



NARAL

Pro-Choice Colorado

Fact Sheet

SB 60 (Boyd, McGihon):
Emergency Contraception Information
for Sexual Assault Survivors

Emergency contraception (EC), sometimes called the “morning-after pill,” is an FDA-approved high dose of oral contraception that can prevent pregnancy if taken within 120 hours after unprotected intercourse, although it is most effective within the first 24-72 hours. Emergency contraception should be the standard of care for all health care facilities that treat victims of sexual assault. Requiring emergency health care facilities to provide information about emergency contraception is a common-sense step we can take to reduce the number of pregnancies that result from sexual assault and offer some comfort to rape victims.

BILL SUMMARY

- The bill requires emergency health care facilities to adopt protocols to inform a victim of sexual assault of the availability of emergency contraception.
- The bill also encourages these facilities to provide training about emergency contraception for their employees.
- Any health professional employed by these facilities who has a moral/religious objection to providing information concerning emergency contraception to patients is exempt from doing so.
- The bill also encourages any entity that sexual assault survivors may turn to instead of or before reporting an assault, including victim assistance, counseling, rape crisis hotlines, or pharmacies, to provide information about the availability and use of emergency contraception.

WE SUPPORT SB 60!

SB 60 PROTECTS VICTIMS OF SEXUAL ASSAULT

- 1 in 4 Colorado women will or have been a victim of sexual assault. Nationally, between 25,000 and 32,000 women become pregnant as a result of rape. Emergency contraception could prevent 22,000-25,000 of these pregnancies.
- Emergency contraception is not only a safe and effective method to prevent unintended pregnancy, but it also can empower women who have been sexually assaulted with a sense of control and provide an important way of helping them cope with the trauma of the assault.
- Victims of sexual assault should not be forced to face an unintended pregnancy as the result of a violent attack. Providing emergency contraception as an option will help reduce the additional difficulty of an unplanned pregnancy.

SB 60 INFORMS SURVIVORS OF THEIR OPTIONS

- A national survey found that only about 11% of women in the United States have heard of EC. Unless health care facilities inform them about EC, sexual assault survivors at risk of pregnancy are unlikely to ask for the treatment.

EMERGENCY CONTRACEPTION SHOULD BE THE STANDARD OF CARE

- Standards of care established by the American Medical Association (AMA) and the American College of Emergency Medicine state that sexual assault victims be counseled about their risk of pregnancy and offered emergency contraception.
- Protocols published by the U.S. Department of Justice Office on Violence Against Women recommends that Sexual Assault Medical Forensic Examiners recognize survivors' fear of pregnancy and discuss reproductive health services.
- A study showed that at least 30% of Colorado hospital ERs have no identifiable access to education about emergency contraception for rape survivors and less than half reported having a written policy regarding emergency contraception for sexual assault patients.

THE PUBLIC SUPPORTS ACCESS TO EMERGENCY CONTRACEPTION FOR RAPE VICTIMS

- In a 2002 poll, 85% of Colorado voters supported the availability of EC in ERs for victims of rape and incest.
- More than 80% of all Americans believe emergency health care facilities should NOT be allowed to deny emergency contraception to a woman who is sexually assaulted, regardless of the hospital's religious affiliation.¹
- Nearly 80% of women in the U.S. would prefer that their community emergency health care facility provide emergency contraception to rape victims.²

¹ American Civil Liberties Union Reproductive Freedom Project, *Religious Refusals and Reproductive Rights (2002)*, 20.

² Belden, Russonello & Stewart, *Religion, Reproductive Health and Access to Services: A National Survey of Women (April 2000)*, 5.