

# MAINE STATE LEGISLATURE

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**House Legislative Record**  
of the  
**One Hundred and Eighteenth Legislature**  
of the  
**State of Maine**

**Volume I**

**First Regular Session**

December 4, 1996 - March 27, 1997

**First Special Session**

March 27, 1997 - May 15, 1997

By unanimous consent, all reference matters requiring Senate concurrence having been acted upon were ordered sent forthwith.

The SPEAKER: The Chair recognizes the Representative from Lebanon, Representative Chick who wishes to address the House on the record.

Representative CHICK: Madam Speaker, Ladies and Gentlemen of the House. During yesterday's session I inadvertently voted in a matter I had not intended to. On House Roll Call number 85, I am recorded as voting no. I had intended to vote yes. Thank you Madam Speaker.

#### ORDERS

On motion of Representative GAMACHE of Lewiston, the following Order: (H.O. 23)

ORDERED, that Representative Duane J. Belanger of Wallagrass be excused April 3 for personal reasons..

AND BE IT FURTHER ORDERED, that Representative Joseph E. Clark of Millinocket be excused April 3 for health reasons.

AND BE IT FURTHER ORDERED, that Representative Thomas M. Davidson of Brunswick be excused March 27 and 31, and April 1 and 2 for personal reasons.

AND BE IT FURTHER ORDERED, that Representative Lucien A. Dutremble of Biddeford be excused April 9 for personal reasons.

AND BE IT FURTHER ORDERED, that Representative Christopher T. Muse of South Portland be excused April 7 for health reasons.

Was read and passed.

#### SPECIAL SENTIMENT CALENDAR

In accordance with House Rule 519 and Joint Rule 213, the following items:

In Memory of:

Lionel "Lee" Conary, of Oakland, whose compassion, generosity and positive outlook on life were hallmarks of his service to the people of the State as a teacher, a member of the House of Representatives and a state employee at the Bureau of Insurance. Lee's devotion to his wife, Sally, and daughters, Heather and Kim, was well known and much admired. He will be sadly missed by all who knew him; (HLS 292) by Representative POULIN of Oakland. (Cosponsor: Senator CAREY of Kennebec)

On objection of Representative POULIN of Oakland, was removed from the Special Sentiment Calendar.

On further motion of the same Representative, tabled pending adoption and later today assigned.

Recognizing:

Kelly Stubbs, of Sherman Mills, a freshman at the University of Maine, who personifies the great heart and fighting spirit of the Lady Black Bears that has carried them from Maine to Louisiana in the NCAA Tournament, and in extending our congratulations and best wishes to her; (HLS 299) by Representative JOY of Crystal. (Cosponsor: Senator MICHAUD of Penobscot)

On objection of Representative JOY of Crystal, was removed from the Special Sentiment Calendar.

On motion of the same Representative, the Sentiment was indefinitely postponed.

Thomas Santaguida, of Kennebunk, who has been named 1997 Warden of the Year by the Maine Warden Service. He is currently a Warden Investigator assigned to Division "A" in Gray and has been with the Maine Warden Service for 8 years. We extend our congratulations and best wishes to him; (SLS 89)

On objection of Representative MURPHY of Kennebunk, was removed from the Special Sentiment Calendar.

Was read.

On further motion of the same Representative, tabled pending passage and specially assigned for Tuesday, April 15, 1997.

Paul Crowley, a 7th-grade student at the Middle School of the Kennebunks, who is the 1997 State Spelling Bee Champion, and who will go on to compete in the national competition. We extend our congratulations and best wishes to him on this achievement; (SLS 91)

On objection of Representative MURPHY of Kennebunk, was removed from the Special Sentiment Calendar.

Was read.

On further motion of the same Representative, tabled pending passage and specially assigned for Tuesday, April 15, 1997.

#### REPORTS OF COMMITTEES

##### Refer to the Committee on Legal and Veterans Affairs

Representative AHEARNE from the Committee on **State and Local Government** on Bill "An Act to Prohibit Legislators from Accepting Gifts from Lobbyists" (H.P. 185) (L.D. 238) reporting that it be referred to the Committee on **Legal and Veterans Affairs**.

Report was read and accepted and the Bill referred to the Committee on **Legal and Veterans Affairs** and sent up for concurrence.

##### Divided Report

Seven Members of the Committee on **Judiciary** on Bill "An Act to Ban Partial Birth Abortions" (H.P. 390) (L.D. 535) report in Report "A" that the same "**Ought Not to Pass**"

Signed:

Senators: LONGLEY of Waldo

BENOIT of Franklin

Representatives: THOMPSON of Naples

WATSON of Farmingdale

ETNIER of Harpswell

MAILHOT of Lewiston

POWERS of Rockport

Three Members of the same Committee on same Bill report in Report "B" that the same "**Ought to Pass**" as amended by Committee Amendment "A" (H-163)

Signed:

Senator: LaFOUNTAIN of York

Representatives: JABAR of Waterville

NASS of Acton

Three Members of the same Committee on same Bill report in Report "C" that the same "**Ought to Pass**" as amended by Committee Amendment "B" (H-164)

Signed:

Representatives: WATERHOUSE of Bridgton

PLOWMAN of Hampden

MADORE of Augusta

Was read.

Representative THOMPSON of Naples moved that the House accept Report "A" "**Ought Not to Pass**".

The SPEAKER: The Chair recognizes the Representative from Naples, Representative Thompson.

Representative THOMPSON: Madam Speaker, Men and Women of the House. We will now be debating what I believe to be one of the most difficult issues that we face in this House and probably the most emotional. First, before getting into the debate I would like to thank the members of the Judiciary Committee who worked on this issue with a high degree of professionalism and giving each other the courtesy of listening to each others views and working these bills. I would hope that the debate today will carry on with that tradition that was established by the Judiciary Committee of keeping the debate at a high level.

It may be helpful for me to first go through what the existing law is on abortions. In Maine, it is the public policy of the State of Maine not to restrict the women's exercise to her private decision to terminate a pregnancy before viability, except as provided in Section 1597-A, which is the parental involvement statute. After viability, an abortion may be performed only when it is necessary to preserve the life or health of the mother. It is also the public policy of this state that abortions may only be performed by a physician. It is criminal violation to perform an abortion in violation of this provision. A physician is, currently under Maine law, guilty of criminal violation if they perform an abortion after viability unless the life or health of the mother is in danger.

LD 535 is "An Act to Ban Partial-Birth Abortions." This bill would further restrict a woman's right to choose what is in her best interests when her health or her life is at stake. The bill would set forth as public policy in this state that a singular medical procedure would be banned regardless of the effect on the health of the woman. It would allow for the procedure to be performed if the life of the woman was in danger, but it would not allow the procedure to be performed even if it had an adverse affect on the woman. Making a decision as to which medical procedure will be used is not good public policy. We are saying that by passing this bill that it is public policy to allow for an abortion when the health or the life of the woman is in danger, but if it is only her health, we are going to ban this procedure. We are going to ban this procedure even if it causes more damage to the woman than another procedure which is available. We are going to say that you cannot use this procedure, but it is okay to use a different procedure, we just don't like this one. It is okay to use a different procedure even though the result is the same, but we just don't like this one. Therefore, you should vote it into public policy.

I understand the arguments on the other side, that they don't agree that any of these abortions should be performed. I believe that is an acceptable point of view. It is very acceptable. It is a very difficult area. To have a public policy as established by the Supreme Court of the United States and then to restrict it in this way, which I think is inconsistent, is bad public policy. We should not be involved in prohibiting specific procedures. We are not in the position of determining what medical procedure is in the best interest of the people involved in any given incident. That is a medical decision and a personal decision, which should be made by the doctor and the woman involved.

You will hear much graphic testimony here today about the procedure. You will hear that, therefore, because of the nature of the procedure you should enact this legislation. I suggest to you that any abortion, if it was described, is not a pleasant description. The law of this land as set forth by the Supreme Court is specific. We cannot go down the road of choosing a

procedure and banning it. We must uphold and protect woman who are going through very difficult situations and we must reject LD 535. I ask you to join with me in supporting the current motion, which is "Ought Not to Pass." Thank you.

The SPEAKER: The Chair recognizes the Representative from Madawaska, Representative Ahearne.

Representative AHEARNE: Madam Speaker, Ladies and Gentlemen of the House. I ask you to join me and defeat the pending motion so that we can move and accept Committee Report "C." There has been a lot of discussion regarding the health issue and I am going to be addressing that this morning. Let's discuss the current law regarding abortion after viability. Title 22, Section 1598, Subsection 4, Abortion after Viability. As defined in current statute, viability "means the state of fetal development when the life of the fetus may be continued indefinitely outside the womb by natural or artificial life support systems." An abortion performed after viability is prohibited except "as necessary for the preservation of a life or health of the mother." The critical word in this section of law is health. There are those who want to include health as an exception in LD 535. There is a very logical reason for the absence of the health exception in LD 535.

In the Supreme Court of the United States Ruling in Doe vs. Bouling, the word health is broadly defined. "Medical judgment may be exercised in the light of all factors, physical, emotional, psychological, familiar and the woman's age relevant to the well being of the patient." The court wrote "All these factors, physical, emotional, psychological, familiar and the woman's age may relate to health. This allows that attending physicians the room he needs to make his best medical judgment." This landmark ruling makes the prohibition on abortions after viability, including the ban and even including this partial-birth abortion, an absolute joke and a sham. It amounts to a most symbolic, but unenforceable, statement that by the state that abortions after viability are frowned upon. With the view of the Supreme Court's ruling and broad definition of health partial-birth abortions can and will be performed at any stage of the pregnancy no matter the reason.

If we look at the statement of the person who directed the proabortion campaign against the partial-birth abortion ban bill in Congress, Mr. Fitzsimmons, who admitted his argument was based on lies and that 2,000 to 3,000 partial-birth abortions are performed each year, then statistically that represents one partial-birth abortion for every 80,000 to 120,000 persons annually and nationally. On a prorate of basis this means that statistically that 10 to 15 partial-birth abortions per year for a population the size of Maine. We must consider this regardless of the argument that only one to two occur in Maine simply because there exists no accurate reporting system. Currently, from data from the Department of Human Services there are 66 abortions that are performed that have no idea what they were. They are simply known as unknown. This bill will save one to 15 babies a each year.

Based upon an article in the *Washington Post* on 9/17/96 by Dr. David Brown in a study published in 1991, doctors reported that of the 1,765 infants born with a very low birth rate at seven hospitals, 20 percent were at 25 weeks gestation or less, of those that had completed 23 weeks, 23 percent survived. At 24 weeks, 34 percent survived, yet none were yet in the third trimester. Thus, most, if not all babies, killed during the partial-birth abortion would probably survive if permitted. This is cruel and senseless killing of children. I am deeply encouraged to know that abortions are on the decrease here in the State of Maine and that teenage pregnancy is also on the decline. We still have a long way to go. Personally, I would like to see no abortions in Maine, but I am too realistic to expect it to occur.

LD 535, the ban on partial-birth abortion, will bring us back to the realization that life is too short and should be lived to its fullest. To cheapen life, to reduce its value will only perpetuate the attitude that life is worthless. It will only signify that it is easy to hurt, maim or even kill another human being. I know that everyone in this chamber, as well as the members of the other body, would love to end all violence and with this bill, LD 535, we can send a message that life is indeed valuable and that we should do everything humanly possible to do so. Today violence is rampant in our nation. People, including young children, are killed every hour and people ask why even children commit murder without any apparent concern? I can only state there is no concern for the unborn child. There is usually no concern for young children, nor for the teenager, and the result is often another violent, uncaring person. I believe this is primarily due to a lack of parental concern that begins with an uncaring attitude toward abortion.

I urge you, my colleagues of this body, to defeat the pending motion so we can approve this bill and save lives of the unborn children in Maine, while providing an example for the other states to follow. Madam Speaker, I request a roll call.

Representative AHEARNE of Madawaska requested a roll call on the motion to accept Report "A" "**Ought Not to Pass**".

More than one-fifth of the members present expressed a desire for a roll call which was ordered.

The SPEAKER: The Chair recognizes the Representative from Acton, Representative Nass.

Representative NASS: Madam Speaker, Men and Women of the House. I rise today to offer a choice on this difficult issue. I cannot vote against this bill because that would be a vote in support of so-called partial-birth abortion. I do not believe that the State of Maine, by policy, should be in support of this procedure or more importantly, I do not believe the citizens of Maine, now or in the future, will support a procedure that involves killing the baby that is for all practical purposes born. The experts who we would normally turn to for guidance in this area are split. Doctors tell us the partial-birth abortion procedure is never necessary. Others say it should always be available for that rare occasion when it is necessary or better for the woman.

On the other side, I can also not vote for this bill. I do not believe that government should have, or effectively can have, a role in telling its citizens what medical procedures are or are not available. That role is best left to, in this case, the woman and her medical advisors. Over the past two or three days you have all received many brightly colored flyers, which document the positions held by both sides of this issue, both the extremes. If you have read these flyers, you will have a good grasp of those who are prochoice and those who are prolife. However, there are no flyers describing a choice, which at least three members of the Judiciary Committee wish to offer. We would suggest that for now and for Maine that we essentially provide a ban for partial-birth abortions by adding that to the definition of abortion, which is currently in the statutes. As the Chairman of the committee has provided, that this definition, the law currently states that late-term abortion is banned in Maine except to protect the life and health of the mother. This proposal would, in fact, provide and maintain this law, but it would specifically enumerate a ban on partial-birth abortion, again, using the generic term.

There also is a policy statement in Title 22, Section 1598 and in that section we would delineate the medical term for this. It would add the sentence that essentially provides or expands this ban. We would provide that partial-birth abortion is banned except to protect the life and health of the mother. A part of the law that Maine currently holds and the court cases surrounding this issue currently supports. Is it the political solution?

Absolutely. This is a political issue. Is this a final solution? Absolutely not. I think this is the solution for now, for today and for Maine. I urge that you vote against the Majority "Ought Not to Pass" Report so that we can go on to discuss additional issues. Thank you.

The SPEAKER: The Chair recognizes the Representative from Waterville, Representative Jabar.

Representative JABAR: Madam Speaker, Ladies and Gentlemen of the House. I rise to indicate that I cannot support the Majority Report and I would like to state why. Being an attorney we deal with language and all of you are familiar with the question that is many times asked somebody, when did you stop beating your wife? Answer yes or no. As you know there is no answer to that question, yes or no, because it assumes that you have been beating your wife. I believe we are confronted with a very similar question with the partial-birth abortion, LD 535. Are you for or against partial-birth abortions? Yes or no. I don't believe it is that simple. We are confronted with a very emotional issue that can be very confusing and misleading. The reason I cannot support the "Ought Not to Pass," even though I may philosophically agree with the Majority's Report, for the following reasons. There is perception out there that late-term abortions are allowed without restrictions. That they are allowed upon demand for reasons not related to life or health. Such abortions are clearly not allowed in Maine now, but people do not believe that. LD 535 clearly bans such late-term abortions and I agree with that goal. As terrible as the procedure is and we all have heard descriptions and seen pictures of it, LD 535 recognizes that it may be necessary in some situations. That is where it involves the life of the mother. It is not a ban on the procedure that we should be focusing on the need for the abortion and not necessarily the procedure.

Where I cannot support LD 535 is its failure to recognize the health of the mother, as another example, when the use of this procedure may be medically necessary. I also cannot support the majority opinion because I believe we need to take an affirmative stand and comment on the present partial-birth abortion issue. Some have said to me, why do this if this is the law already in Maine? Why single out this procedure and put it into law on this specific procedure? My answer to that is that we have been confronted with this issue. It has become a national issue. We see it on the national media and we have to deal with it. I don't believe it is sufficient to simply state that is the law in Maine. When confronted with the question, do you support partial-birth abortions? You say, well I don't. Why didn't you support LD 535? Well, because that is already the law in Maine. People don't understand that. They are confused. A lot of people are confused by the issues that we have before us. I believe it is necessary to make a specific comment on the partial-birth abortion. I ask you not to support this Majority Report so that you can consider the amendment which deals with that issue that says that I do not support partial-birth abortions unless it involves the life and the health of the mother. There is a very small difference between the two and I recognize the position of the people in the opposition who believe we should not go that extra step. Let's confront the issue for what it is and let's take a position one way or the other and I believe the amendment will clearly state that we are dealing with partial-birth abortions as being improper unless it is for the health and the life of the mother.

One last comment, on the issue of health. In Maine, if you look at the statistics, this has not been used as a loophole by women to go out and get abortions where they wouldn't ordinarily be able to get it. I believe in 1996 there is recorded only one of five years before you can count them on one hand. If there was evidence that the health criteria had become a loophole to which

women were going and getting abortions on demand then I would be willing to address that particular issue, but I don't believe that is an issue in this state. Maybe it is in New Jersey, but it is not an issue in this state. I believe by the definition of health in there, with the life of the mother, it is something that doctors and women can deal with on the logical and rational basis. It is for this reason that I reluctantly do not support the Majority "Ought to Pass" and hope that we will address the amendment after that vote. Thank you.

The SPEAKER: The Chair recognizes the Representative from Winslow, Representative Vigue.

Representative VIGUE: Madam Speaker, Ladies and Gentlemen of the House. I will not give you statistics on the pros and cons of partial-birth abortion. I will give you a little history of a young combat-trained infantry soldier in occupied Germany. I had visited Daucou and other slaughter houses made famous by a man named Hitler. My office in Germany was a putz-frau. A putz-frau in German is cleaning lady. She and I used to sit and talk and I had to learn German to get along with her. She was Czechoslovakian and escaped. I asked in German, *biz zie heirotton, are you married?* She said she was married. I said, *haben zie kinder, which was do you have any kids?* She proceeded to tell me that she had one and that the child was killed because it wasn't pure. My question to you is, have we progressed from 50 years ago to the present? I am not sure we have, so I ask for support for Representative Ahearne and his brave attempt to protect the least protected that we know, the unborn child. I am sorry.

The SPEAKER: The Chair recognizes the Representative from Hampden, Representative Plowman.

Representative PLOWMAN: Madam Speaker, Men and Women of the House. Since *Roe vs. Wade* was passed 20 some odd years ago technology has advanced incredibly. In 1973 operations were not performed on babies in the womb to correct deficiencies so that they would be viable upon birth. In 1973 abortion procedures had been the same for years and years and years. Yet, in *Roe vs. Wade*, Justice Stewart spoke of the possibility that perhaps in later stages of pregnancy that the state should be permitted to restrict the abortion procedure, a certain procedure or even to prohibit it. It was recognized when *Roe vs. Wade* was discussed, that at some point there may come a time when a state may find that it would be in the best interest of the state to prohibit certain types of abortions. In 1973 physicians did not hold a child in their hands and render it lifeless. In 1973 the abortion took place totally within the confines of a woman and gave her every right to control her body. In fact, the aim of *Roe vs. Wade* was to ensure an empty womb, an empty uterus, because that was the woman's choice. The aim of *Roe vs. Wade* was not to guarantee the woman a dead baby.

Today, as technology has advanced, a surgeon holds a tiny file in his hands. He has pulled that child from the womb with the help of an ultrasound in a breech delivery process. An 80 percent born individual dies because 20 percent of him still remains in the birth canal. That is where technology has taken us and it is time to relook at some of the responsibilities that *Roe vs. Wade* said that we would have to take. *Roe vs. Wade* has since been reviewed in the Casey decision. In the Casey decision, the United States Supreme Court decided that a woman's right to an abortion was valid, but that that definition of that right as fundamental was revoked. The court has constructed a new standard of review that allows restrictions on abortions before viability so long as they do not constitute an undue burden for the woman. Viability, according to *Roe* turns on technology. When the *Roe* decision was passed, viability

was 27 to 28 weeks and this is discussed in *Roe*. Viability now is 23 to 24 weeks, second trimester.

While many of you would like to keep this as a discussion of late-term abortions, this procedure is used as early as 20 weeks. Why is this procedure used? Doctor McMann developed this procedure because he found that the procedures that he had to do at 24 and 25 weeks were very physical and very straining and very difficult to kill a child as a six-month fetus. It would take 45 minutes to one hour to perform an abortion. Then he thought that some of these are easier than others. What made it easier? There was a foot present and if I took the foot, I could easily access the baby and I wouldn't have to go through the actual cureatage. After three days of dilation a woman comes in, the ultra sound is performed. The baby is inverted if it is head down. It's feet are presented to the dilated cervix and forceps are used to draw the legs of the baby forward. This cuts the procedure to about 20 minutes and it is not difficult.

They are done in clinics and offices, not hospitals, not surgical ambulatory suits. They are done in offices. If this is to save a woman's life, she spent three days dilating and goes to a doctor's office to have her life saved or her house saved. At 24 weeks the arms, legs, bottom, spine, fingers, toes and everything is formed. The doctor knows as he draws that baby from the womb that his is drawing forth a live fetus or a live child. The difference we find between this procedure and other abortion procedures and why we find it so abhorrent is because of the lack of three inches this child would have constitutional rights. A child would be an individual, in three inches, with the same rights afforded to the child as the woman had. The same exact rights. Why does the head need to be collapsed in order to remove the baby from the cervix? This is because the dilation is not meant to be so that the babies head can come through the cervix. The cervix is meant to be a speed bump. It keeps the head from sliding out and prevents a live birth. Not enough dilation and you have an abortion. Too much dilation and you have a live birth. It is a little tricky.

That is why we have a problem with this particular abortion procedure, because one human being holds another human being in his hands and renders the child lifeless in order to produce a dead fetus. The Supreme Court spoke quite a bit about the state's interest. I am talking to you about the child's interests today. How can you deny that in three inches the child has constitutional rights? How can you justify that the life and health of a mother is saved in a doctor's office? If this procedure is what the health and the life of the mother turns on, then perhaps it should be an appropriate life saving arena, a hospital operating room, a surgical fleet or somewhere they can do monitoring, access blood supplies and plan for all the contingencies for a woman whose needs are so dire that the child must be killed in order to save her life. They don't do these things in clinics and they don't do these kinds of things in an office setting.

We have heard a little bit about that there are no late-term abortions in Maine. We have heard a little bit about trust my doctor. I trust my doctor. I do trust my doctor. I don't go to a clinic. I actually know my doctor's name and next year I can tell you with some certainty that I know who my doctor was and who my doctor will be next year.

Information provided by the Maine Vital Records Bureau of Health, Department of Human Services, acknowledged that there were 94 forms received out of the total 2,615, that contained information that did not place the actual gestation of the aborted fetus. I went over there yesterday and looked at those 94 sheets. There was a lot of information I couldn't see. A lot was blocked out. Actually 83 of them did provide the information as to when the last menstrual period was and when the abortion

was performed. They all fell reasonably within 12 to 13 weeks. Three others contained no information whatsoever. No date of last menstrual period. No date of abortion. No date of gestation. Nothing but an abortion was performed and a provider signed that an abortion was performed. I don't know who the provider was. That was information that was not allowed to me either and I really don't want to know. What I want you to know is that the doctors can't take the time to fill out a form that is required by statute to allow us as policymakers to know what is going on, this is in statute, how many of our other abortion statutes are let slip? Personally, I am suspicious of a form that has no information whatsoever regarding the pregnancy and the date of the pregnancy. That is not unusual from 1984 to 1996, there are unknowns every year. The forms are just given a lick and a promise and mailed to the Department of Human Services. There is not, in my opinion, the effort put into it to meet the required statutory information. The figures we rely on may or may not be complete. I think my doctor would fill it out completely. I have seen her work and she probably would.

What we have is a procedure that is easier, quicker and lucrative. Do you know how much a partial-birth abortion costs? It costs \$2,500, cash on the barrelhead. A clinic in Dayton, Ohio performs them on one day a week. If you are in dire distress and your life needs to be saved, you have to wait until Thursday. That is besides the point. The point is that physicians hold a live child in his hand. In his hand are tiny legs with tiny toes, a back, a spinal column that he actually uses to trace his finger up to find the soft spot on the back of the baby's head. The soft spot that moms know their kids aren't supposed to touch and doctors diagnose dehydration in your child by examining the soft spot. This soft spot proves to be the babies undoing because it is so easy to pierce that soft spot. At least it is easy for the doctor. It is not so easy for the child. In order to make sure that when that baby finally completes his passage through the birth canal that the child is dead, the doctor inserts a suction catheter and removes "the cranium contents." Your brain. The part of you that regulates the breathing, your heart, your thoughts and all your bodily functions. Therefore, you have, not an aborted fetus, but a dead child. It is big difference. This is not a D & C. This is not something that happens totally inside of a woman. Each succeeding inch that is born is left under the control of the woman.

One doctor, when asked why he did not dilate the cervix enough to allow the birth of the head said, "I could, but you don't understand. The point is not to deliver a live birth. The point is to deliver a dead baby. That is what I was hired to do." There is a difference here. A dilation and suction is not a D & C. It is not a saline abortion. It is not an abortion where the child is destroyed and then expelled through labor. That is decided not to be preferable because it requires labor and hospitalization. This, in office procedure, is cheaper, believe it or not, because you don't have to go to the hospital to save your life. It is cheaper because you don't have to go to the hospital to save your health. You can do this with very little inconvenience right in the doctor's office. Yet, we still have a doctor holding a child in his hand ready to render the child dead. Would the child live long after birth? I don't know. Maybe not. The potential for life cannot be ignored. The potential for survival cannot be ignored, not at this stage. I am sorry, not at this stage, not when that child lacks only three inches. He will become a citizen of the United States and protected by the US Constitution. I would ask you to reject this motion. Thank you.

On motion of Representative THOMPSON of Naples, tabled pending his motion to accept Report "A" **"Ought Not to Pass"** and later today assigned.

The following item was taken up out of order by unanimous consent:

**TABLED EARLIER IN TODAY'S SESSION**

The Chair laid before the House the following item which was tabled earlier in today's session:

Expression of Legislative Sentiment in memory of Lionel "Lee" Conary, of Oakland (HLS 292) which was tabled by Representative POULIN of Oakland pending adoption.

The SPEAKER: The Chair recognizes the Representative from Winslow, Representative VIGUE.

Representative VIGUE: Madam Speaker, Ladies and Gentlemen of the House. I first met Lee Conary in the early 60s while I was an instructor at Thomas College. I was teaching accounting and taxation and Lee happened to be one of my students. Also as an advisor to the fraternity, Lee Conary was a member of the fraternity. I became personally involved with Lee and met Sally, his wife, and through the years we have remained good friends. I recently asked Lee to do some work for me for constituents. He responded in typical Lee Conary fashion, quickly and effectively. The Insurance Bureau has lost a loyal friend. Thank you.

Subsequently, was read and adopted and sent up for concurrence.

The Chair laid before the House the following item which was tabled earlier in today's session:

Divided Report - Committee on **Judiciary** - (7) members Report "A" **"Ought Not to Pass"** - (3) members Report "B" **"Ought to Pass"** as amended by Committee Amendment "A" (H-163) - Report "C" (3) members **"Ought to Pass"** as amended by Committee Amendment "B" (H-164) on Bill "An Act to Ban Partial Birth Abortions" (H.P. 390) (L.D. 535) which was tabled by Representative THOMPSON of Naples pending the motion of the same Representative to accept Report "A" **"Ought Not to Pass"**. (Roll Call Ordered)

The SPEAKER: The Chair recognizes the Representative from Norridgewock, Representative Meres.

Representative MERES: Madam Speaker, Ladies and Gentlemen of the House. I am not here to talk for a long time today on this issue. I just think it is time that I should talk to you about some of my experiences. I know we talk a lot about walk a mile. We have done it with other things and I think, in this particular situation, I have some experiences which might shed light on this. As some of you know, I am a RN. I haven't worked in a long time, but when I started my career I started working as an emergency room nurse and I also worked in the clinic. Between the two of those roles I had much experience with a lot of the problems that we are talking about that happens, even today, with abortions and all the trauma that went into that. I have been there. I understand that. I have three daughters and I understand the need for them to have choices.

One of the other things that I did in my career, in a very happy moment, I met and married my husband and we moved to Detroit, when he was still a student at the University of Detroit. During that time, I worked at Mercy Hospital in Detroit. I was pregnant at that time, but I worked in OB-GYN and I worked with sick babies and preemies. That is what I did. I spent my time during my pregnancy looking at a lot of these babies that are now considered abortions. They qualify for that. That is how I made my living. Nurturing those babies and dealing with their parents and doing the best I could to make sure that they had some quality of life and dignity in that hospital.