



PENNSYLVANIA CHAPTER,
**AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS**

ADVANCING EMERGENCY CARE 

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777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820
http://www.paacep.org

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(717) 558-7750
(888) 633-5784
FAX (717) 558-7841
dblunk@pamedsoc.org

Gerald Radke, Director
Bureau of Facility, Licensure and Certification
Department of Health
Room 932, Health and Welfare Building
7th and Forster Streets
Harrisburg, PA 17120

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Dear Mr. Radke:

On behalf of the Board of Directors of the Pennsylvania Chapter, American College of Emergency Physicians (PaACEP), I am writing to relay the chapter's comments regarding the Department of Health proposed rulemaking, "Sexual Assault Victim Emergency Services" proposed rules that were published in the October 21, 2006, edition of the *Pennsylvania Bulletin*.

There is one section that we believe needs to be addressed. Section 117.57, "Religious and moral exemptions," provides an exemption if "providing those services would be contrary to the stated religious or moral beliefs of the hospital."

Since the proposed statute includes an exemption for certain types of hospitals based on moral or religious convictions of the corporate entity, PaACEP must request that individual treating emergency physicians be accorded the same right to exemption under the law when provision of emergency contraception is contrary to the individual physician's moral or religious convictions.

To respect the moral and religious perspective of individual practitioners, the chapter recommends the inclusion of a health provider refusal or conscience clause.

There is precedence for this provision. A conscience clause was first enacted in response to the United States Supreme Court's decision in the *Roe v. Wade* case, 410 U.S. 113 (1973). More recently, and specifically related to this issue, four States (Arkansas, Georgia, Mississippi, and South Dakota) have passed laws allowing a pharmacist to refuse to dispense emergency contraception drugs, and (Colorado, Florida, Maine and Tennessee) have broad refusal clauses.

The minimum requirements in 117.52 (relating to minimum requirements for sexual assault emergency services), as well as sections (a) and (b) of 117.53, "Emergency Contraception" would still be operational with the inclusion of a conscious clause. These sections mandate that the victim of a sexual assault must receive medically and factually accurate and objective written informational materials regarding emergency contraception, and the treating institutions obligation to arrange appropriate and timely disposition.

Implementing the conscious clause would protect providers' rights while preserving the rights of sexually assaulted patients' access to appropriate physical and psychological services.

Sincerely,



Alex Rosenau, DO, FACEP
President

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