Planned Parenthood®
of Connecticut, Inc.

Testimony of Susan Lloyd Yolen,
Vice President, Public Affairs & Communication, Planned Parenthood of Connecticut.
Human Services Committee, March 13, 2007
In support of SB 1343, An Act Concerning Compassionate Care for Victims of Rape

Thank you for this opportunity to address the committee today in support of Bill 1343, *An Act Concerning Compassionate Care for Victims of Rape*. I represent Planned Parenthood of Connecticut, the largest provider of family planning and basic reproductive health care in Connecticut.

Planned Parenthood supports this bill, which will offer enormous relief to women who have experienced one of life's greatest traumas. Others today will describe how emergency contraception works, and discuss the reasons why the use of an ovulation test in screening for those eligible to receive this medication at a hospital emergency room is not the medical standard of care.

Planned Parenthood would simply like to ask why, in 2007, in a state that treasures its moderate approach to social issues, we are even debating the reasonable, compassionate principles of this bill? This is the home of the *Griswold v Connecticut* Supreme Court decision that, in 1965, defined the constitutional right to privacy. Is it not part of our historical legacy to support reasonable means of empowering women to control their reproductive lives? Aren't victims of sexual assault *at the very least* entitled to defend themselves against the repulsive notion of a pregnancy resulting from the rape?

You will hear statements today from some hospitals, implying they are willing to offer this pill to anyone who is not ovulating, but only after administering a notoriously unreliable blood or urine test in an effort to determine the hormone surge that precedes ovulation. We ask what rape victim, knowing that the only purpose of such a test would be to deny her the very medication that would most relieve her anxiety, would willingly offer her arm for the test? What other test do health care providers conduct for the sole purpose of *withholding a service* that the patient may want to obtain? Would a patient not be within her rights to refuse to participate in testing that would be used against her interests? Would she not be within her rights to assert that where she is in her menstrual cycle is a matter of personal privacy unrelated to the crime committed against her ? Should she not expect to receive emergency contraception immediately upon admission to any hospital emergency department?

Yet, relying upon a rape victim to proactively assert her rights after she has been brutalized, is really too much to ask. Compassion dictates, and even officials of the Catholic Health Association agree, that a victim of rape should be offered emergency contraception whether or not she is ovulating, if a urine pregnancy test shows that she is not pregnant. This seems like a reasonable approach. It is the approach adopted by the states of New York and New Jersey in recent years. It is the compromise that makes the most sense, medically and ethically.

We urge you to pass SB 1343 and take this one simple step to alleviate the stress and suffering of women victims of rape.

Thank you.