

# MAINE STATE LEGISLATURE

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**Legislative Record**  
**House of Representatives**  
**One Hundred and Twenty-Sixth Legislature**  
**State of Maine**

**Daily Edition**

**First Regular Session**

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pages H-1 – H-1282

Schneck, Shaw, Short, Stuckey, Tipping-Spitz, Treat, Villa, Welsh, Werts, Mr. Speaker.

**NAY** - Ayotte, Beaulieu, Bennett, Black, Campbell R, Casavant, Chase, Clark, Cotta, Crafts, Cray, Davis, Doak, Dunphy, Duprey, Espling, Fitzpatrick, Fredette, Gifford, Gillway, Guerin, Harvell, Jackson, Johnson D, Johnson P, Keschl, Kinney, Knight, Libby A, Lockman, Long, MacDonald S, Maker, Malaby, Marean, McClellan, McElwee, Nadeau A, Newendyke, Nutting, Parry, Pease, Peavey Haskell, Pouliot, Reed, Sanderson, Sirocki, Stanley, Timberlake, Turner, Tyler, Verow, Volk, Wallace, Weaver, Willette, Wilson, Winchenbach, Winsor, Wood.

**ABSENT** - Beaudoin, Briggs, Crockett, Herbig, Hickman, Kruger, McGowan, Peterson, Theriault.

Yes, 82; No, 60; Absent, 9; Excused, 0.

82 having voted in the affirmative and 60 voted in the negative, with 9 being absent, and accordingly the Majority **Ought Not to Pass** Report was **ACCEPTED** and sent for concurrence.

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

**HOUSE DIVIDED REPORT** - Majority (8) **Ought Not to Pass** - Minority (5) **Ought to Pass** - Committee on **JUDICIARY** on Bill "An Act Regarding Informed Consent to an Abortion"

(H.P. 511) (L.D. 760)

Which was **TABLED** by Representative BERRY of Bowdoinham pending his motion to **ACCEPT** the Majority **Ought Not to Pass** Report.

The **SPEAKER**: The Chair recognizes the Representative from Brunswick, Representative Priest.

Representative **PRIEST**: Thank you, Mr. Speaker. There is no question that we are now dealing with a bill that is an abortion bill. This bill requires the attending physician before a woman seeking an abortion, this physician must say, orally and in writing, a number of things. The new things that they must say let me read them to you. You have to tell the name of the physician who has performed the abortion, a description of the procedure to be used, scientifically accurate information about the fetus, probable availability of medical benefits for the woman during and after the pregnancy if the woman carries the fetus to term, and the woman's undeniable right to see an ultrasound if an ultrasound was taken and the woman requests to see it, and the father's liability for support. How in the world does a physician know on the possible availability of medical benefits for the patient if she carries the fetus to term? Does the physician have to be an expert in the insurance that the patient has? How in the world does the physician know what the father's availability for support is? What if, in fact, the father is accompanying the woman or counseling by the physician and is right then and there? Under this bill, I presume the attending physician has got to tell them what the father's availability for support is. The purpose of this bill is to make it more difficult, unfortunately, to get an abortion and it interferes with the doctor/patient relationship. Doctors know what's best, in general, for their patients. They've gone through medical school, they've gone through residency and an internship. They know what the patient needs to know and what they don't, they know what constitutes reasonable consent. This bill, unfortunately, is not needed and the majority of the committee recommends that it get an Ought Not to Pass, and I urge you to support that recommendation.

The **SPEAKER**: The Chair recognizes the Representative from New Gloucester, Representative Espling.

Representative **ESPLING**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise to speak

against the pending motion and in support of the bill that I sponsored. Now, I think we all know how this vote will go and the likelihood that minds, and more importantly hearts, will be changed is very slim. That being said I do appreciate the opportunity to speak and hope that you will listen and, at least, consider what I have to say. I was born in 1973. Now you would expect me to be longwinded and go into my life story but no worries, I won't do that to you. Nineteen seventy-three was the year of *Roe v. Wade*. In my lifetime, I have only known legalized abortion. With the ruling of *Roe v. Wade*, it was thought that abortion would finally be legal, safe and rare. Abortion is indeed legal, that is a fact. However, this legality does not happen in a void of consumer protection. Many states require that doctors perform abortions, many require abortion to be performed before viability, some require information on the risks of an abortion be given to the patient, and some have waiting periods prior to abortion. All of these consumer protections have been deemed legal and constitutional by the Supreme Court.

Safe, one could argue that abortion is safer than it used to be. To be honest you would think that this day in age with our medical advances and what is suggested by abortion advocates, that having an abortion is a minor procedure and totally safe. We only need to look at the recent Gosnell case and this man's shop of horrors to understand that legalized abortion does not guarantee safety. Common sense, consumer protection must be in place even in this era of legalized abortion. I contend that abortion is not rare. Since *Roe v Wade*, approximately 54 million abortions have taken place in the United States. In Maine alone, over 2,000 abortions occur yearly. Americans are just about evenly split on this issue. According to recent Gallup polling, 45 percent call themselves pro-choice and 48 percent of Americans consider themselves to be pro-life.

This bill, LD 760, would strengthen Maine's law for informed consent for abortion. Maine has stronger protections in its statutes for informed consent for breast cancer, including a mandated brochure given to the patient and that information be given to her orally and in writing. Why is it that a woman deserves full disclosure of information for one women's health issue but not for the other?

A woman testified before the Judiciary Committee last session on her experience at a local clinic. When an ultrasound was taken and she asked to see it, she was denied. This is, to me, the most important part of LD 760. This would not mandate ultrasounds be done. This would not mandate ultrasounds be viewed. LD 760 merely provides for a patient to be able to see her own ultrasound if one is taken and she asks to see it. I was willing to give up everything in this bill except for this one piece, but the majority members of the Judiciary Committee did not work the bill nor even discuss it. The majority members made it clear they were not willing to work the bill at all. To show my sincerity in how important this piece of the bill is I have had an amendment drafted to delete all of the bill except this one piece.

This bill is all about right to know. We, in this body, have submitted bills like GMO labeling, cell phone warning labels, vaccine right to know, and BPA labeling/right to know, all aimed at consumer protection and the consumer's right to know. It is clear to me now that ideology dictates that right to know is not allowed in the realm of abortion. Due to this ideology, some members of this body are afraid that if we adopt consumer and patient protections in other areas like Lyme disease, then we are on a sure path to outlawing abortion. Really? Mr. Speaker, I argue that the great debate tactic of a slippery slope argument holds no water here. The argument used in this body recently of "we don't want women to have all of the information prior to an abortion so we better make sure that patients with other diseases

or conditions don't have it either" is so far-reaching, just think of its impact. Because of reproductive rights, we better not label GMOs, forget about vaccine labeling, and perhaps an effort will be underway to repeal the law regarding informed consent for breast cancer.

I ask you to consider this bill on its own merits, vote down the Ought Not to Pass and I ask you to consider other consumer and patient protections on their own merits. If you can't vote for this bill because of your ideology, I accept that, but don't use it as an excuse not to vote for other common sense consumer protection measures. I am so sorry that certain bills have gotten linked together. I feel as though it is my fault because the debate in favor of one sounded like the same reasons for passing the other, this debate of right to know. I am saddened to see a member of this body and all the patients that she hoped to help disregarded all in the name of so-called reproductive rights. Please look at these issues on a bill-by-bill basis. I accept our difference of opinion on this matter and I beg of you to vote your conscience on this bill separate of any other legislation. Please vote down the current motion so that if a woman has an ultrasound and she asks to see it, she cannot be denied. That is all this would do. Thank you, Mr. Speaker, and I ask for a roll call.

The same Representative **REQUESTED** a roll call on the motion to **ACCEPT** the Majority **Ought Not to Pass** Report.

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 Norridgewock, Representative Dorney.

Representative **DORNEY**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. At first glance, this bill might make sense, but I encourage you to support the current motion, Ought Not to Pass, on this bill. I have done over 1,000 deliveries in the last 30 years and 14 since I started in the Legislature. I love delivering babies and I have had a lot of experience with women and pregnancy. I've also found that very few women in my practice have chosen abortions over the years, except in situations where there were serious birth defects. I have had some women who have had life-threatening illnesses due to their pregnancies as well, diseases like HELLP syndrome, which is like severe toxemia, or cardiomyopathy, which is a heart condition due to pregnancy with heart failure. I've seen women who have been raped at the age of 12 by relatives. I've had multiple women who have had babies, who have been pregnant with babies, who have severe birth defects, whose babies are going to die. Some of those women have chosen to carry those babies to term, deliver those babies, held them in their arms until they died, sometimes 48 hours later, and we all wept. I've also had parents who have chosen not to see the babies since the birth defects are so severe and the nurses and the doctors end up weeping watching the baby die. I would say that if women who have had this experience, that it's already extremely traumatic for them to go through this whole process and to have to have them go through an additional process that this bill would require, will be even adding to the trauma that they're already going through. I hope that you will vote Ought Not to Pass.

The **SPEAKER**: The Chair recognizes the Representative from Bath, Representative DeChant.

Representative **DeCHANT**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. It's important to remain focused on the fact that this bill is about consent, but unfortunately, several proponents of it relate to unfortunate events involving things that aren't actually related to informed consent. Agreed, it's the responsibility of the provider to present a patient with all the options, the associated risks, the benefits,

the potential consequences of these choices. Right now, it's the obligation of the provider to present this information in writing and orally in an unbiased and non-coercive way. The information must be based on current peer-reviewed, high-quality evidence. This bill, unfortunately, dictates conjecture, testimonial and opinion engineered by government personnel by obtaining such consent that is beyond the scope of their expertise. In my opinion, whether it's intended or not, this undermines a woman's choice through creating an environment of shame and judgment. It would force doctors to tell women unnecessary course of information, regardless of the individual woman's needs or wishes.

Now, the choice to carry a pregnancy to term or not should be made with a clear mind and open heart, not a heart or a mind weighed down by guilt and judgment of others. Every state, including Maine, requires that a patient consent before undergoing a medical treatment and that consent must be informed. These three elements underlie informed consent that, one, the patient must possess the capacity to understand what they're told and to make the decision; two, that they do so voluntarily; and three, that they are provided adequately and appropriate information. Interestingly, the only two common medical procedures which this law requires further discussion about consent are abortion and breast cancer, and in this situation the law confuses consent with counseling. This bill goes down the path, adding misleading and coercive information, and oddly requires, as it was listed earlier, informing the woman of the father's liability of support. Current Maine law requires physicians to obtain consent and informed consent on performing an abortion. This informed consent already includes objective information relevant to the procedure and the pregnancy in a non-biased manner. This bill is about political interference and a doctor/patient relationship and not informed consent. Mr. Speaker, yesterday, two days ago, last week, tomorrow and 10 years from now, I believe that everyone is entitled to their own beliefs but they are not entitled to use the government to impose their beliefs on others. I encourage the Majority Ought Not to Pass.

The **SPEAKER**: The Chair recognizes the Representative from Caswell, Representative Ayotte.

Representative **AYOTTE**: Thank you, Mr. Speaker. I will perhaps state my remarks in reference to both bills, informed consent and criminal consent. I think both bills are quite related. I am fully aware, Mr. Speaker, that the issue of abortion is very emotionally charged. Some hold to the idea that it is a violent and barbaric act that ends the life of a developing child, while others say that it is an act of mercy that allows the pregnant mother to avoid maternal responsibilities and will free the mother to pursue a career. Others hold to the point that an abortion will avoid bringing a child into a cruel and heartless world. As it is written, let us judge not that we may not be judged. It will be ultimately be judged by a much higher authority than I. My purpose here is to present you with the facts of human development so that you, yourself, can make a choice as to how you will cast your vote today.

I can tell you that a number of years ago, prior to 1973, the issue of abortion was not high on my list of priorities. In my last year of college, I needed a four-hour lab course in biology so I decided to choose embryology. Rather fortuitously, it turned out to be one of the most interesting courses, especially with the *Roe v. Wade* decision on January 23, 1973. After taking that course, my attitude and understanding of the issue of abortion changed completely. Mr. Speaker, no longer did I view the fetus as just a collection of tissue, rather I understood it as a developing human being that would become a person by various stages, not by an

addition of parts, but as a complete human grown in another's womb. Down through the ages, down through the many centuries, many philosophers and theologians have tried to define life, come up with a precise definition of life. The one and only true characteristic of life that they were able to come up with was reproduction. Some said if it uses oxygen. They determined a candle uses oxygen. They say it has movement. The ocean has movement. Every characteristic was denied, except the only one true characteristic of life was reproduction.

Twenty-three chromosomes from the mother's egg, twenty-three chromosomes from the father's sperm come together to form a fertilized egg. Thus begins a process that will take approximately 278 days, which will end in the birth of a child, the child being dependent upon the mother, not only through gestation but for several years after it is born. To place the following in perspective, a human being that will have a heartbeat that begins between the 18th and 25th day, a nervous system that is laid down by the 20th day, a complete skeletal system at 42 days with reflexes that are present, electrical brainwaves as early as 43 days after conception, and all the body systems are present by the 8th week. If we touch the baby's nose, he or she will flex his or her head backwards away from the stimulus. At nine to 10 weeks, the baby squints, swallows, moves his or her tongue, and if you touch his or her palm, he or she will make a fist. At 11 to 12 weeks, the child will suck his or her thumb vigorously and breathe his or her amniotic fluid to develop the organs of respiration. Fingernails are present by 11 to 12 weeks, eyelashes by 16 weeks and all the body systems that are functioning by 12 weeks. Ladies and gentlemen, this all occurs in the first trimester.

Allow me to interject here that the fetus of the child has never been known to become anything but a human being. I tell you this because it is important that society understand that it is not just a collection of tissue, but rather an actual complete and complex human being, a separate individual, developing and will continue to develop and grow long after it is born. I, myself, look forward to the day when a mother will no longer feel the need to have an abortion, when the mother will no longer have to carry the burden of guilt for a lifetime because we, as a society, cause her to feel ashamed. We, as compassionate humans, can and must do better. Ladies and gentlemen, it is essential that bills such as these that discourage abortion be implemented and laws that support and encourage adoption and foster parenting be promoted and supported. Lastly, ladies and gentlemen, it is my fondest hope that the people who promote the culture of life will never rest until each and every child in their mother's womb is safe and secure from the violence of abortion. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Glenburn, Representative Guerin.

Representative **GUERIN**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise today as a proudly pro-life woman. I am well aware that many of my friends in this chamber consider themselves pro-choice. Many of you would say that having less abortions necessary is a worthy goal, but that you are pro-choice. As a member of the Judiciary Committee, I offered a compromise to the pro-choice members on this issue of informed consent. The compromise I offered in committee was based on the testimony of Anna Spitzinger, a 24-year-old woman from Falmouth, Maine. Miss Spitzinger had gone to an abortion clinic where the attending doctor did a sonogram. Anna then asked the doctor to see the sonogram. The doctor denied her request. I repeat, Maine citizen, Anna Spitzinger testified that her doctor denied her request to see her sonogram. My dear friends in the Women's Caucus are all strong

women. None of us would accept a doctor denying us the right to see a sonogram if we wanted to see it, but this young woman was denied. Was the doctor afraid that Anna would choose not to have an abortion, if she saw her sonogram? To vote against this compromise is to be pro-abortion, not pro-choice. You can choose your title with your vote today. Will you deny a woman the right to see her own sonogram? Are you pro-choice or pro-abortion? Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Cape Elizabeth, Representative Monaghan-Derrig.

Representative **MONAGHAN-DERRIG**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise today as a hardworking mother, wife, sister and daughter, proudly pro-choice and capable of making my own informed decisions. I married late in life. I also had a baby late in life. I was 41 years old when I had my baby. Stephanie is now 13 years old so you can do the math. But what I want to just tell you and I'll be very brief is that I had one miscarriage and then I got pregnant. We were very delighted, but we were scared. We had some illnesses in our family, both on my husband's and on my side, and there were some possibility of birth defects and/or Down syndrome, so, at my age, I had to have an amniocentesis. We worried about it, but we did some thinking and once we would hear the results, we would then have to make a decision whether to go forward or not, and that was definitely one of the hardest decisions I would probably have to make in my life. Thankfully, the tests were positive, everything turned out fine and Stephanie is your typical soon-to-be eighth grade middle school student. But what I would have feared the most would have been having to face that terrible decision. If this law passes, not only would I have had to have made a bad decision to terminate the pregnancy, but I also would have been forced for a doctor to tell me more information than I probably couldn't bear to hear. So if it's my right to know, then I will ask the doctor, not the government forcing the doctor to tell me something that I painfully probably don't want to hear if I was in that situation. So therefore, I ask you to please accept the Majority Ought Not to Pass Report. Thank you.

The SPEAKER: The Chair recognizes the Representative from Carmel, Representative Reed.

Representative **REED**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I, too, rise in opposition to the pending motion. I see no problem with a person who is about to undergo an abortion procedure being informed in writing and by word of mouth from her physician as to the time of conception and the number of weeks into her pregnancy. She should be informed of the alternatives to abortion and be provided information about what agencies, both public and private, that are available to her. There are places like the God Parent Home and the Good Samaritan Home in Bangor that have been available to help young women, such as these, for years. This is certainly a better option than abortion. She would be told the name of the physician who will be performing the operation and the procedure that will be used. She should be provided the most scientifically, accurate information and have the right to see an ultrasound of her baby, if one has been taken. We sat in this chamber for long periods of time discussing the people's right to know what is in their food. I want to know what's in my food too. I certainly want to know if that hamburger I am buying contains Black Angus beef or horsemeat. If this is important enough to know, and I think it is, then so is the information pertaining to an abortion. I'm not asking you to follow my light. Quite frankly, as far as I'm concerned, that expression has been used far too often. I'm just asking you to think about it. Thank you, Mr. Speaker and Ladies and Gentlemen of the House.

The **SPEAKER**: The Chair recognizes the Representative from Portland, Representative Moonen.

Representative **MOONEN**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I am on the Majority Report and I rise to urge you to accept the pending motion. We have an informed consent law. It does have three elements. The patient has to have the capacity to understand and make the decision, they have to do so voluntarily, and they have to be provided adequate and appropriate information. And I believe it was the Representative from Bath who said that our law should not confuse consent with counseling, and we were asked to consider each bill on its own merits and that's exactly what this bill does. It confuses consent with counseling. It says that doctors have to provide information about public assistance that may be available, that the doctors have to provide information about the father's liability. I don't necessarily think that doctors would know this information and I don't think we should expect them to provide this information when they are not necessarily the experts on that. The law works as it is. It has been working for a very, very long time. You know, when I consider this bill on its merits, it confuses consent with counseling and that's why I can't support it, and I urge you to support the pending motion.

The **SPEAKER**: The Chair recognizes the Representative from Raymond, Representative McClellan.

Representative **McCLELLAN**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I also am on the Ought Not to Pass side and I just rise for a couple of thoughts. First, I think I heard this in the discussion on the floor. Somebody mentioned that we should trust doctors and, of course, you want to trust, but as I sat here and I thought, I think about things that are going on around us. I think about the early ObamaCare and the things that they said that we should trust that aren't happening now. I think, just recently, we heard national security advisors telling us they weren't monitoring our cellphones, and the Representative from New Gloucester mentioned Dr. Gosnell. I would suppose it probably depends on where you get your news, if you have even heard of Dr. Gosnell and it's tempting for me to talk about what he did, but it's so bad, as an abortionist, I won't mention what he did. But I also rise because I heard people accusing this bill of attacking to shame women and I don't think that's true. I, like probably many of you in this room, give blood to the Red Cross and they call me all the time, and I run down there when I get a chance, when it's my time and the first thing I have to do is spend about 45 minutes filling a form out with all kinds of provocative questions about places I've been and things I've done, and it could be embarrassing information. But there is safety in that and even after I've given blood, it gives me an opportunity to kind of go out the door without shaming me. So I have to assume that this bill is written in the same way, that it is not meant to shame women, it is meant to give them information. Information is powerful. I guess I will close, Mr. Speaker, by just saying that when I think pro-choice, I would think that would suggest multiple options. Thank you, Mr. Speaker.

The **SPEAKER**: The Chair recognizes the Representative from New Gloucester, Representative Espling.

Representative **ESPLING**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I just ask again just to consider, please, to vote down the current motion so that we can get to the place where we can amend this bill, so that simply a woman cannot be denied seeing her ultrasound. No process to go through, no options to be explained, no undermining of choice, no counseling and no information to be shared. Thank you.

The **SPEAKER**: The Chair recognizes the Representative from Dexter, Representative Wallace.

Representative **WALLACE**: Thank you, Mr. Speaker. Mr. Speaker, Members of the House. This is very controversial, but my question is, when is too much information wrong? How many people have had a medical problem, surgery? They knew who the surgeon was going to be. The surgeon came in, told them scientifically everything that he was going to do, results. If you had an ultrasound, or whatever, he showed you usually what your problem was. I know when I had throat cancer they gave me the options of what I wanted. They gave me all the information. When a woman consents to have an abortion, a young woman, she is very upset. I agree. Not to be able to show her what is going on with the information, with a sonogram and the whole works, I just can't understand that. If she can't have all the information that is available to her, right, wrong or otherwise, it's just not fair to her. I mean, a doctor can convince a woman very easily because they believe in him, and that's not right. They should have all the information available at that point. Whether they want to know it or not, they should have all the information. I just don't understand why we keep saying we should restrict what people know. We keep bringing that up in this House and I don't understand why. People should have all information available before they do, have or take treatment. Thank you.

The **SPEAKER**: The Chair recognizes the Representative from Gorham, Representative Sanborn.

Representative **SANBORN**: Thank you, Mr. Speaker. Just briefly, I wanted to try to respond to that last question. As you know, LD 760 amends Maine's current informed consent law to add requirements that information on alternatives to abortion be provided to the woman whether she desires to hear that information or not. In practice, the physicians would offer to discuss a full range of options for every woman in my care, but LD 760 scripts that conversation with no room for medical judgment about what is appropriate or what is not. I cannot imagine, for example, having to counsel the couple, who sought abortion because their baby was severely deformed and would not survive outside the womb, about alternatives including adoption, and also being required to go into detail, even scientifically, accurate detail about her fetus, as LD 760 would require. Similarly, discussing the liability of the father for child support with a rape or incest victim who is seeking an abortion could be potentially cruel and traumatic for a victim, but LD 760 would mandate that conversation. As a physician, I would want my patients to be informed and supported, and I have both ethical and legal incentives under current Maine law to ensure that they are fully informed and full consent to any procedure before I perform it. There is no need to add to the current statute. LD 760 substitutes a list of politically motivated counseling, not consent criteria, for the very real expertise of practicing physicians, and it would interfere with the personal relationship between physician and patient. Thank you.

The **SPEAKER**: The Chair recognizes the Representative from Brunswick, Representative Daughtry.

Representative **DAUGHTRY**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise in support of the pending motion. This bill is not about consumer protection. This bill is not about right to know. This bill instead represents one more attempt to chip away and erode women's reproductive rights. I understand what the bill's sponsor is coming from and I appreciate her concern and her commitment to women's health, but unfortunately this bill has unintended consequences. No one is in favor of abortion. It is a last case scenario for women that is an emotional, private, and deeply personal process. But every time a bill like this is submitted we continue to threaten a women's right to make her own decisions about her health. I

challenge everyone for every bill we have like this limiting access to abortion, that we should also submit a bill helping women to pay for the full medical costs associated with pregnancy. Women are too often left alone to bear the costs of children.

This bill would add another level of paperwork and actions required before a woman can have an abortion. Maine law already requires informed consent for every medical procedure including abortion, so that a woman can know about the medical procedure that she is considering. This bill is scripting what a doctor should say to his or her patient. We are interjecting ourselves into an area that should be up to an individual and their health care provider. Also, women already can ask for and receive an ultrasound if they so desire. LD 760 is political interference in a woman's most personal and private decisions.

All across our great nation, including now in Maine, men are paying considerable attention to women's health. I thought it would be only fair that we should return the favor. If we believe in informed consent for women while making reproductive health decisions, then why shouldn't we offer the same legal regulations to men? Both genders have to make serious and personal decisions about their reproductive health. Shouldn't men have to have informed consent too? Shouldn't they be counseled and provided with accurate scientific information when considering such reproductive medications as Viagra? Heck, if we believe in informed consent, shouldn't men be required to have a physical and colonoscopy and maybe a 48-hour waiting period before obtaining Viagra to make sure they are making an informed decision and have all the right information? We need to make sure that they are up to the physical demands of the drug.

Jokes aside, in this Legislature we hear time and time again that government needs to be smaller. That it needs to get out of our lives and allow us to live a life of liberty and freedom. Yet with bills like this, it seems like we want government to be just small enough to fit in my uterus. When I read the U.S. Constitution, I read that I am endowed with certain liberties and protections, which include making my own decisions about my body. Bills like this violate my constitutional right to decide what to do with my body. We can't pick and choose when we want to follow the Constitution when it is convenient to our cause.

So once again, I want to state that abortions are rare and that everyone wants abortions to be rare. In fact, abortions performed in Maine are going down. So is teen pregnancy. No one wants to have to have an abortion. So I challenge everyone in this room who wants to end abortions, that we should take another approach instead of these bills scripting doctors and their patients. We should take a preventative approach. We should make sure that all women have access to health care. The more people who have access to health care, the fewer abortions we will see. They will have access to a doctor. They will be able to have a planned family approach. They will be able to get reproductive health care. So I remind everyone that if you want to end abortion and take care of the living, we should expand health care and make sure that every person, when they go out in the world, has someone that they can make informed decisions about their personal health care, and that we can end abortion together by making sure that everyone has access to preventative health care. So thank you and I urge you to follow my light and support the pending motion.

The SPEAKER: The Chair recognizes the Representative from Houlton, Representative Fitzpatrick.

Representative FITZPATRICK: Thank you, Mr. Speaker. I just wanted to remind folks that ideology is sometimes getting in the way of our thought and listening. I believe Ellie Espling, the good Representative from New Gloucester, has informed us that she has limited her bill in an amendment and if we vote this

down, we'll get a chance to minimize what she has asked for in her original bill. Ultrasounds are something that weren't around when *Roe v. Wade* – well, they probably were around, but they weren't as popular. Modern technology has not caught up. I mean, sometimes these bills have not caught up with modern technology. Having the use of an ultrasound, if the patient requests it, I can't imagine that they wouldn't be allowed to see it. If we could vote this down and get on. Thank you.

The SPEAKER: A roll call has been ordered. The pending question before the House is Acceptance of the Majority Ought Not to Pass Report. All those in favor will vote yes, those opposed will vote no.

#### ROLL CALL NO. 295

YEA - Beaulieu, Beavers, Beck, Bennett, Boland, Bolduc, Brooks, Campbell J, Carey, Casavant, Cassidy, Chapman, Chenette, Chipman, Cooper, Daughtry, DeChant, Devin, Dickerson, Dill, Dion, Dorney, Evangelos, Farnsworth, Fowle, Frey, Gattine, Gideon, Gilbert, Goode, Graham, Grant, Hamann, Harlow, Hayes, Hickman, Hobbins, Hubbell, Jones, Jorgensen, Kaenrath, Kent, Kornfield, Kumiega, Kusiak, Lajoie, Libby A, Libby N, Longstaff, Luchini, MacDonald W, Marks, Mason, Mastraccio, McCabe, McLean, Monaghan-Derrig, Moonen, Moriarty, Morrison, Nadeau C, Nelson, Noon, Nutting, Parry, Peoples, Plante, Powers, Priest, Pringle, Rankin, Rochelo, Rotundo, Russell, Rykerson, Sanborn, Saucier, Saxton, Schneck, Shaw, Short, Stuckey, Tipping-Spitz, Treat, Tyler, Villa, Welsh, Werts, Wood, Mr. Speaker.

NAY - Ayotte, Black, Briggs, Campbell R, Chase, Clark, Cotta, Crafts, Cray, Davis, Doak, Dunphy, Duprey, Espling, Fitzpatrick, Fredette, Gifford, Gillway, Guerin, Harvell, Jackson, Johnson D, Johnson P, Keschl, Kinney, Knight, Lockman, Long, MacDonald S, Maker, Malaby, Marean, McClellan, McElwee, Nadeau A, Newendyke, Pease, Peavey Haskell, Pouliot, Reed, Sanderson, Sirocki, Stanley, Timberlake, Turner, Verow, Volk, Wallace, Weaver, Willette, Wilson, Winchenbach, Winsor.

ABSENT - Beaudoin, Berry, Crockett, Herbig, Kruger, McGowan, Peterson, Theriault.

Yes, 90; No, 53; Absent, 8; Excused, 0.

90 having voted in the affirmative and 53 voted in the negative, with 8 being absent, and accordingly the Majority **Ought Not to Pass** Report was **ACCEPTED** and sent for concurrence.

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

HOUSE DIVIDED REPORT - Majority (8) **Ought Not to Pass** - Minority (5) **Ought to Pass as Amended by Committee Amendment "A" (H-448)** - Committee on **JUDICIARY** on Bill "An Act To Strengthen the Consent Laws for Abortions Performed on Minors and Incapacitated Persons"

(H.P. 956) (L.D. 1339)

Which was **TABLED** by Representative BERRY of Bowdoinham pending his motion to **ACCEPT** the Majority **Ought Not to Pass** Report.

The SPEAKER: The Chair recognizes the Representative from Brunswick, Representative Priest.

Representative **PRIEST**: Thank you, Mr. Speaker, fellow Representatives. This is the third of the abortion trilogy. This bill is "An Act To Strengthen the Consent Laws for Abortions Performed on Minors and Incapacitated Persons." This bill modifies Maine's present law on consent to abortion for minors. That law, which was enacted in 1989, was a complete bipartisan measure, which has worked well since 1989. I remember being present when that was voted on and I understand my seatmate,