

March 13, 2007

To the Human Services Subcommittee:

My name is Dr. Amy Breakstone. I am a physician practicing Obstetrics and Gynecology in Bristol, CT. I am also the Chair of the Division of Ob/Gyn in the Department of Surgical Services at Bristol Hospital. I am here to speak to the essential need for Emergency Contraception to be provided to victims of sexual assault at first contact with the medical system. This is appropriate standard of care and anything less is completely unacceptable.

Many have already spoken to the trauma that paralyzes a woman recently assaulted, rendering her incapable of keeping a later appointment to obtain EC or of filling a prescription that would cost \$45 at the local pharmacy. Consider also that woman, a victim of assault, who requires extended hospital stay for fractures, lacerations or psychological trauma. It is too easy for the medical team to overlook the need for EC in that setting unless it is a standardized step in the care of the rape victim, that is, part of the rape kit, mandated by law.

I also want to emphasize that EC is most effective at preventing pregnancy when provided immediately after insemination, though provision within three days is advertised so that women don't hesitate to present for care thinking it might be too late.

The most important time to provide EC is actually when an ovulation predictor kit is positive. This detector of Luteinizing Hormone enables us to predict, when the LH is high, that ovulation might occur in the next 24 hours. This is the most important time to take advantage of EC's mode of action: to inhibit ovulation, inhibit tubal transport of the egg and sperm, and to interfere with fertilization. To inform a rape victim that her ovulation predictor kit is positive and that therefore her chances of conceiving from her assault are greatest, and then to refuse EC seems cruel punishment.

My concern is also for the medical provider. We all know that it has been the unspoken habit of Emergency Department Physicians and Physician Assistants to provide EC in those hospitals where policy dictates otherwise. To reject this proposed legislation is to continue to place those providers in the untenable position where following what they know to be correct medical protocol is to place their jobs in jeopardy. Too often emergency facilities must find "a work around" or a "creative solution" in order to do what is medically right. Please provide these conscientious medical providers your support by passing SB 1343. Thank you.

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