

SB526

LATE TESTIMONY

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: amymonk99@hotmail.com
Subject: *Submitted testimony for SB526 on Jan 28, 2013 13:15PM*
Date: Sunday, January 27, 2013 9:25:21 PM

SB526

Submitted on: 1/27/2013

Testimony for HTH on Jan 28, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Amy Monk	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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January 27, 2013

Testimony in Support: SB 526

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

From: Ann S. Freed, Co-Chair, Hawai'i Women's Coalition

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

I strongly support SB 526, which ensures compassionate care for sexual assault survivors in Hawai'i 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.

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. 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.

When a woman is sexually assaulted, she should have the right to prevent pregnancy as the result of rape. EC prevents pregnancy. It is the best, most compassionate care that survivors deserve. 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 the 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} Disturbingly, 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.

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 SB 526.

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.

January 28, 2013

Testimony in Support: SB 526

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

From: Annie Hollis, Planned Parenthood of Hawaii, University of Hawai'i at Manoa Myron B. Thompson School of Social Work, Hawaii State Commission on the Status of Women

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

I strongly support SB 526, 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 is 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%.ⁱ Still some studies have shown that rate to be as low as 16%.ⁱⁱ 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.ⁱⁱⁱ The American College of Obstetrics and Gynecology also supports this standard of care.^{iv} 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.

Throughout my career, I have worked with victims of gender-based violence, who are 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 care in order to prevent revictimization in the form of an unplanned pregnancy.

I urge the Committee to pass SB 526. Thank you.

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.

^{iv} Union College, *Coping with Trauma*.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: brentobento@gmail.com
Subject: *Submitted testimony for SB526 on Jan 28, 2013 13:15PM*
Date: Sunday, January 27, 2013 9:05:50 PM

SB526

Submitted on: 1/27/2013

Testimony for HTH on Jan 28, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Brent Ching	Individual	Support	No

Comments:

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Carolyn Martinez Golojuch, MSW

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January 26, 2013

Testimony in Support: SB 526

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

From: Carolyn Martinez-Golojuch, MSW

Re: Hospital Emergency Compassionate Care (EC) for Sexual Assault Victims.

As a Master's Level Social Worker, I strongly support SB 526 for Hospital Emergency Compassionate Care for Sexual Assault Victims because I believe that everyone deserves the best medical care possible especially those who suffer from Sexual Assault. Emergency Compassionate Care is not only standard care; it is safe care and most insurance companies cover it.

These victim/survivors need to know all the medical options at this pivotal moment in their lives. To deny EC would be another assault on someone who has already suffered a physical assault.

One of the possible results from Sexual Assault is an unwanted pregnancy. This is the last thing a victim/survivor needs is an unwanted pregnancy as a result of the Sexual Assault. EC provides an effective way to prevent the unwanted pregnancy. Studies show that unwanted pregnancies many times produce life long stressors and problems that could have been prevented at the time of the first medical care. EC does not terminate a pregnancy, it prevents a pregnancy. The victim/survivors need the information provided during EC to best decide their medical care options.

Please provide the victim/survivors the information and medical care that best addresses their situation after a sexual assault. It is the decent, compassionate thing to do. Pass SB526.

January 28, 2013

Testimony in Support: SB 526

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

From: Glenda Tali, RN, APRN (Women's Health Care Nurse Practitioner)

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

I strongly support SB 526, 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%.ⁱ Still some studies have shown that rate to be as low as 16%.ⁱⁱ 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.ⁱⁱⁱ The American College of Obstetrics and Gynecology also supports this standard of care.^{iv} 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 SB 526.

Thank you.

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

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^{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.

From: mailinglist@capitol.hawaii.gov
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Cc: fysh_styx@yahoo.com
Subject: *Submitted testimony for SB526 on Jan 28, 2013 13:15PM*
Date: Sunday, January 27, 2013 9:00:05 PM

SB526

Submitted on: 1/27/2013

Testimony for HTH on Jan 28, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
James Trout	Individual	Support	No

Comments:

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Cc: jagsalda@gmail.com
Subject: *Submitted testimony for SB526 on Jan 28, 2013 13:15PM*
Date: Sunday, January 27, 2013 9:00:00 PM

SB526

Submitted on: 1/27/2013

Testimony for HTH on Jan 28, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jessica Agsalda	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: kat.caphi@gmail.com
Subject: *Submitted testimony for SB526 on Jan 28, 2013 13:15PM*
Date: Monday, January 28, 2013 10:35:26 AM

SB526

Submitted on: 1/28/2013

Testimony for HTH on Jan 28, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kat Brady	Community Alliance on Prisons	Support	Yes

Comments:

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Subject: Submitted testimony for SB526 on Jan 28, 2013 13:15PM
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SB526

Submitted on: 1/27/2013

Testimony for HTH on Jan 28, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kristina Swenson	Individual	Support	No

Comments: This is very important and should be passed!

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Committee: Committee on Health
Hearing Date/Time: Monday, January 28, 2013, 1:15 p.m.
Place: Conference Room 229
Re: Testimony of the ACLU of Hawaii in Support of S.B. 526

Dear Chair Green and Members of the Committee on Health:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in support of S.B. 526, 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 access comprehensive reproductive healthcare.

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; i.e. there are no 24-hour pharmacies on neighbor islands, so women are unable to get EC unless they can get it from an emergency room.

S.B. 526 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. Women who are raped after the pharmacies close may be unable to get emergency contraception except through an emergency room.

American Civil Liberties Union of Hawaii
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Honolulu, Hawaii'i 96801
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F: 808-522-5909
E: office@acluhawaii.org
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Chair Green and Members of the Committee on
Health

January 28, 2013

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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.

S.B. 526 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 because it may interfere with the implantation of a fertilized egg. 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 treatment. Emergency rooms -

American Civil Liberties Union of Hawaii
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Chair Green and Members of the Committee on
Health
January 28, 2013
Page 3 of 3

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 S.B. 526.

Thank you for this opportunity to testify.

Sincerely,
Laurie Temple
Staff Attorney
ACLU of Hawaii

The ACLU of Hawaii has been the state's guardian of liberty for 47 years, working 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
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January 28, 2013

TO: Senator Josh Green, M.D., Chair; Senator Rosalyn H. Baker, Vice Chair; and Members of the Senate Committee on Health

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

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

HEARING: Monday, January 28, 2013 at 1:15 pm

Healthy Mothers Healthy Babies Coalition of Hawaii is testifying today in support of SB 526, 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.

January 27, 2013

Testimony in Support: SB 526

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

From: Nancy Partika, RN, MPH

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

Aloha Senator Green, Senator Baker, and Members of the Senate Health Committee:

As a public health professional and educator, I strongly support SB 526, which ensures compassionate care for sexual assault survivors in Hawaii occurs, by requiring that emergency care departments throughout Hawaii offer information about emergency contraception (EC) and dispense EC medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be supported by health care professionals who treat her to prevent pregnancy as the result of rape. EC prevents pregnancy post-exposure and will provide the survivor with the standard of care that should be available and accessible at all sex assault treatment centers statewide.

Providing EC in the ER is the AMA and ACOG-accepted standard of care for female sex assault survivors. It is alarming and unacceptable that some hospitals in Hawaii choose not to offer victims Emergency Contraception information or treatment, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's women deserve access to quality, compassionate care that meets national standards of care after a sexual assault, no matter which Hawaii emergency room they are treated in. I respectfully ask this Committee to pass SB 526--- Mahalo.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: richelle.thomson@yahoo.com
Subject: Submitted testimony for SB526 on Jan 28, 2013 13:15PM
Date: Monday, January 28, 2013 10:34:14 AM

SB526

Submitted on: 1/28/2013

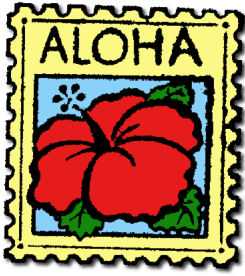
Testimony for HTH on Jan 28, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Richelle Thomson	Individual	Support	No

Comments: I strongly support passage of SB526. I believe in a woman's right to choose regarding her overall health care, which should include her right to full information to make informed choices.

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Holly J. Huber

1519 Nuuanu Ave #154 • Honolulu, Hawaii 96817
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Senate Committee on Health

Hearing on Monday, January 28, 2013 @ 1:15 in Conference Room 229

SB526 RELATING TO HOSPITAL EMERGENCY COMPASSIONATE CARE FOR SEXUAL ASSAULT VICTIMS

TESTIMONY IN SUPPORT

January 28, 2013

Aloha Committee Members:

Mahalo for hearing SB526 on emergency compassionate care.

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

Consider the alternative that allows hospitals to withhold information and deny medical procedures and prescriptions. How can that be right?

Why should a lease agreement with a land-owner restrict a woman's medical care?

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.

SB526 promotes SAFE and LEGAL medical treatments as well as FACTUALLY ACCURATE and UNBIASED information.

Please vote "YES" on SB526 and support women's health.

Sincerely,

Holly J. Huber

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: suklaw@gmail.com
Subject: Submitted testimony for SB526 on Jan 28, 2013 13:15PM
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SB526

Submitted on: 1/27/2013

Testimony for HTH on Jan 28, 2013 13:15PM in Conference Room 229

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

Comments: A woman who has suffered the trauma of rape has every right to receive comprehensive care upon visiting the ER- this includes access to and information about emergency contraceptives. Because the efficacy of pills like "the morning after pill" declines dramatically with time, it is crucial that there be access in the emergency room at the time of treatment. If a particular medical practitioner has religious objections to the use of such medications, he or she should be able to find another doctor to administer the pill.

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hscadv



HAWAII STATE COALITION AGAINST DOMESTIC VIOLENCE

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

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

Hearing Date and Time: January 28, 2013, 1:15 pm

Place: Conference Room 229

RE: SB526 - SUPPORT

The Hawaii State Coalition Against Domestic Violence is in strong support of HB526, 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.

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.

Furthermore, when a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. Emergency contraception 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%.ⁱ Still some studies have shown that rate to be as low as 16%.ⁱⁱ 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.ⁱⁱⁱ The American College of Obstetrics and Gynecology also supports this standard of

care.^{iv} 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 SB 526.

Thank you for your consideration.

Hawaii State Coalition Against Domestic Violence
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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.