

108TH CONGRESS  
1ST SESSION

# S. 1564

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

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## IN THE SENATE OF THE UNITED STATES

AUGUST 1 (legislative day, JULY 21), 2003

Mr. CORZINE (for himself, Mr. KERRY, Mrs. MURRAY, Mr. DURBIN, Mr. LAUTENBERG, and Ms. CANTWELL) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## 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       Congress makes the following findings:

8               (1) It is estimated that 25,000 to 32,000  
9       women become pregnant each year as a result of

1 rape or incest. An estimated 22,000 of these preg-  
2 nancies could be prevented if rape survivors had  
3 timely access to emergency contraception.

4 (2) A 1996 study of rape-related pregnancies  
5 (published in the American Journal of Obstetrics  
6 and Gynecology) found that 50 percent of the preg-  
7 nancies described in paragraph (1) ended in abor-  
8 tion.

9 (3) Surveys have shown that many hospitals do  
10 not routinely provide emergency contraception to  
11 women seeking treatment after being sexually as-  
12 sailed.

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

17 (5) The Food and Drug Administration has de-  
18 clared emergency contraception to be safe and effec-  
19 tive in preventing unintended pregnancy, reducing  
20 the risk by as much as 89 percent.

21 (6) Medical research strongly indicates that the  
22 sooner emergency contraception is administered, the  
23 greater the likelihood of preventing unintended preg-  
24 nancy.

1           (7) In light of the safety and effectiveness of  
2 emergency contraceptive pills, both the American  
3 Medical Association and the American College of  
4 Obstetricians and Gynecologists have endorsed more  
5 widespread availability of such pills.

6           (8) The American College of Emergency Physi-  
7 cians and the American College of Obstetricians and  
8 Gynecologists agree that offering emergency contra-  
9 ception to female patients after a sexual assault  
10 should be considered the standard of care.

11           (9) Nine out of ten women of reproductive age  
12 remain unaware of emergency contraception. There-  
13 fore, women who have been sexually assaulted are  
14 unlikely to ask for emergency contraception.

15           (10) New data from a survey of women having  
16 abortions estimates that 51,000 abortions were pre-  
17 vented by use of emergency contraception in 2000  
18 and that increased use of emergency contraception  
19 accounted for 43 percent of the decrease in total  
20 abortions between 1994 and 2000.

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

1 **SEC. 3. SURVIVORS OF SEXUAL ASSAULT; PROVISION BY**  
2 **HOSPITALS OF EMERGENCY CONTRACEP-**  
3 **TIVES WITHOUT CHARGE.**

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

8 (1) any woman who presents at the hospital  
9 and states that she is a victim of sexual assault, or  
10 is accompanied by someone who states she is a vic-  
11 tim of sexual assault; and

12 (2) any woman who presents at the hospital  
13 whom hospital personnel have reason to believe is a  
14 victim of sexual assault.

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

18 (1) The hospital promptly provides the woman  
19 with medically and factually accurate and unbiased  
20 written and oral information about emergency con-  
21 traception, including information explaining that—

22 (A) emergency contraception does not  
23 cause an abortion; and

24 (B) emergency contraception is effective in  
25 most cases in preventing pregnancy after un-  
26 protected sex.

1           (2) The hospital promptly offers emergency  
2           contraception to the woman, and promptly provides  
3           such contraception to her on her request.

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

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

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

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

15                   (A) used postcoitally;

16                   (B) prevents pregnancy by delaying ovula-  
17                   tion, preventing fertilization of an egg, or pre-  
18                   venting implantation of an egg in a uterus; and

19                   (C) is approved by the Food and Drug Ad-  
20                   ministration.

21          (2) The term “hospital” has the meanings given  
22          such term in title XVIII of the Social Security Act,  
23          including the meaning applicable in such title for  
24          purposes of making payments for emergency services

1 to hospitals that do not have agreements in effect  
2 under such title.

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

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

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

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