

Compassionate Care for Victims of Sexual Assault

- **North Carolina should ensure that sexual assault victims receive information about and access to emergency contraception in hospital emergency rooms and urgent care clinics.**

Proposal

All hospital emergency rooms and urgent care clinics should be required to counsel sexual assault survivors about emergency contraception (EC) and provide it to them upon request. As of October, 2006, eleven states—California, Illinois, Massachusetts, New Jersey, New Mexico, New York, Ohio, Oregon, South Carolina, Texas and Washington —require emergency departments to provide emergency contraception-related services or information to sexual assault survivors.

80 percent of North Carolina hospitals are providing pregnancy prevention medication to victims of sexual assault. Now we need to make a promise to all women that no matter where they are, they will receive the same standard of care.

Rationale

- Emergency contraception (EC), also known as the morning-after pill, is often called the nation's best-kept health secret. The most common form of EC is emergency contraceptive pills (ECPs). ECPs are ordinary birth control pills that greatly reduce a woman's chance of becoming pregnant when taken within days of unprotected sex.¹
- ECPs are birth control and do not cause abortion; rather they *prevent* pregnancy by inhibiting ovulation, fertilization, or implantation before a pregnancy occurs. In fact, ECPs do not work if a woman is already pregnant and will not harm an already existing pregnancy.²
- EC is safe, effective, and simple to use; it is not associated with any serious or harmful side effects; it is not dangerous to women with particular medical conditions; and women can diagnose their own need for the treatment.³
- Don't confuse EC with Mifeprex, the early abortion option (also known as RU-486)! The line between contraception and abortion is often blurred, intentionally and unintentionally, in the course of policy discussions. Remember, EC is birth control and helps prevent pregnancy. It does not work if a woman is already pregnant. Mifeprex, in contrast, terminates an early pregnancy.

- According to estimates provided by Princeton University Population Researcher, James Trussell, approximately 25,000 women in the United States become pregnant each year as a result of rape. An estimated 22,000 of these unintended pregnancies could be prevented if sexual assault victims had timely access to EC.
- In North Carolina 1 in 5 women will be sexually assaulted in her lifetime. According to the NC Coalition Against Sexual Assault, in 2003, Rape Crisis Centers reported 29,931 calls from victims and had face-to-face counseling sessions with 7,580.
- The NC hospitals surveyed in 2004 by NC Women United reported that over 5,000 victims of sexual assault report to NC Emergency Departments every year.
- The NC survey also showed that sexual assault survivors in rural counties or hospitals without Sexual Assault Nurse Examiner programs have the least access to EC.
- It costs a hospital an average of \$12.00 for one package (one dose) of the emergency contraceptive, Plan B.⁴
- The American College of Emergency Physicians, American College of Obstetrics and Gynecology and the American Medical Association all support making emergency contraception available in emergency rooms to victims of sexual assault.

Impact If the proposed EC in the ER legislation is enacted, rape survivors will be offered and provided emergency contraception upon request in hospital emergency rooms in North Carolina. Decreasing unwanted pregnancies as a result of rape will help lessen the physical and psychological trauma already experienced by rape survivors.

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¹ While labels for FDA-approved EC products indicate that EC should be used within 72 hours after unprotected sex, recent research shows that emergency contraception can be effective up to 120 hours after sex. However, EC is more effective the sooner it is taken. Charlotte Ellertson et al., *Extending the Time Limit for Starting the the Yuzpe Regimen of Emergency Contraception to 120 Hours*, 101 OBSTETRICS & GYNECOLOGY 1168, 1168-71 (2003).

² US Food and Drug Administration, Center for Drug Evaluation and Research.
<http://www.fda.gov/cder/drug/infopage/planB/planBQandA.htm>.

³ Charlotte Ellertson et al., *Should Emergency Contraceptive Pills Be Available Without Prescription?*, 53 JAMWA 226, 227-28 (1998); David A. Grimes, *Switching Emergency Contraception to Over-the-Counter Status*, 347 NEW ENGLAND JOURNAL OF MEDICINE 846, 846-47 (2002).

⁴ According to Drug Topics: Red Book Pharmacy Reference Pricing Guide.