

SENATE BILL REPORT

SB 6537

As Reported By Senate Committee On:
Health & Long-Term Care, February 6, 2002

Title: An act relating to emergency care for victims of sexual assault.

Brief Description: Providing emergency contraception to sexual assault victims.

Sponsors: Senators Costa, Winsley, Kohl-Welles, Thibaudeau, Fairley, Kline, Jacobsen, Prentice, B. Sheldon and Keiser.

Brief History:

Committee Activity: Health & Long-Term Care: 1/28/02, 2/6/02 [DPS].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 6537 be substituted therefor, and the substitute bill do pass.

Signed by Senators Thibaudeau, Chair; Franklin, Vice Chair; Costa, Deccio, Fraser, Parlette and Winsley.

Staff: Rhoda Donkin (786-7198)

Background: In 2001 the state convicted 1,280 individuals for committing sex offenses, including 400 rapes involving both children and adults. During the same year, the state's Crime Victims Compensation Program paid for 3,500 medical exams given to individuals who had been sexually assaulted. It is estimated that nationally about one in ten victims report sexual assault to authorities.

According to sexual assault advocates, hospital emergency rooms are most frequently where victims initially seek medical attention. Advocates say that younger victims, especially teenagers, wait as long as a week for medical care, and that the primary concern for all ages seeking care is a fear of pregnancy and sexually transmitted disease.

There is no statewide protocol for treating sexual assault victims in emergency rooms. Hospital practices vary between institutions, especially with regard to providing information about emergency contraception and access to that treatment.

Emergency contraception is typically administered as high doses of hormones within 72 hours of intercourse. Other procedures, such as the insertion of an intrauterine device, are used if treatment is sought later than 72 hours after sexual contact.

Summary of Substitute Bill: Every hospital providing emergency care in this state must provide sexual assault victims with accurate and understandable information about emergency contraception. Hospitals are also required to provide emergency contraception to any victim who requests it, unless the procedure is not medically safe for the individual.

Emergency contraception is defined as any health care treatment approved by the Food and Drug Administration that prevents pregnancy, including but not limited to high doses of oral contraceptives taken within 72 hours of intercourse.

The Department of Social and Health Service is directed to develop informational materials relating to emergency contraception for distribution to all of the state's hospital emergency rooms.

Substitute Bill Compared to Original Bill: The original bill included intrauterine devices as emergency contraception. The substitute clarifies the kind of information about emergency contraception that hospitals are required to provide.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: The trauma of being raped is compounded by the fear of getting pregnant. Fully informing rape victims about emergency contraception and providing access to it is critical.

Testimony Against: No treatment should interfere with a pre-existing pregnancy.

Testified: Kevin Glackin-Coley, Washington State Catholic Conference (concerns); Sister Sharon Park, WSCC (concerns); Meg Pettibone, NARAL and self (pro); Suzanne Brown, WA Coalition of SA Programs (pro); Jennifer Quilangua, Sexual Assault Center Pierce Co. (pro)