

**Thomas Davis**  
**Human Services Committee**  
**March 13, 2007**

One year ago, on March 6, 2006, the Public Health Committee heard from thirty witness on proposed Plan B legislation. Nineteen of those witnesses supported the bill. Eleven opposed it.

Many of the supporters focused on the issue of pregnancy and fairness to the rape victim, who we all agree has been terribly violated.

Opponents argued that Catholic Hospitals were the real target of the legislation and that Catholic Hospitals had a compassionate protocol governing the circumstances when Plan B would be offered and when it would be withheld. Those witnesses pointed out that Catholic Hospitals always advise rape victims of the existence of Plan B and will provide Plan B to a rape victim where:

1. the victim tests negative for pregnancy;
2. a medical history suggests that pregnancy is possible; and
3. a Luteinizing Hormone test is negative (or some other test indicates that ovulation has not occurred, such as a progesterone blood level test).

It was clear then, and it is clear now, that Plan B is generally available and utilized at Catholic Hospitals in the post trauma treatment of rape victims. It may be rarely withheld in a narrow circumstance. And the issue behind that has nothing to do with religious doctrine about contraception, but about the abortifacient effect that Plan B can have on a fertilized ovum, which is nothing other than a very small person. The Catholic Bishops of Connecticut should be applauded – not criticized - for the compassionate protocol they have established.

But there was more.

At the public hearing last year counsel from St. Francis Hospital appeared on behalf of the Connecticut Catholic Hospital Council and provided details about the protocol to the Public Health Committee. He testified that Catholic Hospitals – in the very rare circumstance where Plan B would be denied because it could destroy an existing yet not implanted human being – would advise rape victims what Plan B is, where Plan B could be obtained, and would facilitate transfer of a patient for that purpose.

The response from those advocating for the mandatory Plan B law was that a rape victim should not be put through such an experience. She is traumatized; she may not want to prolong the examination and treatment; delay and transfer is a powerful disincentive to

treatment since it would require finding a different hospital or doctor to prescribe and provide the necessary pills. Multiple assurances were given that the issue was not about Catholic Hospitals. It was about the victims that were being denied treatment in 20% of the hospitals statewide.

In fact, the transcript from the 2006 testimony shows otherwise.

Various witnesses made explicit or implicit reference to Catholic Hospitals as the real target of the legislation.

The Program Director of Safe Haven of Greater Waterbury actually testified that "Catholic Hospitals [sic] is the issue".

Witnesses appeared from out of state to testify about practices at Catholic Hospitals in other jurisdictions. I have read the entire transcript of those proceeding. I did not find a single reference to what Presbyterian, Mormon, Masonic, Jewish or other religiously affiliated hospitals do. There was a clear singling out of Catholic hospitals.

One witness, a medical doctor employed by a major Connecticut hospital, testified - in apparent reference to Catholic hospitals - that:

"We all know that it has been the unspoken habit of emergency department physicians and PA's to provide emergency contraceptive, even in those hospitals where policy dictates otherwise."

She then argued that the bill was necessary to protect those doctors and PA's jobs when they resorted to what she called a "workaround" or a "creative solution". That was a clear targeting of Catholic facilities. It also suggested that the problem had been exaggerated and that Plan B was routinely being provided by emergency room staff even where facility policy prohibited it. And that begs the question about the need for the legislation and reasonably sparks suspicion about the real target of the proposal.

I suggest to you that the real target of the proposal is, and always has been, Catholic hospitals.

The argument about delay and transfer has also lost its teeth.

In 2006 the Federal Drug Administration authorized the over the counter sale of Plan B.

There is no longer any need for transfer to another hospital.

No need for a prescription.

No need to call a doctor.

Anyone can dispense it.

Counselors from sexual assault services can carry it and provide it.

Police can carry it and provide it.

A supply can be maintained in many ways by public authorities without requiring a Catholic hospital to violate its principles. Why would anyone, knowing the enormous contribution Catholic hospitals make to public health, want to target their most basic ethical and moral principles for the sake of a problem that does not exist?

Finally, as I understand it from a survey of Catholic Hospitals available at the Connecticut Catholic Conference website, not one rape victim has been denied Plan B in a Catholic hospital since the inception of the new protocol. Zero.

Catholic health care is cutting edge. The principles that inform the Catholic impulse to provide care to the sick, to feed the hungry, to cloth the naked, and to shelter the homeless do not require legislative compulsion or deformation.

The ugly and vicious reality of rape typically leaves the victim desolated. Treatment at Catholic hospitals is compassionate and appropriate. I urge you to leave it alone and recognize that no pressing public health or policy issue requires action of the type proposed by this bill.

Thank you.