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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Compassionate Assistance for Rape Emergencies Act of 2011”.

SEC. 2. FINDINGS.

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

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

20 (4) According to a 2003 analysis of data col-
21 lected by the National Violence Against Women Sur-
22 vey, the risk of pregnancy resulting from rape is es-
23 timated to be 7.98 percent for victims who were not
24 protected by some form of contraception at the time
25 of the attack.
(5) According to the Centers for Disease Control and Prevention, approximately 32,000 pregnancies result from rape every year.

(6) Timely access to emergency contraception could help many of these rape survivors avoid the additional trauma of facing an unintended pregnancy.

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

(8) The American College of Emergency Physicians and the American College of Obstetricians and Gynecologists agree that offering emergency contraception to female patients after a sexual assault should be considered the standard of care.

(9) The Food and Drug Administration has declared emergency contraception to be safe and effective in preventing unintended pregnancy if taken in the first 72 hours after sex, and that certain contraceptives remain safe and effective in preventing unintended pregnancy for up to 120 hours after sex.
(10) Approximately one-third of women of reproductive age remain unaware of emergency contraception. Therefore, women who have been sexually assaulted are unlikely to ask for emergency contraception.

(11) It is essential that all hospitals that provide emergency medical care provide emergency contraception as a treatment option to any woman who has been raped, so that she may have the option of preventing an unintended pregnancy.

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

(13) Polls show that nearly 80 percent of American women want their hospitals, whether or not religiously affiliated, to offer emergency contraception to rape survivors.

SEC. 3. SURVIVORS OF SEXUAL ASSAULT; PROVISION BY HOSPITALS OF EMERGENCY CONTRACEPTIVES WITHOUT CHARGE.

(a) IN GENERAL.—Federal funds may not be provided to a hospital under title XVIII of the Social Security
Act or to a State, with respect to services of a hospital, under title XIX of such Act, unless the hospital meets the conditions specified in subsection (b) in the case of—

(1) any woman who presents at the hospital and states that she is a victim of sexual assault, or is accompanied by someone who states she is a victim of sexual assault; and

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

(b) ASSISTANCE FOR VICTIMS.—The conditions specified in this subsection regarding a hospital and a woman described in subsection (a) are as follows:

(1) The hospital promptly provides the woman with medically and factually accurate and unbiased written and oral information about emergency contraception, including information explaining that—

(A) emergency contraception has been approved by the Food and Drug Administration as an over-the-counter medication for women ages 17 and over and is a safe and effective way to prevent pregnancy after unprotected intercourse or contraceptive failure if taken in a timely manner;
(B) emergency contraception is more effective the sooner it is taken; and

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

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

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

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

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

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

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

(B) is used postcoitally.

(2) The term “hospital” has the meaning given such term in section 1861(e) of the Social Security
Act (42 U.S.C. 1395x(e)), and includes a critical access hospital, as defined in section 1861(mm)(1) of such Act (42 U.S.C. 1395x(mm)(1)).

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

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

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

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