

# PLANNED PARENTHOOD® OF HAWAII

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February 3, 2009

## **Testimony in Support: HB 423**

To: Representative Ryan Yamane, Chair, and Representative Scott Nishimoto, Vice Chair, and Members of the House Committee on Health

From: Katie Reardon, Vice President of Government & Public Affairs Planned Parenthood of Hawaii.

Re: Testimony in Support of HB 423

I thank the Committee for hearing this bill today and for allowing me the opportunity to testify in support of HB 423, which provides all sexual assault victims with information and access to emergency contraceptives in emergency rooms. I understand that this is a familiar bill to the legislature and I urge you to support it. Planned Parenthood of Hawaii strongly supports this bill as it ensures that our most vulnerable and victimized citizens receive the best standard of emergency care.

### **I. HB 423 Requires Emergency Rooms Provide Information About and Access to Emergency Contraceptives to Sexual Assault Victims.**

HB 423, requires all Hawaii hospitals to provide information regarding emergency contraceptives to all sexual assault victims who seek treatment in their emergency rooms, and for those victims who request it, to administer EC. Providing EC is the standard of care accepted by the medical community, however many hospitals neglect or refuse to provide this basic care to sexual assault victims. This bill will ensure that all sexual assault victims receive the same quality of medical care, thereby reducing the number of pregnancies resulting from rape and mitigating the inevitable trauma caused by this violent offense.

### **II. Sexual Assault is a Frequent and Traumatic Occurrence for Hawaiian Women.**

In 2007 there were 248,300 rapes in the United States.<sup>1</sup> According to the most recent Crime in Hawaii report, there were 377 forcible rapes reported to law enforcement in Hawaii in 2007.<sup>2</sup> While the overall crime rate was down, the rate of forced rapes increased by 3.9%.<sup>3</sup> Notable is the many rapes that go unreported each year. Major studies show that reporting rates for rape and sexual assault are approximately 40%.<sup>4</sup> Still some studies have shown that rate to be as low as 16%.<sup>5</sup> Many of these victims required emergency medical care at one of Hawaii's emergency rooms.

<sup>1</sup> *National Crime Victimization Survey*, US Department of Justice Bureau of Crime Statistics, 2005

<sup>2</sup> *Crime in Hawaii*, Hawaii Attorney General's Office, 2007

<sup>3</sup> *Id.*

<sup>4</sup> *National Crime Victimization Survey*, 2005

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(A Maui United Way Agency)

Spouse, neighbor, or stranger- no matter who the perpetrator, sexual assault is a life threatening event and one that leaves victims with not just physical injury, but with long term emotional scars, including depression, anxiety, and intense fear.<sup>6</sup> Approximately one third of all victims suffer from Post Traumatic Stress Disorder.<sup>7</sup> Many victims require extensive counseling or therapy to heal from their assaults. Left untreated, sexual assault can lead to significant long term mental health problems.

### **III. Pregnancy Resulting from Rape Causes Victims Further Trauma.**

Lingering health concerns exacerbate the trauma of a sexual assault. All victims must deal with the reality of reproductive health concerns following an assault. Each victim faces the possibility of contracting an STI or becoming pregnant as the result of a 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. The violation is perhaps the most intimate and violent act one can experience. For some victims, pregnancy does occur. Though statistics vary, the average rate of pregnancy resulting from rape is somewhere between 1 to 5% with an estimated 32,000 rape related pregnancies occurring every year.<sup>8</sup> A total of 32.4 percent of these victims did not discover they were pregnant until they had already entered the second trimester; 32.2 percent opted to keep the infant whereas 50 percent underwent an abortion and 5.9 percent placed the infant for adoption; and additional 11.8 percent had spontaneous abortion.

A pregnancy resulting from rape is not just unplanned, it is forced. Denying victims the information and autonomy to make sound medical decisions regarding their reproductive health only furthers the violation of a rape.

### **IV. Emergency Contraception is Standard of Care for Sexual Assault Victims and is Supported by the Community.**

EC is a safe and effective means of preventing pregnancy after a sexual assault. It is not an abortion pill, nor does it cause abortion. EC is a higher dose contraceptive, similar to the commonly used birth control pill. EC, when taken within 72 hours of an assault, prevents ovulation and fertilization of an egg. It may, but has not been conclusively shown to, prevent implantation of an egg. EC has been approved by the FDA.<sup>9</sup>

Providing EC to sexual assault victims is the best practice in emergency medical care. Various professional medical associations have stated that this is the preferred standard of care.

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<sup>5</sup> National Center for Victims of Crime & Crime Victims Research and Treatment Center, *Rape in American: A Report to the Nation*, (1992).

<sup>6</sup> See, American Medical Association, *Strategies for the Treatment and Prevention of Sexual Assault*, (1995), stating that 80% of sexual assault victims seek services related to mental health needs some time after the assault.

<sup>7</sup> National Center for Victims of Crime & Crime Victims Research and Treatment Center, (1992).

<sup>8</sup> Holmes, Melissa and Resnick, Heidi A. and Kirkpatrick, Dean G. and Best, Connie L. *Rape-related Pregnancy: Estimates and Descriptive Characteristics from a National Sample of Women*. American Journal of Obstetrics and Gynecology, Vol. 175, 2, pp. 320-325. (1995).

<sup>9</sup>See Task Force on Postovulatory Methods of Fertility Regulation. *Randomised controlled trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for EC*. The Lancet (1998), 352: 428-433.

The **American Medical Association** has published guidelines for the emergency treatment of sexual assault victims. Those guidelines call for the provision of EC to victims.<sup>10</sup>

The **American College of Obstetrics and Gynecology** has also established guidelines for treatment of sexual assault victims. In “Acute Treatment of Sexual Assault Victims”, ACOG states Emergency contraception should be offered to all victims of sexual assault if they are at risk of pregnancy.<sup>11</sup>

In a 2005 statewide survey of voters, conducted by Planned Parenthood of Hawaii through the services of QMark, a research and polling company, 84 percent of the respondents stated that victims of rape should receive medically accurate information and should be offered EC.

Nonetheless, many of our hospitals do not provide EC, or even information about EC to victims. Victims deserve the best care, no matter the hospital they visit. Especially in Hawaii, victims may not be able to choose which hospital they report to. In light of the violence every sexual assault victim experiences, denying a sexual assault victim proper care is unconscionable. HB 423 ensures that no matter which hospital a victim is seen, she receives the best standard of care.

#### **IV. Please Support HB 423 and Hawaii’s Sexual Assault Victims.**

HB 423 is essential to providing the best quality of care for sexual assault victims, who after a rape are challenged with myriad physical and emotional injuries. Crucial to a victims healing is restoring her ability to make decisions and have control over her own body. This bill is a meaningful step towards assisting victims and lessening their trauma, as well as restoring their power. All victims deserve the best standard of care no matter what ER they arrive in, and passing this bill will ensure that they do. We ask you to pass HB 423. Thank you for this opportunity to testify today.

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<sup>10</sup> See, *Strategies for the Treatment and Prevention of Sexual Assault*.

<sup>11</sup> See, American College of Obstetricians and Gynecologists, *Violence Against Women: Acute Care of Sexual Assault Victims* (2004), at [http://www.acog.org/departments/dept\\_notice.cfm?recno=17&bulletin=1625](http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=1625).



**St. Francis**

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

Email To: Health Committee ~ [hlttestimony@capitol.hawaii.gov](mailto:hlttestimony@capitol.hawaii.gov)  
For House Committee on Health Hearing, HB 423  
Tuesday, February 3, 2009, 8:30 a.m., Conference Room 329

February 2, 2009

**HOUSE COMMITTEE ON HEALTH**

Representative Ryan I Yamane, Chair  
Representative Scott Y. Nishimoto, Vice Chair

Testifying: Myron L. Tong, Administrator, St. Francis Healthcare Foundation

**St. Francis Healthcare System of Hawaii strongly opposes HB 423 unless a religious exemption is included.**

The freedom to operate without intrusive, burdensome government mandates is important to every business. It becomes particularly challenging when lawmakers attempt to regulate medical practices, and it is even more problematic and disturbing when regulations begin to dictate religious values, crossing the line between Church and State.

The bill that is being voted on today, HB423, is proposing that all health care organizations in Hawaii be required to offer emergency contraceptive in their emergency rooms. St. Francis Healthcare System opposes this mandate. It is not because we do not have compassion for those who have been raped, nor is it because of our unbridled zeal to protect the unborn at the expense of the emotional and psychological health of the rape victim. We are opposed to this bill simply because it is an infringement on our religious freedom which is an integral part of our mission.

We are not advocating a ban on emergency contraceptive pills altogether. We are only asking that it not be made a legal requirement for St. Francis Healthcare System and Hawaii Medical Center, which shares and fully supports Catholic ethical and religious values and that you consider an amendment that exempt our organizations.

*St. Francis Community Health Services St. Francis Healthcare Foundation of Hawaii  
St. Francis Healthcare Enterprises, Inc. St. Francis Residential Care Community Our Lady of Kea'au*

Hawaii's hospitals cannot be all things to all people because this is not financially feasible, and that is why many health care organizations have specialty areas such as burn treatment, trauma care, and care for women and children. We would gladly refer women to other organizations that do offer emergency contraceptive.

Our request is reasonable and logical. Just as others may not want Catholic health care groups to impose our beliefs on them, we are asking Hawaii's lawmakers to do the same. No matter which side of the issue you may be on regarding abortion, we urge you to not impose values and requirements on Catholic health care organizations that go against our beliefs. Thank you for your consideration.

Sister Agnelle Ching, OSF  
Chief Executive Officer  
St. Francis Healthcare System of Hawaii

The following is sample language from HB1240 HD1, 2005 Legislature for a religious exemption:

“A religiously affiliated hospital with a religious objection to participation in the requirement of subsection (xx) shall be exempt therefrom but shall provide emergency care to a sexual assault survivor by providing medically appropriate transportation in a timely manner to another health care facility or provider of the survivor's choice. The religiously affiliated hospital shall be responsible to the cost associated with transportation to the healthcare facility or provider of the survivor's choice. A hospital that is exempt under this subsection shall inform the sexual assault survivor that she will not be held responsible for the cost associated with transportation to the health care facility or provider of the survivor's choice”.



**Harry N. Yoshino, M.D.**  
**Chair, ACOG Hawaii Section**

February 2, 2009

Committee on Health  
 Rep. Ryan I. Yamane, Chair  
 Rep. Scott Y. Nishimoto, Vice-Chair

The Hawaii Section of the American College  
 of Obstetricians and Gynecologists (ACOG)  
 strongly supports: **HB 991**

Relating to University Of Hawaii

Establishing a loan repayment program for UH medical school  
 graduates working in rural areas of the state would greatly ease  
 our shortage of doctors on the neighbor islands.

**HB423**

Relating to Emergency Contraceptives for Sexual Assault  
 Survivors

This would greatly help prevent pregnancies from victims of  
 sexual assault, which is a tremendously traumatic incident by  
 itself.

Thank you for allowing me to testify.

Harry N. Yoshino, M.D.

Chair, ACOG Hawaii Section



**A JOINT LEGISLATIVE EFFORT**

E-Mail to: [hltestimony@Capitol.hawaii.gov](mailto:hltestimony@Capitol.hawaii.gov)  
Regarding: House Committee on HLT  
Hearing on: February 3, 2009 @ 8:30 a.m., #329

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**Date:** January 30, 2009

**To:** House Committee on Health  
Honorable Ryan Yamane, Chair  
Honorable Scott Nishimoto, Vice Chair

**From:** Walter Yoshimitsu  
Lobbyist, Roman Catholic Church in the State of Hawaii

**Re:** **Opposition to HB423 Relating to Emergency Contraceptives for Sexual Assault Survivors**

Honorable Chair and members of the House Committee on Health, I am Walter Yoshimitsu, **representing both the Hawaii Family Forum and the Roman Catholic Church in the State of Hawaii.**

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii. The Roman Catholic Church in Hawaii, under the leadership of Bishop Larry Silva, represents over 220,000 Catholics in Hawaii.

Along with our community partner, St. Francis Healthcare System of Hawaii, we strongly oppose HB423 because it requires hospitals to provide emergency contraception to sexual assault victims when requested.

Because of its religious tenets, St. Francis Healthcare System does not provide birth control or abortion services. Although St. Francis no longer operates its two medical centers, the Hawaii Medical Center has agreed (as a condition of the sale and lease of the land) to comply with the Ethical and Religious Directives for Catholic Health Care Services.

Mahalo for the opportunity to testify.



WOMEN'S CAUCUS

DEMOCRATIC PARTY OF HAWAII

Hawai'i State Democratic Women's Caucus 1050 Ala Moana Blvd #D-26, Honolulu, HI 96814 Email: [hidemocraticwomenscaucus@yahoo.com](mailto:hidemocraticwomenscaucus@yahoo.com)

February 3, 2009

To: Rep. Ryan I. Yamane, Chair  
Rep. Scott Nishimoto, Vice Chair and  
Members of the House Committee on Health

From: Jeanne Ohta, Chair of Legislative Committee, Hawai'i State Democratic Women's Caucus

Re: HB 423 RELATING TO EMERGENCY CONTRACEPTIVES FOR SEX ASSAULT SURVIVORS  
(8:30am, Tuesday, February 3, 2009, Room 329)

Position: STRONG SUPPORT

Thank you for hearing this bill and for allowing me to present testimony today, in support of HB 423 which requires hospitals to provide information about emergency contraception (EC) to women who are sexually assaulted and to provide EC when requested.

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 which provides for an accepted standard of medical care for victims of sexual assault.

We call your attention to the American Medical Association's Guidelines for treating sexual assault victims which states that victims should be informed about and provided EC.<sup>1</sup> The American College of Obstetrics and Gynecology also supports this standard of care.<sup>2</sup> We simply cannot allow care that does not meet established standards. In the aftermath of rape, victims find themselves dealing with a host of reproductive and sexual health issues, including pregnancy. Providing information about EC and administering EC within the recommended 72 hours can prevent pregnancy. Women who have been raped have a particularly compelling need for quick and easy access to EC.

We ask this committee to ensure that sex assault victims are provided with this standard of care no matter where treatment is sought; and that hospitals are not excused from their duty to provide these accepted standards of care. All hospitals should provide emergency care to sexual assault survivors with written and oral information about EC that is medically and factually accurate. In addition, all sexual assault survivors should be provided an option to receive emergency contraception at the hospital.

<sup>1</sup> American Medical Association, Strategies for the Treatment and Prevention of Sexual Assault (1995).

<sup>2</sup> American College of Obstetricians and Gynecologists, Violence Against Women: Acute Care of Sexual Assault Victims (2004), at [http://www.acog.org/departments/dept\\_notice.cfm?recno=17&bulletin=1625](http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=1625)

There is overwhelming support for offering EC to women following a sexual assault. One survey found that 78 percent of women feel their hospital should provide EC for anyone who has been raped (Catholics for Free Choice, 2000). A survey of registered voters conducted for Planned Parenthood Action Fund in June 2001 confirmed these findings: three of four voters favored requiring all hospitals to make EC available to women who have been raped.

Providing EC to survivors of sexual assault is good medical practice, regardless of a hospital's religious affiliation. The women of Hawaii deserve a standard of medical care that is NOT dictated by religious beliefs. Please do not allow religious interference in the medical care of sexual assault survivors.

We strongly urge this committee to pass HB423 and show that this legislature understands and supports the needs of sexual assault victims. Thank you for allowing me to submit my testimony in support of this measure.



# THE SEX ABUSE TREATMENT CENTER

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

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Frank Haas

Philip Hyden, M.D.

Roland Lagareta

Willow Morton

R. Carolyn Wilcox

DATE: February 3, 2009

TO: The Honorable Ryan I. Yamane, Chair  
The Honorable Scott Y. Nishimoto, Vice Chair  
Committee on Health

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

RE: Support for HB423  
Emergency Contraception for Sexual Assault Victims

Good morning Representatives Yamane and Nishimoto and members of the House Committee on Health. My name is Adriana Ramelli and I am the Executive Director of the Sex Abuse Treatment Center (SATC), a program of the Kapi'olani Medical Center for Women & Children (KMCWC), an affiliate of Hawaii Pacific Health.

The SATC supports HB 423 which requires all hospitals that provide emergency care to female sexual assault victims to provide information on emergency contraceptives and, if the victim so chooses, make it available to them. This sound and compassionate legislation demonstrates a women's right to protect herself against an unwanted pregnancy resulting from a sexual assault.

Sexual assault is a horrific act of violence; and following an attack, women are left to cope with the raw painful emotions of a situation that was forced upon them. In addition, these women are forced to cope with and manage the many physical consequences of sexual violence. One very serious physical consequence is an unwanted pregnancy. Every year, approximately 300,000 women are raped and about 25,000 women of them become pregnant as a result of the sexual assault (Steward, Russell American Journal of Preventive Medicine Nov. 2000).

Victims of sexual assault should have the right to access therapeutic and medical care following an assault as well as the right to determine their own course of action after an event that stripped them of all of their control.

The SATC is a community program designed to support the needs of victims and is available to them following an assault. The KMCWC is the designated hospital for sexual assault victims to receive a comprehensive medical-legal examination. This examination entails the detection and treatment of injuries, collection of legal evidence, testing for sexually transmitted diseases, and pregnancy testing. If a victim is concerned about or at risk for an unwanted pregnancy, the examining physician will offer information about and discuss the option of prescribing the emergency contraceptive pill.

Medical Centers on Oahu are aware of the forensic medical services of the SATC and do refer victims to the KMCWC Emergency Department for the comprehensive examination. This system works when victims want the comprehensive forensic examination services of the SATC. However, not all choose this method of care and may be concerned only about becoming pregnant from the assault.

If this is the case, the system works when a victim can walk into any emergency room, be evaluated for the risk of pregnancy, and offered the option of emergency contraception.

Offering emergency contraception is also a time-sensitive issue. The medication needs to be administered within 72 hours of the sexual attack to be effective. It is not uncommon for victims to delay seeking immediate medical care because the realities of a sexual assault are often too painful to face. In addition, it is not uncommon for sexual assault victims to be faced with transportation issues and be forced to seek care for the unwanted pregnancy at a medical facility nearest their home.

The passage of HB 423 will promote sound public policy and demonstrates compassion and safety for sexual assault victims. Most importantly, it demonstrates a woman's right to protect herself against an unwanted pregnancy from a sexual assault.

Thank you for this opportunity to testify.



**February 2, 2009**

**Committee on Health**

**HB 423: Relating to Emergency Contraceptives for Sexual Assault Survivors**

**Honorable Chairperson Yamane and Members of the Committee on Health**

**My name is Jackie Berry, Executive Director for Healthy Mothers Healthy Babies of Hawaii (HMHB). HMHB is a statewide coalition of public and private agencies and individuals committed to the improvement of maternal and infant health status in Hawaii through education, coordination and advocacy. HMHB is testifying today in support of HB 423 to ensure that victims of sexual assaults are given information about emergency contraception when they receive medical care at a hospital for sexual assault, and those they have immediate access to emergency contraception if they request it.**

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

**The hospital is often the first point of medical contact for victims of sexual assault and those hospitals should be providing the full range of rape counseling and treatment services to those who seek care. Women have a right to receive all information on treatment options for their health and well being. Facilities that do not provide access to this information and care are depriving their patients of the right to make an informed decision for themselves regarding preventing an unintended pregnancy that may result from rape.**

**Thank you for opportunity to testify**

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phone # (808) 951-5805, fax # (808) 941-4102  
e-mail: [jackieb@hmhb-hawaii.org](mailto:jackieb@hmhb-hawaii.org) website: [www.hmhb-hawaii.org](http://www.hmhb-hawaii.org)



**Hawaii Medical Center East**  
2230 Liliha Street, P.O. Box 30100, Honolulu, HI 96820-0100  
Phone: (808) 547-6011

February 2, 2009

EMAIL TO: [hlttestimony@capitol.hawaii.gov](mailto:hlttestimony@capitol.hawaii.gov).

TO: The Committee on Health  
HEARING DATE: Tuesday, February 03, 2009  
HEARING TIME: 8:30 am  
HEARING PLACE: Conference Room 329  
State Capitol  
415 South Beretania Street

FROM: Collin Dang, MD  
President and CEO, Hawaii Medical Center, LLC

MEASURE NUMBER: HB423  
RELATING TO EMERGENCY CONTRACEPTIVES FOR  
SEXUAL ASSAULT SURVIVORS.  
Requires hospitals to provide information about emergency  
contraception to women who are sexually assaulted and to  
provide emergency contraception when requested. Provides  
for administrative penalties for noncompliance.

NO. OF COPIES: 3

I am the President and CEO of Hawaii Medical Center, and have been a practicing cardiac surgeon in Honolulu for 32 years.

I am opposed to HB423 for the following reasons:

- 1) St. Francis Medical Center has served the health needs of the people of Hawaii for over 80 years while maintaining its Catholic tenets. The owners of Hawaii Medical Center believe that the Sisters of St. Francis had and have an honorable mission, and have purchased St. Francis Medical Center agreeing to continue that mission and maintaining the Catholic tenets. Mandating emergency contraception forces Hawaii Medical Center to violate its purchase agreements.
- 2) There is no proof that immediate treatment in any emergency room prevents pregnancy. Emergency contraception and support for rape victims is available at other hospitals in Honolulu. It is preferable that rape victims be transferred to institutions that have a complete support system to deal with such situations. Hawaii Medical Center would be willing to transfer patients who show up in its emergency rooms to hospitals with such a support system at Hawaii Medical Center's expense.

Collin R. Dang, M.D.

**Phillip J. Morris**  
6113 B Summer Street  
Honolulu, HI 96817

February 3, 2009

**To:** Representative Ryan Yamane, Chair, and Representative Scott Nishimoto, Vice Chair, and Members of the House Committee on Health

**From:** Phillip J. Morris, MBA, P.E, Treasurer, Board of Directors of Planned Parenthood of Hawaii.

**Re:** Testimony in Support of HB 423

I ask the Committee to pass HB 423, which provides all sexual assault victims with information and access to emergency contraceptives in emergency rooms.

HB 423, requires all Hawaii hospitals to provide information regarding emergency contraceptives to all sexual assault victims who seek treatment in their emergency rooms, and for those victims who request it, to administer EC. Providing EC is the standard of care accepted by the medical community, however many hospitals neglect or refuse to provide this basic care to sexual assault victims. This bill will ensure that all sexual assault victims receive the same quality of medical care, thereby reducing the number of pregnancies resulting from rape and mitigating the inevitable trauma caused by this violent offense.

Sexual assault is a traumatic and intimate violation that affects many women in Hawaii. The physical and emotional injuries experienced by victims are overwhelming. It is essential to victims' healing that they are afforded the highest quality emergency care and that they are provided with all necessary information and treatment options to restore their health and safety.

The harm done by a sexual assault is compounded by the real threat of experiencing a pregnancy resulting from rape. For victims that experience this risk, the traumatic impact is profound. These victims must be given the correct information to make health decisions and to prevent pregnancy. Facing an unplanned pregnancy is difficult by itself, taken in the context of sexual assault it can lead to life long emotional injury.

Pregnancy as a result from rape is easily treatable. Emergency contraception is a safe and effective means of preventing pregnancy after a sexual assault. Similar to the commonly used 'birth control pill', EC can be offered by emergency rooms to sexual assault victims to prevent pregnancy. It is also the standard practice in providing care to sexual assault victims, according to both the American Medical Association and the American College of Obstetrics and Gynecology.

I am disheartened to know that in Hawaii not all victims have access to or even information about emergency contraceptives. Victims deserve the best care, no matter the hospital they visit. In light of the violence every sexual assault victim experiences, denying a sexual assault victim proper care is unconscionable. HB 423 seeks to ensure that all victims do receive proper care, and ultimately protects victims from further suffering. I support HB 423 and I urge the committee to do the same.

February 2, 2009

TO: The Committee on Health  
HEARING DATE: Tuesday, February 03, 2009  
HEARING TIME: 8:30 am  
HEARING PLACE: Conference Room 329, State Capitol, 415 South Beretania Street  
MEASURE NUMBER: HB423 - RELATING TO EMERGENCY  
CONTRACEPTIVES FOR SEXUAL ASSAULT SURVIVORS.  
NO. OF COPIES: 3

The Honorable Representative Ryan Yamane  
Chairman, Committee on Health  
39th Representative District  
Hawaii State Capitol, Room 329  
415 South Beretania Street  
Honolulu, Hawai'i 96813

Re: Testimony Opposing HB 423, Relating to Health

Rep. Ryan I. Yamane, Chair, Rep. Scott Y. Nishimoto, Vice Chair, and Honorable Members of the Committee of Health,

As Medical Director of the Emergency Department of Hawaii Medical Center East, I oppose the Emergency Contraceptive Bill as currently stated and request that it allow for an exception for facilities and providers based on religious beliefs.

I currently provide care for a limited number of patients who have experienced sexual assault, and in my practice, the sexual abuse team at Kapiolani Medical Center for Women and Children has provided assistance to every one. I am aware of the recommendations to treat for sexually transmitted diseases as well as unplanned pregnancy in these cases and have been appreciative of the assistance the sexual abuse crisis team at Kapiolani provides.

I am not opposed to arranging for the appropriate care, but do not think physicians or other providers should be mandated by law to provide services that they be morally opposed to when other options are available. Other states have passed measures that allow for the exclusion of facilities that have objections on moral grounds and I ask the State of Hawaii make a similar exception.

Respectfully submitted

Valorie Ammann, MD, FACEP  
Medical Director Emergency Department  
Hawaii Medical Center East

# MELANIE KELLY, MD

February 2, 2009

EMAIL TO: [hlttestimony@capitol.hawaii.gov](mailto:hlttestimony@capitol.hawaii.gov)

TO: The Committee on Health  
HEARING DATE: Tuesday, February 03, 2009  
HEARING TIME: 8:30 am  
HEARING PLACE: Conference Room 329, State Capitol, 415 South Beretania Street  
MEASURE NUMBER: HB423 - RELATING TO EMERGENCY CONTRACEPTIVES FOR SEXUAL ASSAULT SURVIVORS.

NO. OF COPIES:3

Re: In Opposition to HB423 "Relating to Health" (Emergency Contraception)

Dear Rep. Yamane, Vice Chair Nishimoto and Committee Members:

I am a physician and Medical Director at the Hawaii Medical Center Emergency Departments. I have practiced Emergency Medicine in Hawaii for over twenty years, and have experience in managing a Family Planning clinic for 6 years.

I am personally and professionally in favor of emergency contraception, and its widespread availability. I also strongly believe that each physician and healthcare system must weigh its options and make informed decisions on whether they would choose to participate in providing contraception. They should be allowed to make choices and to have the freedom to practice according to their choices. This right should be protected by the first amendment.

Women have 72 hours to obtain and take emergency contraception. Emergency physicians can, and should provide education to these patients about their options, then pharmacies can provide the medication if this option is chosen.

The State also is taking the position that our system is not prepared to fund and implement a program requiring all Emergency Departments to be able to provide on-site Emergency contraceptives. It may be much simpler option to implement this program at a select few Emergency Departments who serve this population most frequently, or to provide the medication through pharmacies in coordination with Emergency Department prescriptions.

In summary, I oppose this bill because

- o I believe health care providers and systems need to make and stand by their ethical choices on this matter
- o The State is not prepared to fund or implement the ramifications of passing this bill
- o Women could obtain the Emergency Contraceptive easily within the 72 hour time frame through pharmacies

Sincerely,  
Melanie Kelly, MD