

109TH CONGRESS
1ST SESSION

H. R. 2928

To provide for the provision by hospitals of emergency contraceptives to women who are survivors of sexual assault.

IN THE HOUSE OF REPRESENTATIVES

JUNE 15, 2005

Mr. ROTHMAN (for himself, Mr. SIMMONS, Mr. ABERCROMBIE, Mr. ALLEN, Ms. BALDWIN, Ms. BERKLEY, Mr. BERMAN, Mr. BLUMENAUER, Mr. BRADLEY of New Hampshire, Mr. BRADY of Pennsylvania, Mr. BROWN of Ohio, Mr. CARNAHAN, Mrs. CAPPS, Ms. CARSON, Mr. CASE, Mr. CASTLE, Mr. CONYERS, Mr. CROWLEY, Mr. CUMMINGS, Mrs. DAVIS of California, Mr. DEFazio, Ms. DEGETTE, Ms. DELAURO, Mr. DINGELL, Mr. ENGEL, Mr. EVANS, Mr. FARR, Mr. FRANK of Massachusetts, Mr. GRIJALVA, Mr. GUTIERREZ, Ms. HARMAN, Mr. HASTINGS of Florida, Mr. HOLT, Mr. INSLEE, Ms. JACKSON-LEE of Texas, Mr. JEFFERSON, Mrs. JOHNSON of Connecticut, Mr. KENNEDY of Rhode Island, Mr. KIRK, Mr. KUCINICH, Mr. LARSEN of Washington, Mr. LEWIS of Georgia, Ms. ZOE LOFGREN of California, Mrs. LOWEY, Mrs. MCCARTHY, Ms. MCCOLLUM of Minnesota, Mr. MCDERMOTT, Mr. MCGOVERN, Mr. MCHUGH, Mrs. MALONEY, Mr. GEORGE MILLER of California, Mr. MORAN of Virginia, Mr. NADLER, Mr. OLVER, Mr. OWENS, Mr. PALLONE, Mr. PAYNE, Mr. PRICE of North Carolina, Ms. ROYBAL-ALLARD, Mr. SANDERS, Ms. SCHAKOWSKY, Mr. SCHWARZ of Michigan, Mr. SHAYS, Ms. SLAUGHTER, Mr. SMITH of Washington, Ms. SOLIS, Mr. STARK, Mr. TIERNEY, Mr. TOWNS, Mr. UDALL of Colorado, Ms. WASSERMAN SCHULTZ, Ms. WATSON, Mr. WAXMAN, Mr. WEINER, Mr. WEXLER, Ms. WOOLSEY, Ms. VELÁZQUEZ, Mr. MILLER of North Carolina, Mr. BOEHLERT, Mr. HONDA, Mr. SCHIFF, Mr. BOUCHER, and Ms. ESHOO) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide for the provision by hospitals of emergency contraceptives to women who are survivors of sexual assault.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Compassionate Assist-
5 ance for Rape Emergencies Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) It is estimated that 25,000 to 32,000
9 women become pregnant each year as a result of
10 rape or incest. An estimated 22,000 of these preg-
11 nancies could be prevented if rape survivors had
12 timely access to emergency contraception.

13 (2) A 1996 study of rape-related pregnancies
14 (published in the American Journal of Obstetrics
15 and Gynecology) found that 50 percent of the preg-
16 nancies described in paragraph (1) ended in abor-
17 tion.

18 (3) Surveys have shown that many hospitals do
19 not routinely provide emergency contraception to
20 women seeking treatment after being sexually as-
21 saulted.

1 (4) The risk of pregnancy after sexual assault
2 has been estimated to be 4.7 percent in survivors
3 who were not protected by some form of contracep-
4 tion at the time of the attack.

5 (5) The Food and Drug Administration has de-
6 clared emergency contraception to be safe and effec-
7 tive in preventing unintended pregnancy, reducing
8 the risk by as much as 89 percent if taken within
9 days of unprotected intercourse and up to 95 per-
10 cent if taken in the first 24 hours.

11 (6) Medical research strongly indicates that the
12 sooner emergency contraception is administered, the
13 greater the likelihood of preventing unintended preg-
14 nancy.

15 (7) In light of the safety and effectiveness of
16 emergency contraceptive pills, both the American
17 Medical Association and the American College of
18 Obstetricians and Gynecologists have endorsed more
19 widespread availability of such pills.

20 (8) The American College of Emergency Physi-
21 cians and the American College of Obstetricians and
22 Gynecologists agree that offering emergency contra-
23 ception to female patients after a sexual assault
24 should be considered the standard of care.

1 (9) Nine out of ten women of reproductive age
2 remain unaware of emergency contraception. There-
3 fore, women who have been sexually assaulted are
4 unlikely to ask for emergency contraception.

5 (10) New data from a survey of women having
6 abortions estimates that 51,000 abortions were pre-
7 vented by use of emergency contraception in 2000
8 and that increased use of emergency contraception
9 accounted for 43 percent of the decrease in total
10 abortions between 1994 and 2000.

11 (11) It is essential that all hospitals that pro-
12 vide emergency medical treatment provide emergency
13 contraception as a treatment option to any woman
14 who has been sexually assaulted, so that she may
15 prevent an unintended pregnancy.

16 **SEC. 3. SURVIVORS OF SEXUAL ASSAULT; PROVISION BY**
17 **HOSPITALS OF EMERGENCY CONTRACEP-**
18 **TIVES WITHOUT CHARGE.**

19 (a) IN GENERAL.—Federal funds may not be pro-
20 vided to a hospital under any health-related program, un-
21 less the hospital meets the conditions specified in sub-
22 section (b) in the case of—

23 (1) any woman who presents at the hospital
24 and states that she is a victim of sexual assault, or

1 is accompanied by someone who states she is a vic-
2 tim of sexual assault; and

3 (2) any woman who presents at the hospital
4 whom hospital personnel have reason to believe is a
5 victim of sexual assault.

6 (b) ASSISTANCE FOR VICTIMS.—The conditions spec-
7 ified in this subsection regarding a hospital and a woman
8 described in subsection (a) are as follows:

9 (1) The hospital promptly provides the woman
10 with medically and factually accurate and unbiased
11 written and oral information about emergency con-
12 traception, including information explaining that—

13 (A) emergency contraception has been ap-
14 proved by the Food and Drug Administration
15 as a safe and effective way to prevent preg-
16 nancy after unprotected intercourse or contra-
17 ceptive failure if taken in a timely manner, and
18 is more effective the sooner it is taken; and

19 (B) emergency contraception does not
20 cause an abortion and cannot interrupt an es-
21 tablished pregnancy.

22 (2) The hospital promptly offers emergency
23 contraception to the woman, and promptly provides
24 such contraception to her at the hospital on her re-
25 quest.

1 (3) The information provided pursuant to para-
2 graph (1) is in clear and concise language, is readily
3 comprehensible, and meets such conditions regarding
4 the provision of the information in languages other
5 than English as the Secretary may establish.

6 (4) The services described in paragraphs (1)
7 through (3) are not denied because of the inability
8 of the woman or her family to pay for the services.

9 (c) DEFINITIONS.—For purposes of this section:

10 (1) The term “emergency contraception” means
11 a drug, drug regimen, or device that is—

12 (A) approved by the Food and Drug Ad-
13 ministration to prevent pregnancy; and

14 (B) is used postcoitally.

15 (2) The term “hospital” has the meanings given
16 such term in title XVIII of the Social Security Act,
17 including the meaning applicable in such title for
18 purposes of making payments for emergency services
19 to hospitals that do not have agreements in effect
20 under such title.

21 (3) The term “Secretary” means the Secretary
22 of Health and Human Services.

23 (4) The term “sexual assault” means coitus in
24 which the woman involved does not consent or lacks
25 the legal capacity to consent.

1 (d) EFFECTIVE DATE; AGENCY CRITERIA.—This sec-
2 tion takes effect upon the expiration of the 180-day period
3 beginning on the date of the enactment of this Act. Not
4 later than 30 days prior to the expiration of such period,
5 the Secretary shall publish in the Federal Register criteria
6 for carrying out this section.

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