

MAINE STATE LEGISLATURE

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LEGISLATIVE RECORD

OF THE

***One Hundred and Ninth
Legislature***

OF THE

STATE OF MAINE

Volume II

First Regular Session

May 7, 1979 to June 15, 1979

INDEX

First Confirmation Session

August 3, 1979

INDEX

First Special Session

October 4-5, 1979

INDEX

Second Special Session

October 10-11, 1979

INDEX

Second Confirmation Session

December 7, 1979

INDEX

also?

The SPEAKER: The gentleman from West Gardiner, Mr. Dow, has posed a question through the Chair to anyone who may respond if they so desire.

The Chair recognizes the gentlewoman from Waterville, Mrs. Kany.

Mrs. KANY: Mr. Speaker, Ladies and Gentlemen of the House: The answer is yes to all crimes and traffic offenses and of course, as Representative Churchill indicated a little over \$250,000 in fines was received by the department last year.

There would be 10 percent on those fines, since they are primarily for misdemeanors, and then if there was anything left over, that would go into the General Fund.

I also understand that none of the wardens are trained at the Criminal Justice Academy.

The SPEAKER: The Chair recognizes the gentleman from Old Town, Mr. Pearson.

Mr. PEARSON: Mr. Speaker, Ladies and Gentlemen of the House: I didn't have a copy of the Part I Budget with me awhile ago but I do now. In the Part I Budget for the Criminal Justice Academy it calls for \$418,000, and in 1978 it was \$345,969 and it is estimated that this year, 1979, would cost \$447,000.

The SPEAKER: The pending question before the House is on the motion of the gentlewoman of Waterville, Mrs. Kany, that the House accept the Minority "Ought Not to Pass" Report. A roll call has been ordered. Those in favor will vote yes; those opposed will vote no.

ROLL CALL

YEA—Austin, Bachrach, Baker, Benoit, Berry, Berube, Blodgett, Bowden, Brannigan, Brenerman, Brodeur, Call, Carrier, Carroll, Carter, F.; Cloutier, Connolly, Cox, Cunningham, Curtis, Davies, Dellert, Doukas, Dudley, Dutremble, L.; Fowlie, Gowen, Hickey, Howe, Hughes, Hutchings, Immonen, Jacques, E.; Jalbert, Joyce, Kane, Kany, Kelleher, LaPlante, Locke, Lund, Mahany, Martin, A.; Maxwell, McHenry, McKean, McSweeney, Michael, Mitchell, Nadeau, Nelson, M.; Nelson, N.; Paul, Pearson, Post, Prescott, Simon, Stover, Strout, Tarbell, Tierney, Tozier, Violette, The Speaker.

NAY—Aloupis, Barry, Beaulieu, Birt, Bordeaux, Boudreau, Brown, K. L.; Brown, K. C.; Bunker, Carter, D.; Chonko, Churchill, Conary, Damren, Davis, Dexter, Diamond, Dow, Drinkwater, Fenlason, Fillmore, Garsoe, Gavett, Gillis, Gould, Gray, Gwadosky, Hall, Hanson, Higgins, Huber, Hunter, Jackson, Jacques, P.; Kiesman, Laffin, Lancaster, Leighton, Leonard, Lewis, Lougee, Lowe, MacBride, MacEachern, Marshall, Masterman, Master-ton, McMahon, McPherson, Morton, Nelson, A.; Paradis, Payne, Peltier, Peterson, Reeves, J.; Reeves, P.; Rolde, Rollins, Sewall, Sherburne, Silsby, Small, Smith, Sprowl, Stetson, Studley, Theriault, Torrey, Tuttle, Twitchell, Vincent, Vose, Wentworth, Whittlemore, Wood, Wyman.

ABSENT—Brown, A., Brown, D., Dutremble, D., Elias, Hobbins, Lizotte, Matthews, Norris, Roope, Soulas.

Yes, 64; No, 77; Absent, 10.

The SPEAKER: Sixty-four having voted in the affirmative and seventy-seven in the negative with ten being absent, the motion does not prevail.

Thereupon, the Majority "Ought to Pass" Report was accepted, and the Bill read once and assigned for second reading tomorrow.

The Chair laid before the House the fourth item of Unfinished Business:

SENATE DIVIDED REPORT — Report "A" (8) "Ought to Pass" as Amended by Committee Amendment "A" (S-182) — Report "B" (3) "Ought Not to Pass" — Report "C" (1) "Ought to Pass" as Amended by Committee Amendment "B" (S-183) — Committee on Judiciary on Bill, "An Act to Insure that Informed Consent is Obtained before an Elective Abortion is

Performed" (S. P. 484) (L. D. 1482) — In Senate, Report "A" Accepted and Bill Passed to be Engrossed as Amended by Committee Amendment "A" (S-182) as Amended by Senate Amendment "A" (S-190) thereto on May 15.

Tabled—May 16, 1979 (Till Later Today) by Mr. Garsoe of Cumberland.

Pending—Motion of Mr. Carrier of Westbrook to accept Report "A"

Mrs. Sewall of Newcastle requested a roll call.

Mrs. SEWALL: Mr. Speaker, Members of the House: This is a second in the series of abortion bills we have had. This one also is aimed at the doctors.

Report "A", which was accepted in the other body, would make a physician start filing a whole new form on the abortion business for consent by a woman. If you will read the bill, "no physician will perform an abortion unless prior to the performance the attending physician certifies in writing that the woman gave her informed, written consent freely and without coercion. He shall also certify that not less than 48 hours prior to her consent, he informed the woman of the information contained in Sub-section II; he shall further certify in writing the pregnant woman's age based upon proof of age offered by her." This is adding this whole new procedure that a doctor 'must' now do.

Then it goes on to say what things he must inform the woman of. I think in medical practice today, this information has already been given. I signed on this, the "Ought Not to Pass" — doctors are already giving women information on this sort of thing and this is just adding a tremendous encumbrance having these forms and they have to be filed and you know what that is going to mean, that is going to mean more expense to everyone, more hassle for the doctor and it is just another bill trying to get in the way of a woman's right, guaranteed by the Constitution, to have an abortion.

The SPEAKER: The Chair recognizes the gentleman from Lewiston, Mr. Simon.

Mr. SIMON: Mr. Speaker and Members of the House: This is a pro-truth bill. In *Mayer vs. Roe*, in 1977, the Supreme Court established a doctrine that the states need not show a compelling interest for all regulations concerning abortions but only for those imposing an absolute obstacle for an undue burden on the decision to have an abortion.

Clearly, L. D. 1482 does not impose an absolute obstacle. So, the question arises, does it constitute an undue burden? In *Planned Parenthood of Central Missouri versus Danforth*, the Supreme Court has already upheld the general concept of informed consent and, furthermore, the Supreme Court has already upheld the notion that the state may impose that requirement on abortion if it does not require it on any other medical procedures.

The Supreme Court, in *Planned Parenthood*, did so over the very same objections that my dear friend, the gentlelady from Newcastle has brought up concerning tying the hands of the medical profession. However, L. D. 1482 as amended, and as the gentlelady will concede requires little if anything of the physician that responsible practitioners are not doing already. Most physicians are careful to obtain informed consent in order to avoid malpractice suits.

There are some institutions of a medical nature in this state that are bidding for a different clientele and these don't always observe the standard operating procedures of the healing arts.

Insofar as L. D. 1482 goes beyond the informational process that precedes most medical procedures and does it in a manner that enhances the pregnant woman's concrete freedom of choice. First, the 48 hour waiting period in non-emergency cases is analogous to a waiting period before buying encyclopedias or having siding put up on one's house. It is a con-

sumer protection measure. Many people may choose to have an abortion rapidly and I do not mean to cast aspersion on their human integrity when I say that, but if you put yourself in the position, I think you can see how you might have one rapidly. The 48 hour waiting period only extends to them the same protection that we extend to people who buy encyclopedias from traveling salesmen or have siding put on their houses.

Second, the bill goes beyond what we ordinarily expect in informed consent by requiring that there be some information given about alternatives. This implies no duty of the physician to advocate the use of these alternatives and it does nothing to prevent his or her from urging the pregnant woman to reject the alternatives and have the abortion. It can be done by a mimeographed list of agencies and addresses. It is a minimal, modest requirement, and to find an undue burden here is to find it anywhere.

This bill expands the woman's right to choose by giving her the facts about concrete alternatives open to her.

I would ask the members of the House, who is so dead set on promoting abortions as to deny the woman the right to such information from a person uniquely situated to provide it to her?

This issue should separate the pro-choice euphemism from the pro-abortion reality, because a vote for this bill is a vote for choice, only a choice made with a knowledge of what abortion entails and what alternatives are available, not a phony, pressured, uninformed choice for the one action that some people are representing to us as the final solution to the welfare problem.

The SPEAKER: The Chair recognizes the gentlewoman from Falmouth, Mrs. Huber.

Mrs. HUBER: Mr. Speaker and Members of the House: I realize the argument about constitutionality doesn't seem to have many believers in this body, but I feel required to put it on the record, regardless of how you react to it.

In fact, the good gentleman, Mr. Simon, has pointed out that good doctors provide the kind of information asked for in this bill right now. That is absolutely correct. The difference, obviously is that this bill would require by the state that the physician provide the information. It is voluntary versus mandatory, I think that is quite clear, too.

My concern with this bill and the reason I say it is unconstitutional is because it is my understanding the Supreme Court Decision in 1973 was in the first trimester, the decision to have an abortion is made between the woman and her doctor, and no state can prescribe or contain or mandate anything in that period of time. To me, it is quite clear that this bill applies to any abortion at any time and therefore it is unconstitutional. I would hope that you would not pass this lawyer's relief act, because that is all it is.

The SPEAKER: The Chair recognizes the gentlewoman from Owl's Head, Mrs. Post.

Mrs. POST: Mr. Speaker Men and Women of the House: I don't usually get involved in the debates over the issue of abortions. It, to me, is a very personal issue and I think that it is one that I am not sure this legislature should be dealing with. However, these bills are here before us and I guess I feel more strongly about this bill than I do at least the other two that are coming out of committee.

I am not a lawyer and I am not particularly concerned in this instance on the Supreme Court decision, but I am concerned with the legislature involving themselves in what is to be or what is a medical decision. I have very great problems with this legislature deciding that they have the right to come between a doctor and a patient in mandating a 48 hour waiting period for any kind of action or any kind of medical treatment that the doctor and the patient has agreed that they want to take. I can say that, and I think that probably anybody who was here when I was on Health and Institu-

tions — I say that not as a great friend of the medical profession.

If you want to take a very close look at this bill, this bill is going to be no problem for those individuals who have their own private doctors and they can afford to pay for those private doctors and they can afford to — they are regular practitioners — and have the abortions at that time. The type of people that this bill is aimed at, and one of the previous speakers actually said it, if for those individuals who have to go to the clinics. The people in the rural areas who are not able to get abortions locally, who have to travel great distance and who go to clinics are going to wait for 48 hours before they are able to receive that kind of treatment. It is, as far as I am concerned, a bill that is very clearly going to discriminate against one class of women, and that is low income women.

The other problem that I having the bill is in Section D, and what we are talking about there is a medical doctor, a medical professional having to give information, economic information, social information. We don't ask our doctors to give information that they might — that **another alternative to treatment is if they go to a chiropractor.**

We don't ask our medical professions if they give economic information that they might be able to get lower fees if they go to a rural health center. We don't ask our doctors to provide on demand from the patient a list of all other doctors in the area. It is not an issue of choice. If I really felt as though the people on the other side were presenting this bill because it was a pro choice bill, then I guess I would ask why they haven't included in there that all the other and private and public information agencies which are anti-abortion have demanded that they give to their clients information of the alternatives of abortions that are available to them. It is not pro choice, it is interfering between the medical decision between a doctor and his patient, it is very clearly geared to low-income women.

The SPEAKER: The Chair recognizes the gentleman from Westbrook, Mr. Laffin.

Mr. LAFFIN: Mr. Speaker, Ladies and Gentlemen of the House: Being poor is no excuse for abortion and being rich is no excuse to commit murder. I certainly take exception to people saying that this legislature is not interested in the legality of what we do, because that is our first concern, that is what is before us today.

I should think that a woman would be proud and honored to have the facts laid before her as to what choice she might make, whether it could be harmful or not, instead of going to a butcher. That is what we are talking about. I should think a woman would want to know those facts. Women don't know too much about abortions. I challenge any women in this House to tell me — I have got a four-page report on abortion. I think I can tell you women some things that you would be shocked about if you knew what a true abortion was, but I am not going into that this morning. I think this is probably one of the best bills for the protection of a woman that this House will ever see to give her the understanding and the medical knowledge that she is entitled to know.

The SPEAKER: The Chair recognizes the gentleman from South Portland, Ms. Benoit.

Ms. BENOIT: Mr. Speaker, Men and Women of the House: It certainly gets to be a very emotional issue, and I agree with Mrs. Post that it is a very personal matter which is being made very public. I think that women know a lot about pregnancies and possibly some know a lot about abortions, Mr. Laffin.

I do think there is one thing that needs to be said before I get to the reason why I got up. There has been a lot of rhetoric about pro life, pro abortion, pro choice. I think we ought to keep in mind that a lot of people who support the right to choose do not necessarily condone abortions. They, themselves, might not ever

even be able to have an abortion. A lot of us have never been faced with that decision, maybe some of us in here have.

But we still respect the right of every woman to make that decision for herself. That decision is between her and her doctor.

I do have a question that perhaps someone on the Judiciary Committee could answer for me. Are there any other instances of a medical procedure or a medical surgery that require written consent or that require a 48-hour waiting period? Secondly, if this should ever pass, this apparently applies to women who are no longer minors, women who are adults, and they have to be told that they have to wait 48 hours to have an abortion if they are an adult and so desire to have one?

The SPEAKER: The gentlewoman from South Portland, Ms. Benoit, has posed a question through the Chair to any member of the Judiciary Committee who may care to answer.

The Chair recognizes the gentleman from Lewiston, Mr. Simon.

Mr. SIMON: Mr. Speaker, Ladies and Gentlemen of the House: I do not mean to wear out the House with the sound of my voice but since no one else has risen, I will.

There is a section in the Maine Revised Statutes Annotated that establishes civil liability, a right of action by a patient against a physician if he or she does not obtain informed consent to an operation or analogous procedure. This does not create an affirmative duty on the part of the physician to obtain that, the written informed consent; however, most reputable physicians seek this whenever they are doing the medical procedure that would be equivalent to an abortion in terms of manipulating a person's body.

With respect to the 48 hour waiting period, to the best of my knowledge and belief, there is no analogous requirement in the Maine Revised Statutes. And I would simply come back to the principle that the Supreme Court has upheld that the simple answer to the argument that is similar requirements are not imposed for other medical procedures is that such procedures do not involve the termination of a potential human life.

This illustrates that although the state does not have a right to proscribe abortions before viability, the state does not cease to have a regulatory interest in those decisions before viability. The state may treat them differently and this has been well established by the Supreme Court.

If you don't believe that this bill is good public policy, you have nothing to do but vote against it. I address myself, as I have throughout the abortion debate and will continue, principally to the constitutional issues, because I was assigned to do so by the Chairman of the Judiciary Committee from the other body.

The SPEAKER: The Chair recognizes the gentleman from Fort Kent, Mr. Barry.

Mr. BARRY: Mr. Speaker, Ladies and Gentlemen of the House: We are not here today to debate the pros and cons of the abortion issue. Due to the Supreme Court's Decision in 1973 nullifying all state abortion laws, abortion on demand has been legal for the past six years. It has now become obviously imperative that states pass regulatory laws for the protection of women who seek abortions.

Nothing expresses this need more tragically than the recent abortion clinic expose in Chicago. The Chicago Sun Times and the Better Government Association, after a 5-month in-depth investigation, revealed the following:

12 deaths following legal abortions in Chicago clinics.

Dozens of abortions performed on women who were not pregnant.

Massive infections and other complications so severe that all the reproductive organs of the women involved had to be removed.

Unsterile conditions and incompetent doctors.

Doctors who raced to perform abortions in an excruciating 2 minutes, not even waiting until the anesthetic took effect.

Falsified records and reports.

It should be noted that the results of the investigation were not printed by a right-to-life group but in 48 pages of continuous reporting by the Chicago Sun Times. The issue of abortion regulation must be addressed.

As noted by the Illinois delegation calling for a congressional investigation into the Chicago situation, "These problems are not limited to Chicago or the State of Illinois."

From the Presque Isle teenager who wept after learning about fetal development because no one told her "it was a real baby" before her abortion, to the young Lewiston mother of two who suffered severe physical complications and psychological depression following her abortion, women in Maine are entering into abortions totally uninformed.

I view L. D. 1482 as a consumer protection bill. This is the time for pro-life and pro-abortion forces to band together for the passage of legislation for the protection of Maine women. Surely those who favor the pro-choice philosophy would want the woman to have the right to a truly informed consent.

The need for a short waiting period prior to an abortion has been documented in a study done at Yale University School of Medicine and reviewed in the Obstetrics and Gynecology Survey. The report stated:

"It is significant that 5 to 6 per cent of patients who apply for abortion re-think their preliminary decision and go ahead to have their babies. . . It is probably a good thing that several days elapse between the original counseling session which ends in acceptance of elective termination of pregnancy by the patient and the actual performance of the procedure. During this time, unresolved reservations can be contemplated. It seems to be that with a few days of reflection, a patient can be more certain in her mind about what is best for her. The other course is that of immediate action. This can lead to many regrets."

The vast majority of people know very little about fetal development. Knowledge of this development by a pregnant woman can have a decisive influence on her decision to abort or to carry her pregnancy to term. A study was done in Hungary at the University Medical School, on 327 women about to undergo abortions. One hour before their first trimester abortions, they were allowed to hear the heartbeat of the babies. Fifty-two of the women changed their minds completely, refused the abortion, and decided to carry their pregnancy to term.

The young teenage girl who finds herself with an unwanted pregnancy is particularly susceptible to this lack of knowledge. She has often heard of abortion as a "termination of pregnancy" or "menstrual extraction." The unborn child has been referred to as the "product of conception" or "a piece of tissue." She is left totally in the dark as to the humanity of the child she is carrying and all too often suffers the consequences of learning about fetal development after the abortion has taken place.

Informed consent is encouraged and recognized in all areas of consumer protection, and the Supreme Court has already ruled favorably on the issue of informed consent prior to an abortion. I urge you to put aside the pros and cons of the abortion issue itself and vote in favor of L. D. 1482 for the protection of Maine women and children.

The SPEAKER: The Chair recognizes the gentleman from Portland, Mrs. Nelson.

Mrs. NELSON: Mr. Speaker, Men and Women of the House: I have nothing against informed consent. I myself, have had ten surgical procedures, none of them abortions, and every time I have had informed consent. My doctor sat down and spoke to me, as any good physician would, as to what would happen if I had the operation and what would happen if I

did not have the operation — nothing against that. But here it states specifically you must have 48 hours prior to her consent, you need some time. Now, if we are talking about viability and that is such a delicate area, how do we know within those 48 hours that time of viability has already passed?

Second of all, in most surgical procedures it takes a few days just to get the room in the hospital and then the operating room, so there is never any problem with that, you always have to wait a little longer.

I think that we just have to look at this and also it talks here about the doctor, he or she shall further certify in writing the pregnant woman's age based upon proof of age offered by her. I have never had to go to a doctor's office with my birth certificate. So, I don't know how long it takes to get a doctor's appointment where you live, it takes a long time where I come from. If you go to a doctor's office and not bring your birth certificate, then you have to go back home and bring it back to the doctor. Look, this is sheer harassment. Let's call a spade a spade.

We have informed consent in all surgical procedures, as far as I know, you are just putting this into the books is sheer harassment for the woman and for the doctor.

The SPEAKER: The Chair recognizes the gentleman from Brewer, Mr. Cox.

Mr. COX: Mr. Speaker, Ladies and Gentlemen of the House: I have a question which I would like to direct to anyone who might care to answer. This is in regard to this certification that the physician makes in writing. Who is the physician going to certify to? Is this a certificate that has to be filed with someone? It seems rather vague about who is going to certify them.

The SPEAKER: The gentleman from Brewer, Mr. Cox, poses a question through the Chair to any member who cares to answer.

The Chair recognizes the gentlewoman from Newcastle, Mrs. Sewall.

Mrs. SEWALL: Mr. Speaker and Members of the House: In reply to Mr. Cox, that is a very good question.

The SPEAKER: A roll call has been requested. For the Chair to order a roll call, it must have the expressed desire of one-fifth of the members present and voting. All those desiring a roll call vote will vote yes; those opposed will vote no.

A vote of the House was taken, and more than one-fifth of the members present having expressed a desire for a roll call, a roll call was ordered.

The SPEAKER: The Chair recognizes the gentlewoman from Cape Elizabeth, Mrs. Masterton.

Mrs. MASTERTON: Mr. Speaker, Ladies and Gentlemen of the House: I know you are annoyed with us, but I do have another very specific problem with this bill and that is subsection 2 under 1597. In order to insure that the consent for an abortion is truly informed consent, the attending physician shall inform the woman in a manner which in his professional judgment, is not misleading and which will be understood by the patient of at least the following — and a list. I submit that this is unenforceable. Who is to say that the doctor actually sits down and informs the woman in these various categories unless a nurse comes in as a witness?

Now, I am not a lawyer, I have never served on a jury, but a doctor has a confidential relationship with his patients. This privacy, this right to privacy has been upheld in Supreme Court decisions dealing with abortions. So if the nurse comes in, there is a privacy there so that she can later serve as a witness in a trial perhaps? This is ridiculous, it's fuzzy, it's just ridiculous.

The SPEAKER: The Chair recognizes the gentleman from Lewiston, Mr. Simon, who may answer the question posed by the gen-

tleman from Brewer, Mr. Cox.

Mr. SIMON: Mr. Speaker and Members of the House: The physician would keep the certification form in his files and that would be the proof that the gentlelady from Cape Elizabeth requires.

The SPEAKER: The Chair recognizes the gentleman from Farmington, Mr. Morton.

Mr. MORTON: Mr. Speaker, I would like to reply to the rather lengthy remarks of the gentleman from Fort Kent, Mr. Barry. One of the remarks he made was that the abortion on demand has been legal since 1973, and that is an incorrect statement. It is not abortion on demand, because the woman must consult with her physician, and the physician must agree to the procedure. That is not abortion on demand.

It is very interesting that the gentleman quoted a great many statistics, and would think that we would all agree in this House that statistics can be derived to prove many things. And what happened illegally in Chicago, what happened in Hungry, is very interesting information, but I think information a little bit closer to home is perhaps more pertinent.

I have in my hands a piece that appeared in the New England Journal of Medicine and it is reproduced with permission from the New England Journal, from Volume 298, No. 26, June 29, 1978, Pages 1474 and 1477. This deals perhaps primarily with the subject of the bill we had before Appropriations yesterday, but I would like to lift something from it because these are statistics.

The gentleman's remarks would imply that there are tremendous risks involved in abortion, and I am sure there are risks. I don't know if I would characterize them as tremendous, but I would quote from this report on Page 1475, that mortality in pregnancy and childbirth is greater than that of legal abortion regardless of maternal age or race.

It goes on—delay is, in obtaining legal abortion, occurring while a woman attempts to raise money or convince two physicians she will suffer long-lasting physical health damage by carrying her pregnancy to term and mean exposure to the increased risk of death associated with advancing gestational age. And it goes on to cite the table. The point here, ladies and gentlemen, is that statistically in the United States, in 100,000 cases in 1972 and 1974, as reported by Dr. Lawrence R. Berger at the University of Washington and reproduced here in the New England Journal of Medicine, statistically you can prove that carrying of a pregnancy to term, the mortality is greater than in legal abortion procedures that have been performed in this country.

Those are statistics. You can use them or not as you can see fit, but it is a statistic applying to this country. So I think it is important we have those things to consider along with the rather sensational information that is sometimes disseminated.

I would like to get back for a moment to the gentleman from Lewiston, Mr. Simon, in some of his very earliest remarks in the debate this afternoon. The gentleman has said that it is his responsibility to be informing us in connection with the constitutional matters in this particular debate, and he likes to cite Planned Parenthood in Missouri vs. Danforth, and I have it in my hands. You will note that this amendment calls for the physician to take some action and to obtain a certificate prior to the performance of the operation. I would just read here from the decision where it says "the woman is the one primarily concerned and her awareness of the decision and its significance may be assured constitutionally by the state to the extent of requiring her prior written consent." That is all it says. It has nothing about any other information.

I submit that the standard that the gentleman discussed, which was the standard of undue burden, is breached by this amendment.

I would further call your attention, and I am

sure he has read it, to the footnote that follows that. "The appellant's vagueness argument centers on the word 'informed'. One might well wonder off hand just what informed consent of a patient is."

The three Missouri judges who composed the three-judge district court, however, were not concerned, and we are content to accept as the meaning "the giving of information to the patient as to just what would be done and as to its consequences. To ascribe more meaning than this might well confine the attending physician in an undesired and uncomfortable straight-jacket in the practice of his profession." Those, ladies and gentleman, are quoted from this U.S. Supreme Court Report. The gentleman neglected to read them to you, but there they are.

I feel as though this bill goes much too far.

The SPEAKER: A roll call has been ordered. The pending question is on the motion of the gentleman from Westbrook, Mr. Carrier, that Report "A" be accepted in concurrence. All those in favor will vote yes; those opposed will vote no.

ROLL CALL

YEA — Austin, Barry, Ruben, Birt, Blodgett, Boudreau, Brodeur, Brown, K.C.; Bunker, Call, Carrier, Carroll, Carter, D.; Carter, F.; Chonko, Churchill, Cloutier, Cox, Cunningham, Curtis, Damren, Diamond, Dutremble, L.; Elias, Fillmore, Fowlie, Gavett, Gillis, Gould, Hanson, Hickey, Hunter, Jacques, P.; Jalbert, Joyce, Kane, Kany, Kelleher, Laffin, Lancaster, LaPlante, Leighton, Lewis, MacBride, MacEachern, Mahany, Marshall, Martin, A.; Maxwell, McHenry, McMahon, McSweeney, Michael, Mitchell, Nadeau, Nelson, N.; Paradis, Paul, Payne, Pearson, Peterson, Prescott, Rolde, Rollins, Sherburne, Silsby, Simon, Soulas, Stetson, Strout, Studley, Theriault, Tierney, Torrey, Tuttle, Violette, Wentworth, Wood, Wyman, The Speaker

NAY — Aloupis, Bachrach, Baker, Beaulieu, Benoit, Berry, Bordaex, Bowden, Brannigan, Brenerman, Brown, K.L.; Conary, Connolly, Davies, David, Dellert, Doukas, Dow, Drinkwater, Dudley, Fenlason, Garsoe, Gowen, Gwadosky, Hall, Higgins, Howe, Huber, Hughes, Hutchings, Immonen, Jackson, Kiesman, Leonard, Locke, Lowe, Lund, Masterman, Masterton, McKean, Morton, Nelson, A.; Nelson, M.; Peltier, Post, Reeves, J.; Reeves, P.; Sewall, Small, Sprowl, Stover, Tarbell, Tozier, Twitchell, Vincent, Vose

ABSENT — Brown, A.; Brown, D.; Dexter, Dutremble, D.; Gray, Hobbins, Jacques, E.; Lizotte, Lougee, Matthews, McPherson, Norris, Roope, Smith, Whittemore
Yes, 80; No, 56; Absent, 15.

The SPEAKER: Eighty having voted in the affirmative and fifty-six in the negative, with fifteen being absent, the motion does prevail.

Thereupon, the Bill was read once. Committee Amendment "A" (S-182) was read by the Clerk.

Senate Amendment "A" to Committee Amendment "A" (S-190) was read by the Clerk and adopted in concurrence.

Committee Amendment "A" as amended by Senate Amendment "A" thereto was adopted.

The Bill was assigned for second reading tomorrow.

The Chair laid before the House the fifth item of Unfinished Business:

Bill, "An Act Concerning Arbitration Involving Municipal Fire and Police Departments" (H. P. 1191) (L. D. 1463) (C. "A" H-415)

Tabled—May 16, 1979 (Till Later Today) by Mrs. Mitchell of Vassalboro.

Pending—Passage to be Engrossed.

The SPEAKER: The Chair recognizes the gentleman from Sanford, Mr. Tuttle.

Mr. TUTTLE: Mr. Speaker, I move the rules be suspended for the purpose of reconsideration.

Whereupon, Mr. Tarbell of Bangor objected.

The SPEAKER: The Chair will order a vote.