

the CARE coalition

Compassionate Assistance for Rape Emergencies It's a Victim's Rights Issue

July 28, 2006

An open letter to the Pennsylvania General Assembly:

Now is the time for Pennsylvania's General Assembly to pass the CARE Act – Senate Bill 990 and House Bill 2159 – introduced by Senator Joe Conti, Senator Connie Williams and Representative Bill DeWeese.

The CARE Act is critical legislation that would protect the rights of rape victims by insuring that they receive comprehensive medical care, including emergency contraception (EC), when they present to the emergency room. A recent poll indicated that 84 percent of Pennsylvanians support rape victims having access to emergency contraception in the emergency room.

EC is a time-sensitive, FDA-approved medication that works just like birth control. It is proven to be at least 89 percent effective in *preventing* pregnancy when taken up to 120 hours following a rape. EC *prevents* pregnancy and is *not* abortion (it is not the French abortion pill RU-486); it will not disrupt or harm an existing pregnancy.

According to a survey, over 50 percent of Pennsylvania's hospitals do *not* inform nor provide emergency contraception (EC) when a rape victim presents in the emergency room. This is not just a statistic – this is a real-life barrier to comprehensive medical care experienced by rape victims every day.

An article published just this week by *The Patriot-News* highlights one Lebanon County woman's traumatic experience when she was denied emergency contraception by her local hospital, *even when she requested it*. Her situation is appalling and, the reality is she's not alone.

Each year, 25,000 rape victims become pregnant as a result of their assault. If emergency contraception had been provided to these victims, approximately 22,000 would not have faced the traumatic reality of becoming pregnant by their perpetrator. In addition to the 25,000 victims who are impregnated, thousands more are re-victimized when they do not receive the complete medical care needed to begin the healing and empowerment process.

The CARE Act would require hospitals and healthcare facilities that provide emergency services to do the following when a rape victim presents to the emergency room:

- 1) provide medically accurate information about emergency contraception;
- 2) provide the full regimen of the medication upon the victim's request;
- 3) inform the victim about the availability of a rape crisis counselor and provide her the contact information of the local rape crisis center; and

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- 4) contact the local rape crisis center upon the victim's request so that she may have the opportunity for a personal and private consultation with the counselor while at the hospital.

According to the American Medical Association, the American College of Obstetricians and Gynecologists, and the American College of Emergency Physicians informing rape victims about emergency contraception and providing it to them upon their request is considered the standard of care for treating rape victims.

Denying a victim the opportunity to decide her own medical treatment is unconscionable. Imagine the outrage if a physician declined to provide medical care for any other ailment? A physician's responsibility is to treat illness and disease and administer legal medical treatments and prescriptions, not make judgments about an individuals' condition and options.

It is estimated that one in ten Pennsylvania women has been the victim of forcible rape in her lifetime. Please support the CARE Act and help assure that these women receive the support and CARE they need to begin the road to recovery.

Sincerely,



Delilah Rumburg
Executive Director
Pennsylvania Coalition Against Rape
on behalf of the CARE Coalition

The CARE Coalition is comprised of members and supportive individuals from many differing genres: the health care community, the victim advocate community, law enforcement, the reproductive rights community, civil rights and faith organizations. Our one and only goal is to obtain passage of the CARE Act. Visit www.pacare.org for more information or contact Barbara Sheaffer, medical advocacy coordinator for the Pennsylvania Coalition Against Rape at 717-728-9740.

Tangretti, Thomas

From: Tangretti, Thomas
Sent: Tuesday, March 28, 2006 3:51 PM
To: 'Crawford, Steven'
Subject: re: HB 1591

Steve, HB 1591, which I have sponsored, was reported out of the Senate Health and Welfare Committee this morning. As you know it would add abortion clinics to the definition of those entities that would fall under the jurisdiction of the Patient Safety Authority created in Act 13, the MCARE ACT. I have a good indication that it will be running in the Senate in a week or two and be back for a concurring vote on one minor clarifying amendment. It could be on the Governor's desk very shortly. At first blush it could look as a pro-life anti abortion bill but that is not the case. It is a women's safety and health issue on which I would think most reasonable people would concur. As a matter of fact both Senators Vance and M.J. White voted in favor of the bill today. I would request if there is a concern about the affects of this bill by the Governor any of his staff I would be happy to meet and discuss the merits of 1591 any time.

Best Regards,
Tom

THOMAS A. TANGRETTI, MEMBER

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House of Representatives
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M E M O R A N D U M

TO: All Members of the House of Representatives

FROM: Representative Thomas A. Tangretti

DATE: April 18, 2005

RE: Introduction of Legislation
Definition of "Medical Facilities" in MCARE Act

In the coming weeks, I am planning to introduce a measure that will amend the Medical Care Availability and Reduction of Error (MCARE) Act of 2002. This bill was previously drafted as Amendment Number 1332 to House Bill 158, Printer's Number 1578, which the House overwhelmingly passed.

Specifically, this legislation would expand the definition of "medical facility" to include abortion facilities. Given the invasiveness and potential danger of this procedure, it is critical that we must ensure that abortion facilities are governed by the same requirements as every other healthcare facility in the MCARE Act. Facilities that perform more than 100 abortions per year would have to comply with the measure. Although this body has varying opinions on the abortion issue, we can all stand together as a body for improving patient safety.

If you would like to join me as a co-sponsor in further protecting the health and safety of women, please contact Cynthia Clory in my office at cclory@pahouse.net or by telephone at 783-5963.

Patient Safety Chapter of MCARE Act

(1) Empowers Patient Safety Authority to:

- **contract with private entities (other than health care providers) in order to:**
 - **collect and evaluate data on serious events and incidents, including frequency and severity patterns at certain medical facilities; and**
 - **directly advise reporting medical facilities on immediate changes needed to reduce serious events and incidents.**
- **evaluate recommendations made by such private entities and report to the Department, which has 30 days to approve/disapprove recommendations.**
- **issue recommendations to specific medical facilities or on a statewide basis regarding needs to change health care practices and procedures to reduce serious events and incidents (after consultation and approval by the Department).**
- **receive anonymous reports on serious events from health care workers and to conduct its own review of the report unless the medical facility has begun its own investigation. The facility must report back within 30 days, and if the Authority is dissatisfied with the adequacy of the investigation, it is to perform its own review and it may refer a medical facility and any involved licensee to the Department for failure to report.**

- (2) Establishes a Patient Safety Trust Fund which is funded through a surcharge on medical facilities. Trust funds are to be used by the Authority to implement the patient safety chapter.**
- (3) Empowers the Department to:**
- **review and approve patient safety plans.**
 - **receive reports of serious events and infrastructure failures.**
 - **investigate serious events and infrastructure failures.**
 - **make recommendations for improvements to medical facilities, which may be considered by the Department for licensure purposes (but will not be mandatory unless adopted as a regulation).**
- (4) Requires medical facilities to develop internal patient safety plans:**
- **designate a patient safety officer.**
 - **establish a patient safety committee.**
 - **establish a system for the facility's health care workers to report serious events and incidents 24 hours a day, 7 days a week.**

- **prohibit any retaliatory action for reporting a serious event or incident.**
- **providing written notice to patients regarding serious events or the patient safety plan must be submitted within 60 days after the effective date of this section and is deemed approved unless rejected by the Department within 60 days. Compliance with the patient safety plan is required as a condition of employment and credentialing at a medical facility.**

(5) Establishes reporting procedures and whistleblower protection for serious events and incidents, including:

- **a requirement that health care workers report serious events or incidents in accordance with the safety plan unless they know that a report has been made.**
- **requiring medical facility to provide written notice to patients affected by a serious event or, with consent, to a family member, within 7 days thereafter.**
- **specifying that health care workers who report in accordance with the act cannot be subject to retaliatory action and have all the protections of the Whistleblower law.**

(6) Patient safety officers must:

- **serve on the Patient Safety Committee.**
- **insure investigation of all reports of serious events and incidents.**

- **take action necessary to ensure patient safety as a result of any investigation.**
- **report to the Safety Committee on actions taken to promote patient safety as a result of investigations.**

(7) The Patient Safety Committees of ASFs and birth centers:

- **must be composed of (1) the facility's patient safety officer; (2) at least 1 health care worker at the facility; and (3) 1 resident of the community served by the facility who is not an agent of the facility.**
- **must include members of the facility's medical and nursing staff and must meet at least quarterly.**

(8) The Patient Safety Committee:

- **receives reports from the Patient Safety Officer and evaluates investigations and actions taken by the officer on all reports.**
- **evaluates the quality of patient safety measures used by the facility.**
- **makes recommendations to eliminate future serious events and incidents.**
- **reports to the administrative officer and governing body of the facility on a quarterly basis on a number of serious events and incidents and recommendations to eliminate future events and incidents.**

(9) Confidentiality:

- **Documents and information solely prepared for compliance with specified sections of the Act are confidential and not discoverable in any civil or administrative action.**
- **Individuals who perform duties or participate in meetings of the Patient Safety Committee or the medical facility's governing board cannot testify as to matters learned through such responsibilities or participation. However, such person can testify as to matters gained outside those responsibilities.**
- **Except for certain access by the Departments of Health and State, materials/information received by the Authority or Department from medical facilities, health care workers, patient safety committees or the governing board of a facility which are solely prepared for the purpose of compliance with the various reporting and evaluation requirements are not discoverable in any civil or administrative action.**
- **Such documents may be used by the Authority or Department to comply with the reporting requirements under limited circumstance specified in the act. Authority and Health and Safety Department employees cannot testify as to matters learned by reason of their review of documents submitted pursuant to the requirements of the act.**
- **Health Department has access to information on serious events and infrastructure failure and can use this information for the sole purpose of licensure or corrective**

action against a medical facility. The State Department can have access for the sole purpose of licensure or disciplinary action against a health care worker and not for any other purpose.

- **Confidential documents are not subject to Right-to-Know Law requests.**
- **Individuals providing information or services to a safety committee, governing board, authority or department are not criminally or civilly liable for providing such information or services unless the information is false and the person knew or had reason to believe that it was false and was activated by malice towards any person directly affected by the action.**

(10) Discounts

- **A medical facility can apply for a certification of a program that results in a reduction of serious events and receive a discount in the rate or rates applicable for mandated basic insurance coverage required by law.**

(11) Medical facilities must report serious events to the Department and the Authority within 24 hours of its confirmation of an occurrence and should not include the identity of any patient. Instant reports must be reported to the Authority and cannot include any patient identity information. Medical facilities must report infrastructure failures to the Department within 24 hours of discovery.

(12) If a medical facility discovers that a licensee has failed to report an event, it must notify the licensing board. Failure to report a serious event or infrastructure failure or to develop a safety plan or to notify a patient in accordance with the

chapter is a violation of the Health Care Facilities Act. In addition to any penalty under that act, a medical facility's failure to report a serious event or infrastructure failure, or to notify a licensing board, can be subject to an administrative penalty of \$1,000 per day.