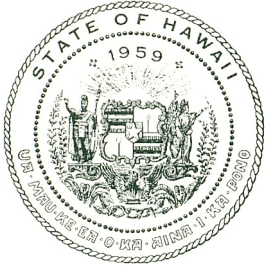


SB 1109

TESTIMONY

HAWAII
STATE
COMMISSION
ON THE
STATUS
OF
WOMEN



Chair
LESLIE WILKINS

COMMISSIONERS:

ELENA CABATU
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February 6, 2013

Testimony in Support of SB 1109, Relating to Hospital Standards for Sexual Assault Victims

To: Senator Josh Green, M.D., Chair
Senator Rosalyn H. Baker, Vice-Chair
Senate Committee on Health

Senator Clayton Hee, Chair
Senator Maile S.L. Shimabukuro, Vice-Chair
Senate Committee on Judiciary and Labor

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

Re: Testimony in Support of SB 1109

On behalf of the Hawai'i State Commission on the Status of Women, I would like to thank the committee for this opportunity to provide testimony on such a vitally important issue. I would like to express my strong support for SB 1109, 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. Rape occurs in Hawai'i every day, yet many victims do not come forward for any type of help and most sexual assaults go unreported. Many victims never seek emergency care, counseling or assistance through the criminal justice system.

Despite the rate at which our residents are victimized, Hawaii has no legalized standard of care to treat victims with respect to emergency contraception. 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.^{i ii} Additionally, the Centers for Disease Control's treatment guidelines provide for offering emergency contraceptives to sexual assault survivors.ⁱⁱⁱ Emergency contraception is a safe and effective FDA approved method to prevent pregnancy as the result of a rape. It is not an abortion pill, nor will it terminate an existing pregnancy. It is imperative that all emergency rooms inform victims about emergency contraception and have it readily available should a victim make an informed decision to use it.

Provision of emergency contraceptives to sexual assault survivors is the accepted standard of care throughout the nation. Despite these policies, Hawai'i remains a state without a standard policy or law. This lack of a standardized and consistent policy is troubling. 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. Furthermore, it is important to note that the Ethical and Religious Directives for Catholic Health Care Services, issued by the United States Conference of Catholic Bishops, specifically states that "a female who has been raped should be able to defend herself against a potential conception from the sexual assault."^{iv}

Finally, when Queen's Medical Center purchased St. Francis Healthcare System of Hawaii, Queen's agreed with St. Francis Healthcare System of Hawaii that Queen's would abide by the Ethical and Religious Directives (ERD) for Catholic Health Care Services currently in effect.^v To that end, providing information about and access to emergency contraception should not pose any undue hardship on that facility. There is simply no justification for any institution, regardless of past or current affiliation, to deny this very basic healthcare to victims of rape.

The Commission urges the Senate Committee on Health and the Senate Committee on Judiciary and Labor to pass SB 1109.

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

ⁱⁱ 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.

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

^{iv} United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, Fifth Edition (2009).

^v Queen's West Oahu, *Frequently Asked Questions*, available at: <http://www.queensmedicalcenter.net/component/content/article/29-services-info/679-queens-west-oahufrequently-asked-questions>, last accessed on February 5, 2013.



THE SEX ABUSE TREATMENT CENTER

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

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DATE: February 6, 2013

TO: The Honorable Josh Green, M.D., Chair
The Honorable Rosalyn H. Baker, Vice Chair
Senate Committee on Health

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

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

RE: S.B. 1109
Relating to Hospital Standards for Sexual Assault Victims

Good afternoon Chair Green, Vice Chair Baker and members of the Senate Committee on Health; and Chair Hee, Vice Chair Shimabukuro and members of the Senate Committee on Judiciary and Labor. My name is Adriana Ramelli and I am the Executive Director of the Sex Abuse Treatment Center (SATC), a program of the Kapi'olani Medical Center for Women & Children (KMCWC), an affiliate of Hawai'i Pacific Health.

SATC strongly supports S.B. 1109 to ensure sexual assault survivors are provided information about and access to emergency contraception.

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

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

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.

As part of medical treatment provided to female survivors of sexual assault, we firmly believe survivors should be offered medically and factually accurate information (both 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 S.B. 1109. 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/vnvp0610.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 Women's Coalition

COMMITTEE ON HEALTH

Senator Josh Green, Chair

Senator Rosalyn H. Baker, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Senator Clayton Hee, Chair

Senator Maile S.L. Shimabukuro, Vice Chair

DATE: Wednesday, February 06, 2013

TIME: 1:15 pm

PLACE: Conference Room 229

STRONG SUPPORT FOR SB 1109 – HOSPITAL STANDARDS FOR SEX ASSAULT

Aloha Chairs Green and Hee, Vice Chairs Baker and Shimabukuro, Members of the Committee,

The Hawai`i Women's Coalition is in strong support of this long-overdue measure, which ensures compassionate care for sexual assault survivors in Hawai`i by revising the statute to require emergency departments throughout the state to offer information about emergency contraception (EC) and dispense the medication when needed and requested by the victim.

Traumatized rape victims are currently being denied their civil rights in emergency rooms throughout our state. When rape victims show up in the ER they may not get the complete information that they need for their mental and physical health.

Just to be clear, EC is NOT an abortion pill. It, in scientific fact, prevents ovulation thus preventing a rapist from impregnating his victim. Providing EC in the ER is the accepted standard of medical care, yet there is no policy in place in many hospitals throughout our state. Hit or miss in the treatment of rape victims is simply unacceptable. We would suggest that it amounts to malpractice at worst and failure to provide informed consent at the least.

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

The American Medical Association's Guidelines for treating sexual assault victims states that victims should be informed about and provided EC.ⁱⁱⁱ The American College of Obstetrics and Gynecology also supports this standard of care.^{iv}

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room treats them. Therefore we urge the Committee to pass SB 1109.

Page 2

Mahalo nui loa,

Ann S. Freed
Co-Chair, Hawai`i Women's Coalition
Contact: annsreed@gmail.com
Phone: 808-623-5676

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

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

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

^{iv} 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.



February 6, 2013

To: Chair Josh Green, Vice Chair Rosalyn Baker, and Members of the Senate Committee on Health
Chair Clayton Hee, Vice Chair Maile Shimabukuro, and Members of the Senate Committee on Judiciary and Labor

Re: SB 1109 Relating to Hospital Standards for Sexual Assault Victims
Hearing: Wednesday, February 6, 2013, 1:15 p.m., Room 229

From: Jeanne Ohta, Co-Chair

Position: Support

The Hawai'i State Democratic Women's Caucus writes in support of SB 1109 Relating to Hospital Standards 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.

Testimony in Support: SB 1109

To: Chair Josh Green, Vice Chair Rosalyn Baker, and Members of the Senate Committee on Health
Chair Clayton Hee, Vice Chair Maile Shimabukuro, and Members of the Senate Committee on Judiciary and Labor

Re: Testimony in Support of SB 1109 Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims.

I strongly support SB 1109, 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.

If you or a cherished female family member was raped, wouldn't you want to be able to receive EC in the emergency room to prevent a pregnancy from this most horrific event?

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 SB 1109. Thank you.

TESTIMONY to the SENATE COMMITTEE ON HEALTH

SB 1109 Hospital Standards for Sexual Assault Victims

Wednesday, February 6, 2013

1:15 PM -- State Capitol Conference Room 229

Submitted in **OPPOSITION** by: Mary Smart, Mililani, HI 96789
I will not be present to testify.

Chairman Green (MD), Vice-Chair Baker, and Committee Members

1. SB 1109 contains highly contested narrative that emergency contraception (EC) does not cause an abortion (as does SB526). The Legislature should not be attempting to determine scientific fact for doctors.
2. Many people object to any intervention that would terminate the development any unborn child -- under the Hippocratic tenet "do no harm". "Standards of care" don't take into consideration disagreements among practitioners. "Standards of Care" is not the same as government-mandated course of treatment. Evidence-based medicine as determined by the doctor and the patient should be the determinant of medical care provided to patients. According to the British Medical Journal (BMJ) [article](#) "Good doctors use both individual clinical expertise and the best available external evidence, and neither alone is enough. Without clinical expertise, practice risks becoming tyrannised by evidence, for even excellent external evidence may be inapplicable to or inappropriate for an individual patient. Without current best evidence, practice risks becoming rapidly out of date, to the detriment of patients."
3. It is well known that the medical community are in disagreement as documented [here](#) on when young life and pregnancy must be protected. According to a June 2011 [white paper](#) by the Westchester Institute for Ethics & the Human Person titled Emergency Contraceptives & Catholic Healthcare - A New Look at the Science and Moral Question: "The medical definition of "conception" has been changed to reflect a political, not a biological, reality..." Politics should not be the driving force of medical care. It is not government's business to establish or transform medical standards of care into mandates under law.
4. Whether the reasons are ethical or medical, Hospitals and the medical staff must be free to determine which, if any, are ethical and morally acceptable to dispense. Some pills/devices are clearly abortifacients and others are abortifacients under certain circumstances. Examples of the varieties include: Ulipristal acetate pills (ella); progestin-only pills (Levonorgestrel Tablets, Next Choice, Next Choice One Dose, Plan B One-Step); Combined progestin and estrogen pills (about [twenty-six](#) variations noted in Princeton's website).

5. There is much uncertainty even among advocates for EC on the effects on the pill on implantation. James Trussell, a senior fellow at the Guttmacher Institute, and Kelly Cleland, a staff researcher in the Office of Population Research at Princeton University, both diehard EC advocates admit there is not [enough evidence](#) to conclusively confirm EC is not an abortifacient: "[t]here is no evidence that, at the dose used for EC, these methods [including ulipristal] would effectively prevent implantation. There is some evidence that ulipristal acetate can produce changes in the uterine lining, **but whether these changes would impair the implantation of a fertilized egg is unknown.**"

6. There have been many [rallies](#) on religious liberty in Hawai'i objecting to medical mandates such as the EC mandate of this bill. Catholic Bishops have addressed compassionate care of sexual assault survivors in Directive [36 of the Ethical and Religious Directives for Catholic Health Care Services](#) (ERDs) which states: "Compassionate and understanding care should be given to a person who is victim of sexual assault. Healthcare 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."

Regardless of legislators' individual opinions about the teachings of the Catholic Church, legislators need to ask whether it is wise policy to force the re-closure of HMC-West which is operated under a contract mandating adherence to Catholic moral code. Rape victims may seek non-Catholic sources for EC, but the West Oahu community really has no possible replacement for HMC West.

7. Respectfully request you **OPPOSE** this bill. It presents disputed statements as fact which is deceiving to the people of Hawaii who don't have time to study the details of medical terminology. It ties the hands of doctors and facilities that are committed to a higher, more individualized standard of care than the "cook book" standard of care proposed by this bill. It denies the humanity of the baby, and denies the right of conscience to those who refuse to participate in abortion.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: chagnon@hawaii.edu
Subject: Submitted testimony for SB1109 on Feb 6, 2013 13:15PM
Date: Tuesday, February 05, 2013 12:37:41 PM

SB1109

Submitted on: 2/5/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Nicholas Chagnon	Individual	Support	No

Comments: I support this bill. It is important.

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

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

TO: Senate Committees On Health and Judiciary

RE: SB 1109 Relating to Hospital Standards for Sexual Assault Victims – in support

DATE: Wednesday, February 6, 2013 at 1:15 PM, room229

Aloha Chairs Green and Hee and Members of the Committees:

As a long time advocate for public health and especially women's health care, in the state of Hawai'i I'm testifying in support of SB 1109, which seeks to require hospitals to provide information about emergency contraception to women who are sexually assaulted and to provide emergency contraception when requested.

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.

From: [Planned Parenthood of Hawaii](#) on behalf of [Valerie Holland](#)
To: [HTHTestimony](#)
Subject: Testimony in Support of SB 1109
Date: Monday, February 04, 2013 6:43:17 PM

Feb 4, 2013

Senate Health Committee

To Committee,

Chair Josh Green, Vice Chair Rosalyn Baker, and Members of the Senate Committee on Health
Chair Clayton Hee, Vice Chair Maile Shimabukuro, and Members of the Senate Committee on Judiciary and Labor

Re: Testimony in Support of SB 1109 Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims.

I strongly support SB 1109, 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 SB 1109. Thank you.

Sincerely,

Ms. Valerie Holland
4484 Ikena Pl
Kalaheo, HI 96741-9560