



## EMERGENCY CONTRACEPTION: COMPASSIONATE CARE FOR SEXUAL ASSAULT VICTIMS

In 2007, the Minnesota legislature enacted Minnesota Statute §§145.4711 and 145.4713 which requires all Minnesota hospitals to provide information about and access to Emergency Contraception (EC) and prophylaxis for sexually transmitted infections (STI) during an emergency department visit after sexual assault. This measure passed overwhelmingly with bipartisan support and became effective August 1, 2007. For many victims, fear of pregnancy and/or contracting an STI are the most pressing concerns after an assault. This statute effectively removes those barriers for victims. This fact sheet primarily addresses emergency contraception.

<b>What is emergency contraception?</b>	Emergency contraception is a term used to describe a contraceptive method to prevent pregnancy after unprotected or incompletely protected intercourse. The most commonly used medication is referred to as Plan B. Plan B is available at the emergency department or over the counter without prescription in pharmacies. The terms EC and Plan B are used interchangeably.
<b>When is the optimum time to take EC?</b>	120 hours after a sexual assault is the maximum amount of time that the medication can be effective. The more time that elapses from the time of intercourse or assault, the less effective this medication is. The patient does not have to prove she was assaulted in order to receive treatment.
<b>What does EC do?</b>	EC prevents or delays ovulation (egg release.) It also changes a woman's reproductive environment so that sperm cannot fertilize the egg and rearranges the chemical balance seen in pregnancy. Plan B/EC is not the same as RU 487 ("abortion pill") and does not cause the abortion of a viable pregnancy. For the patient who is not already pregnant, the menstrual cycle will start on time or within a week of its normal date.
<b>How is Plan B administered?</b>	Plan B is given in two tablets. These two may be given as a single dose while in the emergency department setting or one tablet may be given in the emergency department and the second taken 12 hours later. Taking the tablets singularly is the preferred method but there are no significant ill effects documented by taking both tablets at once. It is becoming the preferred practice in cases of sexual assault for the victim to be given both tablets in the emergency department. Again, the medication must be administered within 72 hours of the assault to be the most effective.
<b>Are there side effects?</b>	The most common side effect is nausea and/or vomiting, if the victim/survivor vomits within one hour of taking the medication, a call should be made back to the medical provider so that a repeat dose may be initiated. Nausea increases

	when the victim is also taking prophylaxis for gonorrhea and/or chlamydia.
<b>Are there restrictions on who can access EC?</b>	EC has been the focus of some political concern. In 2009 a federal judge ordered the Food and Drug Administration (FDA) to make EC available without prescription to women as young as 17. Under the former administration, EC had been limited only to women over the age of 18. Other restrictions may also be changing, such as the FDA rule that EC be stocked behind pharmacy counters (in contrast to other over the counter contraceptives like condoms. MNCASA will keep advocates informed of changing rules.
<b>What if the victim is or may be pregnant?</b>	The hospital may give a pregnancy test to confirm this. If the test is positive, the hospital has the right by statute to refuse to give EC under these circumstances. However, Plan B will not do anything to a fertilized egg already attached to the uterus. There have been no documented cases of fetal development impacted by EC.
<b>What does the state law require of hospitals?</b>	The hospital must: <ul style="list-style-type: none"> <li>• Give each female survivor medically and factually accurate and unbiased information about EC.</li> <li>• Use language provided by the American College of Obstetricians and Gynecologists when writing the notice.</li> <li>• Orally inform each female victims of the option of receiving EC at that hospital.</li> <li>• Immediately provide EC to each sexual assault victim who requests it.</li> </ul> <i>(Similar to the response to EC, this law also requires hospitals to provide factual and accurate information about prophylactic antibiotics for sexually transmitted infections; orally inform patients about the option of receiving antibiotics at that hospital; immediately provide the antibiotics to the patient who requests it.)</i>
<b>Can hospitals refuse to comply?</b>	No. All hospitals, faith-based or not, must comply with this statute. Hospitals can require a pregnancy test prior to administering EC. However, once a negative pregnancy test result returns, the hospital cannot refuse to administer EC. Complaints of non-compliance can be reported to the Minnesota Department of Health which is responsible for enforcing this law. The Office of Health Facility Complaints is the office which takes reports. The phone number is 651-201-4201 or 1-800-369-7994.
<b>Can a doctor refuse to supply EC?</b>	Yes, but the hospital must find another doctor to immediately provide it. This law is a mandate on hospitals, not doctors. So, while an individual physician can refuse to provide the medication, the hospital must supply it immediately when a victim requests EC.
<b>Advocacy issues:</b>	<ul style="list-style-type: none"> <li>• Every advocacy program should write and/or review their policies for assisting sexual assault victims with accessing emergency contraception and prophylaxis for STIs.</li> <li>• Because payment for EC is not addressed in the statute and could be argued</li> </ul>

to be treatment related, advocates should work with local providers to clarify how billing for exams will be handled. Payments for EC and prophylaxis are often assumed by the county or written off by the medical provider.

- Remember and help your community partners understand that EC is not an abortion pill; it is completely legal and available over the counter.
- Advocates should advise victims of their right to request and receive EC.
- If medical personnel neglect to inform the victim of EC or prophylaxis, the advocate can advise the victim of that right.
- A victim can refuse to take a pregnancy test. By doing so, however, a hospital can legally refuse to give that victim EC.
- Victims do not have to agree to an entire evidentiary exam in order to have access to EC in the emergency department.
- If a victim does not wish to be seen at the emergency department they can receive EC at a free clinic or family planning center.
- If a victim, for reasons of privacy, does not want to visit either the ED or another clinic, advocacy programs are providing a central victim service by helping the victim access EC at a local pharmacy. No prescription is required. Some programs maintain a small supply of prepaid gift cards for victims who need this assistance. In some instances, advocates have protected the victim's privacy by making the purchase themselves.
- Engage in dialogue with your local emergency department personnel to ascertain if they are having difficulty complying with the state laws. Offer to assist them in evaluating the procedures and working toward victim-centeredness.
- Contact MNCASA if you have questions, are encountering barriers with local providers, or seek model policies.

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