Honorable Chair and Members of the Health Committee:

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

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

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

John Bickel, Vice President ADA Hawaii



February 6, 2013

- To: Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Health
- Re: Testimony in Support of HB 411 Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims Hearing: Wednesday, February 6, 2013

From: Jeanne Ohta, Co-Chair

Position: Support

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

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

Providing EC in the ER is the accepted standard of care. The American Medical Association's Guidelines for treating sexual assault victims states that victims should be informed about and provided EC.¹ The American College of Obstetrics and Gynecology also supports this standard of care.¹¹

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 <u>http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=1625</u>.

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.

GAY LESBIAN BISEXUAL AND TRANSGENDER CAUCUS



DEMOCRATIC PARTY OF HAWAI'I

February 6, 2013

Testimony in Support: HB411

- To: Chair Della Au Belatti, Vice Chair Dee Morikawa, and
 Members of the Committee on Health: Reps Cabanilla, Carroll, Jordan, Kobayashi, Woodson and
 Cheape
- From: Jo-Ann M. Adams, Legislative Liaison Gay Lesbian Bisexual and Transgender Caucus Democratic Party of Hawai'i
- **Re:** Hospital Emergency Compassionate Care for Sexual Assault Victims.

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

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

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

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

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

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

Thank you for your consideration.

HAWAII STATE COMMISSION ON THE STATUS OF WOMEN



Chair LESLIE WILKINS

COMMISSIONERS:

ELENA CABATU ADRIENNE KING CARMILLE LIM AMY MONK LISA ELLEN SMITH CAROL ANNE PHILIPS

Executive Director Catherine Betts, Esq.

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

235 S. Beretania #407 Honolulu, HI 96813 Phone: 808-586-5758 FAX: 808-586-5756 February 6, 2013

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

- To: Representative Della Au Belatti, Chair Representative Dee Morikawa, Vice-Chair Members of the House Committee on Health
- From: Cathy Betts, Executive Director, Hawai'i State Commission on the Status of Women

Re: Testimony in Support of HB 411

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 HB 411, 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 Congress 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. A victim of rape should not have to seek further medical care on her own because of an institution's denial of basic care.

The Commission urges the Committee to pass HB 411. Thank you.

http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_C are_for_Underserved_Women/Sexual_Assault.

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

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:



COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair Rep. Dee Morikawa, Vice Chair

DATE: Wednesday, February 06, 2013 TIME: 10:30 A.M. PLACE: Conference Room 329

STRONG SUPPORT FOR HB 411 - COMPASSIONATE CARE FOR RAPE VICTIMS

Aloha Chair Au Belatti, Vice Chair Morikawa and 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 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. Emergency Contraception is NOT an abortion pill. It, in scientific fact, prevents ovulation thus preventing a rapist from impregnating his 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. 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 Hawaii Attorney General's Report Crime in Hawaii, 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%.¹ Still some studies have shown that rate to be as low as 16%.¹¹ 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} 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 HB 411.

Mahalo nui loa,

Ann S. Freed Co-Chair, Hawai'i Women's Coalition Contact: annsfreed@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 4, 2013

TO: Representative Della Au Belatti, Chair Committee on Health Representative Dee Morikawa, Vice Chair Representative Rida T.R. Cabanilla Representative Mele Carroll Representative Jo Jordan Representative Bertrand Kobayashi Representative Justin H. Woodson Representative Lauren Kealohilani Cheape

February 6, 2013 10:30 Conference Room 329

FROM: Marty Oliphant, Executive Director National Association of Social Workers, Hawaii Chapter

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

Representative Della Au Belatti Chair, Representative Dee Morikawa Vice Chair, and members of the House Committee on Health, my name is Marty Oliphant. I serve as the Executive Director of the National Association of Social Workers, Hawai'i Chapter (NASW). NASW supports the intent HB 411 Relating to the Hospital Emergency Compassionate Care Assault Victims.

This bill would require Hospitals responding to sexual assault victims to provide objective and informed options regarding emergency contraception and dispense the medication when it is needed and the survivor requests it. The medication prevents pregnancy - it does not abort a pregnancy. Providing emergency contraception in the emergency room is the accepted standard of care.

I urge your favorable consideration of HB 411. Thank you for this opportunity to testify.

Progressive Democrats of Hawai'i http://pd-hawaii.com 1418 Mokuna Pl. Pl, Honolulu, HI 96816 email: info@pd-hawaii.com tel: 808.371-9334

Wednesday, February 6, 2013

Testimony in Support: HB 411

To: Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Health

From: Bart Dame.

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

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

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

Bart Dame, Co-Chair of Progressive Democrats

Planned Parenthood®

1350 S. King Street • Suite 309 • Honolulu, Hawaii 96814 • <u>www.pphi.org</u> • Phone: 808-589-1156 • Fax: 808-589-1404

February 5, 2013

Testimony in Support: HB 411

To: Chair Della Au Belatti, Vice Chair Dee Morikawa, and Members of the House Committee on Health **From:** Katie Reardon Polidoro, Director of Public Affairs & Government Relations, Planned Parenthood of Hawaii

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

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

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

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

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

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

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

Kailua Kona Health Center 75-184 Hualalai Road, Suite 205 Kailua Kona, HI 96740 808-329-8211 Kahului (Maui) Health Center 140 Ho`ohana Street, Suite 303 Kahului, HI 96732 808-871-1176

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

³ Crime in Hawaii, Hawaii Attorney General's Office, Nov. 2012,

http://hawaii.gov/ag/cpja/main/rs/crimeinhawaii/CIH2011/Crime_in_Hawaii_2011.pdf

⁴ Id. ⁵ Id.

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

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

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

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

Pregnancy as the result of a rape can be profoundly traumatic. Sexual assault takes away a person's fundamental control and autonomy over her body. Victims have no choice over engaging in sexual activity or using contraception. Though statistics vary, the average rate of pregnancy resulting from rape is somewhere between 1 to 5% with an estimated 32,000 rape related pregnancies occurring every year. ¹⁰ A total of 32.4% of these victims did not discover they were pregnant until they had already entered the second trimester; 32.2% decide to raise the child, 50% underwent an abortion and 5.9% placed the infant for adoption; and an additional 11.8% experienced miscarriage. ¹¹

Providing EC in Emergency Rooms is the Standard of Care

EC is a safe and effective way to prevent a pregnancy as the result of a rape. EC is a high dose hormonal contraceptive that, when taken within 120 hours (or 5 days) of unprotected sex, can prevent pregnancy. It is most effective the earlier it is taken, with a 99% efficacy rate when taken within 12 hours, 82% within 72 hours, and decreasing thereafter.

EC works to prevent pregnancy primarily by preventing ovulation from occurring. ¹² EC may also be effective after ovulation. The hormones in EC cause a thickening to the cervical mucus, which prevents sperm from fertilizing the egg, thereby preventing pregnancy. ¹³ There has been uncertainty as to whether EC will prevent a fertilized egg from implanting onto the uterine lining, and no conclusive data has been able to support that effect. In fact, more recent studies have suggested that it is unlikely that EC will prevent a fertilized egg from implanting or have any effect post-fertilization. ¹⁴ EC is not an "abortion pill." It will not terminate an existing pregnancy. ¹⁵

Providing EC in the emergency room is the accepted standard of care. In 1995, the American Medical Association issued guidelines for treating sexual assault patients stating that survivors should be informed about and provided EC.¹⁶ The American College of Obstetrics and Gynecology has supported this standard of care since 2004.¹⁷

Sixteen states and the District of Columbia have adopted legislation requiring the provision of information about and/or access to EC to sexual assault survivors in emergency rooms.¹⁸ The Federal Government now

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

¹⁰ Holmes, Melissa and Resnick, Heidi A. and Kirkpatrick, Dean G. and Best, Connie L. *Rape-related Pregnancy: Estimates and Descriptive Characteristics from a National Sample of Women*. American Journal of Obstetrics and Gynecology, Vol. 175, 2, pp. 320-325. (1995).

¹¹ Id.

¹² Emergency Contraception Fact Sheet, US Department of Health and Human Services, Office on Women's Health, <u>http://womenshealth.gov/publications/our-publications/fact-sheet/emergency-contraception.cfm</u>.
¹³ Id.

¹⁴Id., See Also: Rev. Nicanor Pier Giorgio Austriaco, "*Is Plan B an Abortifacient? A Critical Look at the Scientific Evidence*", The National Catholic Bioethics Quarterly, (Winter 2007).

¹⁵ Emergency Contraception Fact Sheet

¹⁶ See, American Medical Association, Strategies for the Treatment and Prevention of Sexual Assault (1995).

¹⁷ 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.

¹⁸ States Include: AR, CA, CO, CT, DC, IL, MA, MN, NJ, NM, NY, OR, SC, TX, UT, WA, WI.

requires all military and federal hospitals to stock EC.¹⁹ The Army Medical Command Regulations advise discussing and providing EC to sexual assault survivors.²⁰

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

In 2010, a coalition of organizations called the Coalition for Compassionate Care for Sexual Assault Victims²¹ (CCSAV) distributed a survey to 26 emergency departments in Hawaii. Of the 15 surveys returned, only 6 respondents were aware that their facility had a clear policy on EC. Only four facilities said that they have a clear policy and always offer it to survivors of sexual assault. Three hospitals said they never dispense EC. Two responded that they only provide EC if the patient has a prescription and two facilities said EC is only offered some of the time. The lack of consistent policy among Hawaii's emergency departments is deeply concerning.

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

Further, younger women have more difficulty obtaining EC outside of the emergency room. Minors under the age of 17 must have a written prescription to purchase EC. Considering the pervasiveness of sexual assault among younger women, it is even more urgent that EC be available in emergency rooms. According to the CDC among victims of completed rape, 42.2% were assaulted prior to age 18.²²

Denying EC also exacerbates emotional trauma. The prospect of being denied medical care, having one's health care decisions judged, and having to re-tell the story of the rape is discouraging and damaging to victims. A 2005 study found: Survivors who experience negative reactions when first disclosing their sexual assault are more likely to experience PTSD and less likely to make subsequent disclosures.²³ Survivors who were required to make multiple disclosures, regardless of negative reactions, suffered from more acute PTSD symptoms.²⁴

Conclusion

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

¹⁹ See, Department of Defense, *Pharmacy and Therapeutics Committee Recommendations*, November 2009, Signed February 2010.

²⁰ See, Army Medical Command Regulation, 40-36, Part 17, January 2009.

²¹ CCSAV members include: ACLU of Hawaii, Healthy Mothers Health Babies Coalition of Hawaii, Planned Parenthood of Hawaii and the Sex Abuse Treatment Center.

²² National Intimate Partner and Sexual Violence Survey, 2011.

²³ Starzynski, L. L. Ullman, S. E., Filipas, H. H., Townsend, S. M. (2005). Correlates of women's sexual assault disclosure to informal and formal support sources. *Violence and Victims*, 20, 417-432.



HOUSE COMMITTEE ON HEALTH

Representative Della Au Belatti, Chair Representative Dee Morikawa, Vice Chair

DATE: February 6, 2013 TIME: 10:30 A. M. PLACE: Conference Room 329 State Capitol 415 South Beretania Street

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

The Sisters of St. Francis

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

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

St. Francis Properties

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

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

Emergency Contraception

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

St. Francis recognizes that emergency contraceptives may be an acceptable and legally recognized option for women in Hawaii outside of the context of the Catholic religion, and St. Francis has always applied and will continue to adopt procedures that allow compliance with the law but still provide for the maintenance of the core values of those choosing to follow the mandates of the Roman Catholic Church. We are always willing to provide medically and factually accurate information and, if needed, transportation for rape victims to an emergency care setting of their choice. In fact, most emergency contraceptive medications are available over the counter at community pharmacies.

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

Religious Freedom

The St. Francis Healthcare System is confident that this committee can appreciate that religious freedom is what is at stake here and that there must be a way that the needs of patients and providers can be met. Standardizing the information given and ensuring access to care are issues we can support. We hereby respectfully request that you not ask us to violate a core ethical directive and compromise our agreement with the Diocese of Honolulu and the Roman Catholic Church. The St. Francis Healthcare System appreciates the opportunity to share our thoughts and thanks you for your dedication to improving health care in Hawaii. Please do not pass this bill without inclusion of a religious exemption.

Respectfully, Gary Simon

St. Francis Healthcare System of Hawaii 808-547-8140 gsimon@stfrancishawaii.org



Government Relations

Testimony of Phyllis Dendle

Before: House Committee on Health The Honorable Della Au Belatti., Chair The Honorable Dee Morikawa, Vice Chair

> February 6, 2013 10:30 am Conference Room 329

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

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

Kaiser Permanente Hawaii supports this bill and has a suggested amendment.

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

We ask that the committee consider an amendment.

On Page 4 line 6 it currently says "Ensure that *each person at the hospital who may provide emergency medical care...*" We suggest changing the language in italics to "providers who may prescribe or administer emergency contraception". There are many people in the emergency department that provide a variety of care such as drawing blood and doing x-rays for whom this discussion would be inappropriate even if they were trained. We think this is clearer and more specifically places the responsibility with the provider.

The amended section would read:

"Ensure that *providers who may prescribe or administer emergency contraception* shall be trained to provide a sexual assault survivor with medically and factually accurate and unbiased written and oral information..."

Thank you for your consideration.

711 Kapiolani Blvd Honolulu, Hawaii 96813 Telephone: 808-432-5210 Facsimile: 808-432-5906 Mobile: 808-754-7007 E-mail: phyllis.dendle@kp.org

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Alice Tucker [aljertuck@hawaii.rr.com]
Sent:	Tuesday, February 05, 2013 6:10 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 5, 2013

House Health Committee

To Committee,

Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Health

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

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

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

Thank you for your consideration of this important aspect of emergency care.

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

Sincerely,

Mrs. Alice Tucker 5273 Papai St Honolulu, HI 96821-1943 373-3897

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Amy Rohrbach Harmon [olive307@yahoo.com]
Sent:	Tuesday, February 05, 2013 1:10 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 5, 2013

House Health Committee

To Committee,

Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Health

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

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

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

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

Sincerely,

Ms. Amy Rohrbach Harmon 3045 Ala Napuaa Pl Apt 1107 Honolulu, Hl 96818-2713

From:Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Ann Yoklavich
[a_yoklavich@yahoo.com]Sent:Tuesday, February 05, 2013 5:10 PMTo:HLTtestimonySubject:Testimony in Support of HB 411

Feb 5, 2013

House Health Committee

To Committee,

Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Health

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

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Sincerely,

Ms. Ann Yoklavich 3527 Trousseau St Honolulu, HI 96815-4352

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Carolynn Griffith [carolynngrif@gmail.com]
Sent:	Tuesday, February 05, 2013 3:11 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 5, 2013

House Health Committee

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

Sincerely,

Mrs. Carolynn Griffith 83 Nawiliwili St Honolulu, HI 96825-2136 (808) 395-2424

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Chia Longtree [chialongtree@gmail.com]
Sent:	Tuesday, February 05, 2013 1:10 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 5, 2013

House Health Committee

To Committee,

Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Health

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

Sincerely,

Ms. Chia Longtree 16-540 Keaau Pahoa Rd Ste 2 Keaau, HI 96749-8155

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of EnJolí Alexander [enjoli.alexander@alumni.usc.edu]
Sent:	Tuesday, February 05, 2013 12:03 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 5, 2013

House Health Committee

To Committee,

Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Health

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

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

Sincerely,

Miss EnJolí Alexander 2033 Oahu Ave Honolulu, HI 96822-2206

From:	mailinglist@capitol.hawaii.gov
Sent:	Tuesday, February 05, 2013 11:27 AM
To:	HLTtestimony
Cc:	hsmiyamoto@msn.com
Subject:	*Submitted testimony for HB411 on Feb 6, 2013 10:30AM*

Follow Up Flag:Follow upFlag Status:Flagged

<u>HB411</u>

Submitted on: 2/5/2013 Testimony for HLT on Feb 6, 2013 10:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Hannah Miyamoto	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.

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

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Jennifer Taylor [jennifertaylor_us@yahoo.com]
Sent:	Tuesday, February 05, 2013 6:40 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 5, 2013

House Health Committee

To Committee,

Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Health

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

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

(EC) and dispense the medication when it is needed and the survivor requests it.

Hawaii is thankfully not the state of Todd Aiken and his perverse definition of rape. I ask Hawaii's legislature to demonstrate that our state is mindful of the trauma and life- altering impact of the crime of rape and that it insists that all rape victims be treat ed humanely and effectively, regardless of the hospital in which they seek help.

It is tremendously disturbing that some hospitals in Hawaii do not offer victims Emergency Contraception or even provide information about it. In their refusal to care for these victims they are perpetuating the crime's impact on the life of the victim.

I was dismayed to find out how long this obvious and prevailing standard of care measure has been stalled in the Hawaii legislature. I ask that this legislature act now to ensure that victims of one of the most violent crimes against women are effectively treated.

Sincerely,

Jenni fer Tayl or 274 Poi pu Dri ve Honol ul u, HI 96825

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

Sincerely,

Ms. Jenni fer Taylor 274Poi pu Dri ve Honol ul u, HI 98625 (808) 396-2172

Testimony in Support: HB 411

To: Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Health
 From: Io Avers

From: Jo Ayers

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

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

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

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

From:	mailinglist@capitol.hawaii.gov
Sent:	Tuesday, February 05, 2013 3:52 PM
To:	HLTtestimony
Cc:	joanrich@hawaii.rr.com
Subject:	Submitted testimony for HB411 on Feb 6, 2013 10:30AM

<u>HB411</u>

Submitted on: 2/5/2013

Testimony for HLT on Feb 6, 2013 10:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Joan Rich	Individual	Support	No

Comments: I strongly support HB411. I am a lifelong Kaimuki resident and retired small business woman. Victims of sexual assault in Hawai'i deserve to be informed of their options to prevent pregnancy and have immediate access to emergency contraception, regardless of which medical facility they are taken to for treatment. Please ensure that all hospital emergency rooms provide this service. Mahalo.

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

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

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Jo-Ann Adams [jadamsesg@aol.com]
Sent:	Tuesday, February 05, 2013 11:41 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 6, 2013

House Health Committee

To Committee,

Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Heal th

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

I strongly support HB 411, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception

(EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be provided at least with the full range of options that meet the medical standards. This includes the ability to prevent pregnancy. EC is an essential part of the compassionate care that every rape survivor deserve. After any rape, a woman should be fully informed of her options, and if she so chooses, provided with the appropriate medication.

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.

It is a travesty that some hospitals in Hawaii do not offer victims Emergency Contraception, or even provide information about it.

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

Sincerely,

Ms. Jo-Ann Adams 411 Hobron Ln Apt 801 Honolulu, HI 96815-1210 (808) 479-7857

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Joy Nelson [mavs19 @aol.com]
Sent:	Tuesday, February 05, 2013 6:11 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 5, 2013

House Health Committee

To Committee,

Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Health

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

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

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

Sincerely,

Ms. Joy Nel son P0 Box 792016 Pai a, HI 96779-2016 (510) 393-0737

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Judith Anderson [gr8olbroad@hotmail.com]
Sent:	Tuesday, February 05, 2013 1:09 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 5, 2013

House Health Committee

To Committee,

Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Heal th

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I strongly support HB 411, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception

(EC) and dispense the medication when it is needed and the survivor requests it.

There is no valid ethical or moral excuse for refusing any reasonable, legal and efficacious treatment and support for a woman who has been raped. To refuse her the means to prevent the rape from producing a pregnancy is adding insult to injury. To tell her to get into a cab with an unknown male as a driver and go somewhere else for treatment is a further assault on a woman who is already traumatized.

To tell her that she cannot be protected from a pregnancy from assault, a pregnancy which will endanger her life, have permanent effects on her body, keep her traumatic assault foremost in her mind for 9 more months and force her to choose between taking on the lifelong responsibility of raising a child engendered by rape or giving that child up to a system which will likely not result in a happy adoption but a miserable upbringing in dodgy foster care system, all because of one person's religious fanaticism, is to pile mental and emotional assault on top of the physical assault.

It is a violation of a doctor's Hippocratic oath and of rules and guidelines of the AMA and all other medical regulators. It is a violation of one of the basic tenets of doctors, nurses and all others in the medical profession -- to care for all patients to the best of the medical professional's ability.

It should not be legal.

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

Sincerely,

Ms. Judith Anderson 2421 Ala Wai Blvd Apt 1703 Honol ul u, HI 96815-3415 (808) 923-3838

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Karen McKinnie [klmckinn@gmail.com]
Sent:	Tuesday, February 05, 2013 3:10 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 5, 2013

House Health Committee

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Continue to make Hawaii a voice of reason in supporting women's health and access to contraceptive health care!

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

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Sincerely,

Ms. Karen McKinnie PO Box 1504 Kailua, HI 96734-1504 (408) 483-9855

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Katherine Pesch [ktpesch@yahoo.com]
Sent: To: Subject:	Tuesday, February 05, 2013 10:33 AM HLTtestimony Testimony in Support of HB 411
Follow Up Flag:	Follow up

Flag Status: Flagged

Feb 5, 2013

House Health Committee

To Committee,

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Sincerely,

Ms. Katherine Pesch 2047 10th Ave Honolulu, HI 96816-2929

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of lili townsend [lili@ministryoffun.com]
Sent:	Tuesday, February 05, 2013 5:11 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 5, 2013

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

Sincerely,

Ms. lili townsend 3288 Waileia Pl Kihei, HI 96753-9340 (808) 875-8871 I am writing to express my strong support for HB 412. The current law requires surgery for changes to one's birth certificate, but surgery can be prohibitively expensive (and, like other transgender-related treatments, is not covered by Hawai'i health insurance plans), and many transgender people do not want or shouldn't have surgery. However, having an important government document like a birth certificate show a different gender than how a person lives can create many problems, especially as governments and employers require identification for more purposes. Without the consistent identification (whether on drivers' licenses, birth certificates, or passports) that many non-transgender people take for granted, it can be impossible to travel, open a bank account, or apply for a job. It can also create many difficulties when dealing with government agencies and law enforcement. To me, this bill would help bring greater dignity and protection to transgendered people, and making steps towards such progress is the duty of elected officials. Mahalo.

Testimony on HB411 – Compassionate Care

I am a man who is also a member of the Women's Caucus of the Democratic Party of Hawai'i. I joined, as have other men, because I am concerned about the women in my life, and about their health and well-being.

I necessarily approach the issues from a man's point of view, and I ask the male members of this panel– not to put yourself in a woman's shoes, but in your *own*. Imagine being called to the hospital in the middle of the night, and finding a terrified, bleeding, traumatized woman – a rape victim. Now, imagine that this woman is someone important in your own life- imagine she is your sister, your mother, your daughter, or your *wife*.

I would be absolutely outraged, first at the thug who perpetrated this brutal crime, and again if the hospital did not offer her emergency contraception. Because the rape is still going on - she is not pregnant yet, but may *become* pregnant by her attacker. To withhold the medicine that can prevent this is to aid and abet his crime.

Opponents of EC will trot out dogmas that are held by some, but not *all*, religions. They may even bring experts who will use technical-sounding terms to confuse the issue. But in reality they are asking us to destroy, not uphold, a person's rights. A ovum is a microscopic entity without a mind or nervous system. It has neither thoughts, nor feelings, nor hopes, nor dreams. There is absolutely no basis in science, or medicine, or even simple *reason*, to give it the rights of a person. If it fails to implant, no person is harmed. However, if it does implant, and pregnancy starts, a person's life really is endangered again. Pregnancy and childbirth are dangerous in a way I will never have to face. There are countless examples throughout history - princess <u>Kalanipauahi</u>, auntie of Bernice Pauahi Bishop, died in childbirth.

While modern science and medicine have made pregnancy and childbirth less dangerous, women can, and do, still die. Even now, in the 21st century, in the United States, about one in 4,000 pregnancies result in the death of the woman.¹,²So, denying a rape victim EC may well also be aiding and abetting not just her rape, but her rape and *murder*. It defies the principles of medicine and common sense to withhold EC. EC should be the required standard of care in all hospitals – a woman may refuse it, as she may refuse blood transfusions or any medical treatment, but that should be *her* decision.

So I ask you to really consider how you would want a woman you care about to be treated. I want her to be given all of medical information, informed of all of the treatment options, including emergency contraception. She didn't choose to be raped – she may yet avoid becoming pregnant by her rapist. Let her decide for herself if she wants to take that risk. The Compassionate Care bill needs to pass for the sake of the women we love and care about.

Aloha and Mahalo,

Michael J DeWeert

Kailua, Hawai'i

¹ CIA World Factbook. Statistics are for the year 2009.

² See also http://en.wikipedia.org/wiki/Maternal_death

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Michele Nihipali [nihipalim001@hawaii.rr.com]
Sent:	Tuesday, February 05, 2013 8:11 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 6, 2013

House Health Committee

To Committee,

Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Health

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

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

Sincerely,

Ms. Michele Nihipali 54-074 A Kam Hwy Hauula, HI 96717-9647

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Nicholas Chagnon [nsurfecoast@gmail.com]
Sent:	Tuesday, February 05, 2013 1:10 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 5, 2013

House Health Committee

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Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Health

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

Sincerely,

Mr. Nicholas Chagnon 716f Olokele Ave # 1 Honolulu, HI 96816-1019
PAMELA LICHTY, MPH MEMBER, ACLU OF HAWAFI LEGISLATIVE WORKING GROUP 808 224-3056 pamelalichty@gmail.com

TO: House Committee On Health

RE: HB 411 Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims – in support

DATE: Wednesday, February 6, 2013 at 10:30 a.m., room 329

Aloha Chair Belatti and Members of the Committee on Health:

As a long time advocate for public health and especially women's health care, in the state of Hawai`i I'm testifying in support of HB 411, 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 <u>long</u> 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 [kreardon@pphi.org] on behalf of Patricia Bilyk [patbilyk@gmail.com]
Sent:	Tuesday, February 05, 2013 12:03 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 5, 2013

House Health Committee

To Committee.

Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Heal th

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

I strongly support HB 411, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception

(EC) and dispense the medication when it is needed and the survivor requests it.

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.

It is important to note that EC is a contraceptive devise that prevents a pregnancy from occuring not an abortion pill.

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.

The Association of Women, Obstetric and Neonatal Nurses has gone on record, stating the it is the professional reponsiblitiv of nurses in emergency rooms, and clinics to provide comprehensive contraception information, specifically emergency contraception in the incidences of rape. They also state that the physical, social and emotional consequences of a possible unintended pregnancy related to rape, can have serious and long-term implications to the woman and fetus with greater risks of preterm birth, postpartum depression, self physical abuse and not seeking prenatal care.

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

Sincerely,

Ms. Patricia Bilyk 1741 Ala Moana Blvd Unit 81 Honol ul u, HI 96815-1449

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Patricia Blair [patriciablair@msn.com]
Sent:	Tuesday, February 05, 2013 5:41 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 5, 2013

House Health Committee

To Committee,

Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Health

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

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

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

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

Sincerely,

Ms. Patricia Blair 25 Aulike St Apt 426 Kailua, HI 96734-2765

ROBERT K. MATSUMOTO Attorney at Law 345 Queen St., Suite 701 Honolulu, HI 96813 Telephone: (808) 585-7244 Facsimile: (808) 585-7284 Email: <u>rkmbengoshi@hawaii.rr.com</u>

No. of pages including this page: 3

- DATE: January 23, 2013
- TO: Representative Delia Au Belatti Chair, Senate Judiciary Committee

FACSIMILE NO. (808) 586-6281

RE: H.B. No. 411 Date & Time of Hearing: February 6, 2013 @ 10:30 a.m. House Conference Room 329

Dear Representative Belatti and Members of the Health Committee:

I urge you and your committee members to vote NO, or in the alternative to defer

H.B. No. 411 in committee for compelling reasons, i.e., the bill as presently drafted is

unconstitutional because there is no exemption for those who have religious or

conscientious objections to the dispensing of the emergency contraceptive (EC) pill, a

euphemism for an abortifacient. With no such exemption, the First Amendment free

speech and/or free exercise of religion rights will be transgressed.

I. SECTION I OF THE BILL MISCHARACTERIZES THE EC PILL AS NOT BEING AN ABORTION PILL AND NOT CAUSING ABORTION TO TAKE PLACE.

I find it ironic that the preface to H.B. No. 411 is prefaced with the bold

but untrue assertion that "Emergency contraception is not an abortion pill, nor does it

cause any abortive process to take place."

In 1963, the U.S. Department of Health, Education, and Welfare (HEW) defined "abortion" a "all measures which impair the viability of the zygote at any time between the instant of fertilization and the completion of labor." The pro-abortion lobby succeeded over time to change the definition of pregnancy in order to make the EC pill, an abortifacient, more acceptable and to circumvent certain laws. "Pregnancy", which was defined from the moment of conception (union of spermatozoa with the ovum) was deliberately changed to "implantation" of the fertilized egg to accommodate the physical action of the EC pill. In other words, if there is no implantation, there is no "pregnancy", and therefore, no abortion.

By means of this clever deception, many fell for this statutory legerdemain which is "encapsulated" in HB 411. No matter the semantic gymnastics, the EC pill is still an abortifacient, and does cause abortions.

II. ENACTMENT OF HB 411, IN ITS PRESENT FORM WOULD BE A CLEAR VIOLATION OF CONSTITUTIONAL RELIGIOUS, CIVIL, AND/OR CONSCIENTIOUS OBJECTORS' RIGHTS.

The American Center for Law and Justice, a national non-profit organization, with whom I have worked in the past, has instituted lawsuits in various parts of the country to protect the civil rights of employees not to force them to dispense EC pill or to make referrals to those who do. The gravamen of these lawsuits is that such compulsion violates the First Amendment rights of such employees.

Therefore, any current employee of a hospital who for religious or conscientious reasons and who is otherwise compelled to violate his/her beliefs, chooses to bring a lawsuit against the State of Hawaii and prevails were HB 411 enacted in its present form, would be awarded in all probability all of his/her lost just compensation

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and/or attorney's fees because such an employee would have his/her civil rights abridged by the unconstitutionality of HB No. 411.

For the foregoing reasons, I urge you to vote NO, or in the alternative to defer HB 411 in committee without such an exemption protecting the constitutional, religious, civil and/or conscientious rights of employees of any hospitals affected by HB No. 411.

Finally, it goes without saying, any religious hospital, which, by its religious or doctrinal beliefs and creed, likewise chooses not to follow HB No. 411, should be afforded protection under the U.S. and Hawaii State constitutions.

Very truly yours,

Robert K. Matamoto

Robert K. Matsumoto

3

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Shannon O'Brien [shannon_mary_obrien@hotmail.com]
Sent:	Tuesday, February 05, 2013 1:09 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 5, 2013

House Health Committee

To Committee,

Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Health

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

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

A woman who has been sexually assaulted should not have to bear any more trauma. Please see to it she receives the best of medical care including the option of emergency contraception.

Thank you.

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

Sincerely,

Ms. Shannon O'Brien 369 Onehee Ave Apt Bb1 Kahului, HI 96732-1774 (808) 633-4501 To House of Representatives Committee on Health

Rep. Della Au Belatti, Chair Rep. Dee Morikawa, Vice Chair Rep. Rida T.R. Cabanilla Rep. Mele Carroll Rep. Lauren Kealohilani Cheape Rep. Jo Jordan Rep. Bertrand Kobayashi Rep. Justin H. Woodson

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

Dear Chairperson Della Au Belatti, Vice Chair Dee Morikawa, and members of the Committee on Health,

I am not opposed to providing emergency contraceptives to sexual assault victims who are not pregnant, but I ask that you reject HB 411 as written. It is a grave disservice to women because it contains false information. It states "Emergency contraception is not an abortion pill, nor does it cause any abortive process to take place. Emergency contraception is a safe and effective means of preventing pregnancy after a sexual assault."

The language in this bill is more than misleading -- it is an outrageous lie to the many women who believe that the life of a pre-born baby begins at conception, rather than when the fertilized egg is implanted on the uterine wall. When an emergency contraceptive fails to inhibit ovulation or fertilization, it still has the capacity to prevent a fertilized egg from implanting on the mother's uterine wall, or to dislodge a growing embryo, thus ending the life of a unique, developing human being. That is abortion. This bill as written seems to be a deliberate attempt to deceive women who would not otherwise take a drug which could harm their baby, if they have become pregnant.

If this bill is passed, our state legislators would be blatantly disregarding the right of sexual assault victims to receive full and truthful information, and it would be complicit in trampling on women's religious liberty rights if they believe pregnancy begins at conception. Why would any legislator wish to withhold appropriate informed consent and adequate counseling about the possible abortifacient effects of emergency contraceptives? Our legislators should not take it upon themselves to settle the issue of when pregnancy begins; they should not become involved with the deceptive campaigns of NARAL, Planned Parenthood, and other pro-abortion activists to further their profit-oriented agendas.

It is only in recent decades that Ob/Gyns politicized pregnancy by voting that pregnancy begins when the fertilized egg implants in the uterine wall, and not at conception, as has been believed by most people throughout the ages. However, a majority of Ob/Gyns disagree with this unscientific decision. A recent survey showed that 57 percent of the Ob/Gyns who responded to a questionnaire said pregnancy starts at conception, 28 percent said pregnancy begins at implantation of the embryo on the uterine wall, and the remaining 15 percent said they were uncertain (<u>American Journal of Obstetrics and Gynecology</u>, Volume 204, Issue 2, February 2011). I ask that our state legislators not presume to know any better than these doctors when pregnancy begins; I ask that you do not take it upon your selves to codify by statute what is an unsettled issue medically. I ask that you respect that this is an important moral issue for a great many people.

Because of the abortifacient components contained in emergency contraception, any legislation concerning emergency contraception for sexual assault victims must include a <u>strong</u> <u>conscience clause</u> to protect the right of health care workers and hospitals who refuse to provide emergency contraception if the sexual assault victim may be pregnant. Please respect and protect the providers who are conscientiously opposed to providing these contraceptives when their effect might be abortifacient rather than contraceptive.

Most residents of Hawaii are not aware that this legislation is being considered. I imagine you will receive more testimony from proponents of this bill than opponents, because the proponents have been lobbying for this. I ask that you consider how important this issue is to many people who would object to the deceit in this bill.

Sincerely,

Susan M. Felix

THE SENATE 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

Re: Opposition to SB 1109 Relating to Hospital Standards for Sexual Assault Victims

Adds a new part to chapter 321, Hawaii Revised Statutes, to ensure that victims of sexual assault are provided with medically and factually unbiased information about and access to emergency contraception when receiving emergency medical care at Hawaii's hospitals for sexual assaults.HTH/JDL, WAM

Decision Making to follow, if time permits.

Click here to submit testimony to the Senate Committee on Health.

Testimony may be submitted up to 24 hours prior to the start of the hearing.

FOR AMENDED NOTICES: Measures that have been deleted are stricken through and measures that have been added are underscored. If a measure is both underscored and stricken through, that measure has been deleted from the agenda.

If you require auxiliary aids or services to participate in the public hearing process (i.e. ASL or foreign language interpreter, or wheelchair accessibility), please contact the committee clerk at least 24 hours prior to the hearing so that arrangements can be made.

FOR FURTHER INFORMATION, PLEASE CALL THE COMMITTEE CLERK AT (808) 586-9385

Senator Clayton Hee Chair_____ Senator Josh Green Chair NOTICE OF HEARING DATE:Wednesday, February 6, 2013 TIME:1:15 p.m. PLACE:Conference Room 229 State Capitol 415 South Beretania Street

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Susan Moore [laxmimoore@gmail.com]
Sent:	Tuesday, February 05, 2013 6:40 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 5, 2013

House Health Committee

To Committee,

Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Health

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

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

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

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

Sincerely,

Ms. Susan Moore 4192 Keanu St Apt 3 Honol ul u, HI 96816-5570 (808) 256-3540

From:	Planned Parenthood of Hawaii [kreardon@pphi.org] on behalf of Susan Tomta [suetomita@hawaii.rr.com]
Sent:	Tuesday, February 05, 2013 4:40 PM
То:	HLTtestimony
Subject:	Testimony in Support of HB 411

Feb 5, 2013

House Health Committee

To Committee,

Chair Della Au Belatti, Vice Chair Daynette Morikawa, and Members of the House Committee on Health

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

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

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

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

Sincerely,

Ms. Susan Tomta 94-1263 Lumi kula St # 2c Wai pahu, HI 96797-5109 (808) 206-5205