

MAINE STATE LEGISLATURE

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

Daily Edition

First Regular Session

beginning December 3, 2014

beginning at page H-1

Representative FREDETTE **REQUESTED** that the Clerk **READ** the Committee Report.

The Clerk **READ** the Committee Report in its entirety.

The **SPEAKER**: The Chair recognizes the Representative from Arundel, Representative Parry.

Representative **PARRY**: Thank you, Mr. Speaker, sorry for rising again. The good Representative from Waterville mentioned about this fiscal note, and I just went online to try to pull up the fiscal note and there's nothing there, so, is it possible to get what the fiscal note is?

The **SPEAKER**: The Member will defer. The fiscal note is attached. If it is not pulling up online, it should. I can read the fiscal note if that would satisfy the member's request. "Requires a municipality to provide written notice by first class mail that a lien has been discharged. The required local activities in this bill may represent a State mandate pursuant to the Constitution of Maine. Unless General Fund appropriations are provided to fund at least 90 percent of the additional costs or a Mandate Preamble is amended to the bill and two-thirds of the members of each House vote to exempt this mandate from the funding requirement, municipalities may not be required to implement these changes." The local cost is a "moderate statewide" cost.

The Chair recognizes the Representative from Topsham, Representative Tepler.

Representative **TEPLER**: Thank you, Mr. Speaker, just a point of notice that, in fact, the fiscal note is available online, it's just filed under the amendment, not the bill.

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

ROLL CALL NO. 104

YEA - Alley, Babbidge, Bates, Beavers, Beck, Beebe-Center, Blume, Brooks, Bryant, Burstein, Campbell J, Chapman, Chenette, Chipman, Cooper, Daughtry, DeChant, Devin, Dion, Doore, Duchesne, Dunphy M, Evangelos, Farnsworth, Fecteau, Fowle, Frey, Gattine, Gideon, Gilbert, Gillway, Golden, Goode, Grant, Grohman, Hamann, Herbig, Hickman, Hobbins, Hogan, Hubbell, Hymanson, Jorgensen, Kornfield, Kruger, Kumiega, Lajoie, Longstaff, Luchini, Martin J, Martin R, Mastraccio, McCabe, McCreight, McLean, Melaragno, Monaghan, Moonen, Morrison, Nadeau, Noon, Peterson, Pierce T, Powers, Rotundo, Russell, Rykerson, Sanborn, Saucier, Schneck, Seavey, Shaw, Short, Stanley, Stearns, Stuckey, Tepler, Tipping-Spitz, Tucker, Warren, Welsh, Mr. Speaker.

NAY - Austin, Battle, Bickford, Black, Buckland, Campbell R, Chace, Corey, Crafts, Davitt, Dillingham, Dunphy L, Edgecomb, Espling, Farrin, Foley, Fredette, Gerrish, Ginzler, Greenwood, Guerin, Hanington, Hanley, Harlow, Hawke, Head, Herrick, Higgins, Hilliard, Hobart, Kinney J, Kinney M, Lockman, Long, Lyford, Maker, Malaby, Marean, McClellan, McElwee, Nutting, O'Connor, Parry, Picchiotti, Pickett, Pierce J, Pouliot, Prescott, Reed, Sanderson, Sawicki, Sherman, Sirocki, Skolfield, Stetkis, Sukeforth, Theriault, Timberlake, Timmons, Tuell, Turner, Vachon, Verow, Wadsworth, Wallace, Ward, White, Winsor, Wood.

Yes, 82; No, 69; Absent, 0; Excused, 0.

82 having voted in the affirmative and 69 voted in the negative, and accordingly the Minority **Ought Not to Pass** Report was **ACCEPTED** and sent for concurrence.

HOUSE DIVIDED REPORT - Majority (10) **Ought to Pass as Amended by Committee Amendment "A" (H-182)** - Minority (3) **Ought Not to Pass** - Committee on **ENERGY, UTILITIES AND TECHNOLOGY** on Bill "An Act To Amend the Laws Regarding Nuclear Power Generating Facilities"

(H.P. 891) (L.D. 1313)

TABLED - May 26, 2015 (Till Later Today) by Representative **GIDEON** of Freeport.

PENDING - **ACCEPTANCE OF EITHER REPORT.**

Subsequently, on motion of Representative **DION** of Portland, the Majority **Ought to Pass as Amended** Report was **ACCEPTED.**

The Bill was **READ ONCE**. **Committee Amendment "A" (H-182)** was **READ** by the Clerk and **ADOPTED.**

Under suspension of the rules, the Bill was given its **SECOND READING WITHOUT REFERENCE** to the Committee on **Bills in the Second Reading.**

Under further suspension of the rules, the Bill was **PASSED TO BE ENGROSSED as Amended by Committee Amendment "A" (H-182)** and sent for concurrence.

HOUSE DIVIDED REPORT - Majority (12) **Ought to Pass as Amended by Committee Amendment "A" (H-183)** - Minority (1) **Ought Not to Pass** - Committee on **INSURANCE AND FINANCIAL SERVICES** on Bill "An Act Regarding Maximum Allowable Cost Pricing Lists Used by Pharmacy Benefit Managers"

(H.P. 788) (L.D. 1150)

TABLED - May 26, 2015 (Till Later Today) by Representative **BECK** of Waterville.

PENDING - Motion of same Representative to **ACCEPT** the Majority **TO PASS AS AMENDED** Report.

Subsequently, the Majority **Ought to Pass as Amended** Report was **ACCEPTED.**

The Bill was **READ ONCE**. **Committee Amendment "A" (H-183)** was **READ** by the Clerk and **ADOPTED.**

Under suspension of the rules, the Bill was given its **SECOND READING WITHOUT REFERENCE** to the Committee on **Bills in the Second Reading.**

Under further suspension of the rules, the Bill was **PASSED TO BE ENGROSSED as Amended by Committee Amendment "A" (H-183)** and sent for concurrence.

REPORTS OF COMMITTEE
Divided Report

Majority Report of the Committee on **JUDICIARY** reporting **Ought Not to Pass** on Bill "An Act To License Outpatient Surgical Abortion Facilities"

(H.P. 890) (L.D. 1312)

Signed:

Senator:

JOHNSON of Lincoln

Representatives:

HOBBINS of Saco

EVANGELOS of Friendship

McCREIGHT of Harpswell

MONAGHAN of Cape Elizabeth

MOONEN of Portland

WARREN of Hallowell

Minority Report of the same Committee reporting **Ought to Pass** on same Bill.

Signed:

Senators:

BURNS of Washington
VOLK of Cumberland

Representatives:

GINZLER of Bridgton
GUERIN of Glenburn
HERRICK of Paris
SHERMAN of Hodgdon

READ.

Representative HOBBS of Saco moved that the House **ACCEPT** the Majority **Ought Not to Pass** Report.

Representative ESPLING of New Gloucester **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 Hallowell, Representative Warren.

Representative **WARREN**: Thank you Mr. Speaker. Mr. Speaker, Women and Men of the House, I rise today in opposition to LD 1312. I agree wholeheartedly with the sponsor of this bill that women seeking abortions should be safe. We all want women to be safe and the good news is that abortion is already incredibly safe. The truth is that LD 1312 has nothing to do with patient care. Proposals like LD 1312 are designed by politicians, not doctors, to shut down clinics and to end access to safe, legal abortion.

A wave of bills similar to LD 1312 have been proposed in states across the country and 27 states now have these burdensome requirements targeting providers. Nearly all of these state laws unnecessarily require clinics to be licensed as surgical centers, despite the fact that abortion clinics are only performing the same surgical services that are available in all of our physician's offices.

As a result of laws like this, clinics are closing. Last year, Texas passed a law requiring abortion clinics to be regulated as surgical centers. As a result, 32 clinics were forced to close in a matter of months, leaving just eight in the entire, geographically very large, state of Texas. Supporters of the Texas bill pushed the law in the name of women's health and safety. The resulting law cut off access to a woman's constitutional right to autonomy over her body, making abortion impossible for many women to access safely. Again, this bill is not about safety and women's health. And, it's not necessary.

Abortion providers in Maine are already regulated appropriately. There are already a range of regulations that govern abortion providers in the state to ensure women's health and safety. Maine already provides strict oversight of all providers regardless of where they practice via a combination of existing laws that require inspections, investigations, and licensing. Maine already requires physician licensure and reporting and empowers the state to investigate any complaints. And, providers must already follow all of the practice rules and mandatory reporting requirements set forth by the Board or have their license revoked.

Here is what we know for sure: when women are denied their constitutional right to access safe and legal abortions, the number of abortions do not decrease. Instead, women turn to the black market, to unlicensed providers, and to other means that can result in complications easily avoided at the clinic. We

cannot put Maine in such a precarious position. I hope you will join me in protecting women's health and safety by opposing this bill and voting yes on the pending Ought Not to Pass motion. Thank you.

The SPEAKER: The Chair recognizes the Representative from Chelsea, Representative Sanderson.

Representative **SANDERSON**: Thank you, Mr. Speaker, Ladies and Gentlemen of the House, I want to thank the good Representative for mentioning Texas. Texas did, indeed, put onerous regulations on their clinics in that state. That's why this regulation is not crafted after Texas.

Recently, LD 1312 is a truncated version of the landmark bipartisan legislation that was passed in Maryland last year. It was passed in response to a tragic story of an 18-year-old woman who sought out a New Jersey physician for abortion services, a story which spanned state lines. Severely injured during a procedure starting in New Jersey, this young woman ended up in an unmarked, unregulated clinic in the Elkton Mall in Maryland before being dropped off at a hospital. Through the course of investigations, this particular physician was found to have operated clinics in several states and it was reported that for 2 decades he faced complaints of substandard care, as well as being barred from medical practice in both Pennsylvania and New York.

As a result of this tragedy, Maryland brought healthcare professionals, not politicians, but healthcare professionals and officials and advocates together to craft new rules and attain the goal of making abortions as safe as possible, without creating the burdensome and impossible regulatory requirements such as what were proposed in Texas legislation and other areas of the country.

Frances B. Phillips, the former Deputy Secretary of Public Health in Maryland was quoted in the *New York Times* saying, "Both sides realized we needed new rules, but we kept the focus on patient safety." Patient safety. Even Maryland Planned Parenthood representatives who are often skeptical of any new regulation for fear of erosion into reproductive rights were reported to have called this state's licensing rules "reasonable and helpful." LD 1312 is drafted much narrower than even Maryland's new rules, and it also seeks to "keep the focus on patient safety."

Maryland officials had determined that most abortion clinics in the state were safe, and I believe Maine's are, too. Nevertheless, they tried to devise a licensing regime to detect and prevent violations. "The idea is to take action before there's a problem," was quoted Doctor Joshua M. Sharfstein, the state's Secretary of Health and Mental Hygiene. I believe this excerpt regarding Maryland officials attesting to the safety of their clinics certainly applies to Maine clinics today. But, as the good doctor stated and was quoted in the *New York Times* article, "The idea is to take action before there is a problem." The men and women of Maine should have the assurance that we will never, ever have an Elkton Mall event here and they are guaranteed quality, safe care.

I presented the committee with a bulleted list of criteria outlining nine areas of oversight. These areas are reasonable, compilation of criteria that every facility which provides surgical procedures are part of their routine services should already be doing. Therefore, licensure under these parameters should not be burdensome. They included a plan for immediate transfer to a hospital. Under surgical services: anesthetic and risk evaluation, discharge planning; evaluation and quality: sentinel reporting; environment: infection control; emergency equipment; medical staff; medical records: form and content; pharmaceutical services

and the administration of medications; and laboratory and radiologic services, if applicable.

That was the scope of licensure for which we're going for. I specifically, in that list, indicated that they would not be required to the onerous regulations in Texas: hall widths, location in relationship to a medical facility, physician practice rights at the nearest hospital. Those would, indeed, create barriers for our facilities here in this state to stay open, and that is not the intent of this bill. The intent of this bill is not to close these facilities.

Regardless of how safe abortions are reported to be, as with any procedure, complications can happen. Requiring clinics to have an emergency plan, emergency equipment, and protocol outlining anesthetic risk evaluations and discharge planning is not unreasonable. The two most common complications are a perforated uterus and infection. Infection control protocol for procedure rooms and recovery rooms are, again, not unreasonable. Documentation for patient records—they should be complete.

At the direction of this legislative body, the Department of Health and Human Services requires many, many different providers to be licensed and inspected by the State of Maine. Beyond medical facilities, we license hair salons, B&B's, food establishments, campgrounds, daycares, cottage industry kitchens in personal homes—they're licensed—as well as tattoo parlors and tanning salons. With all the entities that we license in order to ensure public health for Maine citizens, does it make any sense that clinics which provide surgical procedures on a routine basis not be subject to licensure or oversight?

In regard to this bill, LD 1312, how one feels about abortion is irrelevant because 1312 is not about restricting abortion. It's about a clinical environment which provides a surgical procedure on a routine basis. Yes, that procedure happens to be abortion, however, if you took that out of the equation and just look at it as a clinical environment which provides a surgical procedure on a routine basis, can you honestly say you would not expect that surgical clinic to have any kind of oversight?

In closing here, regardless of what you believe or think about the availability of abortion services, they are legal, they are here to stay, but we don't know what challenges a woman may be facing or the difficulties which lead her to contemplate whether to terminate a pregnancy or not. That's a very private and very personal decision, and one that only she can make. However, while a woman or a couple grapples with this decision, the one thing they should never, ever have to worry about is whether the providing clinic they choose to utilize is clean or safe. They should never be subject to the possibility of what happened in Pennsylvania or the Elkin Mall in Maryland. That is the intent of this legislation to provide that that never happens here, that procedures that we offer in the state are safe, accessible, and women can be confident in that. Thank you. I urge you to oppose the pending motion.

The SPEAKER: The Chair recognizes the Representative from Harpswell, Representative McCreight.

Representative **McCREIGHT**: Thank you, Mr. Speaker. Mr. Speaker, Women and Men of the House, I rise to urge you to vote Ought Not to Pass on LD 1312. All bills that come before us in committees and on the floor of the House require our careful scrutiny, considering their merits and any problems they are likely to create. I urge you to look closely at what passage of LD 1312 would do to women's health and safety.

What this bill would do is place us in the position of interfering with decisions that belong between a woman and her medical professional, not between a woman and her legislator. Imagine yourself in this situation. Who do you want making medical decisions in partnership with you? What this bill would do is

cause safe, high quality, needed health centers to close. What this bill would do is restrict access to legal, safe abortion.

Right now with Maine's regulations, there is already strict oversight of all abortion providers, regardless of where they practice. We have a combination of effective laws that require inspections, investigations and licensing. Right now, abortion has over a 99 percent safety record. By ignoring the regulatory oversight and safety record we already have in abortion procedures, what this bill would do is put unnecessary restrictions on certain abortion providers, not all abortion providers, certain ones. This bill specifically targets three abortion providers: Maine Family Planning, Mabel Wadsworth, and Planned Parenthood, and these providers alone.

The truth is that abortions are not just provided in these health centers; they are also provided in hospitals and doctors' offices. The truth is that abortions, and many other medical procedures, are performed in doctors' offices every day, procedures such as vasectomy, cystoscopy, colposcopy, colonoscopy, sigmoidoscopy, skin biopsy, abscess incision and drainage, dental extraction, eye surgery, tubal ligation and many more. Our current system is working. Abortions and these other procedures are done safely now. And the number of unintended pregnancies is down. The number of abortions is down. Our plan is working, our policies are good.

What this bill would do is ignore the advice of the Maine Medical Association and the Maine Chapter of the American College of Obstetricians and Gynecologists who oppose this bill precisely because it would hurt women by blocking their access to safe, legal medical care. Under the label of safety, this bill would close health centers and force us to go backward in medical care to a time when access to legal, safe abortion was nearly impossible. What this bill would not do is protect women's health and safety. Thank you.

The SPEAKER: The Chair recognizes the Representative from Newfield, Representative Campbell.

Representative **CAMPBELL**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House, you know I don't think I'm going to live long enough to see this go away. It's every, every year. This is not a medical bill, it's nothing but a political bill. In Saudi Arabia, a woman can't drive a car. In most Arab countries, they have to cover their whole face and just show their eyes.

In this country, year in and year out, some politicians spend a lot of their time thinking, "What's going on in women's drug stores?" "What's going on in their doctor's office?" And, "What's going on in their bedrooms?" And it's about time that the politicians started treating women and let them make their own decisions. And not trying to make them for them. Because it's none of their business. If you don't want an abortion and you're a woman, don't get one. Simple as that.

The SPEAKER: The Chair recognizes the Representative from Pittston, Representative Hanley.

Representative **HANLEY**: Mr. Speaker, thank you. Ladies and Gentlemen of the House, I find it strange that in this state in order to milk a cow and sell her milk, you have to prove to the state that you wash the udder and keep the room clean that you perform this in. But in the same state you are not required to do any of these things to perform an abortion. I think there is a disconnect of logic sometimes in this chamber. Thank you.

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 certainly agree with the good Representative Campbell that I hope that someday that abortion won't even be an issue. With the onset of the

technology of sonograms, people can clearly see what is inside a woman's body, and it appears to be a baby to me.

But, related to this bill, this is about the safety of a medical facility and nothing more. All of my adult life I have heard from the pro-abortion supporters that they want abortions to be safe. "Safety, safety," that's what they always say. So here is your chance for safer abortions.

This bill deals with the licensing of a medical facility to make it safer for women. Something that Judiciary does not deal with is licensure, so my familiarity with this licensing issue is limited. Thus, I will quote from the testimony of a doctor in my part of the state, Doctor Jack Forbush. Doctor Forbush says, "The professional licensure of physicians and staff in the employment of outpatient surgical facilities is not, nor should it be, a replacement for the requirement that an outpatient surgical facility be duly licensed. Professional licenses represent the qualifications of the professional, not those of their facility or employer. This distinction is well established across a multitude of professions and ought to be the case with outpatient abortion facilities. No outpatient surgical facility of this type should receive special treatment."

It should seem appropriate, in the interest of public health and patient safety, that operational and safety standards are not only established but required for all facilities providing medical services. Enacting this piece of legislation would bring outpatient abortion facilities in line with the standards established and expected, for all other outpatient facilities such as labs, diagnostic centers and other outpatient surgical facilities. Please follow my light for a safer Maine for women.

The SPEAKER: The Chair recognizes the Representative from Topsham, Representative Tepler.

Representative **TEPLER**: Thank you, Mr. Speaker, Ladies and Gentlemen of the House, if we're really concerned about the safety of outpatient surgical centers and protecting the women of our state, perhaps we should be looking at those many outpatient centers that offer cosmetic procedures throughout our state. Why are we so concerned about this particular type of outpatient surgical center? It is a far safer kind of procedure than many of those done cosmetically for women at outpatient centers throughout the state. Thank you.

The SPEAKER: The Chair recognizes the Representative from Portland, Representative Chipman.

Representative **CHIPMAN**: Thank you, Mr. Speaker, Men and Women of the House, health care providers who provide abortion are already making sure women provide the highest quality health care in the most safe and respectful environment, which is why abortion, as we've heard, has a safety record of over 99 percent. This bill was written by politicians, not medical experts, and is an attempt to give sweeping authority to the Department of Health and Human Services without any real parameters.

The truth is that we already have a wide range of regulations that govern abortion providers in this state to ensure women's health and safety. The state currently provides strict oversight of all abortion providers regardless of where they practice through a combination of inspections, investigations, and licensing. Maine law requires physicians to be licensed, comply with reporting requirements, and empowers the state to investigate any complaints. Make no mistake, the goal of this bill is to make access to safe, legal abortion difficult or even impossible. Please vote in favor of the pending motion. Thank you.

The SPEAKER: The Chair recognizes the Representative from Berwick, Representative O'Connor.

Representative **O'CONNOR**: Mr. Speaker, may I pose a question through the Chair?

The SPEAKER: The Representative may pose her question.
Representative **O'CONNOR**: Could you please, or anybody in this body, please tell me who inspects these facilities now, and how often?

The SPEAKER: The Chair recognizes the Representative from Yarmouth, Representative Cooper.

Representative **COOPER**: Thank you, Mr. Speaker, Ladies and Gentlemen of the House, the right of a woman to terminate her pregnancy is based in Constitutional law in the right of privacy. However, it is also strongly connected to equal protection notions, and I think this bill makes that thread of law and principle very apparent.

Why, for example, are we not proposing the similar restrictions and oversight by the Department of Health and Human Services for male reproductive health? Why not the clinics of urologists, who perform vasectomies and operations and procedures relating to prostate gland? I don't see any effort, any interest in doing that. And, if anything, they're probably just as risky, or not very risky, probably more so.

So, this is about women. This is about a procedure that only women undergo. Only women get pregnant. Only women need to make a choice about whether or not to terminate a pregnancy. Thank you.

The SPEAKER: The Chair recognizes the Representative from Scarborough, Representative Sirocki.

Representative **SIROCKI**: Thank you, Mr. Speaker, I would like to share some information from the Report of the Grand Jury in Pennsylvania, District Attorney Seth Williams, page 11, regarding Doctor Kermit Gosnell and his clinic, which was called the Women's Medical Society. Part of the report reads, "See no evil. Pennsylvania is not a third world country."

Now, I'd like to back up just a moment, because before February 18, 2010, and the FBI looking into this clinic, I think most Pennsylvanians would've thought their abortion clinics were safe as well. "There were several oversight agencies that stumbled upon and should've shut down Kermit Gosnell long ago... And in the end Gosnell was only caught by accident when police raided his offices to seize evidence of illegal prescription selling. Once law enforcement agents went in, they couldn't help noticing the disgusting conditions, the dazed patients, the discarded fetuses." That is why our clinics need to be licensed and inspected. Thank you.

The SPEAKER: The Chair recognizes the Representative from York, Representative Hymanson.

Representative **HYMANSON**: Thank you, Mr. Speaker, Men and Women of the House, I rise in opposition to LD 1312 and support the pending motion. As an office and hospital-based physician, I have experienced a wide variety of medical procedural settings. This is a bill that seeks licensure and regulation for a procedure that is less invasive than other office-based procedures. The physician, him or herself, is licensed and accountable, not the facility.

Here are some other procedures that are not performed in licensed surgical facilities, and are performed in doctor's offices that do not need to be licensed. Licensure would go beyond what is necessary to ensure public safety. It is not necessary. Here are examples of office procedures similar or more invasive than abortion procedures. One: endometrial biopsy, which uses the exact same anatomical approach into the uterus to cut away the area in the uterus that might be cancerous; Two: LEEP (L.E.E.P.). It's to coagulate a precancerous lesion on the cervix; Three: Assure, which is a permanent form of birth control, where nickel coils are threaded through the cervix and the uterus to block the fallopian tubes; Four: In vitro fertilization, when a fertilized egg is inserted into the uterus; Five: Vasectomy,

obviously a different anatomical approach, but it is a safe, office-based procedure.

Then, there is oral surgery. Some may have had experiences with oral surgery. Oral surgery facilities do not require licensing because the dentist is licensed and accountable. Endoscopy, another one, do not require a licensed, regulated facility, rather the physician is licensed and accountable. LD 1312 is a bill that goes beyond what is necessary to ensure patient safety. It adds cost and it adds bureaucracy, and ultimately blocks access to women. I urge you to vote "nay." Thank you.

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

Representative **MONAGHAN**: Thank you, Mr. Speaker, Women and Men of the House, I ask you to vote Ought Not to Pass on LD 1312. LD 1312 is known as a "trap" bill—a targeted regulation of abortion providers. We all want to protect women's health and safety, but LD 1312 won't do that.

What LD 1312 will do will be to restrict access to safe, legal abortion through the creation of rules and regulations just like the legislatures have done, as we've talked before, in Texas, Alabama, and Mississippi, and also most recently in other states such as Virginia. It is targeted to shut down here in Maine three of our abortion provider services. This bill was written by politicians, not medical experts, and it would give sweeping authority to the Department of Health and Human Services to draft major substantive rules to regulate abortion providers without any real parameters.

Physicians who provide abortion services support oversight and regulations that protect patient safety. LD 1312 would not do that. And in regard to who regulates the abortion service providers, those three that are being targeted, the answer is there are a range of regulations that govern abortion providers in the state. May provide strict oversight of all abortion providers regardless of where the practice by a combination of existing laws that require inspections, investigations, and licensing. Maine requires a physician licensure and reporting and empowers the state to investigate any complaints. Providers must follow all of the practice rules and mandatory reporting requirements set forth by the Board or their medical license can be revoked.

The goal of this bill is to make safe, legal abortion difficult, or even impossible, to access in Maine. The Maine Medical Association and Maine Chapter of American College of Obstetricians and Gynecologists oppose 1312 because it could hurt women by blocking access to safe medical care. So, whether this bill is tailored narrow or not, or whether we are talking about this bill 1312, or the next one LD 83, I am sure I am speaking for the majority of women in Maine and in the United States when I close with these two very simple facts: Women don't like to be told what they can and cannot do, and women don't like to be told what they can, where they can, and cannot go to. Thank you.

The SPEAKER: The Chair recognizes the Representative from Dixfield, Representative Pickett.

Representative **PICKETT**: Mr. Speaker, may I pose a question through the Chair?

The SPEAKER: The Representative may pose his question.

Representative **PICKETT**: Thank you. I've heard two speakers now speak about the safety about this issue and about inspections and about there being inspections here in Maine. The good Representative O'Connor asked that same question. We've heard about these inspections. How often and who is actually doing these inspections? We're talking here on the House floor about safety of women and all of us want women to be safe in these procedures. We're talking about inspections, but

who is actually doing them and how often? I would think that all of you ladies in the House would be concerned about that issue and actually want an answer to that question. Thank you, Mr. Speaker.

The SPEAKER: The Representative from Dixfield, Representative Pickett, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Hallowell, Representative Warren.

Representative **WARREN**: Thank you, Mr. Speaker, the answer to the question is that, similar to all medical providers and medical treatments, it's the State Board of Medicine who does the inspections. Thank you.

The SPEAKER: The Chair recognizes the Representative from Gray, Representative Austin.

Representative **AUSTIN**: Mr. Speaker, may I pose a question through the Chair?

The SPEAKER: The Representative may pose her question.

Representative **AUSTIN**: Mr. Speaker, thank you. I, actually, was going to ask that very question again because I think it's imperative that this body have all the information. How often are those inspections carried out? I'd appreciate that answer.

The SPEAKER: The Representative from Gray, Representative Austin, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Chelsea, Representative Sanderson.

Representative **SANDERSON**: Thank you, Mr. Speaker, Ladies and Gentlemen of the House, I apologize for rising twice, but it's my understanding the State Board of Inspections does not actually go into these facilities and conduct routine inspections. Also, the good Representative from Cape Elizabeth said this is a tarp bill, a trap bill, excuse me, a trap bill. As indicated also on a document that was handed out by the Maine Medical Association. It says, "Maine's Attorney General has warned about the litigation risk of trap bills. Texas and Mississippi have experienced such litigation." Yes they have. Maryland has not. That's why this bill is crafted very, very loosely, and a truncated version of the Maryland bill. Maryland bill has not had any challenges. Why? Because healthcare professionals put together the criteria for the legislation and what they thought were fair and reasonable and smart measures to make sure the clinics providing services to men and women were done so in a safe and appropriate manner.

The scope of licensure, we've heard here debate saying that the scope of licensure is undetermined. At the committee level, I provided them again with a bulleted list of a very narrow set of criteria of which the state would have had authority under which to license. Not one, not one set of those criteria had anything to do with whether a woman could choose, couldn't choose, where she chose. It's strictly infection control, documentation, emergency plan, a discharge plan. Where do you tell a 20-year-old girl who's just made a very, very hard decision, but made this decision and it's her right to do so, what do you tell them after this procedure is done, should they experience any complications? What do you tell them? That's part of a discharge plan. And I think that's important.

All these things these clinics should already be doing. There's absolutely not a single thing in here that would have created any hardship, made any changes, to while they should already be functioning. Another piece of the puzzle is, is in the department's testimony that they submitted to the committee, one of their suggestions was that the bill be amended to have routine technical rule-making authority. I put major substantive rule-making authority for a very specific reason—because this is a sensitive subject, because women do rely on these clinics for services, because I did not want the department to have the

ability to go beyond the intent of this bill. I wanted "major substantive" in there so we would have two chances to make sure that the department did not exceed the intent of the bill for which I intended, that they did not go any further, and that the very access for women that we're debating about today is not infringed. That's why I asked for routine major substantive rule-making authority. We had the final look. I think that's important. Thank you.

The SPEAKER: The Chair recognizes the Representative from Lincolnville, Representative Burstein.

Representative **BURSTEIN**: Thank you, Mr. Speaker, Men and Women of the House, I didn't mean to stand here today, but I do need to stand because as a mother, as a nurse practitioner, and as somebody who's run operating rooms for her profession for many years, I've been in situations where people could've died. And these operations are done in back rooms of doctor's offices.

These clinics that we're talking about, family planning and Planned Parenthood, are professional. They know what they're doing. Abortion's been legal since 1973. They are regulated where the people come in for the Medical Board and they're clean, they know what they're doing. They have discharge planning. It's really crazy that you're going down this path saying that these people don't know what they're doing. They provide a family service and a family planning situation. So, I'm just amazed that we still want to get involved with our own, that people want to get involved with women's bodies and women's own healthcare. Where, you know, I really do think our religious beliefs need to stay out of the State House, keep them to yourself, and you have to think of women as being an intellectual and that they can decide for themselves. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from York, Representative Hymanson.

Representative **HYMANSON**: Thank you, Mr. Speaker, forgive me for rising again, but I had to say that this being a simple procedure, if we were going to go along this path, abortion was obviously picked out, but if we were going along this path, we would have to do exactly the same thing to urology offices, to gynecology offices, to obstetrical offices, to all of the plastic surgery offices. This does not meet the quality of a surgical center. This is a small procedure. There are many other outpatient procedures that we regulate the physicians and the healthcare providers. 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. 105

YEA - Alley, Babbidge, Bates, Battle, Beavers, Beck, Beebe-Center, Bickford, Blume, Brooks, Bryant, Burstein, Campbell J, Chapman, Chenette, Chipman, Cooper, Corey, Daughtry, Davitt, DeChant, Devin, Dion, Doore, Duchesne, Dunphy M, Evangelos, Farnsworth, Fecteau, Fowle, Frey, Gattine, Gideon, Gilbert, Golden, Goode, Grant, Grohman, Hamann, Harlow, Herbig, Hickman, Hobart, Hobbins, Hogan, Hubbell, Hymanson, Jorgensen, Kornfield, Kruger, Kumiega, Lajoie, Longstaff, Luchini, Martin R, Mastraccio, McCabe, McCreight, McLean, Melaragno, Monaghan, Moonen, Morrison, Nadeau, Noon, Peterson, Pierce T, Powers, Rotundo, Russell, Rykerson, Sanborn, Saucier, Schneck, Shaw, Short, Stuckey, Sukeforth, Tepler, Tipping-Spitz, Tucker, Warren, Welsh, Mr. Speaker.

NAY - Austin, Black, Buckland, Campbell R, Chace, Crafts, Dillingham, Dunphy L, Edgecomb, Espling, Farrin, Foley, Gerrish, Gillway, Ginzler, Greenwood, Guerin, Hanington, Hanley, Hawke,

Head, Herrick, Higgins, Hilliard, Kinney J, Kinney M, Lockman, Long, Lyford, Maker, Malaby, Marean, Martin J, McClellan, McElwee, Nutting, O'Connor, Parry, Picchiotti, Pickett, Pierce J, Pouliot, Prescott, Reed, Sanderson, Sawicki, Seavey, Sherman, Sirocki, Skolfield, Stanley, Stearns, Stetkis, Theriault, Timberlake, Tuell, Turner, Vachon, Verow, Wadsworth, Wallace, Ward, White, Winsor, Wood.

ABSENT - Fredette, Timmons.

Yes, 84; No, 65; Absent, 2; Excused, 0.

84 having voted in the affirmative and 65 voted in the negative, with 2 being absent, and accordingly the Majority **Ought Not to Pass** Report was **ACCEPTED** and sent for concurrence.

By unanimous consent, all matters having been acted upon were **ORDERED SENT FORTHWITH**.

On motion of Representative WARREN of Hallowell, the House adjourned at 12:50 p.m., until 10:00 a.m., Thursday, May 28, 2015, in honor and lasting tribute to Robert Ridgewell, of Phippsburg, the Honorable Stanley Sproul, of Augusta, Harold Greeley, of Freedom and Harold E. West, of Milbridge.