GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2007

H HOUSE BILL 961*

Short Title: Compassionate Care/Victims of Sexual Assault. (Public)

Representatives Faison, Earle, Howard, Harrison (Primary Sponsors);
Adams, Alexander, Allen, Allred, Barnhart, Bell, Bordsen, Braxton,
Brisson, Bryant, Carney, Coates, Cole, Coleman, Cunningham, Dickson,
England, Farmer-Butterfield, Fisher, Glazier, Goforth, Goodwin, Haire,
Hall, T. Harrell, J. Harrell, Hill, Holliman, Insko, Jeffus, Love, Luebke,
Martin, McAllister, McLawhorn, Owens, Parmon, Ross, Saunders, Sutton,
Tucker, Underhill, Wainwright, E. Warren, Weiss, Williams, Womble, and

Referred to: Health, if favorable, Judiciary III.

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March 22, 2007

A BILL TO BE ENTITLED
AN ACT TO REQUIRE HOSPITALS AND URGENT

AN ACT TO REQUIRE HOSPITALS AND URGENT CARE FACILITIES THAT PROVIDE EMERGENCY CARE TO VICTIMS OF SEXUAL ASSAULT TO OFFER EMERGENCY CONTRACEPTION PILLS TO THOSE VICTIMS.

Whereas, it is estimated that from 25,000 to 32,000 women become pregnant each year as a result of rape or incest; and

Whereas, surveys have shown that many hospitals do not routinely offer emergency contraception to women seeking treatment after being sexually assaulted; and

Whereas, the risk of pregnancy after sexual assault has been estimated to be 4.7% in victims who were not protected by some form of contraception at the time of the attack; and

Whereas, the United States Food and Drug Administration has declared emergency contraception to be safe and effective in preventing unintended pregnancy and has approved over-the-counter access to the emergency contraceptive Plan B for women ages 18 and over; and

Whereas, emergency contraception can reduce the risk of pregnancy by as much as 89% if taken within 72 hours of unprotected sex or primary contraceptive failure; and

Whereas, medical research strongly indicates that the sooner emergency contraception is administered, the greater the likelihood of preventing unintended

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pregnancy, and it is most effective if administered in the first 12 hours after unprotected intercourse; and

Whereas, in light of the safety and effectiveness of emergency contraceptive pills, both the American Medical Association and the American College of Obstetricians and Gynecologists have endorsed more widespread availability of emergency contraceptives; and

Whereas, it is essential that all hospitals and urgent care facilities that provide emergency medical treatment also offer emergency contraception as a treatment option to any woman who has been sexually assaulted so that she may prevent an unintended pregnancy; Now, therefore,

The General Assembly of North Carolina enacts:

SECTION 1. Part 3A of Article 11 of Chapter 143B of the General Statutes is amended by adding a new section to read:

"§ 143B-480.4. Emergency care for victims of sexual assault; definitions.

- (a) Every hospital and urgent care facility in this State that provides emergency care for victims of sexual assault shall as the standard of care do the following:
 - (1) Provide the sexual assault victim with medically and factually accurate and objective written and oral information about emergency contraception, including information explaining that:
 - a. Emergency contraception does not cause abortion, and
 - b. Emergency contraception is effective in most cases in preventing pregnancy after unprotected sexual intercourse.
 - (2) Provide the sexual assault victim with oral and written information about her option to be provided emergency contraception at the hospital or urgent care facility.
 - (3) Provide emergency contraception at the hospital or urgent care facility to each sexual assault vicitm who requests it, unless in the opinion of the attending physician or other health care provider, the emergency contraception is contraindicated for the patient.

A hospital or urgent care facility may not refuse to provide emergency contraception on the basis of the sexual assault victim's inability to pay for the emergency contraception.

- (b) The provision of emergency contraceptive pills shall include the initial dose that the sexual assault victim can take at the hospital or urgent care facility as well as the additional or follow-up dose that the sexual assault victim may self-administer.
- (c) Hospitals and urgent care facilities shall ensure that all personnel providing care to sexual assault victims are trained to provide medically and factually accurate and objective information about emergency contraception.
- (d) The Department of Health and Human Services, in collaboration with the Director of the Office of Women's Health, the North Carolina Coalition Against Sexual Assault, and the Sexual Assault Nurse Examiner program, shall develop and produce, in quantities sufficient to comply with the purposes of this act, written information relating to emergency contraception for the prevention of pregnancy in sexual assault victims.

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The information shall be clearly written and readily comprehensible in a culturally competent manner, as the Department of Health and Human Services, in collaboration with the Director of the Office of Women's Health, the North Carolina Coalition Against Sexual Assault, and the Sexual Assault Nurse Examiner program, deems necessary to inform a sexual assault victim about emergency contraception. The information shall explain the nature of emergency contraception, the effectiveness of emergency contraception in preventing pregnancy, where emergency contraception can be obtained, and treatment options.

- (e) As provided in G.S. 143B-480.2(d), the hospital may be reimbursed in full for the cost of providing emergency contraception.
- (f) With the exception of assistance authorized under subsection (g) of this section, assistance for expenses authorized under this section is to be paid directly to any hospital, ambulance service, attending physicians, or mental health professionals providing counseling, upon the filing of proper forms. Payment for the full out-of-pocket cost of the forensic medical examination shall be paid to the provider no later than 90 days after receiving the required written notification of the victim's expense.
- (g) An individual may file a complaint with the Department alleging failure on the part of the hospital or urgent care facility to provide services required by this section. The Department shall immediately investigate the complaint to determine the action to be taken. If the Department finds that a hospital failed to provide the services required under this section, the Department shall:
 - (1) <u>Issue a written warning to the hospital or urgent care facility that a complaint has been filed alleging that the hospital or urgent care facility is not providing the services required by this section.</u>
 - (2) Based on the Department's findings, require the hospital to correct the deficiency leading to the complaint.

If after issuance of the written warning required by this section, the Department finds that the hospital or urgent care facility has failed to provide services, the Department shall, for the second and subsequent substantiated complaints, impose a penalty on the hospital or urgent care facility in the amount of one thousand dollars (\$1,000) per sexual assault victim who was denied services under this section. Penalties imposed under this section shall be paid to the Department and used by the Department only to defray a part of the costs for providing the information required by subsection (d) of this section.

The Department shall adopt rules for the investigation of complaints and imposition of penalties under this section. A hospital or urgent care facility may appeal the Department's finding pursuant to Chapter 150B of the General Statutes.

- (h) As used in this section, unless the context clearly requires otherwise:
 - (1) "Emergency care" means medical examinations, procedures, and services provided by a hospital or urgent care facility to a sexual assault victim following an alleged sexual assault.
 - (2) "Emergency contraception" means a drug, drug regimen, or device that is:

1		<u>a.</u>	Approved by the United States Food and Drug Administration
2			to prevent pregnancy; and
3		<u>b.</u>	Used postcoitally.
4	<u>(3)</u>	"Med	ically and factually accurate and objective" means verified or
5			orted by the weight of research conducted in compliance with
6			ted scientific methods and standards; published in peer-reviewed
7			als; and recognized as accurate and objective by leading
8		-	ssional organizations and agencies with relevant expertise in the
9		_	of obstetrics and gynecology, such as the American College of
10		Obste	etricians and Gynecologists.
11	(4)	"Sexu	all assault" means the crime of rape or any sexual offense that
12			ves vaginal intercourse.
13	<u>(5)</u>	"Sexu	nal assault victim" means:
14		a.	Any woman who arrives at the hospital or urgent care facility
15			and alleges that she is the victim of sexual assault, or is
16			accompanied by someone who alleges that she is the victim of
17			sexual assault; and
18		<u>b.</u>	Any woman who arrives at a hospital or urgent care facility
19			who the agents of the hospital or urgent care facility personnel
20			have reason to believe is a victim of sexual assault."
21	SECT	TION 1	This act becomes effective October 1, 2007