411 HD1, Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims

Position: Strongly Support

Representatives and the House Committee on Judiciary,

I am writing as an obstetrician gynecologist who has specialty training in contraceptive research and a Master of Public Health Degree in epidemiology and biostatistics. My research, particularly in the area of oral contraceptives, has been published in top-tier Obstetrics and Gynecology journals. My views do not represent the John A. Burns School of Medicine of which I am a tenure-track faculty member.

I am writing in strong support of HB 411 HD1 which ensures the provision of pregnancy prevention information and emergency contraception to victims of sexual assault in a timely manner. The primary focus of discussion regarding this bill should be women who are victims of sexual assault. Simply stated, women who have been sexually assaulted deserve to be given medically accurate information and all options to prevent pregnancy after a rape.

Overwhelming scientific research demonstrates that emergency contraceptives work by delaying or preventing ovulation (release of the egg from the ovary). There is no scientific evidence to suggest that oral emergency contraceptives work after fertilization (meeting of egg and sperm) or implantation (fertilized egg and sperm attach to womb). It is simply not biologically plausible for an oral synthetic hormone, in the doses given for emergency contraception, to interfere with a pregnancy after fertilization or implantation has occurred. However, even if scientific evidence to this effect did exist (which it does not), I continue to believe that women who have been the victims of sexual assault deserve to receive information about all options to prevent pregnancy so that they can make a decision for themselves as to whether they want to take this medication.

Detractors of this bill have tried to focus the debate on hospitals or on physicians. This is not the focus of this bill. The focus of this bill is women who have been raped. I have personally cared of some of these women in the emergency room, community based clinics and in my own clinical practice. I have also cared for women who became

pregnant after a rape who were not offered emergency contraception when they sought medical care. It is because of my personal experiences caring for these women that I strongly support this bill which will provide compassionate care to women who have been the victims of sexual assault.

Thank you for considering my testimony.

Bliss Kaneshiro MD, MPH

Feb 21, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

It is absolutely inhumane in this day and age to even consider that a woman who has been raped would not be able to prevent a pregnancy caused by that criminal. Imagine yourself to be put in a situation, a lifelong circumstance, where you had no choice to have or to not have a child that every single day would remind you of the horrible, violating, and traumatic experience of being sexually assaulted!?

There should not be any person, man or woman, that is not educated enough to know hard scientific facts about human biology in our government, first of all. And secondly, anyone that would be so evil to say that if a woman was forcefully, sexually assaulted would not be able to protect herself from becoming pregnant by that man should never be in a position to vote on choices for anyone's lives but their own.

Furthermore, it is imperative that sexual education, the right to see a doctor at a reasonable cost based on wages, std testing/treatment, and the right to choose whether or not you want to use birth control is available to ANYONE in The United States of America that wants it.

I feel like these ideals are so basic that it saddens me that Planned Parenthood of America is constantly being challenged on them. I am grateful to them for being there for women when it seems at times that our own political leaders are against us. Use the money to help such a beneficial organization instead of fighting against it for goodness sake!

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Ms. Abby Calaceto
1720 Ala Moana Blvd
Apt 503b
Honolulu, HI 96815-1318

Feb 20, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

It is essential that treatment, physical and emotional as well as informational, be offered and given for EVERY rape victim - female or male- to adequately recover from such a traumatic event.

Thank you for your consideration for those who have been so personally harmed.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Mrs. Abigail S. Laros
73-1343 Oneone Pl
Kailua Kona, HI 96740-8545

Feb 20, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

As a counselor who has worked with women and teens who have been raped, the trauma is devastating, with harmful impact that can last a lifetime. To become unnecessarily pregnant from rape, when there are legal options available, is cruel and inhumane. It is inexcusable to force anyone to go through a pregnancy from rape when it can be easily prevented. Women have a right to clear and accurate information and to make their own choice. Making this right available is the right thing to do. Please, care enough to help them.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Ms. Angelina Keighley
150 Hamakua Dr # 702
Kailua, HI 96734-2825

Feb 20, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Please also consider EC in the ER because the neighbor islands do not have 24/7 pharmacies to provide this needed medication.

The number of women who may have suffered sexual assault in their lifetimes is mindboggling; we need to provide as much medical treatment as necessary to minimize the trauma.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Ms. Barbara Franklin
PO Box 9
45-3438 Mamane Street, Bldg 2
Honokaa, HI 96727-0009
(808) 775-0530

Feb 20, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

As a registered nurse, I have been with patients who have experienced this trauma. EC is not the answer for all patients, but its availability should be made known to the victim in a sensitive and compassionate manner. The moral persuasion of the provider should not be the deciding factor of whether this form of contraception is made available. It should be the standard of care in all facilities.

Thank you,
Barbara Kuehner, RN

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Mrs. Barbara Kuehner
83-5762 Kahauloa Way
Captain Cook, HI 96704-8330
(808) 328-9055

HB411

Submitted on: 2/20/2013

Testimony for JUD on Feb 22, 2013 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Betty Sestak	AAUW Windward Branch	Support	No

Comments: Strongly support. Definitely within the clear standard of care.

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HB411

Submitted on: 2/20/2013

Testimony for JUD on Feb 22, 2013 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Carmille Lim	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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HB411

Submitted on: 2/21/2013

Testimony for JUD on Feb 22, 2013 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Charlene Iboshi	Individual	Support	No

Comments: TO: The House Judiciary Committee, Chair Rhoads and Committee Members From: Charlene Iboshi, Member of the Hilo Zonta Club's Legislative Advocacy Committee, February 21, 2013 RE: Testimony in Support of HB 411, HD 1: Relating to Hospital Emergency Care For Sexual Assault Victims Hearing: February 22, 2012, 2:00 p.m., House Conference Room 325 I support the HB 411, HD 1 based upon the HSCR 533 explanation and testimony submitted to the Committee on Health. The revised draft appears to address most of the concerns raised. Most sexual assault survivors do not report the sexual assault to law enforcement for many reasons, including shame and fear. Having worked with sexual assault victims, who have reported to the police and others who do not want police involvement initially, but have sought medical assistance at emergency rooms for the physical trauma caused by the sexual assault, "rape," I support that informed medical options be explored fully and medical intervention be offered, not mandated. HB 411, HD 1 as currently revised, makes it clear that the medical standard and best practice will be followed by medical emergency care facilities. Although I believe that these standards are aspirational in most medical emergency facilities, the 2010 report of actual practice referenced in testimony submitted previously paints a different picture. Based upon the importance of providing the "best" practice for informed choices for the sexual assault survivors seeking medical help at emergency rooms, I recommend passage of this bill. When the Hawaii Medical Association supports the legislative guidelines found in HB 411, I think we should take their advice. Thank you for the opportunity to testify on this important issue.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Testimony in Support: HB411

To: Chair Karl Rhoads, Vice Chair Sharon E. Har, and Members of the Judiciary Committee
From: Dana M. Harada, J.D. Candidate, Class of 2015, William S. Richardson School of Law
Re: Testimony in Support of HB411 Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims.

I strongly support HB411, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about Emergency Contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve. According to the Hawaii Attorney General's Report Crime in Hawaii, in 2011 there were 353 reported forcible rapes in Hawaii. Major studies show that reporting rates for rape and sexual assault are approximately 40%.¹ Still some studies have shown that rate to be as low as 16%.² Therefore, the rate of sexual assault in Hawaii is likely much higher. Survivors 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.

Providing EC in the ER is the accepted standard of care. The American Medical Association's Guidelines for treating sexual assault victims states that victims should be informed about and provided EC.³ The American College of Obstetrics and Gynecology also supports this standard of care.⁴ Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. Therefore I urge the Committee to pass HB411. Thank you.

Sincerely,

Dana M. Harada

William S. Richardson School of Law

¹ <http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2011/crime-in-the-u.s.-2011/tables/table-5>

² National Center for Victims of Crime & Crime Victims Research and Treatment Center, *Rape in American: A Report to the Nation*, (1992).

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

⁴ American College of Obstetricians and Gynecologists, *Violence Against Women: Acute Care of Sexual Assault Victims* (2004), at http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=1625.

HB411

Submitted on: 2/21/2013

Testimony for JUD on Feb 22, 2013 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Debrah trankel	Breastfeeding Hawaii	Support	No

Comments: This bill should be supported. It is expected that evidence based best practices are offered to all patients. It is emergency trauma care and treatment. The information should be given to all women, so they can make an informed choice as to what their treatment choices are, very simply.

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Feb 20, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

The survivor could be a close relation or friend. Wouldn't you want to prevent further suffering and worry?

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Ms. Donna Oba
PO Box 195
Hawi, HI 96719-0195
(808) 884-5299

HB411

Submitted on: 2/20/2013

Testimony for JUD on Feb 22, 2013 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
E E Rossi	Individual	Support	No

Comments: Please support HB 411 HD1! On behalf of all women, young and old, and their communities- Aloha.

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As a retired Lutheran clergy I am in support of HB411 to provide emergency care without bias to victims of sexual assault. Such decisions for one's health and welfare should be left up to the individual in consultation with the medical staff without prejudice.

Fritz Fritschel
1415 Victoria St. # 1101
96822

Feb 20, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

For a moment imagine YOU are that woman, who has been sexually assaulted. Wouldn't YOU want the option of preventing 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. The American College of Obstetrics and Gynecology also supports this standard of care. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Mrs. Jan Olson
59-235C Ke Nui Rd.
Haleiwa, HI 96712

Feb 20, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

As a current Bachelor of Social Work (BSW) student at Hawai'i Pacific University, a woman, daughter, fiance (formerly girlfriend), and wearer of many hats associated with my gender, I firmly believe in this bill's passage. Once I graduate and go on to obtain my Master of Social Work (MSW), I will be working with many underrepresented and underprivileged populations at the micro, mezzo, and macro level. The passage of this bill will greatly benefit a population that is often overlooked and extremely vulnerable. When a female - a child, teenager, or women - is the victim of sexual assault, politics and religion should NOT prevent her from her right to obtain information to stop a pregnancy and be allowed to have emergency contraception. It is terrible enough that an assault has happened, but to keep such pertinent information at bay, especially to individuals who may not be aware of the options they have available to stop a pregnancy, is a travesty. As a constituent in the Manoa district, I urge you to pass this bill. Mahalo nui loa for your time and allowing me to submit this written testimony!

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Ms. Janice Uga
2440 Campus Rd
456
Honolulu, HI 96822-2234

HB411

Submitted on: 2/20/2013

Testimony for JUD on Feb 22, 2013 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	Yes

Comments:

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Feb 20, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Ms. Jenna Way
RR 2 Box 4515
Pahoa, HI 96778-9756

February 21, 2013

TO: Representative Karl Rhoads, Chair House Committee on Judiciary
Representative Sharon E. Har, Vice Chair
Members of the House Committee on Judiciary

February 2, 2013 2:00 pm Conference Room 325

FROM: Jess Glasser

RE: **HB 411** Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims -
SUPPORT

Representative Karl Rhoads Chair, Representative Sharon E. Har Vice Chair, and members of the House of Representatives Committee on Judiciary, I am **Jess Glasser**, I am a social work graduate student at UH Manoa and am committed to empowering our state's most vulnerable. I strongly support **HB 411** Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims.

I strongly support this bill because it will:

- Increase access to accepted standard of care for all of Hawaii's women
- Reduce healthcare disparities
- Reduce the number of unintended pregnancies
- Allow women control over their own bodies and healthcare decisions
- Impose no significant additional financial burden on taxpayers

377 forcible rapes were reported to Hawaii law enforcement in 2010. I shudder to think how many survivors of sexual assault in Hawaii must endure the additional stress, trauma, and fear that the rape they just survived will result in pregnancy, only because their emergency care provider refused to tell them about all their options.

Please ensure that sexual assault survivors across our islands have the same information about and access to the accepted standard of care, no matter where they seek it out.

I urge your favorable consideration of HB 411.

Thank you for this opportunity to testify.

Feb 21, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

It's time to show aloha to victims of sexual assault.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Ms. Joan Rich
3777 Pukalani Pl
Honolulu, HI 96816-3813
(808) 735-8698

HB411

Submitted on: 2/20/2013

Testimony for JUD on Feb 22, 2013 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
john du	Individual	Support	No

Comments: please pass

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Feb 21, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

Hawaii should continue to be a leader in this country with support for women's contraceptive health.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Ms. Karen McKinnie
964 Iopono Loop
Kailua, HI 96734-4025

COMMUNITY ALLIANCE ON PRISONS

76 North King Street, Honolulu, HI 96817

Phones/E-Mail: (808) 533-3454, (808) 927-1214 / kat.caphi@gmail.com



COMMITTEE ON JUDICIARY

Rep. Karl Rhoads, Chair

Rep. Sharon Har, Vice Chair

Friday, February 22, 2013

2:00 p.m.

Room 325

SUPPORT FOR HB 411 HD1 - Hospital Standards for Sexual Assault Victims

Aloha Chair Rhoads, Vice Chair Har and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies for more than a decade. This testimony is respectfully offered on behalf of the 5,800 Hawai'i individuals living behind bars, always mindful that approximately 1,500 individuals are serving their sentences abroad, thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Native Hawaiians, far from their ancestral lands.

I have also been the Chair of the Honolulu County Committee on the Status of Women for eleven years, although I am not speaking on the City's behalf.

HB 411 adds a new part to Chapter 321, HRS, to ensure that victims of sexual assault are provided with medically and factually unbiased information about and access to emergency contraception when receiving emergency medical care for sexual assault at Hawai'i's hospitals. The HD1 clarified language that requires a hospital be trained to provide a sexual assault victim with medically and factually accurate and unbiased written and oral information about emergency contraception and sexual assault treatment options and access to emergency contraception; amended the definition of "sexual assault" ; changed the definition term "sexual assault survivor" to "sexual assault victim"; and required hospitals to offer, rather than provide, emergency contraception to each female assault victim, when medically indicated.

Community Alliance on Prisons is in strong support of this measure. Sexual assault is a life threatening event and one that causes most victims long-term trauma. Survivors often experience depression, intense fear, anxiety, and symptoms of post-traumatic stress disorder. Healing may take a lifetime. Many of our incarcerated women have been through the traumatic experience of rape, which has led many of them to use drugs to self-medicate and, sadly that path has led them to prison.

According to the U.S. Department of Justice, Criminal Justice Division information, there were 228 forcible rapes in Hawai'i in 2011.¹ Many survivors of rape require immediate medical attention at one of Hawaii's emergency rooms.

It is unconscionable to us that women would be denied information and access to emergency contraception in the Aloha State after going through the worst trauma imaginable.

In addition to the aftermath of rape, victims find themselves dealing with a host of reproductive and sexual health issues, including pregnancy. Statistics vary, but indicate that approximately 5% - 8% of all rapes result in pregnancy.²

In 2012, sixteen 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 The federal government also has standardized rules regarding EC and 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

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.⁶ The American College of Obstetrics and Gynecology also supports this standard of care.⁷

I remember the terror in my sister's voice when she called to tell me she had been raped. She was 19 years old. This traumatic and violent assault has impacted her life until this very day and she is now almost 60 years old.

Please pass this compassionate care bill. No one should be denied access and information to medical care in the Aloha State.

Mahalo for this opportunity to testify.

¹ FBI, 2011. "Crime in the United States." Accessed from <http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-us/2011/crime-in-the-u.s.-2011/tables/table-1> on December 2, 2012.

² Psychology Today, 2012. "Why Are Rape Victims More--Not Less--Likely to Become Pregnant?" Accessed from <http://www.psychologytoday.com/blog/animals-and-us/201208/why-are-rape-victims-more-not-less-likely-become-pregnant> on December 2, 2012.

³ National Conference of State Legislatures, 2012. "Emergency Contraception State Laws." Accessed from <http://www.ncsl.org/issuesresearch/health/emergency-contraception-state-laws.aspx> on December 2, 2012.

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

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

⁶ American Medical Association, Strategies for the Treatment and Prevention of Sexual Assault (1995).

⁷ American College of Obstetricians and Gynecologists, 2004. "Violence Against Women: Acute Care of Sexual Assault Victims." at http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underserved_Women/Sexual_Assault

Date: February 22, 2013 Friday

Time: 2pm

Place: Conference Room 325, State Capitol, 415 South Beretania Street

RE: TESTIMONY IN STRONG SUPPORT OF **HB411** Hospital Emergency Compassionate Care, Emergency Contraception

Establishes a new part in chapter 321, Hawaii Revised Statutes, to ensure that sexual assault victims are provided with medically and factually unbiased information about and access to emergency contraception when receiving emergency medical care at Hawaii's hospitals.

Written testimony:

My name is Katie Caldwell and I am a citizen of Honolulu, HI. I have worked in the nonprofit sector for most of my adult life, predominantly in the field of domestic violence. It was not until I moved to Hawai'i, however, (in 2005) that I began to also work with victims of human trafficking, rape, and sexual assault.

I have now worked with victims of domestic violence, human trafficking, and sexual trauma for nearly a decade. Of all of the above atrocities, I believe sexual violence to be by far the most debilitating, most violent means of dehumanization a person can endure. In Hawai'i, there is an urgent need for compassionate care that would require hospital emergency rooms to provide rape and sexual assault victims information regarding emergency contraceptives, as well as dispensation if the victim so chooses.

Sexual trauma can be a life-threatening incident and causes most victims long-standing, enduring trauma. Survivors are likely to endure depression, extreme spells of intense fear or flashbacks, angst and post-traumatic stress disorder. I cannot adequately describe to you, on paper, the immense devastation and turmoil that a victim of rape endures. An alarming number of women on the island will have to suffer this horrific violation. Women should not be further victimized by requirements (or lack thereof) that forcibly compel her to carry a child or seek an abortion (at her own expense and at her own emotional duress) as a consequence of rape.

There is much misconception and misinformation regarding emergency contraception. Many assume that it is the same as the "abortion pill." This is incorrect. Emergency contraception helps to prevent pregnancy by postponing ovulation or by inhibiting an egg from implantation in the uterus. Essentially, it is an oral, high-dose birth control. It will terminate a pregnancy that has already been

implanted. There is a *profound* difference between these two pills. Lastly, emergency contraception does NOT harm the embryo should the woman take emergency contraception but still become pregnant.

Roughly 5%-8% of rapes result in pregnancy. According to the Rape Abuse Incest National Network (RAINN), only around 46% of rape cases are reported, and approximately 3% of rapists are convicted and sentenced to any kind of jail time. The immense injustice of that statement alone should convince you that rape victims endure enough pain, humiliation, indignity and life-long suffering (without much hope of prosecution). Adding an unplanned child to that list is only prolonging the brutality they must endure.

Because of these reasons, it is with heavy-hearted passion that I urge the committees to support HB411. Sexual assault is indeed a serious problem on the island of Oahu. The lack of resources, including access to emergency contraception for its victims, is astonishing and shameful for our islands. Please help in aiding these victims with vital services and resources.

Thank you kindly for taking the time to hear this hear this much-needed legislation.

Sincerely,

Katie Caldwell

20 February 2013

In Support of HB 411

To: House Committee on Judiciary
Hearing Date: Friday, February 22, 2013
Hearing Time: 2:00PM

From: Kelsey De Avila, BA Psychology and BA Women's Studies from the University of Hawaii, Manoa '13.

I'm writing you today not on behalf of any particular organization, but on behalf of a friend. I found out my good friend was raped Friday night on February 1, 2013.

Three days pasted until she gained enough courage to tell her closes friends. It wasn't because she didn't see it as important issue, it was because she was embarrassed, ashamed and guilty for what had happened to her that night. Most of all she was afraid to tell her story and she was afraid that she could be pregnant. The man who raped her did not use a condom. The man who raped her forced her against her will and became extremely rough with her. For those three days, from Friday to Monday, she was in pain and bleeding, vaginally.

Her health was at risk.

When I found out what happened I was asked what to do. My first concern was her health. I was worried for her safety and her well-being. All I wanted was for her to see a doctor.

As only a student in the Women's Studies Department I'm no expert in the field of women's health, but when a woman is taken against her will and forced to have sex, so vigorously that she begins to bleed, that should tell you that no victim of sexual assault ever asks for this.

This should also tell you that any victim of sexual assault is at risk of much related health concerns.

If this bill were to have already been passed I could have taken my friend to an ER. She would have received the compassionate care that she needed. She would have only had to tell her story once. And the thought of a possible pregnancy that resulted from a rape could be released from her mind and she could start moving forward at rebuilding her life, healing and becoming a stronger woman.

This is my first testimony that I've ever written and submitted. There are many issues that I want to see government resolve, but I hope that this will be on the top of the list.

Unlike what many people think, sexual assault becomes a health related concern. EC is basic health care responsibility.

Any and every sexual assault victim that comes through the ER deserves the correct information and deserves the opportunity to choose what she feels is best for her and for her future.

My friend that I've been mentioning is not the first woman I know who has been sexually assaulted. I'm only 23 and many of my friends were sexual assault survivors before we graduated high school.

I hope to see this bill pass because I want to see survivors treated with the most compassionate care and respect that any and all health professionals should be providing.

Please pass this bill in the hope that this can be the beginning of the healing process.

Thank you for your time,
Kelsey

Testimony in Support: HB411

To: Chair Karl Rhoads, Vice Chair Sharon E. Har, and Members of the Judiciary Committee
From: Khara Jabola-Carolus, J.D. Candidate, William S. Richardson School of Law
Re: Testimony in Support of HB411 Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims.

My heart breaks for my younger self, my friends, and all of the faceless young women who have gone through and continue to experience revictimization in the absence of compassionate care following sexual assault. I urge the passage of HB411.

No one should have to fend for herself after the horror of sexual assault. The Compassionate Care bill ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about Emergency Contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve. According to the Hawaii Attorney General's Report Crime in Hawaii, in 2011 there were 353 reported forcible rapes in Hawaii. Major studies show that reporting rates for rape and sexual assault are approximately 40%. Still some studies have shown that rate to be as low as 16%. Therefore, the rate of sexual assault in Hawaii is likely much higher. Survivors 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.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency

Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. Therefore we urge the Committee to pass HB411. My thanks.

Khara Jabola-Carolus

Feb 21, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

We are as a nation at a point in our evolution where we are more enlightened and educated than ever before. We have to bring up to this higher benchmark all areas that are lagging behind. And this is one of those areas. Wisdom of Solomon is needed, to think with our hearts and our intelligence and be courageous enough to go beyond old and

When a woman is sexually assaulted, she should be cared for with the greatest of compassion and understanding as well as with benefit of the latest technology borne of much medical research. At the very least be able to choose to prevent pregnancy as the result of that rape. What kind of freedom of the individual is there if one cannot even select the treatment of one's own body? EC prevents pregnancy and the best, compassionate care that survivors deserve.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Ms. Libby Kelson-Fulcher, D.D.
PO Box 4965
Kailua Kona, HI 96745-4965
(808) 322-3322

Lisa Ellen Smith

1970 Hanalima Street, L204 ♦ Lihue, Hawaii 96766 ♦ C: 808.634.6016 ♦ debrannan@gmail.com

March 20, 2013

Testimony in **Support** of HB 411, Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims

To

Rep. Karl Rhoads, Chair
Rep. Sharon E. Har, Vice Chair

Rep. Della Au Belatti	Rep. Chris Lee
Rep. Tom Brower	Rep. Clift Tsuji
Rep. Rida T.R. Cabanilla	Rep. Jessica Wooley
Rep. Mele Carroll	Rep. Bob McDermott
Rep. Ken Ito	Rep. Cynthia Thielen
Rep. Derek S.K. Kawakami	

From: Lisa Ellen Smith

Re: Support of HB 411: Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims

I would like to thank the committee for this opportunity to provide testimony this important issue. I would like to express my strong support for HB 411, which would ensure compassionate care for sexual assault victims by requiring emergency rooms offer information about emergency contraception and to dispense the medication when requested.

The trauma a victim of rape experiences should not be further complicated due to of an institution's denial of basic care.

Sincerely,

Lisa Ellen Smith

Feb 21, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

I have been a community volunteer for many years involved in working and serving on several non-profit and community leadership boards.

Common sense dictates that a person should be adequately informed to make decisions regarding choices for their own body and soul. The plethora of documents you sign at the medical facilities for treatment states that you have the right to make informed choices. Read them sometime...

Informed Consent

"Informed Consent" means that you have been given information about your illness and you understand and agree to a procedure and/or treatment that is planned for you. Before a medical treatment procedure begins, you should know the answers to the following questions:

Why is this procedure/treatment necessary now?

What are the risks involved?

What are the goals of the treatment/procedure?

Are there any other reasonable alternatives?

If you don't know the answers to these questions, ask your doctor.

Reasonable Access to Care

The patient has the right to reasonable access and a reasonable response to his/her request and need for treatment/services at the Medical Center, which is within the capabilities of the Medical Center's facilities and health care team, its stated mission, and applicable laws and regulations. The Medical Center will follow standards of care and applicable policies that are based on the needs of each patient and without regard to the patient's ability to pay or based upon any other factor that is substantially unrelated to patient care.

(Excerpts from Kuakini Medical Center's forms)

TRUTH and CHOICE in medical decisions should be a no brainer. It is only a problem if there are ulterior motives or political factions with something to HIDE who want to influence others with their own views.

Please pass legislation approving EC in ER in ALL hospital settings.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Ms. Lori Yamada
3800 Noeau St
Honolulu, HI 96816-4329

HB411

Submitted on: 2/20/2013

Testimony for JUD on Feb 22, 2013 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
M. Nalani Fujimori Kaina	Individual	Support	No

Comments: I'd like to express my strong support for this bill and thank you to the Hawaii Women's Legislative Caucus for their support.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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HB411

Submitted on: 2/20/2013

Testimony for JUD on Feb 22, 2013 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Marjorie Erway	Individual	Support	No

Comments: Please suport compassionate care for sexual assault survivors, by requiring that emergency departments throughout the State offer information about Emergency Contraception (EC) and dispense the medication when it is needed and the survivor requests it. It makes complete sense that when a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy as well as the best, compassionate care that survivors deserve. Please pass HB 411 HD1. Mahalo nui loa for your consideration.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Testimony in Support: HB411

To: Chair Karl Rhoads, Vice Chair Sharon E. Har, and Members of the Judiciary Committee
From: Nancy Harada, Concerned Parent
Re: Testimony in Support of HB411 Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims.

I strongly support HB411, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about Emergency Contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve. According to the Hawaii Attorney General's Report Crime in Hawaii, in 2011 there were 353 reported forcible rapes in Hawaii. Major studies show that reporting rates for rape and sexual assault are approximately 40%.¹ Still some studies have shown that rate to be as low as 16%.² Therefore, the rate of sexual assault in Hawaii is likely much higher. Survivors 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.

Providing EC in the ER is the accepted standard of care. The American Medical Association's Guidelines for treating sexual assault victims states that victims should be informed about and provided EC.³ The American College of Obstetrics and Gynecology also supports this standard of care.⁴ Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. Therefore I urge the Committee to pass HB411. Thank you.

Sincerely,

Nancy Harada

1 <http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2011/crime-in-the-u.s.-2011/tables/table-5>

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

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

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

Progressive Democrats of Hawai'i

<http://pd-hawaii.com>

1418 Mokuna Pl. Pl, Honolulu, HI 96816 email: info@pd-hawaii.com tel:
808.371-9334

Friday, February 22, 2013

Testimony in Support: HB411

To: Chair Karl Rhoads and Judiciary Committee

From: Bart Dame.

Re: Testimony in Support of HB411

I am writing on behalf of Progressive Democrats in favor of HB411 requiring hospitals to have the option of emergency contraception available in their emergency rooms.

The title of this bill seems quite apt as one would have to lack compassion to force rape victims to carry to term a child that is the product of a rape. Therefore all hospitals should be required to provide the option. Women should be entrusted with the choice. Think about how sad it would be for a rape victim to get to the hospital after all she has endured, and the hospital would tell her that she needed to go elsewhere to get this option. I urge you to pass this bill.

Bart Dame, Co-Chair of Progressive Democrats

Date: February 19, 2013
To: Committee on Judiciary
Hearing: Friday, February 22, 2013
2:00 pm , Conf. Room 325
From: Rachel Makaiwi
MSW Student, University of Hawaii at Manoa

Re: Support of HB 411, Related to Hospital Emergency Compassionate Care for Sexual Assault Victims

Chair Rhoads, Vice Chair Har, and members of the House Committee on Judiciary,

Thank you for this opportunity to testify in support of HB 411, which ensures victims of sexual assault are provided with medically and factually unbiased information about and access to emergency contraception when receiving emergency medical care at Hawaii's hospitals.

I am currently a student at the University of Hawaii at Manoa, receiving my masters in social work. Throughout my experience as a social work student, I have had many opportunities working with different populations, including female victims of sexual assault. During my undergraduate studies, I worked with the Clothesline Project, a nationwide project typically held at universities that allows for victims of violence against women to anonymously express their stories. Sadly, sexual assault was the most common form of violence experienced by my fellow students at the university that I received my undergraduate degree.

As a student at the University of Hawaii at Manoa, we receive notifications from campus security that warns students and faculty about sexual assaults that recently occurred on campus. I have received such notices more often than I had imagined, with up to three in one week. As a student, I fear that the sexual assault is extremely prevalent on and off campus. I hope that hospitals would provide unbiased information and access for emergency contraception for me and for my fellow students in the event of sexual assault. Similarly, I hope that such resources are available for all females in the state of Hawaii.

We know that rape occurs far more frequently than it is reported. No woman should be left susceptible to sexual assault and pregnancy because of that assault, yet there are so many victims that feel they have nowhere to turn or who for some reason fear seeking help. I believe that as more resources are made available for victims of sexual assault, the negative stigmas related to sexual assault victims will be disputed, and more women will feel confident to seek help for the injustices that have been committed against them. Compassionate care will allow these women an opportunity to cope with the trauma that they've experienced and perhaps even work toward receiving treatment and legal justice.

HB 411 will ensure that victims of sexual assault receive the care that they should. I strongly urge the committee to pass HB 411. Thank you for your consideration and time.

Sincerely,
Rachel Makaiwi

February 22, 2013 – Friday
2:00 PM
Conference Room 325
State Capitol

To: Representative Rhoads, Chair
Representative Har, Vice Chair
House Committee on Judiciary

From: Reni Soon, MD, MPH

Re: HB411 HD1, Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims

Position: Strongly Support

As an obstetrician-gynecologist with additional training in family planning, contraception and public health, I strongly support HB411 HD1. I have provided medical care to (unfortunately) many women who have been raped or assaulted, and these women deserve nothing short of our very best and most compassionate care. Despite some ridiculous and now well-publicized claims made recently, rape-related pregnancy is a real event, and it is estimated that approximately 32,000 pregnancies occur as a result of rape every year.¹

It is for these, and other reasons, that the American College of Obstetricians and Gynecologists unequivocally state “emergency contraception should be available in hospitals and facilities where victims of sexual assault at risk of pregnancy are treated.”¹ This is not slippery ground or pushing any boundaries. This is the standard of medical care.

The scientific evidence overwhelmingly shows that the mechanism of action of emergency contraception is to inhibit ovulation.² There is no evidence that either levonorgestrel or ulipristal acetate can affect a pregnancy once ovulation has occurred.² Because of this, it is critical that women take emergency contraception as soon as possible to have the best chance at preventing pregnancy. When a woman is in an emergency room, having shown incredible courage in coming forward to seek care after this horrendous act has been committed against her, telling her that she can always get in her car and go elsewhere to get emergency contraception is not only heartless, but adding that additional step increases her burden and decreases her access to this service.

Furthermore, even if someone chooses to ignore science and claim conscientious objection based on his or her own theories of how emergency contraception works, it is NOT the health care provider who should be the focus in these situations. It is NOT the health care provider who needs our help in making her voice heard. It is the victim herself. Sexual assault is a brutal attack that can leave victims feeling powerless and vulnerable. Are we to further strip her of control by restricting her access to this medical care and imposing on her our own personal beliefs?

As a woman who was born and raised in Hawaii, who is now a mother raising her children in Hawaii, I am ashamed that our legislature has not yet acted to protect victims of sexual assault. Not passing this bill year after year is a stain on our collective conscience. I implore you to do your kuleana – stand up for our people, particularly our most vulnerable, and pass HB411 HD1.

Me ke aloha,

Reni Soon, MD, MPH
2211 Halakau Street
Honolulu, HI 96821

¹ American College of Obstetricians and Gynecologists. Committee Opinion: Sexual Assault. August 2011.

² Gemzell-Danielsson K, Berger C. Emergency contraception – mechanisms of action. Contraception 2013;87:300-8.

HB411

Submitted on: 2/20/2013

Testimony for JUD on Feb 22, 2013 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Rise Doi	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Feb 20, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Please pass this bill so that women can routinely be offered and if desired, receive appropriate, compassionate care post sexual assault, a most vulnerable time in a woman's reproductive lifespan. Thank you !

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Ms. Roslyn Cohen
140a Aionoi St
Kailua, HI 96734-7122

Testimony in Support: HB411

To: Chair Karl Rhoads, Vice Chair Sharon E. Har, and Members of the Judiciary Committee
From: Sarah Miller, J.D. Candidate Class of 2015, William S. Richardson School of Law
Re: Testimony in Support of HB411 Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims.

I strongly support HB411, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about Emergency Contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve. According to the Hawaii Attorney General's Report Crime in Hawaii, in 2011 there were 353 reported forcible rapes in Hawaii. Major studies show that reporting rates for rape and sexual assault are approximately 40%.¹ Still some studies have shown that rate to be as low as 16%.² Therefore, the rate of sexual assault in Hawaii is likely much higher. Survivors 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.

Providing EC in the ER is the accepted standard of care. The American Medical Association's Guidelines for treating sexual assault victims states that victims should be informed about and provided EC.³ The American College of Obstetrics and Gynecology also supports this standard of care.⁴ Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. Therefore I urge the Committee to pass HB411. Thank you.

Sincerely,
Sarah Miller

¹ <http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2011/crime-in-the-u.s.-2011/tables/table-5>

² National Center for Victims of Crime & Crime Victims Research and Treatment Center, *Rape in American: A Report to the Nation*, (1992).

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

⁴ American College of Obstetricians and Gynecologists, *Violence Against Women: Acute Care of Sexual Assault Victims* (2004), at http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=1625.

Feb 21, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

Please vote to mandate compassionate care for survivors of rape and sexual assault in ALL of Hawaii's Emergency Rooms. Emergency Contraception must be included in the regular medical care protocols for rape and sexual assault care in Hawaii's hospital emergency rooms.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Ms. Sheila O'Keefe
2235 Oahu Ave
Honolulu, HI 96822-2210

Feb 20, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve. Don't treat worse those that are raped than the rapists.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Ms. tia pearson
PO Box 861697
Wahiawa, HI 96786-8563

Feb 20, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Let's get on into the 21 century and stop some of the hospitals from acting like the red states....trying to control women!

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Ms. Trisha Anderson
269 Halenani Dr
Wailuku, HI 96793-2449
(808) 244-9016

Feb 21, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

It's fair to say that the public expects all emergency room facilities to practice medical standards of care (and that ERs operate under this expectation). Furthermore, the public expects that such standards of care include providing patients with the necessary information and services to ensure they are able to make conscientious decisions about their own bodies and well-being. This is especially critical for sexual assault survivors who have already just experienced an extreme loss of individual agency. The Compassionate Care bill puts power back into their hands by trusting them to make their own decisions that may bear life-long consequences. It goes against medical standards of care and public expectation for an ER to withhold critical and pertinent medical information and services from sexual assault survivors.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Sincerely,

Mrs. Valerie Smith
400 Hobron Ln Apt 3012
Honolulu, HI 96815-1207

Testimony in Support: HB 411 HD1

To: Chair Karl Rhoads, Vice Chair Sharon Har, and Members of the House
Committee on Judiciary

From: Andrea Anderson

Re: Testimony in Support of HB 411 HD1, Relating to Hospital Emergency
Compassionate Care for Sexual Assault Victims.

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

HB411

Submitted on: 2/21/2013

Testimony for JUD on Feb 22, 2013 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Keani Rawlins-Fernandez	Individual	Support	No

Comments:

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February 21, 2013

TO: Representative Karl Rhoads, Chair
Representative Sharon Har, Vice Chair
Members of the House Committee on Judiciary

HEARING: Friday, February 22, 2013
2:00pm, Conference Room 325

FROM: Melissa Takeyama, BBA, MSW candidate
University of Hawaii at Manoa

RE: **SUPPORT FOR HB 411 HD1**
Relating to Hospital Emergency Compassionate Care for
Sexual Assault Victims

Chairman Rhoads, Vice Chair Har, and Members of the Committee on Judiciary:

HB 411 requires hospitals to provide informed and objective information about emergency contraception to women who have been sexually assaulted. It is only dispensed when it is needed and the victim requests it. Rape happens everyday in Hawaii and emergency contraception can play an important role in the aftermath of this sexual assault. Both the American Medical Association and the American Congress of Obstetricians and Gynecologists have supported a policy that informs victims about emergency contraception.

Emergency contraception is not an abortion pill and it will not terminate an existing pregnancy. Although the FDA has approved emergency contraception, some hospitals in Hawaii do not offer victims of sexual assault this option. It is vital that all hospitals have emergency contraception available and provide information about its use so the victim has a choice to use it or not. The victim did not have a choice when she was raped but she should have a decision in her health and well-being.

I urge your favorable consideration of HB 411.

Thank you for this opportunity to testify.

Multiple Testifiers

Richard Donner	Don V. Lax
Mary Lu Kelley	Benjamin Sadoski
Allison Dowd	Jean Grissim
Deana Shelby	Duane Erway
Patti Cook	Nathalie Sowers
Danielle Guion-Swenson	Tonya Ozone
Dr. Franz Martin Hess	Sandra Stoner
Jill Friedman	Laura Stern
Shannon Rudolph	Melissa Monroe
Laura Ray	Reni Soon
Jacqui Skill	Kae Toguchi
Danie McReynolds	Susan Cortes
Mirna Stoll	Lon Polk
Simone Perez	Inga Gibson
Julie Zimmerman	Patricia Herrera
Alex Oshiro	Carol Wakayama
Laurie Saarinen	Tracey Schavone
Shay Bintliff	Alison Beste
Nancy Wallace	Gwen Ilaban
Gene Parola	Lonnie Eugene
Andrea Demetras	Jessie Torres
Jytte Hendrick	Barbara Best
Mary True	Lucia You
Kaui Hemmings	Stuart Coleman
Jamie Louis	Tekla Weber
Vicki Borges	Sandra Bunnell
Kelsea Aaberg	Patricia Blair
Ann Freed	Belinda Cole-Schwartz
Janet Mishler	Sharain Naylor
Kimberly Wylie	Harold Schwartz
Uhane Pono	Andrew Royston
Carolyn Knoll	Beverly Zigmond
Rex Riddle	Ralph Hartman
Samantha O'Hanlon	Susan Trout
Gail Jackson	Dougal Crowe
Kim Langley	Sheryl Nicholson
Harvey Arkin	Noel Collins
Miriama Samifua	Marjorie Au
Margaret Clark	Stephanie Morem
Devon Mastrich	Justine Hura
Steve Joseph	Sheala Karratti-Humphries
Madi Silverman	Cynthia Sallee-Brown
Renee Nunez-Kemp	Chelsea Kano
Pattye Wright	Rosemary Griffith
Ann Gommers	Kevin Casey
Amy Jenkins	Linda Sayre
Anela Burg	Margaret Murchie
Tadia Rice	Mara Miller
Joanna Amberger	Catherine Tarleton
Linda Minamoto	

Feb 20, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

Testimony in Support: HB 411 HD1

To: Chair Karl Rhoads, Vice Chair Sharon Har, and Members of the House
Committee on Judiciary

From: Phil & Dorothy Morris

Re: Testimony in Support of HB 411 HD1, Relating to Hospital Emergency
Compassionate Care for Sexual Assault Victims.

We strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. We urge the Committee to pass HB 411 HD1.

Mahalo

LATE

February 21, 2013

Alison Rowland-Ciszek
Kailua, HI 96734

To: **Senate Committee on Health**
The Hon. Karl Rhoads, Chair
The Hon. Sharon E. Har, Vice Chair

Testimony in strong support of HB 411 HD 1

Aloha Chair Rhoads, Vice Chair Har, members of the Committee. I am a graduate student at the Myron B. Thompson School of Social Work.

The issue before you is one I feel you understand well. Many people have testified in support of this measure. In support of it you have the weight of medical science, as represented by the American Medical Association and the American College of Obstetricians and Gynecologists, joined by many experts and supporters of equal rights, women's rights, and victims' advocates. On the other side you have religious objections of the very few. I cannot think of any other instance where a hospital may choose to withhold the standard of care to a patient based on their religious sentiments. Any woman wishes to refuse Emergency Contraception on religious grounds has that right. What no one should have is the right to refuse the victim of an assault all the tools in the standard of care.

This is a social justice issue. We are a nation of laws and our laws must apply to everyone. We ensure access to care through our system of emergency rooms, and those emergency rooms need to offer a nondiscriminatory level of care. It shouldn't matter when you've suffered an attack that the nearest hospital is run by a church.

Social Workers advocate for the oppressed, for people in need, for those who need defending. Rape survivors deserve defending; they deserve all the kindness and compassion possible in the aftermath of a sexual attack. The attack itself is bad enough, but being forced to contemplate pregnancy as the result of that rape is unjust and unnecessary. What you have before you today the opportunity to take off the shoulders of a rape victim one area of concern so that she need not fear becoming pregnant by a criminal.

We deserve better than opinions formed in the dark ages about women's rights and women's health. We deserve the standard of care no matter where we are taken for emergency care.

Please pass this measure and I thank you for the opportunity to testify.

February 22, 2013

LATE

Testimony in Support: HB 411

To: Chair Karl Rhoads, Vice Chair Sharon Har, Members of the House Judiciary Committee

From: Annie Hollis, University of Hawai'i at Manoa Myron B. Thompson School of Social Work

Re: Testimony in Support of HB 411, Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims.

I strongly support HB 411, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

Throughout my career, I have worked with victims of gender-based violence, who are often severely traumatized by sexual assault. As a social worker, I am sure that myself and my colleagues will continue to work with women and girls who have been sexually assaulted. A traumatic event can completely overwhelm an individual's ability to cope or integrate the ideas and emotions involved with the circumstance. Symptoms of trauma can include immediate denial, dissociation and depersonalization where a person feels detached from their own experience, and derealization, an experience where the trauma survivor feels numb, detached, and removed from the immediate situation. Soon after the trauma, a survivor often experiences emotions and reactions like weeping, shaking, anxiety and panic, feeling in danger, sadness, anger, sleep disturbances, suspiciousness, shame, and an intrusive recall of trauma.^{iv} Therefore, it is especially important that when a victim accesses healthcare, the care is comprehensive. In the aftermath of this situation, and considering these symptoms of trauma, the victim may not know what EC is, how it can help her, or remember to ask for the medication. It is the healthcare system's responsibility to provide comprehensive, compassionate care in order to prevent revictimization in the form of an unplanned pregnancy.

It is also important that we do not allow entire institutions to discriminate against women in need by claiming that they cannot provide this care because of religious reasons. Individuals have the right to religious exemptions; institutions do not. I would urge a healthcare provider who cannot provide this care to find someone else in their workplace that will provide this care. It is too important not to deliver this care to these victims.

I urge the Committee to pass HB 411. Thank you.

LATE

2/21/13

Dear Judiciary Committee,

The Compassionate Care Act is essential to the health of our women. One out of four women are sexually abused in their lifetime, and too often these women are not offered, or cannot access, emergency contraception. This leads to life changing events for some women, as well as psychologically conveys to the woman that we are not concerned about all repercussions of a sexual assault. I personally know someone who was a victim of forced intercourse who knew that she had a high chance of becoming pregnant because she was not on any form of birth control, and knew her menstrual cycle well enough to know she was ovulating. She sought services in an ER, but was not offered emergency contraception. By the time she asked a friend to help her obtain emergency contraception 3 days later, it was already too late; she can conceive without her own consent. Ashamed, hurt and afraid that her family with strong religious beliefs would judge her for deciding to terminate her pregnancy, she kept it a secret. Unfortunately she had a complication from the termination and ended up in the hospital for 3 days on IV antibiotics (most women do not have a complication with terminations).

The important note out of this story, is that on top of the fact that we very much need to change our societal attitude towards sexual assault and start teaching men NOT to rape women instead of teaching women how not to get raped, is that we need to support women in this time of intense physical, emotional and psychological vulnerability. That had she been offered emergency contraception in the ER (which is not an abortion pill as it does not terminate an established pregnancy), she may not have become pregnant and would not have had to endure further assaults to her body and mind from the rape she already endured. When we do not offer emergency contraception to a woman who has been sexually assaulted, we are saying to her that we do not care about her well being. Caring about her well being involves thinking for her during that time that there is potential for life to have been created from the assault, understand how that will impact her life, and offer her information and choices regarding the possible outcome. Not every woman will choose to take emergency contraception, just like not every woman chooses to terminate a pregnancy conceived in rape. But every woman should be offered the choice of emergency contraception, because every woman is affected by the possibility of carrying a child from an act that she did not consent to. I imagine no one wants to tell a woman who has been raped that we do not care about her well being; I know that I most certainly would never say that.

I ask that you support the Compassionate Care Bill H411, as it is time to stand up for the women and do right by them. Let's offer women the choice of emergency contraception during one of the most vulnerable times of any woman's life.

Thank you for caring about Hawaii's women!

Aloha,
Le'a Minton

Hau'ula, HI 96717

LATE

To: Representative Karl Rhoads, Chair Judiciary Committee
From: Marilyn B. Lee
Subject: HB 411
Date: February 22, 2013

Dear Representative Rhoads and Members of the Committee on
Judiciary,

I write in favor of the passage of HB 411, relating to the
Compassionate Care of Rape Victims,

For over 10 years, this issue has come before the Legislature, and
has not become law. In a recent letter I received, a friend stated: “ Why
is Hawaii not looking out for the women and girls?.

Rape is one of the most violent crimes that are perpetrated upon
women. With the advent of a method of emergency contraception, it is
now possible to prevent pregnancy following such a violent attack.

EC prevents ovulation, and prevents an egg from being fertilized.
EC is not an abortifacient, and will not disturb an existing pregnancy.
Legislators should base their decisions about EC based on sound science
not dogma.

EC is cheap and has few if any side effects. The sooner it is given
after a rape, the more effective it will be. Therefore, it is part of the
standard of care recognized by medical experts for the treatment of
rape victims. These victims may be brought to the emergency room,
which is the appropriate place to treat victims of trauma.

A rape victim deserves relief of pain both physical and
psychological. We read with horror of the woman who was gang raped
in India, and then violated with a metal rod. She later died. There are
documented rapes in Hawaii, which were followed by violation with a
sharp stick or broken bottle. Even without such a severe attack, the rape
victim often suffers pain, bleeding, hysteria and risk of infection.

Imagine the anxiety a rape victim feels when she is unsure if her
attack **MAY LEAD TO PREGNANCY.**

Despite the bizarre opinion of Senator Aiken of Missouri, the
female body has no innate way of preventing a pregnancy after rape,
and that is why we desperately need EC in the ER.

It is time for the Hawaii State Legislature to pass this bill. It is a matter not only of women's health, but also of victim's rights. Our community must say NO to the insensitive violation of the rights of rape victims, and reject the outrageous contention that EC is somehow against community values. The Legislature must say YES to providing compassionate comfort and care to the victims of one of the most violent and despicable of crimes.

I urge the Committee to pass out this measure without exemptions or exceptions. It is the right thing to do.

Respectfully,

Marilyn B. Lee

LATE

Testimony in Support: HB 411 HD1

To: Chair Karl Rhoads, Vice Chair Sharon Har, and Members of the House Committee on Judiciary

From: Melinda Wood, private citizen

Re: Testimony in Support of HB 411 HD1, Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims.

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it. I am currently a board member of the Planned Parenthood of Hawaii Action Network and a long time supporter of Planned Parenthood of Hawaii. In addition, a member of my family was a victim of sexual assault, so this bill is has personal importance to me.

Robert J. Bidwell, MD

6264 Keokea Pl., Honolulu, Hi. 96825 Tel. 808-428-4545

Date: February 22, 2013 (2 PM)
Conference Room 325
State Capitol

LATE

To: Representative Rhoads, Chair
Representative Har, Vice-Chair
House Committee on Judiciary

From: Robert J. Bidwell, M.D.

Re: HB411 HD1, Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims

Position: Strong Support

Dear Chair Rhoads, Vice-Chair Har, and House Judiciary Committee Members,

I am presenting this testimony in strong support of HB411 HD 1, Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims. Since 1985 I have served as a physician with the Sex Abuse Treatment Center (SATC) at Kapi'olani Medical Center for Women and Children. In that role I have provided medical care to hundreds of women in the immediate hours following their experience of sexual assault. I have learned from my patients that the trauma they have experienced, both physically and emotionally, is beyond my understanding and continues to resonate throughout their lives for years to come. My patients face many uncertainties, concerns and fears in the first hours, days and weeks after an assault has occurred. My responsibility as a physician is to address their concerns and fears as best I can through providing medically appropriate and compassionate care. Experience has taught me that two of the greatest fears my patients face are the possibilities of having acquired an infectious disease or becoming pregnant as a result of the violence they experienced. Fortunately, I am able to address these two fears because SATC has developed a protocol that encourages me to routinely discuss with each patient the options of receiving medication to prevent both infection and pregnancy. Regarding the latter, I am able to reassure my patients that the medication that I would prescribe to prevent pregnancy works through the prevention of ovulation and does not induce abortion. In the end, of course, each patient will make her own decision whether or not to receive these medications. But the objective information I provide in discussing her options so that she can make an informed decision and the ability to prescribe these medications to ease her concerns and fears represent the essence of compassionate care.

While all patients who receive acute sex assault care through SATC at Kapi'olani Medical Center for Women and Children (KMCWC) will be offered medication to prevent pregnancy, many women in Hawai'i who experience sexual assault do not receive services from SATC. Many will go to other hospital settings

for care, either on O‘ahu or on Neighbor Islands. While most hospital emergency departments have a written sexual assault protocol, it is often not followed rigorously, in part because many health care providers in these settings are not specifically trained in sex assault evaluations or in the implementation of the protocol. At times the protocol is not used at all. Even at KMCWC, there are women who decline the offer of SATC services but are still seen by emergency room providers who, without a protocol, may or may not offer emergency contraception. Over the years I have had several patients in non-SATC settings who in the past had been seen by a health provider following a sexual assault, had not received pregnancy-preventing medication, and subsequently became pregnant as a result of the sexual assault. Their lives thus were changed completely through one act of violence followed by a failure to receive medically appropriate and compassionate care.

It is for this reason that HB411 HD1 is vitally necessary. It will require the consistent provision of compassionate state-of-the-art sex assault care, in terms of pregnancy prevention, in all hospital settings across Hawai‘i, which in turn will support the healing process of the many future survivors of sexual assault in our state. I encourage you strongly to vote in favor of this bill.

Thank you so much for the opportunity to share my testimony with you.

Respectfully yours,

Robert J. Bidwell, MD

LATE

HB411

Submitted on: 2/21/2013

Testimony for JUD on Feb 22, 2013 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Dursin	Individual	Support	No

Comments: I strongly support HB411 and hope you will give it your approval. Victims of sexual assault deserve the care afforded by this bill. They need to know that emergency contraception is available in a timely manner. Such care needs to be accessible in every facility and needs to be explained routinely. Thank you for considering my comments.

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LATE

Testimony in Support: HB 411 HD1

To: Chair Karl Rhoads, Vice Chair Sharon Har, and Members of the House Committee on Judiciary

From: V. Ted Leon, MD

Re: Testimony in Support of HB 411 HD1, Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims.

Thank you for considering this testimony.

I am a physician experienced in treating sexual assault victims and I strongly support this bill. I work where EC is available in the ER, and EC should be available in all emergency rooms.

I strongly support HB 411 HD1 because it ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the correct medication when it is needed and when the survivor requests it. When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of 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. The American College of Obstetrics and Gynecology also supports this standard of care. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in in Hawaii.

I urge the Committee to pass HB 411 HD1, and meet the standard practice for care.

Multiple Testifiers

Maria Belardo
Lisa Andrews
Jeanette Gilbert
Eileen M. Tweedy
Angela Breene
Catie Martin

Liza Williams
Adam Williams
Sally Boyd
Liz Brown
Katie Roy

LATE

Feb 20, 2013

House Judiciary Committee

To Committee,

I strongly support HB 411 HD1, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

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. Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.

LATE

Testimony in Support: HB411

To: Chair Karl Rhoads, Vice Chair Sharon E. Har, and Members of the Judiciary Committee
From: Philip Tumbaga, Private Citizen
Re: Testimony in Support of HB411 Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims.

I emphatically support HB411, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about Emergency Contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be informed of her options with the possibility of pregnancy as the result of rape. EC offers highly relevant information to a woman in such a difficult position. Knowledge of contraception is highly lacking everywhere, and especially in youth whose limited experience leaves them in especially short supply of information.

According to the Hawaii Attorney General's Report Crime in Hawaii, in 2011 there were 353 reported forcible rapes in Hawaii. Major studies show that reporting rates for rape and sexual assault are approximately 40%.¹ Still some studies have shown that rate to be as low as 16%.² Therefore, the rate of sexual assault in Hawaii is likely much higher. Survivors 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.

Providing EC in the ER is the accepted standard of care. The American Medical Association's Guidelines for treating sexual assault victims states that victims should be informed about and provided EC.³ The American College of Obstetrics and Gynecology also supports this standard of care.⁴ Disturbingly, some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, objective and compassionate care after a sexual assault, no matter which emergency room they arrive in. Therefore we urge the Committee to pass HB411. Thank you.

¹ <http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2011/crime-in-the-u.s.-2011/tables/table-5>

² National Center for Victims of Crime & Crime Victims Research and Treatment Center, *Rape in American: A Report to the Nation*, (1992).

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

⁴ American College of Obstetricians and Gynecologists, *Violence Against Women: Acute Care of Sexual Assault Victims* (2004), at http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=1625.

Multiple Testifiers

Daniel Gardner
Pamela Kantarova
Holly Bullock
Carly Williamson

LATE

Feb 20, 2013

House Judiciary Committee

To Committee,

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Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. I urge the Committee to pass HB 411 HD1. Thank you.