

# MAINE STATE LEGISLATURE

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

**Volume II**

**First Special Session**

May 16, 1997 - June 20, 1997

**Second Regular Session**

January 7, 1998 - March 18, 1998

Reporting that it be **REFERRED** to the Committee on **APPROPRIATIONS AND FINANCIAL AFFAIRS** pursuant to Joint Order (S.P. 669).

Came from the Senate with the Report **READ** and **ACCEPTED** and the Bill **REFERRED** to the Committee on **APPROPRIATIONS AND FINANCIAL AFFAIRS**.

Report was **READ** and **ACCEPTED** and the Bill was **REFERRED** to the Committee on **APPROPRIATIONS AND FINANCIAL AFFAIRS** in concurrence.

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**Divided Report**

Majority Report of the Committee on **JUDICIARY** reporting **Ought Not to Pass** on Bill "An Act to Allow Physician-assisted Deaths for the Terminally Ill"

(H.P. 663) (L.D. 916)

Signed:

Senators:

LaFOUNTAIN of York  
BENOIT of Franklin

Representatives:

THOMPSON of Naples  
WATSON of Farmingdale  
ETNIER of Harpswell  
JABAR of Waterville  
MAILHOT of Lewiston  
POWERS of Rockport  
PLOWMAN of Hampden  
MADORE of Augusta  
NASS of Acton  
WATERHOUSE of Bridgton

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (H-788)** on same Bill.

Signed:

Senator:

LONGLEY of Waldo

**READ.**

Representative THOMPSON of Naples moved that the House **ACCEPT** the Majority **Ought Not to Pass** Report.

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

Representative THOMPSON: Madam Speaker, Men and Women of the House. As a member of the Judiciary Committee, as Chair of the Judiciary Committee, you would think it would get easier to stand before you on these difficult issues, but it doesn't. You have before you an issue that is very difficult for many people and I can assure you is very difficult for the members of the Judiciary Committee. The large majority, a 12 to 1 report, in no way should reflect the thoughtfulness of the committee in considering this issue. It is a truly nonpartisan issue. It is an issue that makes us look deeply inside ourselves and reflect back on our own experiences before we make a decision. It was not an easy decision. It may be an easy decision for some, but for many, it was not an easy decision. The committee came down 12 to 1 against the bill. It did so after hearing many hours of testimony on both sides of the issue and deliberating among ourselves and commenting to each other, discussing the bill with others. It was a high level debate. The public hearing was a very high level. I hope that the level of that debate will continue here in the House and I am sure it will. I would ask that you support my report, but that is not a realistic request in this instance. I think you should listen to the discussions and make your own decision. Thank you.

The SPEAKER: The Chair recognizes the Representative from Winterport, Representative Brooks.

Representative BROOKS: Madam Speaker, Ladies and Gentlemen of the House. I rise this morning and ask you to join with me in voting no on the pending motion. I ask you to do that so that the conversation can continue. One week ago when the legislative Judiciary Committee was beginning its public hearing on this issue, Strategic Marketing Services of Portland released its most recent survey. That survey clearly showed that 71 percent of the people of the State of Maine wanted this as an option at the end of their lives. They wanted to be able to make a choice when their illness, when their sickness, had reached a point where it had reached for a number of the people who have contacted me in the past 18 months. They want this option available to them. You know, if you think about the fact that that survey had a margin of error of plus or minus 4 percent, we are possibly talking about three-quarters of the people of the state who have asked for this option. That is three-quarters of the people who are our friends and our neighbors, relatives and our constituents. I ask you to follow my light and join with me in voting no, so that we can move on to another report and I can ask you a whole different question than I asked the Judiciary Committee.

The Judiciary Committee was asked if they would recommend that this become law. Instead, this morning, you received a piece of paper on your desk, which I pledge to offer if we can move beyond this Ought Not to Pass. I suggest that we put this out to the people. When I think back over the 18 months that I have been, I suppose, leading the charge on this, I think of the many people that I have met and the many people that have called me or written to me or conversed with me in the halls of the State House.

I think of a friend of mine in Old Town, in the very beginning, who came to me and said that she was suffering from bone marrow cancer and that her fate was definitely that she was going to die. She said that she would do anything that was humanly possible to ensure that this bill get passed. We joined together, and those many months ago, we became the focus of page one stories throughout the state. Most recently, she called me and she said that she could no longer participate. It wasn't because she had changed her mind, ladies and gentlemen of the House, it was because she had reached an agreement with her doctor. That was that he would help her to die when all else failed, but that she and he feared about publicity. He feared that this bill wouldn't pass and therefore wouldn't necessarily be able to help her if she became too public.

I think also of a couple of people that I know in Winterport, or that I knew in Winterport, one was the young lady who died of cancer. At the end of her life, even the sheet, the only thing that covered her, caused her pain. She begged for mercy. Her sister retells me the story when we meet and we talk about how she was with her on those final days and how hard it was. I think of another friend who had worked in Bangor for many years and he contracted Lou Gehrig's disease and at the end of his life he was propped up in highchair type device and the muscles of his body had given way. The only thing left was his brain and his tear ducts and he pleaded for mercy. I think of a friend who just recently became my friend. He lives in Carmel and because he has throat and mouth cancer, he has lost his tongue. They have removed it and he can now only talk through his wife and his daughter. He wrote me a letter because he can't call me. He wants this legislation to pass. He just recently found out that his daughter in Vermont has brain cancer. In the next several weeks, he and I will be involved in a national television program promoting death with dignity.

The most important person that I think of morning is my dad. My father, in 1985, was diagnosed with lung cancer and had his doctors been correct that he had only three months to live, it probably would have been merciful. He lived for two and a half years. My father was a paper maker and worked at the Eastern Corporation in South Brewer. In the two and a half years that he did live, we built a wonderful, loving relationship. The last six months of life were sheer terror. I witnessed this man of 6 foot 2, 260 pounds, become nothing but a bag of bones. I watched him, at the end of life, when he was a mere shadow of himself, his eyes sunk deep into their sockets, this jaw slacked, his mouth open and yet his face still grimacing in pain. I watched my father die.

I think of all these people who have contacted me and called me over the many months that we have been doing this and pleaded with us. I plead with you this morning to vote with me, no, on the main motion so that we can get to the Minority Report and we can give this issue to the people because the conversation must continue.

I think also of the past several weeks when a number of issues were brought up about the current level of care. I know that an awful lot has been said about the need to, first, work on palliative care and pain management and all those issues that have been brought to us as needing improvement. I am really proud of the fact that I brought this dialogue to the Maine Legislature because it has opened up that conversation. We have talked about the end of life process. We cannot let that conversation stop now. That is why I urge you to vote no on this motion. If we can continue the dialog, we can talk about some of the issues that came up in public hearing. It is true that in the State of Maine when we start talking about hospice, one of the most wonderful, rewarding programs for both the victim and for their families. We are 50th in the country in utilization of hospice. Why is that? The conversation must continue. If you looked at what happened in Oregon when they did pass this bill and the people reaffirmed their position, they want this legislation, they want this option at the end of life, there was a 20 percent increase in the utilization of the hospice program. That can happen in the State of Maine. The first thing that needs to happen is to vote no on this motion so that we can move on. I implore all of you to do that.

It is true that this is the fourth time that this legislation has come to the State of Maine. Eight years ago it was introduced. Some of the same arguments came forth. That we need to work on pain management, palliative care and hospice. We need to find out why Medicaid doesn't more appropriately cover hospice. Why other third party payers don't? Promises were made then that that is what would happen. We would improve the system and nothing has happened. When it was introduced the second time, some of the same promises were made, but never kept. Here I am today offering it to you for the fourth time. I don't want to get involved in promises that are made and not kept. I want the dialog to continue. I want the conversation to continue. I assure you, no matter what happens today, that if I can make it back into this body next year, this will be one of my agendas. To bring this back. If it is law by then and people have to make the choice, then so be it. We can improve it. I ask you this morning, ladies and gentlemen, think about those friends of mine in Winterport and think about the woman in Old Town who can no longer be public or my friend in Carmel, who has had his tongue removed and think about my dad. Think about all the other thousands of people who are, right now, dying of terminal diseases and need an option like this. Let's not leave it where it currently stands.

We all know that this does happen sometimes in hospitals. Unfortunately, we all know that this happens sometimes in the privacy of people's homes in horrific ways. It is sometimes not successful ways, leaving the patient to suffer even greater pain. This morning, please join with me. Vote no on the main motion. Allow us to make this amendment. Allow us to take this to referendum next fall and let the people decide. Three-quarters of the people have clearly indicated that they want this option available. Let's give it to them. Thank you for your time this morning and Madam Speaker, when the vote is taken, I request it be taken by the yeas and nays.

Representative BROOKS of Winterport **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 Caribou, Representative Sirosis.

Representative SIROIS: Madam Speaker, Men and Women of the House. I object to this vote and I am going to vote yes and I am going to give you the reason why. Some 34 years ago, while I was working on the New Haven Railroad, one night while I was switching cars, I went to get on a box car and I left my feet on the ground and I stretched my body. In that instance I received three hernias in the bottom part of my body. I had a terrible sensation, it burned. I got over that. I kept on working. I ended up seeing the doctor because I had worked a couple of hours during the day and then I was tired all the time. I ended up seeing the doctor and he told me that I was lucky. He said a person that is lucky gets one hernia. Pretty lucky gets two, but you are extremely lucky because you got three. I made arrangements to be operated on and I kept working just the same. The day that I was appointed to be operated on was on a Monday morning. The doctor's name was Dr. Urgin. That was back 34 years ago. It was in the spring of the year. I left my family and I walked to the hospital because it was Hartford Hospital, which is stationed on Jefferson Street in Hartford. I took a physical that Sunday afternoon and I was due to be operated on Monday morning.

Come Monday morning, I was slated to be operated on somewhere around 8 o'clock in the morning, but there was an emergency, so the doctor delayed the operation to around 2 o'clock in the afternoon. Monday afternoon they wheeled me in the operating room and the doctor commenced to operate on me. On account of me having a hernia, three of them, two on one side and one on the other side of my body, the doctor decided to operate on the two on the left hand side and then four or five days after that, he operated on the other side.

The operation, I was wide awake. It was a spinal. He had two interns with him. While he was operating on me, I was talking with him. I was talking to the interns. I didn't feel anything. It didn't matter to me as long as I didn't feel anything, I was okay. After the operation, I was wheeled to the recovery room. I stayed there probably 15 or 20 minutes. Then they wheeled me into a room and in this room there was another gentleman. He had been operated on his nose. He had two black eyes, but he could walk around. Anyway, I remember that I was very, very hungry. I wanted a steak in the worst way, but the doctor had other ideas. He wanted me to rest. The nurse came over and injected me with something. Right after that injection, I sort of passed out and I came to and I passed out two or three times. I remember that the nurse was checking me every now and then. The first thing you know, I started to fall. That is go down and I mean go down. Then, all of a sudden, I was out of my body. I saw my body on the bed and I was laying

their motionless, not breathing. I was floating around the hospital room and I want to tell you that this was the most tremendous feeling that I ever had. I can't explain. You can hear and you can see, but you can't communicate. As you move along, you spark and the spark goes away from whatever it was and they fade and yet you stay the same size.

I was inside the room and the first thing you know, I was in the alley of the hospital because the hospital is constructed in such a way there is an alley and then there are rooms on both sides. I saw the doctor that operated on me all dressed in green with his hat on and everything. He was running towards my room. I saw him and then he came to me in my bed. Somebody must have called him. I don't know who it was. Also behind the doctor there was a lady, a nurse, with a cart of some sort. She was pushing some oxygen, I think it was. In case I needed it. He came to my bed and I was motionless in my bed. He lifted me up. He put his arms around my waist and he took his fists and right at that moment, I was right at the end of my bed. When he hit me, I came back into my body. When I did come back, it was just like I was coming to a big heavy load. A big pressure, like it was a mountain of some sort. Previous to that, I was floating. It was so enjoyable that really way down deep in my heart, I didn't feel like coming back.

Be it as it is, my wife was pregnant for our fourth kid because the first one was a boy and the girls were twins and Don happened to be the fourth one of the family. Chances are, I had some more work to do here on this earth. I came back and I fell asleep. I never woke up until the next morning. When I did wake up, I sat at the end of my bed. I had been operated on one side of my body and I had clamps on the incision. I was dressed in a johnny. That gentleman that was next to me looked at me and he said, you scared us yesterday afternoon. He says the doctor had to rush over here. I said, I know. I said, I was in this room and I was floating around here. I told him how the doctor was dressed and what transpired at that particular time. One thing that I did is I showed him where the door to the entrance of the room was. I said that I didn't bother to go through the door, I went from one side of the room to the other side through the top of the door. That is when I saw the doctor coming toward my body. While I was talking to him like that, you see I was so surprised and amazed by what had happened to me that I wanted to tell somebody. He was the only one around. I noticed that when I talked to him that he changed color. I managed to get up and walk to the bathroom. I had to do number one. You can't do number two because they bottle wash you before you are operated on. It took me a little while to get to the bathroom and also a little while to come back. When I did come back, I went back to my bed and I sat at the end of my bed and the nurse came with my breakfast.

I noticed that the gentleman that was next to me was gone. I ate my breakfast and the nurse came after a little while to get the tray and I said to her, the gentleman next to me was discharged. "No," she said. I don't know what happened between the both of you, but he didn't want no part of you at all. I left it at that. Four or five days after that, I was operated on the other side and I was discharged and everything went A 1 okay. About three weeks after that happened, I was at Dr. Urgan's office and I mentioned to him what had happened to me. He says we are trained and sometimes that does happen. I want to tell you that this bill, I am definitely against 100 percent because of what I have experienced. Who are we to take God's job? This is God's department. This is one of the 10 commandments. Thou shall not kill. This is killing, even though some of us, we walk this earth and we don't know how we are going to die. It might be a fire, flood. It might be cancer. I can tell you that when that does

happen, it happens just like this. In no time at all. There is no suffering as long as you are a Christian. I don't say this because I am a Catholic, but I believe in the other people's religion. As long as you lead the good life, you let God handle it. Our time here on earth is limited. I am 73 years old and I haven't got too many years to go. Who knows what age we are going to be called home.

The reason that we called the people that died ahead of us saints, we don't celebrate the day that they were born. We celebrate the day that they passed away from this life to the next life. I am a witness to that. I know that not in too many days, months or years that I shall be called home. I am going to let my maker take care of this situation, come what may. I am not afraid. Life is a mystery in its self. Two people in love goes together and life is a mystery. A person conceives and the child is born. He lives the spans of his life and then he dies. I am asking you too, how else can God spread his kingdom here on earth, but through each and every one of us that are Christians. That is God's department. As far as I am concerned, this bill violates the 10 commandments and I am not about to do anything to violate the 10 commandments of God. I thank you.

The SPEAKER: The Chair recognizes the Representative from Westbrook, Representative Lemke.

Representative LEMKE: Madam Speaker, May I pose two questions through the Chair?

The SPEAKER: The Representative may pose his questions.

Representative LEMKE: Madam Speaker, Men and Women of the House. First of all, I am struck by the disparity between the poll which Representative Brooks quoted, which indicates a large number of people would like this option and the vote of the committee, which would indicate that less than 10 percent of that committee supported it. My first question would be, does the vote of the committee reflect a philosophical opposition to physician assisted suicide period or to aspects or technicalities of this bill? Secondly, Representative Brooks has put forward an amendment, which I understand we would have an opportunity to vote upon if we rejected this motion that would put out to the public, in referendum, a simple question up or down if the public supports allowing the terminally ill the right to choose physicians aid in dying. Given the fact that the Representative has already indicated that he intends to bring up this issue again in the next Legislature, so it probably will be before us again. Given the fact that in the last six months, I believe, two bills that were passed by substantial majorities in this Legislature were then rejected by the public, given all this, I would like to know if members of the Judiciary Committee have any opposition to sending this out to the public, which may be a way of getting a fuller and more expeditious answer to this question.

The SPEAKER: The Representative from Westbrook, Representative Lemke has posed a series of questions through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Waterville, Representative Jabar.

Representative JABAR: Madam Speaker, Men and Women of the House. I intended to speak and address some of the questions raised by my colleague and let me first of all indicate that I cannot speak on behalf of all the members of the Judiciary Committee. I can just express to you my feeling and I will let the other members speak for themselves.

We had a five hour hearing and heard some very compelling testimony as to the issue. As a freshman legislator, this was my first time dealing with the issue. I entered the hearing with an open mind not knowing what I wanted to do. First of all, let me comment on the poll. That was a specific question asked. It was something that I was going to comment on. I can tell you that I

did not study the results of the poll, but I do know that in reading the newspaper and some of the people in my home town were asked questions about this particular bill. What they indicated to me is that they really didn't understand the question that was being asked to them. They made reference to the fact that I don't want to have to live and not be able to make a decision about pulling the plug on extraordinary measures being afforded to keep me alive. That is not what this bill is about. That leads me to believe that a lot of people really don't understand the issue when presented to them as to what is meant by doctor assisted suicide, I should say doctor assisted death. When confronted with them, a very simple question. That is one of the concerns I have with the question as presented. Since we are talking about the referendum that this issue is far too complex to sum up in one sentence. There are a lot of ramifications with this bill as I found out in listening to all the testimony.

One of the reasons that I came down and opposed the bill was due to the pressures that we put on our sick and our elderly people. Let me explain to you what I mean by the subtle pressure that will be placed upon them. Since we are doing, I feel, an inadequate job in this country and in this state in dealing with hospice issues, as far as insurance coverage is concerned. Many people are confronted with a choice between having to undergo expensive medical care, which they probably cannot afford or their family cannot afford and the other issue concerns pain management. We had some testimony about pain management and that we are not really doing all we should be doing in the area of pain management so people can live out their last days with dignity and without pain. Consequently, many of our terminally ill and our elderly are confronted with a choice. Do I continue on for the next six months of my life and become a financial hardship on my family or do I do the right thing and take the bill and not be a burden for them? Do I, through the last six months of my life go through a great deal of excruciating pain or do I take this pill and take the easy way out? That should not be the choice, although that is what it is. If our elderly and terminally ill are faced with this choice, there is a subtle pressure there on them to do the right thing and not be a burden on my family, to do the right thing and not live in all of this pain for the last six months of my life. We should be doing a better job and letting people die with dignity by taking away their pain, by taking away the financial hardship and not giving them this choice.

On an individual basis and some of the stories that we heard were very convincing, very gut wrenching. It was a very difficult hearing. Representative Brooks and others who presented their own life stories gave very compelling arguments as to why we should allow this and why this is a good thing. I cannot deny that that isn't on an individual case, anybody can come forward and say that this is a good choice. My concern is the overall affect that it is going to have on our society and all of our terminally ill when confronted with this choice. Many people will not have the advantage of having a family around them to help them make this decision. Many of them will be alone, without finances, without support, without the expenses being paid and without their pain being managed. That is no choice. Some of my concern is, using medical terms, I guess, is that I feel the side effects of what is probably a good intention here, a good alternative, the side effects would far surpass the good, which the bill would accomplish. That is why I came down and voted in the majority and it is on partly philosophical grounds. Mostly, I think on philosophical grounds and not with any technical problem with the bill itself. Thank you.

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

Representative AHEARNE: Madam Speaker, Ladies and Gentlemen of the House. This bill has no redeeming qualities whatsoever. The underlying theme is that life is worthless and that certain elements of our society are expendable. This is completely unacceptable. As a society, we cherish life. We have laws to protect the most vulnerable of our society. This death bill breaks down those laws and allows the darkest aspects of our feelings to take hold. This bill will ever alter, forever alter, the fabric of the whole family. We cannot look at this bill in the context of one week, one month or a year, but we must look ahead and beyond. Four years or eight years or 12 years and what consequences that this bill will have on society. We are opening a Pandora's box with no consciousness of the consequences. I can picture a family meeting in a typical Maine home, in the family room or the dining room, the issue is the cost of the medical care for grandma. The family wants to provide the best medical care available, no matter the cost. To see that grandma lives her life in comfort and in happiness. This may mean the family will have to make sacrifices, take fewer vacations, make delays in major purchases, just to name a few.

LD 916 could turn the whole family upside down. No longer would grandma matter. The cost of her care to keep her alive would sometimes take center stage. Grandma might be deemed a burden to her family and to society. Her medical costs could prevent the family from going on trips or sending her grandchildren to college. The family needs an out and LD 916 is the answer and the doll to Dr. Kevorkian is made. This is completely unacceptable. Can we for a moment imagine what may be going through the minds of the elderly while this is transpiring? Am I becoming a drag on my family? Are my medical costs hurting my family? Have I become a financial burden to my family? The additional psychological burden will only confirm that their lives are expendable. This is wrong. What all people need, in their time of need, when the world is collapsing around them, is love, comfort and care.

We, indeed, can learn what unconditional love and caring is from the former living saint, Mother Theresa. In one of the poorest areas of the world, Calcutta, India, Mother Theresa and her order seek out, take in and care for the poorest, the dying and the destitute of Calcutta's streets. These people are those that India's society has rejected. Those who society deems worthless. Mother Theresa's unconditional love and care can provide us all with a shining example of how we should live our lives to help those in need and those who go unwanted and unloved. LD 916 is a direct slap in the face of Mother Theresa and of all her work.

Let us talk about safeguards. As far as I am concerned, we can discuss safeguards all morning, afternoon and all evening, because no one can, without absolute certainty, guarantee 100 percent that mistakes will not happen with LD 916. All of us have received the phone call, the letter or even heard accounts in the press about someone falling through the cracks. No matter the numerous safeguards or safety nets that we create, someone always seems to fall through.

During the public hearing, not one supporter, not one, stated that mistakes would not be made. It is a fact that mistakes will be made and with LD 916, mistakes will mean victims. The mere thought of someone being put to death without their knowledge or even worse, without their consent is even unconscionable. With LD 916 it can be a possibility. Those victims will probably, again, be the most vulnerable of our society. The poor, the mentally ill, physically handicapped and the elderly. This is my greatest fear and the reason that this bill must be rejected. We are fast becoming a culture of death. Life is being cheapened. To kill in the name of mercy, compassion or convenience is

becoming the norm. This is wrong. When we are in pain, suffering or depression, we are vulnerable to suggestions of an easy way out to ease that pain. We succumb to the most unfortunate conclusions that death is the means to end the pain.

What we need, what everybody needs, is love, compassion and care. To upset the balance we are falling into an abyss which will only bring unneeded pain and unnecessary suffering. We cannot follow the path into the culture of death. We must continue to fight and protect the most vulnerable of our society, the poor, the mentally ill, the physically handicapped and the elderly. The first step into restoring compassion is to reject this piece of legislation and send a clear message that Maine respects life. That life is indeed precious and should be cherished above all. It is only when someone very close to us dies, when we finally realize that this person will no longer be among us that we really miss them. How often have we regretted not telling this person that we love them until it was too late.

We have all had difficult times and managed to rise above the problems. We do not need bad legislation, such as LD 916 to send out society into a spiral downturn, for which only pain and suffering will be the norm. I ask you, distinguished members of this body, to defeat this legislation once and for all and return back to love, compassion and sanity. The way that life should be in Maine. Thank you.

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

Representative NASS: Madam Speaker, Men and Women of the House. I rise today in support of the Majority Ought Not to Pass Report. As a member of the Judiciary Committee, I participated in this debate. I have to tell you that it doesn't get any easier. The question was raised earlier about whether we made our decision on the basis of emotions or on technical basis, if there is such a thing. For myself, it was probably a combination of the two.

First of all, I need to report happily that the level of debate on this isn't crude. As I said, I have heard it twice and it definitely was much better this time. Unfortunately, what you are going to hear today is all one side. It is all the emotional side. That is what we do best in this body. We skim off the top. We talk about the emotions. That is what we are doing today. On the other side, I don't want to pretend that this is technical because it doesn't really survive that test, but it is as technical as we can get in this argument. I guess I was persuaded two years ago and I am persuaded now that the overwhelming majority of our professionals in this field, those people who deal with health, death and dying, are opposed to this. Does this bill ask them to participate in that process? They don't want to participate. Perhaps, they agree and they are participating in the discussion. They do not want to participate in helping somebody to die by being the instrument of death. For me, that is persuasive. I think, also, I am not going to speak very long on this. I think we have to look at where we might be heading with this.

Oregon, the state, raises an example. Several states, California and Washington, have rejected this, either through their Legislatures or at referendum. Oregon has adopted this at referendum. Where are they now? First of all, there has been an interceding decision. In 1997, the US Supreme Court decided that individual states had the right to decide the issue on their own. In that decision, the nine justices agreed that it was too dangerous to create a constitutional right to assisted suicide. So, by virtue of that decision, the debate is rightly here and will continue to go on here. As I said before, I am happy to say that the debate is going on here. Certainly we have established a

record and will continue to go on here, whatever decision we make today.

I think, relative to the Oregon example, just to give you one example where Oregon is now. They voted it by referendum, but it is still not in effect in Oregon. Why? There is on going litigation. Let me give you an example of where they are. The Oregon Medical Association recently filed suit against the Oregon Board of Pharmacy, challenging its recent rule that prescriptions written for the purpose of physician assisted death must include the purpose for which the prescription is written. The Pharmacy Board asserts that the rule is necessary if pharmacists are able to be able to exercise their right not to participate in an act that they believe to be morally repugnant. The physicians believe that the rule grossly violates a patients right to privacy. This case has not yet been resolved.

This is just one specific example of where we are headed with this thing. What I am suggesting to you is that the debate needs to continue in the public forum for longer. How long? I don't know. Certainly longer than what we are going to be able to arrive at today. We do not and should not take action on this today. Otherwise, we are going to end up like Oregon. We are going to end up with this thing in the court and it is going to go on endlessly. I ask you to support the Majority Ought Not to Pass Report. Thank you.

The SPEAKER: The Chair recognizes the Representative from Hallowell, Representative Cowger.

Representative COWGER: Madam Speaker, Colleagues of the House. I am very moved this morning by the testimony of my colleagues and I think the quality of the testimony is very enlightening today. Today we do stand here on the threshold of a very difficult decision for all of us. We have been here before. We have listened to the arguments and we have bravely and proudly gone ahead and represented a majority of Maine citizens in this chamber. As my good colleague from Winterport has stated, not only is the position of aid and dying supported by the majority of Maine citizens. Again, it was 64 percent in the 1996 survey and 71 percent in the 1998 survey. I believe it is also in the strong Maine tradition of individual freedom and individual choice. Maine has traditionally held that decisions made by an individual, especially in regard to medical decisions, that these decisions be allowed great flexibility. This tradition of individual freedom, as long as it does not harm others, is at the heart of this legislation as it is at the heart of Maine tradition.

I firmly believe that physician assisted deaths for the terminally ill are occurring at the present time, both in hospice settings and outside of hospice settings. Physicians work closely with their patients, especially toward the end their lives to provide relief from pain. When a patient indicates, in consultation with their physicians, that the pain is intolerable and that they are ready to die, physicians currently may administer a dose of pain killers sufficient to end that patients life with dignity. This process goes on though without any controls or regulations. This bill proposes to take this existing activity and add regulations and controls through a number of safeguards.

I hope you will forgive me. I want to go through some of these safeguards, since we have been talking about them. First, this bill applies only to competent terminally ill adults. It also provides for fully informed decision making by the patient. The decision is made by the patient in consultation with their physician. This applies only to the last six months of life as verified by two physicians who are not professionally affiliated with each other. Furthermore, it mandates that a second medical opinion regarding the prognosis of a terminal illness and the six month time frame be verified. It also requires a consultation with a professional licensed counselor to validate

that the patient is in possession of independent and competent judgment. This is not praying on the mentally ill in Maine. This counseling session also must include a discussion of choosing to die. Additionally, the bill requires two oral requests and one written request and also two waiting periods. One 15 days from the time of the oral request and the second, 48 hours after the time of the written request. The provisions in this bill are available only to those who have been residents of Maine for at least six months and additionally allows repeated opportunities to withdraw the request or not utilize the option. I repeat, many people who may consider this option may go through the counseling, may talk to their physicians and may not, in the end, indeed, choose this option.

It also requires that two witnesses witness the written request and it also requires that these witnesses are not related to the patient, nor stand in any way to benefit from the patients decision. This legislation allows multiple methods of communication for people that are not able to speak, however. The legislation also directs the Maine Bureau of Health to monitor position eight and nine and to publish an annual report on this law so that we, as a legislative body, can see the implications of this legislation. It also requires that the prescribing physician may be present at the time the medication is administered by the patient or if a physician chooses not to be present, it ensures that a member of the patients next of kin is at their side. It also does not authorize mercy killing or active euthanasia or lethal injection. I ask you, in all due respect to the Majority Report of the committee to join me and vote against the pending motion so that we can further discuss this issue, including an opportunity for public referendum. Thank you.

The SPEAKER: The Chair recognizes the Representative from South Portland, Representative Muse.

Representative MUSE: Madam Speaker, Men and Women of the House. I rise before you today in support of Representative Brooks no vote. I won't go into great detail about this, but I also lost a mother to cancer. Unlike Representative Brooks, it has been seven years taking my mother. On the day that she died, I personally witnesses the hand of God on at least two occasions in the hospital with her. I am sure that her moment of passing was painless. Myself and my family were very fortunate. We had those opportunities to speak with my mother and say our good-byes and I love yous, but we are a member of a very large minority. Far too many people don't have that opportunity. We have heard it said this morning that this bill would be a slap in the face of Mother Theresa. I would like to say that I think this bill is just the opposite. I think this embraces love, compassion and care. I am not a very big supporter of referendums. In fact, I think they strike against what we are here for. Why we are paid and why we were elected to come here. I believe, wholeheartedly, that there are some issues that are much larger than this body. Certainly an issue of life and death is larger than this body. I would challenge every member that unless you have personally spoken with every single person in your district and you can represent their feelings and their desires on this issue, then I say we owe it to those people to let this go to referendum and let the people decide this. This issue is far larger than this body. Thank you Madam Speaker.

The SPEAKER: The Chair recognizes the Representative from Bridgton, Representative Waterhouse.

Representative WATERHOUSE: Madam Speaker, Ladies and Gentlemen of the House. In the 117th, we had this bill before us. I testified on it as a non-Judiciary Committee member. At that time, I was very heavily against this type of legislation. Now, as a member of the Judiciary Committee and

having sat through all the testimony and listened to my colleagues on that committee, I am even more deeply against this type of legislation. We are not talking about an individual's choice and responsibility. We have that. We have that in living wills, advance directives. We are talking about including another person in this act. We are talking about including the medical profession in this act. As previous people who testified, the medical professionals are going to be involved in this. By in large, overwhelmingly I would say, do not want this type of legislation. The psychiatrists don't want it. The disabled community doesn't want it. In answering a question from Representative Lemke, a little earlier. He wanted to know if the members of the Judiciary Committee, if this was a philosophical question or what ever. As Representative Jabar said that I can't answer for everybody, but I concur with Representative Nass. It is a little bit of both with me.

The medical profession has a code of ethics and they handed out a book to us. I am just going to exert a small section of it and it really gets to the gist of what a doctor/patient relationship is in the medical profession. I quote from that book that we were handed. "Physician assisted suicide is fundamentally incompatible with the physicians role of healer. It would be difficult or impossible to control and would pose serious societal risks." That last few words is a key with me. Serious societal risk. As Representative Nass says, we deal with a lot of very emotional issues. Those who were here in the 117th, heard me talk about this type of legislation on a personal level, because like Representative Brooks, I have had a great deal of my immediate family that died at an early age from cancer. My father died from hemochromatosis and I have lost some very dear friends. In fact, I lost one last week and I went to his funeral last week. He died from cancer. It is a very serious societal risk. It is very hard to not look on people who you love, who are at the end of life, dying and suffering. I would like to see this body concentrate on those type of issues that provide for hospice care that people need and the support in the families for compassion, comfort and sharing.

One of the things that I found out in the testimony and other forums that I attended on this issue was what a low level of hospice accessibility people in Maine are availing themselves to. A fact that pain management is really bad, actually in the whole country. That is a serious problem. I can tell you that when, Representative Brooks and I return, I would like to work with him, instead of putting this type of legislation forward to work to make sure that we have the resources to increase that kind of approach to this problem. People don't have to worry about having support when they perceive somebody suffering. It was my personal experience dealing with the deaths in my family as I watched things happen and unroll. Toward the end of the process, the people watching were the ones really suffering. I am not saying that the people dying weren't suffering. Of course they were. It became almost like you were joining them in the suffering. That is where this is coming from.

We talk about polls. God, how many polls have we looked at? When the people have gone to the polls, they have gone the other way. How many times have we seen questions put before the people who say really that doesn't sound like too bad an idea, but then when all the evidence is laid out and when all the arguments are laid out, they say, gee, that is not a good idea. The thing about this body, and I think about representative government, at least the people that I talk to in my district, they don't want me putting my finger in the air and making very important societal decisions by putting my finger in the air and watching polls. That is a dangerous precedence because we don't know exactly what questions are being asked of people and



whether those people would change their minds if you debated the issue with them. I have done that before. I talked to people when they were deadly against something and presented the information that I had and they said, gee, you are right and have changed their mind.

Like Representative Jabar said, how many responses do you get that say, gee, I want to be able to pull the plug. The other thing that I hear back home is that we send you up there to make decisions. Stop sending stuff back to us and asking us to do it for you. How many people here walked around their districts when they were running and said, when you get up there, we want assisted suicide. I had received one call on this subject and no letters. If people want this bad enough and the democracy, by God, the people are going to get it. That is what we have referendums for, citizens initiative referendums. If this is so popular and 70 percent of the people in this state want this, I guarantee you that if we put this out to referendum, which I would not support and Representative Lemke asked members of the Judiciary Committee, this member of the Judiciary Committee would not vote to put this out to referendum because I do not want to move this kind of issue forward as a public policy. If the citizens and the people really want this and send out a petition and sign it and get it on a referendum, then we can have an open date on that and decide whether the citizens really want this or not. Maybe that is where we will end up. Let's not let our emotions put something in that is very compassionate.

I want to say something right up in front that anybody who supports this, I know where it is coming from. It is coming from the heart. There is no bad guy and good guy on this. I think it is just bad policy and good policy. Thank you very much.

The SPEAKER: The Chair recognizes the Representative from Dexter, Representative Tobin.

Representative TOBIN: Madam Speaker, Ladies and Gentlemen of the House. I wish I could make light of a very serious subject matter as I look out the window this morning at this dismal day and this dismal topic. I don't have any prepared comments, but we have talked briefly about philosophy and I would just like to share a little story with you. I took philosophy in under graduate school and I took philosophy in graduate school. We had a philosophy teacher to make the situation a little lighter. His name was professor John Donahue and he was a graduate of Harvard and had a doctor's degree in philosophy. I had him three days a week for an hour session for 15 weeks. Dr. Johnny was quite a character and had quite a reputation and every day, ladies and gentlemen, he told us in class, every day, to love our mother. Love your mother, he says. We would say why? He said that you can have a thousand relationships in your life. You can be married 15 times and he said that no one ever, ever is going to love you like your mother. On the lighter side, about every third day he would say to us, "Don't lend your brother-in-law any money." That probably is a truism. We studied Socrates, Plato and John Locke, Aquinas, Russo and a long list of some of the greatest thinkers in the history of man. This is not my conclusion. This is a result of my education. They came to a conclusion regarding the meeting of freedom. I am going to say this twice because it may not be what you expect it to be. It certainly wasn't when I first heard it. Freedom, true freedom, real freedom, freedom that is of value is the ability of not having to make a decision. I have used that raising my own children. I have used the information that I learned in these philosophy classes more than any other educational aspects in my life. Freedom, true freedom, real freedom, freedom is the ability to not have to make a decision. What are we doing by laying this decision on our terminally ill? Ladies and gentlemen, please vote the present motion, Ought Not to Pass."

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

Representative VIGUE: Madam Speaker, Ladies and Gentlemen of the House. About three weeks ago, there was a seminar at the Senator Inn. The seminar was to tell people how to care for people that had cancer. New cures, new helps and new aids. The doctor there when I first spoke to him, I said you sound funny. You don't sound like you come from Wisconsin. He said he was from Australia. He went on to tell us what was going on in Australia and why he had come to the University of Wisconsin to teach people about caring for cancer patients. He said, let me show you something and up on the screen on the first slide and there was a machine there and the machine was the type of thing that you probably see in prison when you were trying to get rid of somebody that you didn't want or was not a desirable member of society. The machine would require you to put your arm in this object and then they would allow you to do a little bit of thinking, mainly it said on the terminal, do you want to commit suicide? Yes or no. If you press the button, in three minutes you will be dead. If you follow through, it went on to two minutes. It said that if you press the button, you will be dead. Do you want to continue? At this point, I was about ready to walk out because this was not what I thought would be a helpful situation for people that had cancer. It went on from three minutes down to 15 seconds. It said that in 15 seconds if you press yes, you will be dead. If you press no, then you go on with your life.

This, ladies and gentlemen, is a truism. This is what it would be because this is what is happening in Oregon. It is happening at the present time. When I was just about ready to walk out, the doctor changed the slide and said that he was not here to tell you how to commit suicide. I saw it in your eyes and I had invited a few doctors from Waterville and Winslow to be there. They were starting to get a little bit yancee, because they are not really believers that they want to a party to committing suicide. Then they went on and they were talking about some of the drugs that were presently before the USDA for approval. One of them is a little Q-tip. I am kind of changing my direction here. It is a little Q-tip that they rub inside the mouth and it works within 15 seconds and it removes all pain. He said this is being used at the present time in Australia and it is before the USDA presently for approval. The reason they don't want to approve it is not because of the use being excellent and good for the patient, but because they are afraid that kids may pick it up and suck on it. The doctor went on to say that this doesn't work. You can suck on it and it doesn't work. You have to rub it inside the cheek because of the tissue and it gets into the system immediately. These are things that we have to do.

My direction, ladies and gentlemen, is that what we have to do is become more compassionate when we work on the floor, we have to work to provide these people with a means of being more comfortable. We have opposed this in the past. I remember in a couple of previous session that we voted on a marijuana bill that would allow marijuana for the use of terminally ill patients. We couldn't bring ourselves to vote to support this. We won't support your smoking or using an illegal drug, but we are going to allow you to kill yourself. It seems we are losing our values. If we continue down this path, ladies and gentlemen, I will not be here. I get terrible vibes when I think in terms of the future and I see this as history repeating itself. If we continue down this path, first they come for people that are old and then people that are sick and then people that are disabled and then we are going to decide because they are not of any use to society, it is time for them to go. You take a look at what we have done in the last 25 years. This year, we are having a 25th

Anniversary of Roe versus Wade and we are taking the youngest life and the oldest life. Ladies and gentlemen, we only have the middle left and that is where we are at. I am at the end of the middle. It troubles me that we are going to treat our people in this same fashion.

It seems there was a guy with a mustache a number of years ago that treated his people the same way. If we don't answer the call and protect our people against this type of thinking, then we are probably going to go through the same era that that little man did. Ladies and gentlemen, I will oppose LD 916. I will support the majority. I will oppose having a referendum. I thank you for your time.

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

Representative PLOWMAN: Madam Speaker, Men and Women of the House. As a three term member of the Judiciary Committee, this is the third time that I have heard the bill and this is the third time I debated the bill. Each time I learn something new at the hearing. Each time I am moved by the stories, but I still come back to the fact that this is not right. A former member of this body, Dana Devoe from Orono, is one of the people who brought up one of the points that I didn't get the first time or the second time. The state has adopted a public policy to forbid the intentional killing of innocent people. When you start deciding which innocent person can be killed, then you are not applying equal protection of the law. These people are still innocent. They are in pain, but they are not convicted of any crime. It is still the compelling interest of the state to protect one person from killing another. As we go through in the Judiciary Committee, we have taken up advanced directive bills, which tell people that you love and that love you, what you think you would like done if you were ever in a position where a decision had to be made to "pull the plug" or do an experimental surgery on you or to continue life sustaining measures when you can't make the decision yourself. That is not this. We have living wills that do the same thing. That is not this.

This bill, the people of the State of Maine may not understand, but this bill does not apply to someone in a coma. This bill does not apply to someone who doesn't want to be kept alive by artificial means. This applies to a person who has been given a subjective diagnosis. Subjective meaning, you can't count on it being six months. It could turn out to be three years and that they might be in pain. Six months out, you might not even be in pain. This bill doesn't even require that you have to be in pain. You have heard that we are continuing to find new pain treatment, palliative measures. Just last month, *TIME* Magazine did a report on a drug that is being developed from the Amazon Tree Frog. The drug developed is 1,000 times more powerful than morphine with no side effects. In six months that could be available. I guess the testimony that was new to me came from Dr. Bob McAfee, a former member of the Hemlock Society, President of the American Medical Association, President of the World Medical Association and a resident of the State of Maine. Do we not turn out great people? He pointed out to us that this is not a trade. This is a profession with a code of ethics. The code of ethics includes the Hippocratic Oath. It is like a judge swearing to uphold the Constitution and then deciding he doesn't like one of the laws and he is not going to enforce it.

This gentleman has traveled the world right into the Netherlands to study euthanasia or assisted suicide or whatever name you want to put on helping someone to die. He brought up some points about dignified death. They are not pretty. If you are looking for a death with dignity, having someone swallow a handful of pills is not a death with dignity. He talked of the

patients that he had seen that could not keep their dosage down. How they had to be treated as an overdose victim with their stomachs pumped. They would be brought back to consciousness and go through the process again, be administered the dosage again. That is not death with dignity. It is embarrassing to the patient. It is gruesome to the doctor and the staff. That is not death with dignity.

Studies show that people who were told that they could be relieved of pain were not looking for a way to commit suicide. They don't want to live with the pain. It is not that they don't want to live. That is a big difference. We have become a fast food society. Which french fries do you prefer? We used to drive up and you can get your medicine through a drive up. You can get your food through a drive up. You can buy your dog food through a drive up. We are a fast food mentality. Now we are rushing death. In case you have never heard, no one gets out of this alive. We are all going to die. Most of us are not going to die as peacefully as we heard the good Representative say that he did the first time. Many of us are going to die, not the way we would choose, by going to sleep in the middle of the night and never waking up. That is a fact of life. We don't need to scare our elderly. We don't need to suddenly push our elderly. Ask a grandmother how she feels when she has to live with her daughter and watch her daughter try to stretch herself between her kids and her mom. Ask her how guilty she feels. Guilt is an incredible motivator. Should people be picking their reason to die because they feel guilty?

We talk about safeguards. They are here in this bill. Next year we will swear in the 119th Legislature. Not one member of which will be bound by the decisions that we make today. Each member will be able to offer a bill or an amendment to lessen every safeguard that is in this bill, one by one. The disabled are worried. When will I be deemed not worthy of going on? If you want to look ahead, the safeguards that are mentioned today many not be here one year from today. The third time around, I learned all kinds of new things. Putting it out to referendum in one question, which has already been misunderstood, as I go from group to group and ask, is not the way to do it either. This is where we set public policy and this is where we continue to set public policy. I urge you to vote with the Majority Ought Not to Pass. Thank you.

The SPEAKER: The Chair recognizes the Representative from Penobscot, Representative Perkins.

Representative PERKINS: Madam Speaker, Men and Women of the House. This is one of those bills where one cannot say too many times how, even though you might oppose their views, you do respect their views. It is that important and sensitive. Two years ago when this bill did come before the Judiciary Committee, I was there and heard the testimony of people who were begging for this law. I am glad the previous speaker, Representative Plowman said that we are all going to die. We should never forget that when we are talking about this. It seems like we are talking about the terminally ill as if they are from some other planet, almost. Just look at us, we are all terminally ill in a manner of speaking. Some of us will be lucky and die in our sleep. Some of us will be lucky working in the woods, maybe, and get a tree to let go like that. Many, many of us will be in bed. Many of us will be in the position that these people were that spoke at the hearings. Many of us will whisper, please help me go. This is almost a civil rights issue. It is a civil liberties issue for sure. It is almost a civil rights issue. You almost can hear echoes of the civil rights movement for women, for blacks and other minorities when you hear terms like, if we give people this choice, it could have serious societal risks.

We are talking about choice. We are not talking about forcing physicians to do anything. We are not talking about forcing the dying to do anything. We are offering them a choice. Dr. McAfee was mentioned. He is the MMA chairman. He has spoken against this bill across the country. He was here two years ago or three now. He mentioned in his testimony that we can't pass this bill. This would put government between a doctor and a patient. I submit to you that this bill would do just the opposite. This bill would take the government out of the relationship between the doctor and the patient. The government is in there now. The government says it is a crime if that person who was dying reaches over and says to please help me go. Somebody puts something in that person's hand to help them go. The government has stepped in and says that is a crime. Folks, don't lose the picture here. This would get the government out of that relationship.

The Civil Rights Movement has Martin Luther King speaking eloquently and loudly for the rights of the minority. These people, by the time they get to this stage, they are mostly whispering. They don't have this. They don't have this advocacy. The good Representative from Waterville, Representative Jabar, mentioned that the people that he is concerned about would be the people who have no family, no money and they are in pain and they are lonely. He is concerned that they might choose this option. Folks, if I were in that condition, I would love to have this option. That is all I ask of you. Just ask yourself, would you like to have this choice? Thank you.

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

Representative FARNSWORTH: Madam Speaker, Ladies and Gentlemen of the House. There has been an extensive debate and I don't think I need to raise any particular issues except for focusing on two or three targeted areas. One of the things that seems to be going around is the concern that the proponents for this bill don't consider life to be precious and I just want to put that aside. Life is extraordinarily precious and I think that the fact that we are looking at life as something that is vital and something that has meaning, I think, is a very critical aspect of this whole thing. Each person defines the way in which life is to them meaningful. I think that is really an important factor in this larger picture. What we are trying to achieve here is not necessarily a death sentence for people as much as it is a part of a continuum of options people may choose. We are looking at palliative care. We are looking at hospice. We are looking at advanced directives, and in this particular case, we are also looking at self-determined end. I think that it is really important to be able to be say to people, here are a range of options that you have available. As a society, I think we need to be able to say that the way that you determine your own particular life and whether or not it has lost meaning, is, and this represents a way for you to deal with that end of time.

Criticism has come up in terms of we need to put emphasis on some of these other options. Certainly if you take a look at the way in which hospice of palliative care is available in the State of Maine, that certainly is a legitimate concern. Yes indeed. I agree with you. There should be emphasis placed on each of these areas and, in fact, in cases, for example, in the State of Oregon, with the advent of this particular bill and the debate. There has been an increase in the use of palliative care. There has been an increase in the use of hospice. I might add that it makes us pay more attention to the issues around advanced directives as well.

In closing, I would just say that it is important that we allow the debate to continue. I think it is extremely valuable to make it

on a much larger scale so that the general public, society, has a chance to raise it as something to discuss and to have a chance to vote on, in terms of the way they would like to see whether or not this should be an option in place for them. I would urge you to vote no on the Majority opinion on this particular bill. Thank you.

The SPEAKER: The Chair recognizes the Representative from Bethel, Representative Barth.

Representative BARTH: Madam Speaker, Ladies and Gentlemen of the House. Opponents have told me that if we enact this bill, it will lead to other bills later on broadening the intent leading to all kinds of dire consequences. Perhaps such as those illustrated in the movie starring Charlton Heston called *Salient Green*. If we think that way, we wouldn't really pass much legislation at all here because, of course, any legislation can be changed by a future Legislature. Opponents also say that people, if they really want to do away with themselves, they can commit suicide now. I say that is not a viable option. Suicide, in our society, is a dirty word. Families do want the stigma of suicide associated with the death of their terminally ill loved ones. However, hastening death, as what this bill's intent is, is a much preferred way to die, if that person is mentally competent. Finally, state government has a reputation of trying to do everything or be all things for everybody. I say let's let competent individuals take responsibility for their own decisions. Please vote against the pending motion so that we can go on and consider other options. Thank you.

The SPEAKER: The Chair recognizes the Representative from Rockport, Representative Powers.

Representative POWERS: Madam Speaker, Men and Women of the House. As a member of the Judiciary Committee, I was very impressed with the heart felt testimony that we heard during the hearing. It was both personal and professional. As Representative Thompson referenced, a level of that work continued during our work session. The enormous social impact of this issue is reflected in the length of time that the debate has been going on. Here in Maine, as a legislative concept, it was initially brought forward in the 115th. It has been brought forward each session since. Significant social change takes significant time, years and years and years as we have just yesterday encountered in another matter. Significant time and much education. Over and over as I have talked to health care providers in anticipating this bill before our committee, I encountered very thoughtful hesitation. Doctors, nurses and hospice workers I talked with all said that they always wished their patients to be relieved of pain and to die in a dignified manner, but none was sure about legislating this now. Each wanted it for himself or herself. I want it for myself. Here, in this body as on our committee, we are not talking about only ourselves. We are talking about legislating it and establishing public policy. The most telling of these conversations for me was the discussions that I have with three people who are medical ethicists. Not one of them was sure the physician assisted dying is something that we, as a society, are ready for ethically. Each feels we need more time, more education and more debate. The Maine Bio-Ethics Network, in particular, is ready to sponsor this educational effort. I am committed to working on this educational effort, for my own edification as well as any others who are interested. I do not believe this can happen in a reasonable way between now and November, however, especially not this November, at least for me. If not now, then when, you might say? I don't know exactly. I do know that with more time and more citizen wide education, we will slowly evolve to more clarity. Not only is a member of the Majority Report, but because I truly

believe a referendum in November of 98 is not the right time. I urge you to join me and to support the pending motion.

The SPEAKER: The Chair recognizes the Representative from Lebanon, Representative Chick.

Representative CHICK: Madam Speaker, Ladies and Gentlemen of the House. I would like to say a few words this morning about my experience from early in my life before I attended school. I can remember living in a very rural community in Maine and of seeing a crate on a front door. My father explained to me that there was someone who had passed away in the house and this was to notify people calling that this condition existed. I remember very well at that same period how the people in the family were at home and cared for. The doctors would come to the house and then as I attended school had an occasion while I was in grade school to lose a classmate and be asked by his family to be one of the pallbearers. As I went on into the military, I remember the dedicated people in the medical part of the military and how they cared and tried to save life. When I came to the Legislature, I find that there are many people that come here from many organizations to deal with health and try to provide for people's lives to continue. Now, while I might not talk to every person in my district, I do have an occasion when I am home to visit members that I attend church with, people I have worked with and others in the community that I know that are very ill. I will say to you here this morning that over this time, not one person has ever talked to me about the subject that is before us this morning. I would close by saying that we don't give life and we don't take it away. Life is precious. I would hope and ask that you would support the pending motion on this subject. Thank you.

The SPEAKER: The Chair recognizes the Representative from Kossuth Township, Representative Bunker.

Representative BUNKER: Madam Speaker, Men and Women of the House. I know it has been a long morning and I apologize for speaking, but this is a personal thing to me. Personal rights, I hear all the time in this body about rights and trespass and police violating this and violating that. Ladies and gentlemen, this bill is about people having the right to decide their destiny and how they live and hopefully how they should choose to leave the earth. I heard today, here, that the people don't understand. I want to respectfully submit to you that the people out there do understand. They think about this daily. You think about it yourself. Is there a fleeting moment in your life that you haven't thought about dying at some point? Tell me that people don't understand. Tell me they don't go to church and just work on these issues on a daily basis and try to build convictions and belief in how they got here and how they are going to leave. Anybody who stands in this body and says that people don't understand aren't listening. When they stand in this body and say that family, state and church all have these rights to decide this personal decision, I stand here before you and say that that is not true. I am not saying that those people don't have a right to help. We, personal convictions, and the person when he or she makes that decision and that most likely will be the determining factor in what decision the individual makes, but I don't think they have a vested interest in this decision in any way, shape or form. We all know medical science is getting better. Science is getting better.

Unfortunately the downside of medical science getting better is that we can extend their life and let them suffer a little longer in many, many, many instances. Sure somebody might have sworn an oath to say that I am going to keep them alive as long as possible, but when you get that same person in the back room or that nurse in the back room at 3 o'clock in the morning when your mother and father are dying and you ask them

straight to their face, why can't we help this person move on to wherever they are going from this life? None of them in that closed dark room say that they swore an oath to allow them to continue to suffer. Nobody should be standing here and saying that. The medical association has to take a stand and I think it is more dollar driven than it is humane driven.

Ladies and gentlemen, I watched my mother pass away. She drown in her own body fluids because her body shut down. Cancer is a devastating illness. I watched her die, not because God was saying it was time to come. She lived many, many weeks beyond probably what God had intended for her. She drown in her own body fluids in front of me and the family. My father, 60 days before, died of lung cancer. I watched that cancer grow out of his chest to the size that it was a huge black massive ugly thing. I watched him go from a man of my size to about 87 pounds. You can't tell me that God intended that. Science did that. Medical science allowed that to happen. Ladies and gentlemen, if your mother was drowning, would you stand there knowing that there was no way to save her and say, wow, I wish she could go without the suffering. If your father was lying there and the wolves were eating at him and chewing his body apart, would you say, wow, we are going to stand by and allow that wolf to continue to devour that man. I watched that happen. Ladies and gentlemen, send this thing out and let the people make the decision. Don't stand here in your ivory towers and make those decisions for them.

The SPEAKER: The Chair recognizes the Representative from Farmington, Representative Gooley.

Representative GOOLEY: Madam Speaker, Men and Women of the House. I represent 8,500 citizens and three years ago I sent out at questionnaire and from that questionnaire, 67 percent of the returns, 450 returns actually, 67 percent supported this type of legislation. Now I understand that the latest poll shows it is about 71 percent. Currently, I have had more letters on this issue than any other issue and just about all of them are in support of LD 916. I say I represent Christians and non-Christians alike. I understand where the church might be coming from on this issue. I do represent a lot of non-Christians also. I say let the voters decide in November. I plan to vote no on this. If the voters should approve such a physician assisted bill, it will only be the beginning of a new approach, not a slippery slope, but a beginning. To kill the bill here in the Legislature does not give a fair shake to the voters who will want to vote on this issue. Thank you.

The SPEAKER: The Chair recognizes the Representative from Standish, Representative Mack.

Representative MACK: Madam Speaker, Right Honorable Men and Women of the House. I stand today to support the pending motion and to be against the physician assisted suicide bill. When most people say they want to die, they are not really saying, kill me. I want to die. They are saying that they want the crisis to end. They want their pain and their suffering to end. They are not saying that they want to die. If you were told that you had a life threatening disease, what would go through your mind? Of course you wouldn't be happy. You would want people around you to love you. You would want the pain to be over. You would be scared. You wouldn't necessarily want to die. It would be a temporary reaction to the bad news, to the intense pain. What we need to do is love these people and show them it is worth living and treat their pain correctly. About 75 percent of cancer patients don't get proper pain relief.

There are a few stories I would like to share based on this issue. There is a lady out in Oregon who was diagnosed with Lou Gehrig's disease. This is the disease that MIT Noble Prize Winner in Physics, Stephen Hawkins, has. He is confined to a

wheelchair. He is a brilliant noble prize winner, but he has Lou Gehrig's disease. There was a lady who was thinking about assisted suicide. She got the book, *Final Exit*, and was seriously contemplating assisted suicide. Her husband was very loving and tried to help her. Her husband went off and developed a wheelchair for her. A wheelchair that had some sort of computer so that she could talk and communicate, much like Stephen Hawkins used. He didn't know about Stephen Hawkins' chair or could have gotten some technological help from them. He invented a chair for his wife. His wife is now able to communicate and to lead a healthy life. She still has Lou Gehrig's disease, but she is so grateful that she chose to live and people around her were able to help.

In the Netherlands where this legal, there are many cases where this goes too far. They have slid far down the slippery slope. There was one 41 year old man who had AIDS. He was just diagnosed with AIDS. He had no symptoms yet, but he was scared. He was afraid. He was euthanatized. Nothing was wrong with him yet. He wanted to avoid the pain. It hadn't come. He was just scared. He needed help. He didn't need to die. Another case from the Netherlands. There was a woman who had breast cancer. She specifically said that she did not want to die, but the doctor killed her just because he needed an extra bed in the hospital that night. He said that she would have died in a week anyway. Another case in the Netherlands, there was a nun killed three days before she was expected to die. The doctor said her religious convictions wouldn't allow her to choose assisted suicide. This was expressly against her beliefs and her religious beliefs. They went ahead and did it anyway. This is the slippery slope we are going down.

There was a man from South Dakota who had intense pain and suffering. He had liver cancer. He even asked his family for a shotgun to blow off his liver, to get rid of the suffering. A doctor came in and gave him appropriate pain relief. He slept for two and a half days. His family was concerned. They said, what are we going to do. He has been asleep. Is he in a coma. The doctor said, no, his vital signs are all right. He is just sleeping. He woke up and after being in pain for months and months, he said he felt 100 percent better. He still had the cancer, but the pain was gone because of the proper pain relief. This man hadn't slept for a while. With the pain relief treated, he was able to live another four months after that. Four more months where he could be with his family, share life and enjoy this earth.

A final story I would like to share is a marine named Wayne Cockfield, who I had the privilege of meeting. He was on point in Vietnam. It was at dusk along a river bank. He had stepped on a land mine. He told me the last thing he remembers is being 30 feet in the air looking down at the tops of trees. When he woke up, he was in a hospital. His arms and legs had been blown off. A massive fire fight had ensued and one of his fellow marines courageously rescued him. He said if euthanasia was legal, himself and many of his fellow soldiers in that hospital, would have been killed. He is now a successful businessman. He has a great family life. He thanks God every day that he is still here with us. I would urge you to vote in favor of the pending motion and we need to help these people. We don't need to kill them. Please vote against this bill and in favor of the pending motion. Thank you.

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

Representative MERES: Madam Speaker, Men and Women of the House. I would like to urge you to vote in favor of the Majority Report. I have heard nothing but compliments on behalf of people that have been involved with the committee process on this legislation. I have heard no complaints. I think this issue

was dealt with in a very non-partisan, non-biased way. I think the people that testified felt totally secure that their opportunities were well met. Everyone that I talked to was very, very comfortable with the process. I thank everybody for that.

I think that I want to mention a couple of things on behalf of my own self. We talk a lot here about choices. One of the things that we have to remember is that in this particular case, we are dealing with the human person. The human person is more than just the top of the food chain. Human persons, as far as most of us believe, are made up of body, mind and spirit. The wholeness of the human person is what creates respect for life and brings us to the point of this debate in the first place. Some of us were fortunate enough to attend a luncheon with the Bishop of the Diocese of Portland. He gave us a talk. He talked about this issue. He explained to the people there that creation of life does not take place among human beings, but the creator. We stand here in this House and we pray every time we are in session as a body. We believe that God is important because it is in the Pledge of Allegiance. It is something that we celebrate here. I know that people have talked here about Christians and then everybody else. God is universal. Our dignity as human beings is a universal concept. Life and death are both a part of the process. I find it very significant that we allow, during the course of our presence on Earth the participation of family and community and everyone else, in the process of celebrating new life and in the sorrow that goes with the leaving of the body. Most of us believe that the spirit continues. The spirit is universal eternal.

I am very concerned about this particular legislation because although we say that it is a personal choice, it includes many other people in that choice. You are talking about community and doctor assisted suicide. That means that the health care providers, other people involved in the process are all contributing to this decision. Many of whom might have other reasons for opposing this. I am seriously concerned that we are stepping beyond the authority that we have here at the moment to deal with this greater issue. I also believe that we have to be very conscience of human dignity, social justice, the poor, that is one of our jobs here to represent everyone. When you are making your decision here today, I am going to ask you to please be conscience of the fact that we are here, not only as representatives of our districts, but as human beings with human body and soul, but also an eternal spirit. That dignity is something that has to be maintained. Thank you very much.

The SPEAKER: The Chair recognizes the Representative from Sanford, Representative Paul.

Representative PAUL: Madam Speaker, Ladies and Gentlemen of the House. Fifty years ago, an elderly family member of mine predicted on more than one occasion that the process of dying would one day be legislated. I didn't believe it then. Here we are today debating an issue on assisted suicide. It seems that every legislative session we are called upon to vote on some bills that require a great deal of compassion from each one of us. No matter what you vote today, I do feel your compassion and very much respect it.

I would like to share a portion of the letter written to me recently by a gentleman from Brunswick, Maine. His name is Mark Lavalley. "I have been given another day. For this, I am thankful." On November 4, 1997, Mr. Lavalley was diagnosed with malignant asbestos cancer. This diagnosis greatly disrupted Mr. Lavalley's life as well as that of his family. Immediately Mr. Lavalley was faced with two options. He could choose to be dying of cancer or learning to live with cancer. Mr. Lavalley understands the issues of seemingly unbearable pain and has been through major surgery to have his left lung,

diaphragm and some lymph nodes removed. Currently Mr. Lavalley is undergoing 20 weeks of chemotherapy and radiation treatment. Admittedly, there have been days when he felt he wasn't sure he wanted to go on because the intensity of the pain. As each new day comes, Mr. Lavalley is reminded of a simple phrase written in a book by Barbara Johnson, which says, "Pain is inevitable, but misery is optional." We all have pain to deal with in life, but with this simple focus in mind of misery being optional, life stays desirable. Although we are all intended to die one day, Mr. Lavalley wants to tell all of us how precious life is to him and to urge people to continue to help preserve the greatest gift we all have been given, which is life.

When a person threatens suicide, instantly people jump right in to offer support, medical treatment, mental health assistance and encouraging words. Usually this person is depressed because they are in pain, some sort, either physical or emotional or spiritual pain. No one reaches out saying you are depressed and in a instance, I will help you die. People offer every possible assistance they can give to help that person work through the depression, which in turn, gets them past the pain and on to living life again. To often people focus only on physical pain, but the answer to overcoming is to treat all aspects of a persons body, soul and spirit for Mr. Lavalley's attitude is to choose life to fill his spirit with comforting words where God says there is hope for the future. Resources are available to us for dealing with any form of pain or situation in life. Spiritually God, church families and counseling are a source of support and encouragement. Family, friends and support groups support a much needed outlet to help take one mind off or better deal with a situation.

Medical care and treatment for our body's natural instinct is our immune system. To give us hope for living. Pain can be managed and people can enjoy life. Mr. Lavalley asked of us all if assisted suicide passes, what is next? Will I eventually be deprived of treatment because I am listed as having a terminal disease and I am supposed to die anyway? Will those who are weak be given no help or hope for their future. We live in what is often called a throw away society. This concept is okay for garbage, but not people's lives. Life is very precious and should continue to be treasured and preserved as God intended it to be. The process of dealing with pain of any for in life never seems to be complete, but living is a process that will benefit us as we learn to live with and oppose to overcome every day troubles that life can throw our way. The rewards for Mr. Lavalley comes by working towards a goal of intended living, even in difficult times, working with his situation rather than fighting against it. Again, my compassion goes to Mr. Lavalley and people all over the world that suffered this situation. I will be voting with the Majority Ought Not to Pass Report. Thank you.

The SPEAKER: The Chair recognizes the Representative from Livermore, Representative Berry.

Representative BERRY: Madam Speaker, Men and Women of the House. I didn't intend to speak on this issue. I just wanted to say that I feel I am in bit of a difficult position. Personally, I don't support the legislation. I feel strongly about that. I have promised some people back home that I would vote against it. I also have people at home that, as Representative Gooley stated earlier, that do support this issue. I regret that my vote will probably be interpreted to show that I support the legislation. I do support the referendum process on this important issue. I think this is entirely proper to send this one back. Let the folks back home make this decision. That is all I have to say. Thank you.

The SPEAKER: The Chair recognizes the Representative from Skowhegan, Representative Hatch.

Representative HATCH: Madam Speaker, Men and Women of the House. I stand today. This issue has come up several times before us and I have never spoke on it. I want you to know that I am not standing, rising, to defend the legislation presently here. I am defending the process. I want to have a full discussion on this. I want to understand it myself. I think that just by saying, yes, we agree with the Ought Not to Pass, we are sweeping a lot of things that we don't want to face under the carpet. The good Representative Bunker told you some things from his heart. When this legislation came up during the 116th, I was here. I lost my father-in-law. He was very sick for nine months. He went from a 250 pound man down to about 97 pounds. It was pitiful to watch my husband lug him around in his arms. His whole system was shutting down and the doctors advise was to cut him down to four ounces of water a day and half a cup of vegetables. He lingered and he lingered and he faded away. We loved that man. Would he have chosen this option? I really don't know. I really do not know.

The following year, my father and I who are very close, to the point where he had morning sickness for nine months when my mother carried me, was relieved when I was born. Having two other siblings in the family, a brother and sister, who were much older, my dad was very close with me. He told me things that he never told anyone else. During the year in 92, when he said to me, you know Pam, I am getting sick and I am getting old. No one wants to talk about death. I said, "Dad, what do you want to tell me? He told me. He was so worried about suffering or hanging on or being a burden. He said, "I am going to make sure it doesn't happen." He took out a living will. He handed out six copies. One to each of his children, his wife, his doctor and a very special friend. He went into the hospital with pneumonia in 1994. When I arrived at my mom's house to visit, because she didn't want to worry me, being a legislator, she never told me that he was in the hospital. I said, where is dad. She said, "He is in the hospital. He wasn't feeling well and I put him in there." We got a call within 15 minutes. They were having a problem with him and they were transferring him. When we got to the hospital they had all this equipment hooked up. Specifically it said in his living will, no extraordinary means. I called my sister in Tennessee and I told her if you want to see dad alive, you better get here. I talked to the doctor and said that he didn't want this. He was unconscious. His body was bloated. Apparently it was shutting down. He said, "We can't do anything about it. We have to wait 72 hours." My sister arrived and we all had our chance to sit and talk with him even though we were not sure whether or not he heard us.

I want you to know that it was very uncomfortable for three days knowing specifically what he wanted, no extraordinary means. They disconnected him on the third day. My sister, my brother and I sat around the bed. Within 20 minutes, he had passed away. Would he have wanted this? I don't know. The problem is, folks, we don't talk to people about these issues. I think putting this out to referendum will get us all to talking in this state. I voted the prior two times in favor of this bill. Why? Because I was hurting. I never spoke about it. I was hurting. I think it is time that we are all adult enough and to realize that we all come from different places and it is time to own up to that. Let's get this discussion going. I applaud the Judiciary Committee. I know this is a tough issue. I think that they did a great job. I think a referendum or even a blue ribbon commission on this issue would start to solve some of these problems we are having. I will guarantee you that if you want to know from personal experience, if I have a living will, my husband is never leaving the hospital because I will make sure it is enforced. That will probably be the only way that I will go.

I am not looking at assisted suicide. If you know me, I am a fighter and I probably will be until the day I die, but it is the time we had the discussion. I am not quoting from the Netherlands or anyplace else. I think it is a one on one basis. We talk about people taking their life. There is only one thing I want to bring up. People take their life every day. We can't help that, but we are talking about people who are sick. That is all. I think it is time for the discussion. I am voting against the pending motion and hopefully this will go to referendum or somebody down the road will see the need to have a blue ribbon commission to study the issue. Whatever it is, we need to start talking and we need to start talking one on one. Thank you.

The SPEAKER: The Chair recognizes the Representative from Lewiston, Representative Bouffard.

Representative BOUFFARD: Madam Speaker, Men and Women of the House. I, too, was not going to rise to discuss this bill, but a couple of things strike me. First of all, all throughout this bill, there is never mention of the preservation of life. It is just the taking of life. That concerns me. Why it concerns me is like my colleague, Representative Sirois, I, too, back in 1971, lost three days of my life. I don't know where they went. All I know is when I talked to my wife, I said, "How did the operation go yesterday?" She told me that I was operated on Monday and this is Thursday. I don't know where the other days went to. To me, life is very precious. I think we should look more towards preservation of life as long as people can endure. That is number one.

The other thing in this bill that I question is in the definitions part. In H, it describes the definition of incapable. It means that in the opinion of a court or in the opinion of the patients attending physician or consulting physician, a patient lacks the ability to make and communicate health care decisions to health care providers. Why I question it is, who is going to be the person who is going to speak for this incapable one? Is it going to be the judge? Is it going to be the physician? Is it going to be a worker for the Mental Health and Mental Retardation System? Is it going to be a Human Services advocate? Who is going to provide the information that is requested throughout this bill for those who are incapable of making their own decisions?

Another side point, and I will use former Governor Longely's choice words when he used to say, "Think about it." If this bill goes through and this is an accepted norm for the people of this state, who will be paying for this assisted suicide? You can bet your dollar that sooner or later the insurance companies are the ones who are going to provide the funds for these kinds, I call it, murdering. Having worked with the insurance companies for a number of years, they never lose any money. If it costs the insurance company more for your care, they just turn around and increase your premiums. This, to me, is just a side thing and I say, "Think about it." Having said that, I will relinquish the mike to somebody else and hope that you will support the Ought Not to Pass Report. I think it is not the time to do this. If people seem to feel it should go to referendum, I would suggest we let the people call for a referendum, rather than we initiating the call. Thank you.

The SPEAKER: The Chair recognizes the Representative from Bath, Representative Mayo.

Representative MAYO: Madam Speaker, Men and Women of the House. I, too, had not really given a great deal of thought about speaking on this particular subject today, but I followed the debate. I have read some of the committee folders on this particular subject. I guess as an individual in his professional life who most likely dealt with death as much as anyone in this chamber today, I do have to speak. In my professional life, I would say that I most likely dealt with somewhere between 4,000

and 5,000 families who had lost a loved one. Many, many of them expressed the feeling that they were happy the person was no longer suffering and was no longer with them, but not one family, in my nearly 35 years of professional life as a funeral director, ever made the comment to me that they wished that the doctor or the nurse or someone had played a role in speeding up that particular death. This is a very emotional issue. It is an issue that has been with us in this chamber before and regardless of how we vote today, I have a feeling that it will continue to be with us. I intend today to vote with what I would hope would be the majority to accept the Ought Not to Pass Report, which I feel, personally, will allow the debate to continue. I think we need more debate on this subject as citizens of this state before we move forward with what I consider to be a bill which has a great many flaws. Thank you.

The SPEAKER: The Chair recognizes the Representative from Winterport, Representative Brooks.

Representative BROOKS: Madam Speaker, Men and Women of the House. I apologize for rising a second time on this. I apologize that we are getting close to the noon hour, but I think there are a few things that need to be clarified that were brought up in the debate earlier. I would be remiss if I didn't talk a little bit about some of the comments made about killing and taking other people's lives. Clearly in the bill, by the way there was a question asked about who will speak for whom, it indicates and specifies that only the patient can make these decisions.

I am going to read to you a question. The question I quote is, "Should Maine law allow terminally ill patients, who are mentally competent, the right to choose to have a physician assist them in dying?" I will repeat that. "Should Maine law allow terminally ill patients, who are mentally competent, the right to choose to have a physician assist them in dying?" Some comments were made earlier about a confusing question that really lead the respondents to a petition or survey, ladies and gentlemen of the house, that is the question. To me, it is fairly clear. It is not confusing. I believe that the people who did the survey, Strategic Marketing Services, has spent a great deal of time trying to make absolutely certain that this didn't lead the respondents to the questionnaire. One of the things that I didn't mention was the opposition to that question. Perhaps I should just tell you the number. Those who are opposed to having this option available to people is 22 percent. Only 22 percent of the people said no to that question. Seventy-one percent said yes and the remaining 7.3 percent said that they were undecided.

A great deal has been said about what would be the effect of this legislation, if it were passed or if the people had an opportunity to vote on this and they passed it. I would like to quote from an article that was written about the situation in Oregon. One of the doctors in Oregon's quote is, "The Oregon Medical Association, which opposed the assisted suicide law" I will admit that immediately, "says that there has been greater use of pain management in Oregon since the bill was passed and reaffirmed by the people." They specifically site morphine use. "If nothing else," he said, "the physician assisted suicide debate has had a salutary effect on medical professions attention to death and dying." It certainly has in this chamber. It certainly has in the last 18 months. I tell you, to give the people of the State of Maine the opportunity to vote on this next fall is not going to have a detrimental affect. If anything, it is going to increase the dialog. It is going to ensure that the conversation continues. It is going to bring much greater use of pain management, much greater study of palliative care and it is going to turn our attention to hospice. Why is it we are 50th in the country when hospice is a wonderful program? It brings

together the people who are affected by the terminally ill patients. That includes the family.

I have heard an awful lot said this morning about who makes decisions and whether or not families are involved and they certainly should be involved, but I want to tell you again from personal experience that when my dad died, we did have family involvement. It was a horrible, horrible time to watch him and his life diminish in those two and a half years. We were presented with a wonderful period of time. I hope that everybody has that opportunity. This bill, while it doesn't mandate, does suggest that family people be involved. That is the crux of this bill. No one is taking the right away from the patient. It is the patient's right. It is the patient's choice. That is what I am trying to provide. I am not trying to provide a vehicle whereby other people will be making choices about the terminally ill. I know there is a great deal of opposition out there or at least some questions from the disabled community from the mentally disabled community. I have met with many of them and I have assured them that that is not the intent of this legislation. This legislation and if we can get beyond the Majority Ought Not to Pass and give it to the people to vote on. It will simply provide the terminally ill people a choice, an option. It has been said many times before this morning and during the debate that this is part of the process of dying. We need to talk more about that process. Death is as much a part of life as birth, marriage and all those things that change us. We have spent too little time talking about the consequences, both for the patient and for the family. Please vote with me, no, on the Majority Ought Not to Pass and allow it to go to the voters. Thank you.

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

Representative AHEARNE: Madam Speaker, Ladies and Gentlemen of the House. I had no intentions of speaking, but I thought that just for clarification on this issue about polls. Polls are only good at that point in time in which they are taken. It doesn't mean they continue on. I think if we were to ask people about polls being taken and wonder how Thomas E. Dewey back in 1948 feels about polls coming around before that election. In 1992, during president elections how our former President, George Bush, thought about polls. Polls are only good at that point in which they are taken. They are not to be held as gospel. 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. 401**

YEA - Ahearne, Bagley, Belanger DJ, Belanger IG, Berry DP, Bigl, Bouffard, Bragdon, Bruno, Buck, Bumps, Campbell, Carleton, Chartrand, Chick, Chizmar, Cianchette, Clark, Clukey, Colwell, Cross, Davidson, Desmond, Dexter, Driscoll, Dunlap, Dutremble, Etnier, Fisher, Foster, Frechette, Fuller, Gagne, Gerry, Gieringer, Goodwin, Honey, Jabar, Jones SL, Joy, Joyce, Joyner, Kane, Kasprzak, Kneeland, Kontos, Lane, Layton, Lemaire, Lovett, MacDougall, Mack, Madore, Mailhot, Mayo, McElroy, McKee, Meres, Morgan, Murphy, Nass, O'Brien, O'Neal, O'Neil, Paul, Pendleton, Perry, Pieh, Pinkham RG, Pinkham WD, Plowman, Povich, Powers, Richard, Sanborn, Savage, Shannon, Sirois, Snowe-Mello, Stanley, Stedman, Taylor, Thompson, Tobin, Townsend, Treadwell, Tripp, True, Tuttle, Vedral, Vigue, Waterhouse, Watson, Wheeler EM, Wheeler GJ, Winglass, Winsor, Wright, Madam Speaker.

NAY - Baker, Barth, Berry RL, Bodwell, Brennan, Brooks, Bryant, Bull, Bunker, Cameron, Cowger, Farnsworth, Fisk, Gooley, Hatch, Jones KW, Jones SA, Kerr, Labrecque,

LaVerdiere, Lemke, Lemont, Lindahl, Marvin, McAlevey, Mitchell JE, Muse, Nickerson, Ott, Peavey, Perkins, Quint, Rines, Rowe, Saxl JW, Saxl MV, Skoglund, Stevens, Tessier, Usher, Volenik, Winn.

ABSENT - Bolduc, Donnelly, Gagnon, Gamache, Green, Poulin, Samson, Shiah, Spear, Underwood.

Yes, 99; No, 42; Absent, 10; Excused, 0.

99 having voted in the affirmative and 42 voted in the negative, with 10 being absent, the Majority **Ought Not to Pass** Report was **ACCEPTED** and sent up for concurrence.

**CONSENT CALENDAR**

**First Day**

In accordance with House Rule 519, the following items appeared on the Consent Calendar for the First Day:

(S.P. 750) (L.D. 2028) Bill "An Act to Clarify the Authority of the Chief of the Bureau of Liquor Enforcement to Conduct Appeal Hearings" Committee on **LEGAL AND VETERANS AFFAIRS** reporting **Ought to Pass**

(S.P. 686) (L.D. 1917) Bill "An Act to Amend the Election Laws" Committee on **LEGAL AND VETERANS AFFAIRS** reporting **Ought to Pass as Amended by Committee Amendment "A" (S-451)**

There being no objections, the above items were ordered to appear on the Consent Calendar tomorrow under the listing of Second Day.

**CONSENT CALENDAR**

**Second Day**

In accordance with House Rule 519, the following items appeared on the Consent Calendar for the Second Day:

(H.P. 1451) (L.D. 2042) Bill "An Act Relating to the Maine School Administrative District 49 Arts and Technology Center" (EMERGENCY)

(H.P. 1376) (L.D. 1929) Bill "An Act Concerning Notices Given in Connection with Mortgage Foreclosures" (C. "A" H-787)

No objections having been noted at the end of the Second Legislative Day, the House Papers were **PASSED TO BE ENGROSSED** or **PASSED TO BE ENGROSSED AS AMENDED** and sent up for concurrence.

(S.P. 812) (L.D. 2191) Bill "An Act to Provide State Matching Funds for Federal Disaster Assistance Relating to the January Ice Storms" (EMERGENCY)

On motion of Representative KONTOS of Windham, was **REMOVED** from the Second Day Consent Calendar.

The Committee Report was **READ** and **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**.

Representative KONTOS of Windham **PRESENTED House Amendment "B" (H-792)** which was **READ** by the Clerk.

The SPEAKER: The Chair recognizes the Representative from Windham, Representative Kontos.

Representative KONTOS: Madam Speaker, Men and Women of the House. I speak to you today as the Representative from Windham, much more than I do a person whose feet happen to be in this corner. I bring this amendment to you in an attempt for us to have what will probably be a fairly brief public debate about the issue of the state providing