



**Testimony of Sarah M. Gillooly, M.A.
Kansas Public Affairs Manager of
Planned Parenthood of Kansas & Mid-Missouri,
in Support of Senate Bill No. 91 before the
Senate Judiciary Committee
of the Kansas Legislature
February 7, 2012**

Planned Parenthood of Kansas and Mid-Missouri supports SB 91 for the following reasons:

- **Background: SB 91, Sexual Assault in Kansas, Emergency Contraception Information:**
 - In 2002, there were 1,157 rapes reported to law enforcement in Kansas.¹ Rape remains the most dramatically underreported crime. Different crime studies estimate between 55% and 84% of rapes are not reported to law enforcement. In 2011, Kansas local sexual assault centers served 4,794 victims of sexual abuse.³
 - Emergency Contraception, also called EC or “the morning-after pill,” is the preferred method of pregnancy prophylaxis and is 75-89% effective when used within 120 hours of intercourse.⁴
 - According to the American College of Obstetricians and Gynecologists, Emergency Contraception works by stopping or delaying ovulation so the egg cannot be fertilized. Emergency contraception does not work once the fertilized egg is attached to the lining of the uterus (pregnancy), so it will not cause a miscarriage or abortion. EC does not harm a pregnancy if taken after a woman is already pregnant.⁵
 - Each year in the United States, 25,000 women become pregnant as a result of rape.⁶
 - SB 91 would require facilities that provide emergency care to sexual assault survivors to provide information to the survivor about the availability of emergency contraception as a means of pregnancy prophylaxis. SB 91 would not require a medical care facility to provide or dispense emergency contraception to a sexual assault survivor.

- **SB 91 offers compassionate care for sexual assault survivors and is the national standard of care.**
 - Though victims of rape and sexual assault react in extremely diverse ways, most will experience some of the following reactions to varying degrees: anxiety, depression, apathy, flashbacks, hypervigilance, social withdrawal, hypersexuality, helplessness, mood swings, etc.⁷ Many victims also develop Post Traumatic Stress Disorder.
 - The American Medical Association, the American College of Obstetricians and Gynecologists, the American College of Emergency Physicians, and many other medical societies, recommend that EC be offered to all sexual assault victims, citing the victim’s physical and psychological health as the primary reasons.⁸
 - All of these organizations recognize that emergency contraceptive treatment should be part of basic, compassionate care for rape victims.
 - 16 states and the District of Columbia already have state laws that require hospitals to dispense emergency contraception to all rape victims who want it. Even traditionally conservative states, such as Utah and Arkansas, have laws that mandate EC access for rape victims.
 - The goal of SB 91 and similar regulations is to ensure that no sexual assault victim suffers more than she already will due to out-of-date hospital policies that deny access to relevant medical information.

- **SB 91 offers sensible solutions that are reflective of standard medical protocol for other emergencies.**
 - It is reasonable to expect that hospitals will provide medically accurate information to patients, regardless of the topic.
 - When a woman is raped, pregnancy becomes a medical risk. Responsible medical providers are expected to inform patients of all risks and to recommend treatment based on possible outcomes. Rape victims should expect the same protocol to be applied to them.

- **SB 91 respects the conscience of sexual assault survivors while also respecting the teachings and conscience of religious health care providers.**
 - Nothing in SB 91 prohibits doctors or nurses who object to providing medically accurate information about EC from finding other health professionals on duty that will provide the necessary information in a timely manner.
 - Nothing in SB 91 requires any health professional to dispense emergency contraception, although 16 states do require both information about and dispensation of emergency contraception to rape victims.
 - The U.S. Conference of Catholic Bishops supports the use of Emergency Contraception for sexual assault victims. In 2001, the USCCB issued their revised Ethical and Religious Directive for Catholic Health Care Services. Directive 36 states:
 - “A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization.”⁹
 - Many religious hospitals, including the largest Catholic hospital system in Texas, provide emergency contraception to sexual assault victims as part of their standard protocol for patient care.

- **SB 91 is smart public policy that ensures fair and consistent treatment for survivors of sexual assault in Kansas.**
 - Each year, 25,000 women become pregnant as a result of rape. If all of those women had prompt information and access to EC after the assault, we could lower that number to 3,000.⁶
 - SB 91 is a commonsense way to provide women with compassionate, high-quality health care and the opportunity to make autonomous health care decisions while also reducing the number of unintended pregnancies and abortions.

¹ Kansas Bureau of Investigation. (2002). A Report on Domestic Violence and Rape Statistics in Kansas: As reported by law enforcement.

³ Kansas Coalition Against Sexual and Domestic Violence. (2003). Domestic Violence and Sexual Assault Advocacy Services in Kansas.

⁴ Maximum efficacy is achieved if taken within 72 hours after unprotected intercourse.

⁵ “Fact Sheet: Emergency Contraception.” American College of Obstetricians and Gynecologists.

<http://www.acog.org/~media/Departments/Adolescent%20Health%20Care/Teen%20Care%20Tool%20Kit/EmergContraception.aspx?dmc=1&ts=20120205T1352159770>

⁶ Stewart, F. “Prevention of Pregnancy Resulting from Rape: A Neglected Preventive Health Measure.” *American Journal of Preventive Medicine*. 2000; 19 (4); 228-229.

⁷ “Rape Trauma Syndrome.” Rape, Abuse, and Incest National Network. <http://www.rain.org/get-information/effects-of-sexual-assault/rape-trauma-syndrome>

⁸ “Management of Patient with Complaint of Sexual Assault.” <http://www.acep.org/practres.aspx?id=29562>

⁹ Ethical and Religious Directive for Catholic Health Care Services, Fourth Edition. <http://nccbuscc.org/bishops/directives.shtml#partthree>