

Relating to the provision of information and other services relating to emergency contraception to sexual assault survivors (HB 747)

Prepared for the State Affairs Committee, April 5, 2017

Testimony by Kathleen Broussard on behalf of Dr. Kristine Hopkins &

Testimony by Kathleen Broussard on behalf of herself

Hello, my name is Kathleen Broussard, and I am here on behalf of Dr. Kristine Hopkins. Dr. Hopkins is a research assistant professor at the University of Texas at Austin and an investigator with the Texas Policy Evaluation Project; I am a graduate research assistant on the project. Today, I will be speaking on the provision of emergency contraception to survivors of sexual assault.

Background. Emergency contraception, or EC, is effective in preventing pregnancy after unprotected sexual intercourse if used within 120 hours after unprotected sex, but is most effective if used within 24 hours.

Types of Emergency Contraception. There are two common oral EC methods: progestin-only pills, commonly marketed as Plan B One-Step, and ulipristal acetate, also known as Ella.

Mechanism of Action. Emergency contraception that is taken orally works primarily by stopping or delaying ovulation. “Review of the evidence suggests that emergency contraception cannot prevent implantation of a fertilized egg.”¹ **In other words, emergency contraception is not effective after the fertilized egg is implanted in the uterus. Therefore, emergency contraception does not cause an abortion.**

Special Population: Survivors of Sexual Assault. Up to 5% of women become pregnant as a result of sexual assault. The American College of Obstetricians and Gynecologists, or ACOG, recognizes that survivors of sexual assault are a special population that experience barriers to accessing emergency contraception. For instance, one study in Oregon found that 39% of hospitals did not offer EC to sexual assault survivors. Therefore, ACOG recommends supporting legislation to require “provision of emergency contraception for survivors of sexual assault.”¹

Source. ¹Access to Emergency Contraception. Committee Opinion No. 542. American College of Obstetricians and Gynecologists. *Obstetrics and Gynecology* 2012; 120:1250-3. <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Access-to-Emergency-Contraception>

Now I would like to transition to speak on my own behalf. I'm grateful for the opportunity to provide testimony today in favor of HB 747. Over the past two years, I worked for the U.S. Army as a Victim Advocate for survivors of sexual assault. In my experience as a Victim Advocate, all survivors were given compassionate care from providers. This included information about their options for treatment, physical collection of evidence, STI testing and treatment, and, the goal of HB 747—information about and provision of emergency contraception to prevent an unwanted pregnancy.

Access to emergency contraception was an important component of care for the female soldiers and military family members that I supported. Victims of assault who had access to emergency contraception felt relief in knowing that their chances of developing an unwanted pregnancy were greatly reduced. Additionally, victims of assault who use emergency contraception are able to avoid the more costly and difficult decision of a future abortion.

I hope that you will strongly consider the emotional and practical needs of a woman who seeks medical care after an assault. Thank you for your time and attention.