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INDEPENDENT REGULATORY  
REVIEW COMMISSION

Commissioner Arthur Coccodrilli  
Chairman  
Independent Regulatory Review Commission  
333 Market Street, 14<sup>th</sup> Floor  
Harrisburg, PA 17101

**RE: FINAL FORM REGULATIONS #10-182 (#2577)**

Dear Commissioner Coccodrilli:

On behalf of Planned Parenthood Pennsylvania Advocates (PPPA), I'm writing to provide comments on the Final-Form Regulation #10-182(#2577) submitted by the Department Health relating to sexual assault victim emergency services.

Before we comment on the regulations and our concerns with the substandard care these regulations promote, we want the Commission to know that we are in full support of House Bill 288, which protects all victims and provides them the nationally recognized standard of care at all Pennsylvania hospitals that provide emergency care. We believe HB288 as currently drafted, is a far preferable solution to ensure standard care – including the provision of emergency contraception – at every Pennsylvania hospital.

Given the unacceptable revisions made by the Department of Health, we must reiterate some of the points made in our original remarks on the proposed regulations. It is our continued belief that the primary purpose of these regulations should be to:

- Establish a statewide protocol for emergency service treatment of sexual assault victims that is consistent with medical standards;
- Ensure that all oral and written information provided to the victim is medically accurate;
- Ensure that the Commonwealth is able to protect the compelling state interest of providing adequate and medically appropriate treatment to all victims of assault on site at the hospital at which they were admitted, without regard to where they live or the number or nature of facilities in communities in which rape victims may seek treatment. Any institution that serves the public at large should not discriminate against any woman, nor be permitted to provide substandard care. Indeed, the right of an institution to impose its views on others must be strictly limited.

We strongly oppose allowing religiously affiliated hospitals to transport victims of sexual assault rather than accommodate their health care needs on site. Transportation of a victim of sexual assault is in many cases logistically impossible due to the large sending



areas of many rural hospitals, the availability of transportation and any other physical injuries sustained by the victim that prevent safe and/or timely transport. Transportation is especially burdensome for a victim, who must already endure a lengthy and invasive forensic exam process and should receive all her medical care immediately and without interruption.

PPPA recognizes that these regulations are being promulgated under the Health Care Facilities Act, and as a result, accommodations must be made for religious and moral exemptions of an individual and institution. We believe the Department of Health should examine a law recently enacted in Connecticut, which accommodates religious objection to the provision of emergency contraception by allowing hospitals to contract with an independent medical provider to perform the forensic rape exam and administer emergency contraception. This arrangement is the basis for A03396 to HB288 by Representative Chris Ross. PPPA believes Rep. Ross' amendment is far better public policy, and a more reasonable accommodation of religious beliefs without sacrificing the care of the victim, than that contained in the final form regulations.

The following are PPPA's specific comments regarding the Department's final form regulations.

#### Specific comments

#### **§ 117.57. Religious and moral exemptions.**

PPPA strongly opposes allowing a hospital to transport a victim to another location rather than provide care on site. In many rural counties in Pennsylvania, there may be only one hospital serving a large area. The hours of delay in providing the full range of treatment to a victim could be significant and would negatively impact the efficacy of emergency contraception – a highly time sensitive medication. If a victim is transported to another hospital she must refrain from drinking liquids, eating food, urinating, defecating etc. prior to the sexual assault exam. Even in urban areas, the victim may be incapable of being transported due to other physical injuries sustained during the assault. Many questions about this proposed arrangement must be considered. Who will actually provide such transportation if it is available, and who would pay for that transportation? How are law enforcement personnel notified, and who is responsible if the rape victim's transport results in crossing over to another jurisdiction? What if a victim cannot be moved due to necessary treatment for physical injuries sustained during the assault? We believe better solutions exist to ensure seamless medical care is provided to victims of sexual assault while still accommodating a religious objection to the provision of emergency contraception.

#### **§ 117.58. Exemption for hospitals providing limited emergency services.**

Under this section, we oppose the Department permitting otherwise appropriately staffed and equipped hospital to opt out of providing emergency services to victims of sexual assault. While there are counties, such as Philadelphia, where there are hospitals that are



designated as particularly adept at treating sexual assault victims, a sexual assault victim should be able to present to any emergency room in Pennsylvania and receive compassionate treatment and care. We strongly oppose any allowance for hospitals to "opt out" of providing emergency services to victims of sexual assault. As we referenced in our previous comments to the proposed regulations, we don't believe that specialty hospitals such as rehabilitation hospitals should have to provide emergency services to sexual assault victims.

The medical care outlined in House Bill 288 as currently drafted, with the adoption of A03396, is the best alternative to accommodate religious or moral objections to the provision of emergency contraception while still providing all victims with access to the best medical care available regardless of which hospital they are initially transported to. It allows the victim to choose whether to take emergency contraception in a timely manner without the additional burden of transportation to another facility. It will promote the interest of all victims if properly complied with and enforced.

Thank you for taking our comments and concerns into consideration and we stand ready to serve as a resource to assist the Department as it works with all stakeholders to finalize these vitally important regulations.

Very truly yours,

Sari Stevens  
Director of Public Affairs

cc: Members, Senate Public Health and Welfare Committee  
Members, House Health and Human Services Committee