



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Quality
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Circular Letter: DHCQ 08-06-492

TO: Medical Director
Acute Care Hospital

FROM: Paul Dreyer, Ph.D.
Bureau Director

DATE: June 27, 2008

RE: Emergency Contraception

The purpose of this letter is to update you on the Department of Public Health's (the Department's) assessment of the Hospital's compliance with the regulatory requirements of Chapter 91 of the Acts of 2005, *An Act Providing Timely Access to Emergency Contraception*, which took effect on December 14, 2005. Thank you for submitting an affirmation and/or policies and protocols related to the provision of emergency contraception to sexual assault survivors.

Department representatives have reviewed the affirmations and policies submitted, and have determined that your hospital is not in full compliance with certain elements of Chapter 91 of the Acts of 2005. A revised copy of affirmations for you to sign and return is provided in Attachment A. Deficiencies specific to your hospital's submission are noted in Attachment B. A compliance checklist that will be used to evaluate your resubmission is provided for your convenience in Attachment C.

To verify that the Hospital is in compliance with regulatory and statutory changes as the result of the enactment of Chapter 91, the Department requests that a newly signed affirmation along with revised hospital policies and protocols addressing the above mentioned deficiencies be sent to Ms. Lucille Gunn, Department of Public Health, Division of Health Care Quality, 99 Chauncy Street, Boston, MA 02111 by July 20th, 2008.

Department representatives will be contacting hospitals that have not submitted revised hospital policies by the aforementioned deadline, and subsequent on-site reviews may be conducted to verify compliance. We appreciate your continued cooperation with the implementation of this legislation. If you have questions regarding this correspondence please contact Ms. Gail Palmeri at 617-753-8230 or email gail.palmeri@state.ma.us, or Ms. Lenore Tsikitas at 617-624-6059 or email lenore.tsikitas@state.ma.us.

Enclosures (4)

- Updated Provider Sexual Crime Report
- American College of Obstetricians and Gynecologists Practice Bulletin
- World Health Organization, Medical eligibility criteria for contraceptive use, excerpted
 - Available at www.who.int/reproductive-health/publications/mec/index.htm
- Rape Crisis Center Referral List

ATTACHMENT A**HOSPITAL:****CAMPUS:****Division of Health Care Quality
Hospital Affirmations
105 CMR 130.1040 through 130.1043**

The Hospital affirms the Emergency Department is:

- 1) Providing the medically and factually accurate written information prepared by the Commissioner of Public Health about emergency contraception to all persons who provide care to victims of sexual assault.
- 2) Promptly providing the medically and factually accurate written information about emergency contraception prepared by the Commissioner of Public Health to every female rape victim of childbearing age who presents at a facility after a rape.
- 3) Promptly offering emergency contraception to each female rape victim of childbearing age and initiating emergency contraception upon her request.
- 4) Reporting the administration of emergency contraception to each female rape victim of childbearing age with required reporting via the updated Provider Sexual Crime Report that includes the Emergency Contraception Report.

The Hospital also affirms that:

- 1) The hospital provides a notice of patient rights, updated as amended by Chapter 91, to all patients as required by M.G.L. c. 111, § 70E.
- 2) When providing Emergency Contraception, the hospital offers pills (i.e., not a prescription).
- 3) Neither the hospital nor its staff requires any female rape victim of childbearing age to complete any part of a sexual assault evidence collection kit or police report as a condition of any of the following:
 - The provision of medically and factually accurate written information about emergency contraception;
 - The prompt offering of emergency contraception; and
 - The initiation of emergency contraception.
- 3) To ensure that particular hospital staff's values or beliefs do not interfere with compliance with the law, the hospital will institute systems to ensure that all female rape victims of childbearing age are promptly provided medically and factually accurate information about emergency contraception, are promptly offered emergency contraception, and emergency contraception is initiated upon her request.
- 4) If emergency contraception is not initiated upon the request of the female rape victim of childbearing age, the contraindication(s) for non-initiation are based on best clinical practice and information (such as American College of Obstetrics and Gynecology Practice Bulletin, 69, 2005; or World Health Organization Medical Eligibility Criteria for Contraceptive Use, Third edition, 2004). The contraindications are documented in the patient's medical record.

Signature

Date

Title

Hospital

ATTACHMENT B**HOSPITAL:****CAMPUS:****According to our review your hospital policies, protocols and affirmations:**

- ☐ Do not contain updated information reflecting requirements of the law, as follows:
 - ☐ Do not specifically call for the prompt provision of written information about EC to female rape survivors of childbearing age
 - ☐ Do not specifically call for prompt provision and/or initiation of EC *at the facility* to each female rape victim of childbearing age, upon her request
 - ☐ Do not state that EC pills, rather than a prescription, must be provided to survivors
 - ☐ Require completion of a sexual assault evidence collection kit, or do not specifically state that completion of a sexual assault evidence collection kit or police report is not required, prior to the provision of EC
 - ☐ Do not specify that documentation of EC administration to rape survivors must be reported via the updated Provider Sexual Crime Report (PSCR) that includes the Emergency Contraception Report (last updated 1/2008)
- ☐ Contain medical information inconsistent with recent evidence-based clinical guidelines such as those published by the American College of Obstetricians and Gynecologists (ACOG)¹ or the World Health Organization (WHO).² The policies and protocols:
 - ☐ State that EC will cause birth defects or necessitate an abortion if pregnancy results³
 - ☐ State that EC should not be given after 72 hours⁴
 - ☐ State that EC is contraindicated if an ovulation test is positive⁵
- ☐ Other:
 - ☐ Does not specify that the hospital provides a notice of patient rights, updated as amended by Chapter 91, to all patients as required by M.G.L. c. 111, § 70E.

Hospital policies and protocols must be revised to include specific language that details the regulatory requirements of the law. The Department is concerned about any barriers to compliance hospitals are encountering, and is preparing materials to assist hospitals in the further development of their protocols. Information will be posted on the Department website when complete:
(www.mass.gov/emergencycontraception).

1 ACOG Practice Bulletin. Clinical Management Guidelines for Obstetrician-Gynecologists, Number 69, December 2005. Emergency contraception. *Obstet Gynecol*. 2005 Dec;106(6):1443-52.

2 WHO. *Medical eligibility criteria for contraceptive use*. Third edition. Geneva, 2004.

3 Hormonal contraception use during pregnancy has not been shown to affect a developing fetus. ACOG December 2004.

4 Emergency contraception has been shown to be effective up to 120 hours, and is not contraindicated after 72 hours. *Ibid*.

5 The World Health Organization states there are no contraindications to emergency contraception in the case of rape, and emergency contraception is only contraindicated in established pregnancy because it can no longer prevent pregnancy. WHO 2004.

ATTACHMENT C**HOSPITAL:****CAMPUS:****Requirements for Compliance with Chapter 91 of the Acts of 2005**

- When hospitals initiate emergency contraception (EC) upon the request of a female rape victim of childbearing age, hospitals must provide emergency contraceptive pills. The provision of a prescription for emergency contraception pills does **not** constitute compliance.
- Hospitals and their staff cannot require any female rape victim of childbearing age to complete any part of a sexual assault evidence collection kit or police report as a condition for any of the following:
 - The provision of medically and factually accurate written information about emergency contraception;
 - The prompt offering of emergency contraception; or
 - The initiation of emergency contraception.
- When hospitals initiate emergency contraception upon the request of a female rape victim of childbearing age, hospitals must report the administration of emergency contraception with required reporting via the Provider Sexual Crime Report.

Access to Emergency Contraception Compliance Checklist

Please use this checklist which is based on the law posted at www.mass.gov/emergencycontraception to assess the Hospital's EC policy and ensure that it reflects the provisions identified in the law prior to resubmission.

In order to demonstrate compliance all policies, protocols and affirmations must:

- ☐ Specifically call for the prompt provision of written information about emergency contraception (EC) prepared by the Department of Public Health to female rape survivors of child bearing age
- ☐ Specifically call for prompt provision of emergency contraception *at the facility* to each female rape victim and initiation of EC upon her request
- ☐ Specifically state that EC pills, not a prescription, are provided to survivors
- ☐ Specifically state that no sexual assault evidence collection kit or police report is required prior to the provision of emergency contraception.
- ☐ Specify that the administration of emergency contraception to rape survivors must be reported via the updated Provider Sexual Crime Report⁶ that includes the Emergency Contraception Report
- ☐ Contain medically accurate information and appropriate directions for administration of EC according to recent evidence-based clinical guidelines such as those published by the American College of Obstetricians and Gynecologists⁷ or the World Health Organization⁸
- ☐ Affirm that the hospital provides a notice of patient rights, updated as amended by Chapter 91, to all patients as required by M.G.L. c. 111, § 70E

⁶ See updated PSCR, enclosed

⁷ ACOG Practice Bulletin. Clinical Management Guidelines for Obstetrician-Gynecologists, Number 69, December 2005

⁸ WHO. *Medical eligibility criteria for contraceptive use. Third edition.* Geneva, 2004.