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An Act Concerning Compassionate Care for Victims of Sexual Assault (SB 1343)

Good afternoon, Senator Harris, Representative Villano, and members of the Human Services Committee. My name is Sarah Lindahl and I am an OB/GYN Physician Assistant. The Alan Guttmacher Institute has credited emergency contraception for preventing as many as 50,000 abortions from 1994-2000. However, only 5% of sexually active women have reported using emergency contraception. The approval of Mifepristone as an agent for medical abortion in 2000 appears to have created confusion about emergency contraception and may contribute to women's reluctance. Surveys have observed that 32% of women believe emergency contraception causes abortions and 61% perceive RU-486 as the "morning-after-pill". The mass media has failed to provide adequate clarification and nearly one half of newspaper articles published between 1992-2002 contained inaccuracies that upheld common misperceptions. OB/GYN providers are also culpable as surveys have noted that only 25% routinely discussed emergency contraception with their patients.

It is therefore imperative that women seeking evaluation after sexual assault receive proper counseling about emergency contraception as part of their treatment. Furthermore, women who want emergency contraception should have it provided to her as part of her treatment prior to her release from the hospital. Studies have demonstrated that the efficacy of emergency contraception is inversely related to the duration of time after unprotected intercourse and delaying a patient's access to emergency contraception is an act of negligence. In an emergency scenario, as a patient experiencing a heart attack is told 'time is heart muscle' or for a stoke patient 'time is brain matter'; for a victim of sexual assault, time could be conception.

The healing process from a sexual assault is a lifelong journey, and the start of that course should not be burdened by a search for emergency contraception. It is important that the patient have access to the legal and counseling services that she needs at that time. Although, emergency contraception is available without a prescription for women over the age of 18, access is still an issue. Some pharmacists refuse to dispense emergency contraception based on their own moral grounds; others do not routinely stock the product due to insufficient consumer demand. The cost may also be prohibitive to some women. Requiring all hospitals to provide emergency contraception to survivors of sexual assault will ensure that medical standards are upheld and compassionate care is granted.

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References

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