

HTH HEARING

HB411

LATE

TESTIMONY



THE LEAGUE OF WOMEN VOTERS OF HAWAII

11 March 2013

Testimony in **support** of HB 411, HD2

Monday, March 11, 2013

Conference Room 229

State Capitol

COMMITTEE ON HEALTH

Senator Josh Green, Chair

Senator Roslyn H. Baker, Vice Chair

The League of Women Voters of Hawaii stand in strong support of HB 411, HD2 which requires all hospitals to provide female survivors of sexual assault with medically factually, accurate and unbiased information regarding emergency contraception (EC) during first contact for care in the Emergency Room (ER).

It is the Leagues position to support the basic level of quality health care for all Hawaii residents and controls health care costs.

This bill provides basic health care for the women immediately following rape in the treating ER.

As a former Surgeon General of the United States stated, it is not about our personal opinion or our religion or our politics, it is about providing information and health care.

This compassionate care can protect the woman from an unintended pregnancy which raises medical, psychological and emotional costs as well as a life time cost to the survivor. These costs cannot be measured in dollars and cents but in the long term human cost should a pregnancy result.

Again, we stand in **support** of this bill

Thank you for the opportunity to testify

Joy A Marshall, RN

LWVHI-Women's Health and Health Care Reform



THE LEAGUE
OF WOMEN VOTERS OF HAWAII



TO: Senator Josh Green, Chair
Senate Committee on Health

FROM: Kristine Yoo
Director, Hawaii Women Lawyers

RE: H.B. 411, H.D.2: Relating to Hospital Emergency Compassionate
Care for Sexual Assault Victims
Hearing Date: March 11, 2013 3:00 pm, Room 229

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.2, 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 in its current form. Mahalo for the opportunity to testify.

March 11, 2013-Monday
3:00 PM
Conference Room 229
State Capitol

To: Senator Josh Green, Chair
Senator Roslyn Baker, Vice Chair
Senate Committee on Health

From: Bliss Kaneshiro, MD, MPH (Obstetrician Gynecologist)

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

Position: Strongly Support

Dear Senators,

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 without any changes or amendments. This bill will ensure 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

CAROLYN MARTINEZ GOLOJUCH, MSW

92-954 Makakilo Drive #71 • Makakilo, Hawai`i 96707-1340
cell: 808 779-9078 • fax: 808 672-6347 • e-mail: gomama808@gmail.com

Monday, March 10 , 2013

RE: **HB411** Compassionate Care In Support

TO: Senate Chair, Vice Chair and members of the Senate Health Committee

I strongly support HB1411 HD2. It is important that all sexual assault survivors be allotted the complete information and access to the Compassionate Care outlined in this bill. It's the only humanitarian thing to do for these women. We can't erase the horror of rape but we can reach out in compassion to the victim/survivors of rape to help them on the road to recovery.

I urge that you bring parity to the health care of the sexual assault survivors of rape with complete information on Emergency Care at this very stressful period in their lives. It is not possible to rewind history and erase this horror from their lives but we can mandate that humanitarian care be present in all hospitals across our state.

In the House Hearing on March 5, 2013, Representatives Della Au Belatti and Representative Bert Koyayshi testified with factual reports from mainland hospitals which are offering the same compassionate care offered in this bill and with biological facts that explained that this procedure is emergency contraception BEFORE conception. The bill passed 44-7 and now, it deserves to pass the Senate Health Committee because it is the sane, compassionate, intelligent thing to do.

I have faith that the Senate Health Committee will vote in favor of women in Hawaii. Please pass HB411.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: estherjoeyismom@gmail.com
Subject: Submitted testimony for HB411 on Mar 11, 2013 15:00PM
Date: Monday, March 11, 2013 1:32:19 PM

HB411

Submitted on: 3/11/2013

Testimony for HTH on Mar 11, 2013 15:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Esther Gefroh	Individual	Oppose	No

Comments: Aloha, please enter my opposition to HB411. The passing of it will do more harm to women and the unborn child should the women become pregnant. The EC acts as an abortifacient and may kill an existing baby. The following is from Life Issues Institute: After sex, sperm swim out to the ovary in as little as thirty minutes. If she has ovulated, conception occurs immediately. If she takes these pills after the act, they cannot prevent pregnancy, for she has already conceived. What they can do is prevent implantation at one week of life – and that's an abortion. Mahalo,

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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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: bichitacarlitos@gmail.com
Subject: Submitted testimony for HB411 on Mar 11, 2013 15:00PM
Date: Monday, March 11, 2013 2:43:51 PM

HB411

Submitted on: 3/11/2013

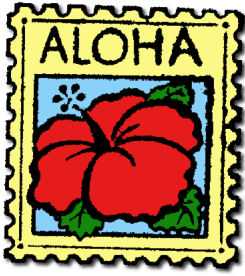
Testimony for HTH on Mar 11, 2013 15:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Esther Miranda	Individual	Oppose	No

Comments: Please enter my opposition to this harmful bill. Thank you.

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Holly J. Huber

1519 Nuuanu Ave #154 • Honolulu, Hawaii 96817
(808) 554-7692 • hollyjhuber@gmail.com

Senate Committee on Health

Hearing on March 11, 2013 @ 3:00 PM in Conference Room 229

HB411 HD2 RELATING TO HOSPITAL EMERGENCY COMPASSIONATE CARE FOR SEXUAL ASSAULT VICTIMS

TESTIMONY IN SUPPORT

March 10, 2013

Aloha Committee Members:

I urge you to **STRONGLY SUPPORT** this important measure providing SAFE, LEGAL medical care and FACTUALLY ACCURATE information to victims of sex assault.

HB411 ensures INFORMATION & ACCESS. Consider the alternative that allows hospitals to withhold information and deny medical procedures and prescriptions.

A lease agreement with a landowner should not be used to restrict medical care!!

The religious beliefs of a health care provider or its landowner should not eclipse the accepted standard of care.

Nor should any landowner or health care provider have a legal right to impose their religious beliefs on a victim of sexual assault or any individual.

In the recent election, congressional candidates spouted misinformation and myths about rape, contraception and women's reproductive health. They not only lost the election, they were ridiculed for holding such outrageous and outmoded positions. The testimony in opposition to HB411 is just as ridiculous.

HB411 promotes SAFE and LEGAL medical treatments as well as FACTUALLY ACCURATE and UNBIASED information.

Please vote "YES" on HB411 in support of INFORMATION, ACCESS and WOMEN'S HEALTH.

Sincerely,

Holly J. Huber

March 11, 2013

**Testimony in Support of H.B. 411, H.D. 2 - RELATING TO HOSPITAL
EMERGENCY COMPASSIONATE CARE FOR SEXUAL ASSAULT VICTIMS**

To: The Honorable Josh Green, M.D., Chair
The Honorable Rosalyn H. Baker, Vice-Chair
Members of the Senate Committee on Health

From: Jennifer Shiiba and Izak Wood-Ferren, from Kailua-Kona, HI

Re: Testimony in Support of H.B. 411, H.D. 2

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

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 we urge the Committee to pass H.B. 411. Thank you for the opportunity to testify on this measure.

Sincerely,

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 America: 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.

Jennifer Shiiba and Izak Wood-Ferren

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: joeymg@hawaii.rr.com
Subject: Submitted testimony for HB411 on Mar 11, 2013 15:00PM
Date: Monday, March 11, 2013 2:58:42 PM

HB411

Submitted on: 3/11/2013

Testimony for HTH on Mar 11, 2013 15:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph Gefroh	Individual	Oppose	No

Comments: I oppose this for multiple reasons. It lacks conscience clauses for religiously affiliated hospitals. It provides a single option, contraception, as the only viable path and fails to provide alternatives including prenatal/postnatal care and counseling support structures to women who may not wish to take contraception for moral or other reasons. Sexual assault victims must deal with real physical, emotional, and mental trauma, and throwing birth control at them does not provide compassionate care for any of these traumas. Women deserve better.

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Lea Minton
PO Box 241
Hau'ula, HI 96717

March 10, 2013

To: Senate Committee on Health,

I strongly urge you to pass HB 411 Compassionate Care bill unchanged, in order to protect and respect our women who are sexually abused. It is imperative that all emergency rooms in the state offer emergency contraception to women of childbearing age who present for treatment relating to sexual assault. On the neighbor islands often the emergency room is the only available place for emergency contraception after hours. Women who have been sexually assaulted are not in an emotional and psychological place to make another "stop" on their way to safety in order to pick up emergency contraception; it should be readily available to them when they seek treatment in our hospitals.

Offering emergency contraception to any woman who has had unprotected sex, which includes women who have been sexually assaulted, is a standard protocol. It is time for our emergency rooms to carry the medications that the Center for Disease Control strongly recommends being dispensed after a sexual assault, as stated in their Prophylaxis section of the *CDC's STD Treatment Guidelines, 2010*:

"Prophylaxis

Compliance with follow-up visits is poor among survivors of sexual assault ([477,478](#)).

As a result, routine preventive therapy after a sexual assault should be encouraged. The following prophylactic regimen is suggested as preventive therapy:

- Postexposure hepatitis B vaccination, without HBIG. This vaccine should be administered to sexual assault survivors at the time of the initial examination if they have not been previously vaccinated. Follow-up doses of vaccine should be administered 1–2 and 4–6 months after the first dose.
- An empiric antimicrobial regimen for chlamydia, gonorrhea, and trichomonas.
- Emergency contraception. (This measure is necessary only when the assault could result in pregnancy in the survivor.)"

The disclaimer of only offering emergency contraception "if the assault could result in pregnancy in the survivor" is interpreted by health care professionals as meaning female victims of childbearing age, even if the woman is on birth control (no method is 100%).

Let Hawaii support national guidelines and support our women.

Thank you for voting yes on HB411 Compassionate Care. As your constituent, I greatly appreciate your support of health measures that positively affect our women.

Aloha,
Lea Minton

Certified Nurse Midwife

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: maquinger@hawaii.rr.com
Subject: Submitted testimony for HB411 on Mar 11, 2013 15:00PM
Date: Sunday, March 10, 2013 5:09:28 PM

HB411

Submitted on: 3/10/2013

Testimony for HTH on Mar 11, 2013 15:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Mary A. Guinger	Individual	Support	Yes

Comments: EC is apart of "Complete Medical Care."

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March 11, 2013

Testimony in Support: HB 411

To: Chair Josh Green, Vice Chair Rosalyn Baker, and Members of the Senate Committee on Health

From: N. Trisha Lagaso Goldberg

Re: Testimony in Support of SB 526 Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims.

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

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 we urge the Committee to pass HB 411.

Thank you,
N. Trisha Lagaso Goldberg

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

TO: Senate Committee On Health

RE: HB 411, H.D. 2 Relating to Hospital Emergency Compassionate Care for
Sexual Assault Victims – **in strong support**

DATE: Monday, February 11, 2013 at 3 p.m.

Aloha Chair Green and Members of the Committee on Health:

As a long time advocate for public health, and especially women's health care, in the state of Hawai'i, I'm testifying in strong support of H.B. 411, H.D. which seeks to require hospitals to provide information about emergency contraception to women who are sexually assaulted and to provide emergency contraception when requested. **We encourage you to pass out this measure unamended to facilitate its passage.**

Hawai'i should not turn its back on sexual assault survivors and force them to face the added burden of possibly becoming pregnant as a result of rape. The denial of access to contraceptive services for sexual assault survivors has severe repercussions for women's right to live their lives and their ability to participate equally in society. Simply put, reproductive health care is essential to a woman's opportunity – the opportunity to obtain a good education, to improve her economic circumstances, to participate in public life, to define her family, to decide what makes a meaningful life, and to live that life.

According to the most recent Crime in Hawaii report, there were 377 forcible rapes reported to law enforcement in Hawaii in 2007.[1] While Hawaii's overall crime rate was down, the rate of forced rapes increased by 3.9%.[2] Many of these victims required emergency medical care at one of Hawaii's emergency rooms. Tragically, according to a 2002 survey conducted by Healthy Mothers, Healthy Babies, only 2 out of Hawaii's 20 emergency rooms provide emergency contraceptive access to sexual assault victims.

Further, please consider the following points:

- All emergency care facilities should offer EC to a woman during her initial exam following a sexual assault.
- Major medical groups recommend that EC be offered to women to prevent pregnancy after a sexual assault.
- A bill that merely requires emergency care facilities to provide information, a referral, or a prescription for EC, fails to ensure women's health and well-being.
- All emergency care facilities should be required to provide EC.
- An institution's religious objections to EC must not imperil a woman's access to timely and comprehensive treatment.
- **EC prevents pregnancy. It does not induce an abortion.**

Passage of this bill is long overdue. Survivors of sexual assault deserve the provision of up to date and compassionate medical options at this most traumatic time. Thank you for this opportunity to testify. We hope that you will do your utmost to improve the quality of care for survivors of sexual assault in Hawaii.

Thank you for the opportunity to testify.

March 10, 2013

Testimony in Support: HB 411 HD2

To: Chair Josh Green, Vice Chair Roz Baker, and Members of the Senate Committee on Health

From: Reni Soon, MD, MPH

Re: Testimony in Support of HB411 HD2, Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims

As an obstetrician-gynecologist with additional training in family planning, contraception and public health, I strongly support HB411 HD2. 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 deserves 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 going to further strip her of control by restricting her access to this standard medical care and imposing on her our own personal beliefs?

As a woman who was born and raised in Hawai‘i, who is now a mother raising her children in Hawai‘i, I find it appalling 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 fulfill your kuleana – stand up for our people, particularly our most vulnerable, and pass HB411 HD2 unchanged.

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.