

110TH CONGRESS
1ST SESSION

H. R. 464

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

JANUARY 12, 2007

Mr. ROTHMAN (for himself, Mrs. BIGGERT, Mr. VAN HOLLEN, Mrs. TAUSCHER, Mr. McDERMOTT, Mr. DINGELL, Mr. ENGEL, Mr. DICKS, Mr. MOORE of Kansas, Mr. KIRK, Mr. KENNEDY, Mr. STARK, Mrs. CHRISTENSEN, Mr. FARR, Ms. DEGETTE, Ms. SCHAKOWSKY, Mr. BLUMENAUER, Mr. GEORGE MILLER of California, Mr. WEINER, Ms. MCCOLLUM of Minnesota, Ms. LEE, Mr. ALLEN, Mr. SHAYS, Mr. PATRICK MURPHY of Pennsylvania, Mr. GRIJALVA, Mrs. DAVIS of California, Mr. MCHUGH, Mr. SCHIFF, Ms. HIRONO, Mr. CROWLEY, Ms. ZOE LOFGREN of California, Mr. BOUCHER, Mr. FATTAH, Mr. FRANK of Massachusetts, Mr. AL GREEN of Texas, Mr. ISRAEL, Mr. BOSWELL, Mr. TIERNEY, Ms. DELAURO, Mr. INSLEE, Mr. OLVER, Ms. BERKLEY, Mr. DEFazio, Mr. MILLER of North Carolina, Mr. CUMMINGS, Mr. BERMAN, Mr. MORAN of Virginia, Mr. NADLER, Mr. ABERCROMBIE, Ms. BALDWIN, Mr. CASTLE, Mr. WAXMAN, Mr. LARSEN of Washington, Mrs. MALONEY of New York, Mr. WYNN, Mr. HASTINGS of Florida, Mrs. CAPPS, Ms. LINDA T. SÁNCHEZ of California, Mr. HOLT, Mr. LANTOS, Mr. SIRES, Ms. HARMAN, Mr. WEXLER, and Ms. MATSUI) 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 Pro-

gram 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 2007”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) It is estimated that 25,000 to 32,000
9 women become pregnant each year as a result of
10 rape or incest. Timely access to emergency contra-
11 ception could help many of these rape survivors
12 avoid the additional trauma of facing an unintended
13 pregnancy.

14 (2) A 1996 study of rape-related pregnancies
15 (published in the American Journal of Obstetrics
16 and Gynecology) found that 50 percent of the preg-
17 nancies described in paragraph (1) ended in abor-
18 tion.

19 (3) Surveys have shown that many hospitals do
20 not routinely provide emergency contraception to
21 women seeking treatment after being sexually as-
22 saulted.

23 (4) The risk of pregnancy after sexual assault
24 has been estimated to be 4.7 percent in survivors

1 who were not protected by some form of contracep-
2 tion at the time of the attack.

3 (5) The Food and Drug Administration has de-
4 clared emergency contraception to be safe and effec-
5 tive in preventing unintended pregnancy if taken in
6 the first 72 hours of sex.

7 (6) Medical research strongly indicates that the
8 sooner emergency contraception is administered, the
9 greater the likelihood of preventing unintended preg-
10 nancy.

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

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

22 (9) Approximately one-third of women of repro-
23 ductive age remain unaware of emergency contracep-
24 tion. Therefore, women who have been sexually as-

1 saulted are unlikely to ask for emergency contracep-
2 tion.

3 (10) It is essential that all hospitals that pro-
4 vide emergency medical treatment provide emergency
5 contraception as a treatment option to any woman
6 who has been sexually assaulted, so that she may
7 prevent an unintended pregnancy.

8 **SEC. 3. SURVIVORS OF SEXUAL ASSAULT; PROVISION BY**
9 **HOSPITALS OF EMERGENCY CONTRACEP-**
10 **TIVES WITHOUT CHARGE.**

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

16 (1) any woman who presents at the hospital
17 and states that she is a victim of sexual assault, or
18 is accompanied by someone who states she is a vic-
19 tim of sexual assault; and

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

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

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

5 (A) emergency contraception has been ap-
6 proved by the Food and Drug Administration
7 as an over-the-counter medication for women
8 ages 18 and over and is a safe and effective
9 way to prevent pregnancy after unprotected
10 intercourse or contraceptive failure if taken in
11 a timely manner;

12 (B) emergency contraception is more effec-
13 tive the sooner it is taken; and

14 (C) emergency contraception does not
15 cause an abortion and cannot interrupt an es-
16 tablished pregnancy.

17 (2) The hospital promptly offers emergency
18 contraception to the woman, and promptly provides
19 such contraception to her at the hospital on her re-
20 quest.

21 (3) The information provided pursuant to para-
22 graph (1) is in clear and concise language, is readily
23 comprehensible, and meets such conditions regarding
24 the provision of the information in languages other
25 than English as the Secretary may establish.

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

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

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

7 (A) approved by the Food and Drug Ad-
8 ministration to prevent pregnancy; and

9 (B) is used postcoitally.

10 (2) The term “hospital” has the meaning given
11 such term in section 1861(e) of the Social Security
12 Act (42 U.S.C. 1395x(e)), and includes critical ac-
13 cess hospitals, as defined in section 1861(mm)(1) of
14 such Act (42 U.S.C. 1395x(mm)(1)).

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

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

20 (d) EFFECTIVE DATE; AGENCY CRITERIA.—This sec-
21 tion takes effect upon the expiration of the 180-day period
22 beginning on the date of the enactment of this Act. Not
23 later than 30 days prior to the expiration of such period,

- 1 the Secretary shall publish in the Federal Register criteria
- 2 for carrying out this section.

