



Legislative Alert

“Emergency Care for Rape Victims Act”

Support SB0640 and HB1532

What SB640/HB1532 do: SB640, sponsored by Senator Beverly Marrero, and HB1532, sponsored by Representative JoAnne Favors, would require hospital emergency rooms to provide rape victims with medically and factually accurate oral and written information about Emergency Contraception (EC), tell them about their right to access EC at the hospital, and dispense EC when requested. Emergency Contraception (EC) is also known as the “morning after pill” or by the brand name Plan B.

- Emergency Contraception is a safe, effective emergency contraceptive that prevents pregnancy after sexual assault. It does not induce abortion or terminate a pregnancy.
- EC provides a safe and reliable method for preventing pregnancy after being raped. However, most hospital emergency facilities in Tennessee fail to provide rape victims with information about EC and/or to make it available.
- Rape victims are often taken to hospital emergency rooms by the police or emergency medical technicians. Under these conditions, most women lack the time, information and opportunity to assess a given hospital’s policy and ask to be taken to a facility that provides EC.
- In 2007, 2,187 forcible rapes were reported to Tennessee law enforcement agencies, according to the Tennessee Bureau of Investigation. Availability of EC ensures compassionate comprehensive health care and support to rape victims.
- EC, which is approved by the FDA, reduces the chance of unwanted pregnancy by as much as 89% if taken within 72 hours (3 days). It contains levonorgestrel, an ingredient that is commonly found in most birth control pills.
- Major medical groups such as the American College of Obstetricians and Gynecologists and the American Public Health Association recommend that EC be offered to women to prevent pregnancy after a sexual assault.

Background: In conjunction with the Women's Health Safety Network, ACLU-TN conducted a telephone survey of all 126 hospital emergency rooms in the state during February and March 2005. 101 (or 80 percent) of the 126 ERs in Tennessee responded to the survey.

The study found that of these 101 ERs, only 26 facilities (26 percent) always provide emergency contraception on site to sexual assault patients or refer to providers of comprehensive emergency care for rape survivors. Most of the 26 hospital ERs were located in urban areas of the state, suggesting that sexual assault patients in rural areas are especially underserved.