

MAINE STATE LEGISLATURE

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years ago was to restore municipal revenue sharing. Yes, it would be nice to do it 13 years ago but for the last seven or eight years I have been fighting for that. I just, I believe that this is going to hurt some other programs. I've talked to some people on Appropriations and some things will have to suffer because we are going to restore or try to restore to the 5%. We cannot afford to let our schools go down, we cannot, our kids are our future. To me, municipal revenue sharing, my town has a five-year plan, they're hoping in five years, it will be fully restored. They don't believe that this should happen in one year, they're not even expecting it to happen in one year. Would it be nice? Yes. Would something else have to give? Yes. So, that is all I have to say. Thank you very much.

The SPEAKER: A roll call has been ordered. The pending question before the House is Acceptance of the Majority Ought to Pass as Amended Report. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 113

YEA - Ackley, Austin B, Babbidge, Babine, Bailey, Beebe-Center, Berry, Blier, Blume, Brennan, Bryant, Caiazzo, Cardone, Carney, Cloutier, Collings, Cooper, Craven, Crockett, Cuddy, Daughtry, Denk, Dodge, Doudera, Dunphy, Evangelos, Farnsworth, Fay, Fecteau R, Foley, Gattine, Gramlich, Grohoski, Handy, Harnett, Hepler, Hickman, Hobbs, Hubbell, Hutchins, Hymanson, Ingwersen, Johansen, Jorgensen, Kessler, Kornfield, Landry, Madigan C, Marean, Martin J, Martin R, Mastraccio, Matlack, McCreight, McDonald, McLean, Melaragno, Meyer, Moonen, Morales, O'Neil, Paulhus, Pebworth, Perry A, Perry J, Pierce T, Pluecker, Reckitt, Riley, Riseman, Roberts-Lovell, Rykerson, Schneck, Sharpe, Sheats, Stanley, Stover, Sylvester, Talbot Ross, Tepler, Terry, Tipping, Tucker, Tuell, Verow, Warren, White B, Zeigler, Madam Speaker.

NAY - Andrews, Arata, Austin S, Bickford, Bradstreet, Cebra, Corey, Costain, Curtis, Dillingham, Dolloff, Drinkwater, Faulkingham, Foster, Griffin, Haggan, Hall, Hanington, Hanley, Harrington, Head, Higgins, Javner, Keschl, Kinney, Kryzak, Lockman, Lyford, Martin T, Mason, Millett, Morris, Nadeau, O'Connor, Ordway, Perkins, Pickett, Prescott, Reed, Rudnicki, Sampson, Skolfield, Stearns, Stetkis, Stewart, Strom, Swallow, Wadsworth, White D.

ABSENT - Alley, Campbell, DeVeau, Doore, Fecteau J, Grignon, Maxmin, McCrea, Peoples, Theriault.

Yes, 89; No, 49; Absent, 10; Excused, 2.

89 having voted in the affirmative and 49 voted in the negative, with 10 being absent and 2 excused, and accordingly the Majority **Ought to Pass as Amended** Report was **ACCEPTED**.

The Bill was **READ ONCE**. **Committee Amendment "A" (H-260)** 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-260)** and sent for concurrence.

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

Representative MOONEN of Portland assumed the Chair. The House was called to order by the Speaker Pro Tem.

REPORTS OF COMMITTEE
Divided Reports

Majority Report of the Committee on **HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES** reporting **Ought to Pass** on Bill "An Act To Authorize Certain Health Care Professionals To Perform Abortions" (H.P. 922) (L.D. 1261)

Signed:
Senators: SANBORN, H. of Cumberland
GRATWICK of Penobscot

Representatives:
TEPLER of Topsham
BRENNAN of Portland
FOLEY of Biddeford
MASTRACCIO of Sanford
MELARAGNO of Auburn

Minority Report of the same Committee reporting **Ought Not to Pass** on same Bill.

Signed:
Senator: FOLEY of York

Representatives:
BLIER of Buxton
MORRIS of Turner
PRESCOTT of Waterboro
SWALLOW of Houlton

READ.

Representative TEPLER of Topsham moved that the House **ACCEPT** the Majority **Ought to Pass** Report.

Representative PRESCOTT of Waterboro **REQUESTED** a roll call on the motion to **ACCEPT** the Majority **Ought to Pass** Report.

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

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

Representative **TEPLER**: Thank you, Mr. Speaker. Mr. Speaker and Men and Women of the House, LD 1261 is designed to recognize the unique role that advanced practice clinicians like nurse practitioners and physician assistants play in the healthcare system, and allow them to provide the care that they are qualified and trained to offer to their patients, if they choose.

Currently in Maine, abortion can only be provided by licensed physicians. This law, adopted in the mid-1970s after the Roe v. Wade decision, was originally intended to protect women's health and safety. Before abortion was legal, in desperation, women pursued any means necessary to access abortion; putting their health and lives at tremendous risk. Hundreds of thousands of women died. It has been estimated that as many as 20% of the deaths attributed to pregnancy or childbirth in the 1960s were the result of illegal and unsafe abortions. It is this tragic human cost we seek to avoid in making abortion more equitably available.

Abortion is one of the safest medical procedures performed in the United States. Data, including from the CDC, show that abortion has a 99% safety record and is much safer than most other medical procedures provided in healthcare settings. Scientific evidence indicates that legal abortions in

the U.S. are extremely safe and rarely result in complications. Advanced practice clinicians who are properly trained can safely provide medication and in-office abortions to their patients. Restrictions on providers like the one in Maine law do not increase safety for women. APCs, that is, advanced practice clinicians, already provide a wide range of reproductive healthcare procedures that are similar to or more complicated than abortion. Leading medical groups including the American Public Health Association, the American College of Gynecologists and Obstetricians and the Maine Medical Association all support APCs providing abortion care to their patients. A growing number of states, including New Hampshire and Vermont, allow APCs to provide abortion care to their patients with no negative impact to health or safety. It's also supported by women who want to be able to seek care from a trusted provider, someone she may have a longstanding relationship with, a provider who may have delivered her baby, counseled her on test results or helped her determine a course of action to improve her health. I think we can agree that a woman should be able to seek medical care, including an abortion, from a provider she trusts and with whom she has an established relationship.

This bill would allow women to stay in their community and receive high-quality care. The science and research are clear; APCs are qualified to provide abortion care to their patients.

The SPEAKER PRO TEM: The Chair recognizes the Representative from Knox, Representative Kinney.

Representative **KINNEY**: Thank you, Mr. Speaker, Men and Women of the House. This bill will allow for healthcare professionals with less knowledge of specific medical procedures to perform them in instances where women's health is at a very high risk. For example, advanced nurse practitioners and physician assistants have about six years of training including their undergraduate degree, whereas a physician has double that amount, with 12 years in all aspects of human health, including undergraduate degree study. While I absolutely love that PACs are available in my doctor's office and for that I am grateful, in fact, just last week I visited a PA for my annual physical and to get help for my allergies and asthma, and you might notice that I'm coughing a little bit less today versus last week. Yet they often consult physicians in the office before making a diagnosis. Physicians carry malpractice insurance, but what about the other healthcare professionals who will be allowed to perform this invasive procedure? Where will these healthcare professionals perform the invasive procedure? Will they have hospital privileges? Is this where an anesthesiologist will come into play? Will the hospitals be then liable under malpractice when a woman is seriously injured or dies from the procedure? This bill will not ensure safe access to healthcare, as a life is taken every time an abortion is performed.

Eleven years ago I personally suffered when my eight-week-old baby died in the womb. When my body began the active miscarriage process; I started to hemorrhage and passed out at least twice before getting to the ER where a D&C was performed under anesthesia. Again, I ask, who will be the anesthesiologist with the healthcare professional? I almost died from the hemorrhaging. I was suffering in the natural act of a miscarriage. I suffered after the D&C with a very high fever and I needed care from others upon my return home. I was otherwise very healthy at the time of the procedure, yet it came close to killing me. I have to wonder if a lesser-qualified healthcare professional had performed the D&C if I would be here today. In fact, my own doctor, a

licensed M.D. who delivered my second child successfully only two years earlier, was not comfortable despite her training in women's health. She referred me to an OB/GYN, a specialist in women's reproductive health. My procedure was not considered risky at the time, as I was already in active discharge of my baby who had died, yet my life was very much at great risk and had I not been in the care of a specialist, I question whether or not I would be here today.

Overall, this proposed legislation will reduce healthcare for women, not increase it. Why would we as legislators want to push for a grave health issue to be performed by someone who isn't even diagnosing a bronchial infection without physician oversight? We didn't remove the provision that a physician oversee these healthcare professionals, so they'll still need to be involved. It's adding just another person to be billed, therefore costing even more for the procedure. How does this aim to make it easier for patients?

Some have promoted this bill to provide access to abortions in our state. Why is this necessary? Women come to Maine from 18 other states, including Hawaii, and I dare say that that's the farthest state away from this one, and Canada, despite their government-run healthcare system. Why do these women come to Maine if it's so hard to get an abortion here?

I urge you to follow my light on this backwards step in women's healthcare and vote no on the pending motion. Thank you.

The SPEAKER PRO TEM: The Chair recognizes the Representative from Calais, Representative Perry.

Representative **PERRY**: Thank you, Mr. Speaker, I almost said Madam, but, I'm going to actually, I'm coming up to testify in support of LD 1261 and I'm going to start out by telling you I am a family nurse practitioner and I am not inferior to an M.D. in any procedure in my scope of practice that I am allowed to do. In that area we are considered equal. I also have the ability to practice independently. I also had privileges in my hospital and served as vice chief of staff of the medical staff in the hospital I am. I am qualified. So, let me read my testimony.

Trained and advanced practice clinicians like nurse practitioners, nurse midwives, and physician assistants to provide abortion care to their patients, it would dramatically improve access to abortion for women who would prefer to receive this care by a trusted provider in their community. Maine law gives advanced practice clinicians broad authority to provide a wide range of healthcare services including the authority to prescribe medications, perform procedures with complexity, and risks are comparable or greater than those of an abortion. Such examples include inserting an intrauterine device, performing endometrial biopsies, that's the removal of tissues from the uterine lining, performing cervical biopsies. Abortion is only another medical procedure identified as Maine law as beyond the scope of practice for advanced practice clinicians like nurse practitioners even though these providers are qualified and trained for this care of their patients. In fact, APCs routinely provide the same exact procedures to their patients when providing treatment for a miscarriage. Despite the proven safety of abortion care and the proven ability of advanced practice clinicians to provide such care safely and effectively in other states like New Hampshire and Vermont, Maine law prohibits under the threat of criminal prosecution anyone other than a licensed physician from providing these services.

Federal law also recognizes the increasingly central role that APCs play in the delivery of healthcare. The Affordable

Care Act defined APCs as primary care clinicians, as primary care providers. APCs are particularly critical for expanding timely and comprehensive access to reproductive healthcare. In a rural state like Maine, the role of APCs is essential to the healthcare system. Because of limited physician availability in Maine, barring APCs from providing abortion care constraints where and when abortion services are available to women. Many women who have made the decision to end a pregnancy are faced with significant and costly travel burdens and delayed access to care. However you may feel about abortion, we can agree that when a woman has made the decision to end a pregnancy, should she be able to turn to a trusted provider for care? Advanced practice clinicians are qualified and capable of providing this care safely to their patients. Please join me in supporting this pending motion.

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

Representative **HYMANSON**: Thank you, Mr. Speaker, Men and Women of the House. As a physician, I worked often in a hospital that had open-heart surgery, level 2 trauma center, orthopedics, every procedure done, and I worked alongside physician's assistants all the time and you'll be happy to know that as physician extenders, they really do do major work on people such as closing the chest after open-heart surgery or working side by side the trauma team in the emergency departments, so, they work and understand their scope of practice and work alongside physicians all the time. So, I just wanted to report that and tell you that I fully support physician assistants and nurse practitioners in doing this procedure. I will support this. Thank you.

The SPEAKER PRO TEM: The Chair recognizes the Representative from South Portland, Representative Morales.

Representative **MORALES**: Thank you, Mr. Speaker. Thank you colleagues in the House. I rise in support of LD 1261.

For the past some-odd 50 years almost, the law of the land has provided women with the constitutional right to control our reproduction, which includes the right to terminate a pregnancy before viability. The constitutional right includes the right to be free from unduly burdensome government regulation. Today, the question before us is about access to this constitutional right for the many Maine women who live in our rural towns and unorganized territories.

The medical community is clear that advanced practice clinicians such as nurse practitioners and physician's assistants are trained and qualified to perform abortions. Fourteen other states agree. It is time for Maine to remove the barriers to access to full reproductive rights including access to abortion services for all Maine women. Thank you, Mr. Speaker.

The SPEAKER PRO TEM: The Chair recognizes the Representative from Winter Harbor, Representative Faulkingham.

Representative **FAULKINGHAM**: Thank you, Mr. Speaker. I'd like to pose a question through the Chair.

The SPEAKER PRO TEM: The Member may proceed.

Representative **FAULKINGHAM**: I'd like to pose a question to the Representative from Calais. My question is if the procedure is performed in the absence of a licensed physician away from an abortion clinic, will there be a way to determine if the fetus was successfully killed by that procedure?

The SPEAKER PRO TEM: The Member has posed a question through the Chair to anyone who cares to answer.

The Chair recognizes the Representative from Yarmouth, Representative Cooper.

Representative **COOPER**: Thank you, Mr. Speaker. This bill is about access. As is well known, the number of clinics that provide abortion services and the number of physicians who perform them, has shrunk in recent years due to public sentiment, lack of funding and a number of other reasons. This bill would greatly enlarge the availability of places that a woman, particularly in the rural parts of our state, can go to get these constitutionally protected services. And I also want to remind this body that abortions are 14 times safer than childbirth; 14 times. Having a child is risky business, having an abortion is not. Thank you.

The SPEAKER PRO TEM: The Chair recognizes the Representative from Brewer, Representative Verow.

Representative **VEROW**: Thank you, Mr. Speaker, Ladies and Gentlemen of the House. I rise in opposition to this bill.

My late daughter was a nurse practitioner and she attended to many women who were in various stages of pregnancy. She took great pleasure when receiving thanks from women who she counseled and encouraged to continue their pregnancy to full term. I can say with confidence that if she were here today, she would stand with me in opposition to this bill. Thank you, Mr. Speaker.

The SPEAKER: A roll call has been ordered. The pending question before the House is Acceptance of the Majority Ought to Pass Report. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 114

YEA - Ackley, Babbidge, Babine, Bailey, Beebe-Center, Berry, Blume, Brennan, Bryant, Cardone, Carney, Cloutier, Collings, Cooper, Craven, Crockett, Cuddy, Daughtry, Denk, Dodge, Doudera, Dunphy, Evangelos, Farnsworth, Fay, Fecteau R, Foley, Gattine, Gramlich, Grohoski, Handy, Harnett, Hepler, Hobbs, Hubbell, Hymanson, Ingwersen, Kessler, Kornfield, Landry, Madigan C, Mastraccio, Matlack, McCreight, McDonald, McLean, Melaragno, Meyer, Moonen, Morales, O'Neil, Paulhus, Peabworth, Perry A, Pierce T, Pluecker, Reckitt, Riley, Riseman, Roberts-Lovell, Rykerson, Schneck, Sharpe, Sheats, Stover, Sylvester, Talbot Ross, Tepler, Terry, Tipping, Tucker, Warren, Zeigler, Madam Speaker.

NAY - Andrews, Arata, Austin S, Bickford, Blier, Bradstreet, Cebra, Corey, Costain, Curtis, Dillingham, Dolloff, Drinkwater, Faulkingham, Foster, Griffin, Haggan, Hall, Hanington, Hanley, Harrington, Head, Higgins, Hutchins, Javner, Johansen, Keschl, Kinney, Kryzak, Lockman, Lyford, Marean, Martin R, Martin T, Mason, Millett, Morris, Nadeau, O'Connor, Ordway, Perkins, Pickett, Prescott, Reed, Rudnicki, Sampson, Skolfield, Stanley, Stearns, Stetkis, Stewart, Strom, Swallow, Tuell, Verow, Wadsworth, White B, White D.

ABSENT - Alley, Austin B, Caiazzo, Campbell, DeVeau, Doore, Fecteau J, Grignon, Hickman, Jorgensen, Martin J, Maxmin, McCrea, Peoples, Perry J, Theriault.

Yes, 74; No, 58; Absent, 16; Excused, 2.

74 having voted in the affirmative and 58 voted in the negative, with 16 being absent and 2 excused, and accordingly the Majority **Ought to Pass** Report was **ACCEPTED**.

The Bill was **READ ONCE**.

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** and sent for concurrence.