

112TH CONGRESS
1ST SESSION

H. R. 1724

To provide for the provision by hospitals receiving Federal funds through the Medicare Program or Medicaid Program of emergency contraceptives to women who are survivors of sexual assault.

IN THE HOUSE OF REPRESENTATIVES

MAY 4, 2011

Mr. ROTHMAN of New Jersey 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 receiving Federal funds through the Medicare Program or Medicaid Program 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 of 2011”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

1 (1) One out of every 6 American women will be-
2 come a victim of rape or sexual assault in their life-
3 time. It is estimated that 17,700,000 American
4 women today are survivors of these violent crimes.

5 (2) The Federal Bureau of Investigation re-
6 ports that 88,427 women were raped in 2009. This
7 statistic is derived from records of crimes reported
8 to law enforcement and does not include reports of
9 other actions falling under the broader term of “sex-
10 ual assault”.

11 (3) The 2009 violent crime report issued by the
12 Bureau of Justice Statistics indicates that only
13 about half, 55.4 percent, of rapes and sexual as-
14 saults perpetrated against women and girls in the
15 United States were reported to law enforcement. For
16 this reason, the total number of these violent crimes
17 committed in a given year is likely to be much high-
18 er.

19 (4) According to a 2003 analysis of data col-
20 lected by the National Violence Against Women Sur-
21 vey, the risk of pregnancy resulting from rape is es-
22 timated to be 7.98 percent for victims who were not
23 protected by some form of contraception at the time
24 of the attack.

1 (5) According to the Centers for Disease Con-
2 trol and Prevention, approximately 32,000 preg-
3 nancies result from rape every year.

4 (6) Timely access to emergency contraception
5 could help many of these rape survivors avoid the
6 additional trauma of facing an unintended preg-
7 nancy.

8 (7) In light of the safety and effectiveness of
9 emergency contraception pills, both the American
10 Medical Association and the American College of
11 Obstetricians and Gynecologists have endorsed more
12 widespread availability of such pills to women of all
13 ages.

14 (8) The American College of Emergency Physi-
15 cians and the American College of Obstetricians and
16 Gynecologists agree that offering emergency contra-
17 ception to female patients after a sexual assault
18 should be considered the standard of care.

19 (9) The Food and Drug Administration has de-
20 clared emergency contraception to be safe and effec-
21 tive in preventing unintended pregnancy if taken in
22 the first 72 hours after sex, and that certain contra-
23 ceptives remain safe and effective in preventing un-
24 intended pregnancy for up to 120 hours after sex.

1 (10) Approximately one-third of women of re-
2 productive age remain unaware of emergency contra-
3 ception. Therefore, women who have been sexually
4 assaulted are unlikely to ask for emergency contra-
5 ception.

6 (11) It is essential that all hospitals that pro-
7 vide emergency medical care provide emergency con-
8 traception as a treatment option to any woman who
9 has been raped, so that she may have the option of
10 preventing an unintended pregnancy.

11 (12) In 2004, the Bureau of Justice Statistics
12 reported that legal reforms and the growth in serv-
13 ices available to rape victims have been influential in
14 increasing the likelihood that women will report a
15 rape to police, resulting in more perpetrators being
16 identified and brought to justice.

17 (13) Polls show that nearly 80 percent of Amer-
18 ican women want their hospitals, whether or not reli-
19 giously affiliated, to offer emergency contraception
20 to rape survivors.

21 **SEC. 3. SURVIVORS OF SEXUAL ASSAULT; PROVISION BY**
22 **HOSPITALS OF EMERGENCY CONTRACEP-**
23 **TIVES WITHOUT CHARGE.**

24 (a) IN GENERAL.—Federal funds may not be pro-
25 vided to a hospital under title XVIII of the Social Security

1 Act or to a State, with respect to services of a hospital,
2 under title XIX of such Act, unless the hospital meets the
3 conditions specified in subsection (b) in the case of—

4 (1) any woman who presents at the hospital
5 and states that she is a victim of sexual assault, or
6 is accompanied by someone who states she is a vic-
7 tim of sexual assault; and

8 (2) any woman who presents at the hospital
9 whom hospital personnel have reason to believe is a
10 victim of sexual assault.

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

14 (1) The hospital promptly provides the woman
15 with medically and factually accurate and unbiased
16 written and oral information about emergency con-
17 traception, including information explaining that—

18 (A) emergency contraception has been ap-
19 proved by the Food and Drug Administration
20 as an over-the-counter medication for women
21 ages 17 and over and is a safe and effective
22 way to prevent pregnancy after unprotected
23 intercourse or contraceptive failure if taken in
24 a timely manner;

1 (B) emergency contraception is more effective
2 the sooner it is taken; and

3 (C) emergency contraception does not
4 cause an abortion and cannot interrupt an established pregnancy.

6 (2) The hospital promptly offers emergency
7 contraception to the woman, and promptly provides
8 such contraception to her at the hospital on her request.

10 (3) The information provided pursuant to paragraph (1) is in clear and concise language, is readily
11 comprehensible, and meets such conditions regarding
12 the provision of the information in languages other
13 than English as the Secretary may establish.

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

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

19 (1) The term “emergency contraception” means
20 a drug, drug regimen, or device that—

21 (A) is approved by the Food and Drug Administration to prevent pregnancy; and

23 (B) is used postcoitally.

24 (2) The term “hospital” has the meaning given
25 such term in section 1861(e) of the Social Security

1 Act (42 U.S.C. 1395x(e)), and includes a critical ac-
2 cess hospital, as defined in section 1861(mm)(1) of
3 such Act (42 U.S.C. 1395x(mm)(1)).

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

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

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

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