

EMBARGOED MATERIAL

2577



FAMILY
PLANNING
COUNCIL

Promoting Reproductive Health in Southeastern Pennsylvania

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INDEPENDENT REGULATORY
REVIEW COMMISSION

October 15, 2007

Commissioner Arthur Coccodrilli
Chair
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Re: Final Form Regulations #10-182 (#2577)

Dear Commissioner Coccodrilli:

I am writing to comment on the Final-Form Regulation regarding sexual assault victim emergency services.

The Family Planning Council supports an extensive network of community-based programs located throughout the five-county Philadelphia area. These clinics serve over 145,000 low-income women, providing comprehensive family planning and related health care services. We strongly support the provision of emergency contraception as a way to prevent unintended pregnancy among sexually active women of all ages.

We believe it is critical that any rape victim who goes to any hospital in Pennsylvania seeking care and treatment should be offered emergency contraception. This is, unfortunately, not the case. In developing these regulations the Department of Health has recognized the un-even nature of emergency services for victims of sexual assault. We commend the Department for developing these regulations in order to equalize emergency services for rape victims throughout the state and, except for Section 117.57, we urge the IRRC to approve these regulations.

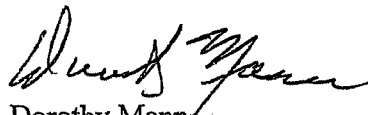
We join a number of organizations in voicing a concern about Section 117.57. This section allows for the transport of a sexual assault victim from a hospital that will not provide emergency contraception to a hospital where the victim can obtain emergency contraception. This places an undue burden on the woman herself at a moment when she is frightened, confused, and in pain. In addition, in this largely rural state, transporting a rape victim from one hospital to another could be time consuming and arduous, particularly at night or during inclement weather. Even in the state's largest cities where there are many hospitals, often within blocks of each other, transporting a sexual assault victim who is seriously injured from a hospital that will not offer emergency contraception to one that will may well be medically contraindicated.

In devising this transportation option, the Department has recognized the objections based on religious beliefs that some hospitals will have in providing a method of birth control. There is a compromise available that will not unduly burden the victim. For hospitals that will not offer emergency contraception to victims of sexual assault, I suggest that a third party or independent entity be contracted to perform this service. This will accommodate the religious objections a hospital has in directly providing a method of birth control without sacrificing the health and well being of a sexual assault victim. This compromise has been enacted into law in Connecticut. The Pennsylvania House of Representatives also approved a similar measure in a floor vote during debate over House Bill 288.

Given the fact that emergency contraception is available over-the-counter, this third party can be a rape crisis counselor or a local pharmacist. If the victim is under 18, the third party must be a clinical provider such as a physician, nurse practitioner or midwife.

Offering emergency contraception is recognized as part of the treatment protocol for rape victims. The regulations under consideration by the IRRC are an important step in ensuring a statewide standardization of care. It is time for every hospital in Pennsylvania to make emergency contraception available to victims of sexual assault.

Sincerely,



Dorothy Mann
Executive Director

Cc: Board of Directors
Provider Agencies