

# MAINE STATE LEGISLATURE

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

**Daily Edition**

**First Regular Session**  
beginning December 7, 2016

pages 1 -

**Divided Reports**

Majority Report of the Committee on **HEALTH AND HUMAN SERVICES** reporting **Ought Not to Pass** on Bill "An Act To Support Death with Dignity"

(S.P. 113) (L.D. 347)

Signed:

Senators:

BRAKEY of Androscoggin  
HAMPER of Oxford

Representatives:

CHACE of Durham  
HEAD of Bethel  
MADIGAN of Waterville  
MALABY of Hancock  
PERRY of Calais  
SANDERSON of Chelsea

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (S-90)** on same Bill.

Signed:

Senator:

CHIPMAN of Cumberland

Representatives:

HYMANSON of York  
DENNO of Cumberland  
HAMANN of South Portland  
PARKER of South Berwick

Came from the Senate with the Minority **OUGHT TO PASS AS AMENDED** Report **READ** and **ACCEPTED** and the Bill **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (S-90)**.

**READ.**

Representative HYMANSON of York moved that the House **ACCEPT** the Minority **Ought to Pass as Amended** Report.

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

Representative **HYMANSON**: Thank you, Madam Speaker. Members of the House, this is a difficult bill and requires much thought and I'm sure many of you have put thought into this. I'm sure many of you have spoken to people, read your emails. This is the "Death with Dignity" bill. So, when you or a loved one faces the last six months of life, the question that you ask yourself or I've heard people ask, "Is the enemy suffering or is the enemy death?" Everyone has the right to choose which option they would like. And, this is a bill about autonomy and doing what a person wants to do with their life as they go into death. It's a narrow bill and I wanted to make sure that people knew the content of the bill. By narrow, I mean it has many safeguards to ensure the person's will is honored, providers, pharmacists are protected and many conversations happen and are documented. According to the bill, the patient must be a Maine resident, must make two verbal face-to-face requests to the same physician, separated by a minimum of 15 days. During the first evaluation, all options must be discussed with the person, including hospice and palliative care. A minimum of 48 hours later, the person must submit a written request, face-to-face to the same physician, witnessed by two uninterested and non-related persons. The patient must be capable of and remain capable of making their own health decisions throughout the process. The patient must be able to be capable of self-administering

the medication. Two physicians must verify a patient is competent and within six months of death. Two oral and one written request with two waiting periods in between as I talked about. It requires physicians to discuss and document all treatment and palliative services available, including those routinely recommended for end-of-life comfort care. Only the patient may request the medication and the patient may rescind the request at any time. A physician in doubt of patient competency must refer to the appropriate mental health professional. The process is voluntary for patients; it's voluntary for physicians, voluntary for pharmacists, care facilities, and hospitals. State medical associations are now in a neutral position, having opposed this for many years. This includes Maine. The Academy of Hospice and Palliative Medicine, American Pharmacist Association, American Society of Health-System Pharmacists, and National League for Nursing are neutral. In Oregon, which has had this law for 20 years, since 1997, there have been 1,400 prescriptions filled, 1,100 taken. Some people get the medication and never use it. The public hearings were heart-wrenching, and the majority were in support and asked us clearly to support this as a way to go forward for people who wanted to preserve their dignity through death. I ask you to support this measure. This is a Minority Report, I usually don't move the Minority Report but the outpouring of support for this at the public hearing was so strong that I felt moved to do that. So, I look for your support in the Ought to Pass motion on the floor. Thank you.

Representative ESPLING of New Gloucester **REQUESTED** a roll call on the motion to **ACCEPT** the Minority **Ought to Pass as Amended** 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 Burlington, Representative Turner.

Representative **TURNER**: Thank you, Madam Speaker. Ladies and Gentlemen of the House, I rise today to express my opposition to LD 347. I know there are many reasons why people in this room have taken a position opposite of mine. I know many believe that the opinion of assisted suicide is so personal that each person should have the choice of when and how to end their life. After all, they might say it is a matter of choice and the decision of one person to end his or her life does not mean that others have to decide the same thing. I, however, disagree. Not only does one person's decision always impact others, but our actions here today will send a message across the state about the value and dignity of all human life. And sadly, those whom it will impact the most negatively are likely those who most need to be reassured their value and worth as human beings, no matter their condition or their diagnosis. In 2015, Maggie Karner, a Connecticut woman, who at the time was living with the same medical condition that Brittany Maynard had, penned an article that was published in the *Hartford Courant* entitled "Suicide Options Would Undermine My Cancer Battle." In the article, Maggie confronts the push by assisted suicide advocates in her home state to adopt physician-assisted suicide. It explains the ways in which that push made it harder for her to continue her own fight against cancer. Among other things, she said, "I have been diagnosed with a terminal brain cancer...Because of my diagnosis, I would likely be eligible for the state's help to commit suicide under a bill that's before the General Assembly—and that is terrifying. Like many Connecticut residents, I have wondered whether I would want my doctor to offer suicide as a treatment for deadly cancer. The out-of-state proponents of the bill, regarding physician-assisted suicide

suggest having the ability to end your life legally is comforting. But I can tell you from personal experience that is nearly as troubling as the cancer itself. You see, I get strength and comfort from the knowledge that nobody is going to give up on me—medically, psychologically or holistically. Right now, I have the firm support of the state and my fellow citizens in my desire to live—no matter the cost or burden. If that were to change, the tiny knowledge that I might be straining my family, friends, doctors or community resources unnecessarily would be a heavy burden. The constant 'option' for suicide would wear at my resolve and I fear, become an unspoken 'duty' for me and others."

Fellow House members, we don't live in pure isolation. One person's decision to end their life and one Legislature's decision to sanction it would surely impact all of us. It would also send a message that some people are less valued, less worthy, that some lives deserve suicide assistance rather than suicide prevention. Sadly, Maggie died in 2015, but her message that communities must care for one another in their darkest days lives on as her family continues to speak out against physician-assisted suicide. Fellow legislators, when we, as a state and as a society, say that suicide is wrong and tragic in most cases but acceptable for others, we tell those others that they're more expendable. And for those with terminal illness who do not want to take their own lives, that message may be harder and harder to ignore. Please vote no on LD 347. Thank you, Madam Speaker.

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

Representative **SANDERSON**: Thank you, Madam Speaker, Men and Women of the House. I, too, rise in opposition. I, too, believe, with the good Representative from Burlington, Representative Turner, that we all have in our hearts our decisions on this. But, I look at it this way, our life is our life. We have a beginning and we have an end, and we never really know when that end will actually be. We heard testimony in our committee about a woman from Washington. She was given a cancer diagnosis. She believed in death with dignity. She went to her doctor asking for the prescription for the medications to end her own life. Her doctor, who didn't necessarily believe in that, sat down and he talked to her. Well, fortunately for her, 15 years later she's now cancer-free and she's still living a very active life and she's now opposed to this legislation. Enacting this bill could encourage people with years or decades to live to throw away their lives instead of getting proper treatment. These bills are sold as having a voluntary patient choice. However, there's no physician present when these pills are taken. How do we know that there is choice at the end when they self-administer? I think we would be naive to think that every family is perfect and there may not be enough of an occasion for an ulterior motive, an inheritance, financial gain. I find this just so troubling and I found it troubling in committee when we heard several proponents of the legislation say, and I quote, "No one who has ever participated in this program has ever complained." Think about that. No one who has ever participated in this program has ever complained. Of course not, they're dead. While the good Representative and our colleague, Representative Chace, can't be here today, I do have some words from him. He's a pharmacist. He understands medications. He understands the complications with some medications. And he sent a message saying, "There is no single med that you just swallow and peacefully exit. It can be traumatic with seizures and vomiting. Not the same as hospice." This could be traumatic for the family. Imagine you

have a divided family. You have a parent who's ailing, they decide to take this. You have one sibling who's for it and supports the parent's choice, you have another sibling who's against it and doesn't support the parent's choice. They take this medication. They have a tremendously adverse reaction. It could divide that family for the rest of their lives. I urge you to vote no on this. I'm going to. Thank you.

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

Representative **GUERIN**: Thank you, Madam Speaker. Madam Speaker and Ladies and Gentlemen of the House, I stand in opposition to the pending motion. I have many concerns about these pieces of legislation but I want to briefly cover just two reasons for my opposition—specifically, that the legalization of physician-assisted suicide, or doctor-prescribed death, will put the elderly at even greater risk of abuse and coercion, and, it also puts our youth at greater risk of suicide. I know that those on the other side of this debate often say that these proposals are safe and intended only for those terminally ill patients who desire a lethal prescription, but the reality is that the physician-assisted suicide poses risk to the elderly, opening the door for more, and more serious, elder abuse. This is because it gives family members or caregivers more opportunities for abuse, creating an environment in which elderly people may feel pressure to opt for a lethal prescription rather than being a burden to others or their family. As attorney Mary Harned explains, "Physician-assisted suicide greatly increases the risk of elder abuse and suicide among the elderly by creating yet another path of abuse against older individuals—abuse which is often subtle and extremely difficult to detect. In fact, legalized physician-assisted suicide may hide abuse of elderly and disabled Americans by providing complete liability protection for doctors and promoting secrecy." It is not hard to imagine this scenario described by Not Dead Yet CEO and President, Diane Coleman. "An... abusive caregiver can suggest assisted suicide to an ill person, sign as witness to the request, and pick up the drugs. No independent witness is required at the death.... So how would anyone know if the lethal dose is self-administered, or even if the person consented at the time?" We already know, of course, that elder abuse is a significant problem in Maine. In fact, 33,000 elders are abused in Maine each year. Additionally, almost 90 percent of elder abuse is perpetrated by family members. To legalize physician-assisted suicide seems incompatible with reducing and eliminating elder abuse in our state.

In addition to elder abuse, this bill presents another danger to our citizens. Tragically, a growing problem for Maine's youth has been suicide. We have all been affected by the loss of friends or family. Personally, a neighbor's eighth-grade son committed suicide this winter, and my cousin's son Bryce suffered the same tragic fate, leaving their families devastated. If this bill passes, how many more young people in Maine will we lose who feel that if suicide was right for Aunt Jennifer when she didn't want to go on, it's right for them too, as they struggle with adolescent problems? For these reasons, I ask you to vote against the pending motion.

The SPEAKER: The Chair recognizes the Representative from South Berwick, Representative Parker.

Representative **PARKER**: Thank you, Madam Speaker and Esteemed Colleagues of the House. I rise today in support of LD 347 for a number of different reasons. I first would like to start reading a testimony of one of hundreds that we actually heard in the Health and Human Services Committee this year. "My name is Eva Thompson and I live in

Camden, Maine. As a cancer patient with an incurable disease, I would like to express my strong support for LD 347, 'An Act To Support Death with Dignity.' Dying young is not my choice: I would like nothing more than to live to see my grandson learn to walk and talk. There is nothing that I can do about the situation I'm in, but it would be a huge relief to know that I have some control over how the ending goes. I will know when I have suffered enough. It should be my choice to die quickly and painlessly when I decide the time is right. Please support LD 347 and let individual Mainers make their own decisions. With my sincerest thanks and gratitude, Reverend Eva Thompson, Camden." I first thought today that I would perhaps speak on my own personal experiences with death and dying, suicide, something that we've all personally been affected by so greatly and deeply within this chamber. But, then as I listened to the testimonies of my colleagues, I was reminded that we are all here to represent all of Maine. As I look at polling that was taken for Death with Dignity and saw that 73 percent of Mainers are in support of this bill, I realized that we were indeed speaking about personal choice. Each and every individual is to choose to have the autonomy to decide how much suffering they will endure and when their life has reached a point that they feel that they are prolonging their death rather than prolonging their life. I also speak to the choice of our physicians and our pharmacists for I believe strongly that LD 347 gives them the ability to make the choice if they are going to prescribe or to administer. Not to administer, I apologize. This is not an easy decision before each of us. As we proceed through our lives, we will each be affected differently and greatly with this issue in regards to our own life end, our families, our neighbors, our constituents. And for that reason, I urge you to think about individual's personal choice and not view this as a mandate or a suggestion. Thank you.

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

Representative REED: Thank you, Madam Speaker, Ladies and Gentlemen of the House. I rise this morning to speak in opposition to LD 347, "An Act To Support Death with Dignity." I find the very title of this bill quite disturbing and very misleading. Who doesn't want to die with dignity? Who's to say what dying with dignity is? Is dying in your sleep dying with dignity, but dying a painful death is not? This bill wants to convince us that if we are terminally ill, it is better to ingest pills to bring on an early death rather than die a natural death that includes pain. And this is death with dignity? What will we tell our kids when they inquire how their grandfather, grandmother, father, or mother died if they choose to end their life this way? This is as far removed from Judeo Christian thinking as you can get. It demonstrates how far away from the teachings of the Church that we have drifted and how much secular humanism has now infiltrated our thinking. Now tell me, how much have we progressed and how much smarter and better as a nation have we become? When I decided to run for the Legislature five years ago, I never imagined in my wildest notions that one day we would be voting in favor of legalizing suicide. I'm afraid that if we pass this bill, it will be a major mistake for our state. It will send ripples across the culture of Maine that will require a major change in what we believe and the way we think and the way we have always looked at life. Here are just a few of those ripples. To the Christian, a loved one who has died in Christ is simply asleep and is merely awaiting Christ's return. The Psalmist, David, referred to death as a walk. "Yea, though I walk through the valley of the shadow of death," he said, "I will fear no evil: for Thou art with

me." To the doctor who had been taught to extend and save lives, he's now asked to forsake his oath, do no harm, and issue pills to assist someone in taking his or her own life. And what about the pharmacist? I wonder how he feels about putting the pills into the plastic container knowing they'll be used to end someone's life. Did he sign up for this? Physician-assisted suicide is a nice sounding euphemism for what we once referred to as mercy killing. But when we refer to this as a mercy killing, it shines the light on what we're really talking about here: self-murder. We've put Dr. Jack Kevorkian away for 25 years for this practice. By the way, Dr. Kevorkian was allowed out of prison early because he was dying of cancer. In the end, Dr. Kevorkian did not choose to end his life but chose instead to die a natural death. What prompts people to support a bill like this? I am sure that people sitting by the bedside of a loved one, or a friend who has suffered and fallen away to just a shadow of who he or she was, plays a major role in approving such a bill. I understand this completely. This situation is not unique to one person or one family. We have all been there before and we will be there again sometime in the near future. There is a time to be born and a time to die. Life is just a vapor: it appears for a little while and then it fades away. For this bill to pass, many here will have to be convinced that suicide is not morally wrong. Some here today will be convinced, but I won't. No matter how noble or honorable the cause, it is never right to do wrong to do right. You can't make a moral right out of a moral wrong.

Now, I want to say before I go any farther, that I don't see those who favor this bill as being bad people, because I don't like this bill does not make me one iota better than anyone else in this House. We simply don't see this issue in the same way. I truly believe that the sponsors and supporters of this bill really believe they are doing a good thing. You want to end suffering in the end of life, but in my opinion we can't eradicate suffering by substituting physician-assisted suicide. There is no life on earth without pain and suffering. Only heaven can lay claim to that. And sometimes, in our desire to stomp out one kind of suffering and pain, we may, through unintended consequences not presently seen, inflict greater suffering and pain in the future. I am sorry, I admire the flowery assertion, but there is no way that a death by suicide has dignity. This bill is nothing more than an attempt to dignify something that is totally ugly and morally wrong. The desire of death by suicide, physician-assisted or otherwise, speaks to larger issues for the patient and for society. Suicide is a moral issue. Do we have a moral authority to end our own life? Western civilization has long considered suicide morally wrong based on the belief that life is a gift from God regardless of its circumstances. Life itself has purpose and value, even in the end when we are not guaranteed a soft landing. Patients facing a terminal illness often experience a wide range of emotions including hopelessness, depression, and fear. The desire for suicide before natural death likely indicates the patient is afraid of what is to come or doesn't view his or her life as having value. Concerns about the cost of health care or the fear of becoming a burden on loved ones may put pressure on patients to request lethal drugs as a way out. Are these legitimate reasons to end one's life? There comes a time when every human being is terminal. At some point, all of us will die. I fear that this bill will create a slippery slope that could result in some dying before their allotted time. Maine has the oldest population in the United States. This "Death by Dignity" bill is a recipe for elder abuse. How many elderly people have family members acting as their executors or powers of attorney? How many are impatiently waiting for the family inheritance?

How many may not want to see that inheritance eaten up in medical bills? And will the government and insurance companies do the right thing when faced with serious health questions? Will they pay for treatment costing thousands of dollars or take the cheap way out and pay for lethal drugs at a fraction of the cost? And could this bill be even more dangerous for people living with disabilities and for those living under vulnerable circumstances? And what about the battlefield? Could this kind of thinking ever be used when assessing the chances of a young American soldier suffering in pain in a faraway land? Suicide also eliminates the "what-if" possibilities that may occur: the discovery of a new treatment or cure, the realization of an incorrect diagnosis, or the opportunity to have one last touch from a loved one.

Not too long ago, Jimmy Carter was diagnosed with an incurable form of brain cancer. The Sunday after his visit to the doctor, he informed his Sunday school class of the diagnosis and that he would not be able to continue to teach the class. When he went back for a checkup a few weeks later, the doctor said that the brain cancer was miraculously gone and that he had no explanation why. It may seem ironic, but a law such as the one in Oregon, encouraging physician-assisted suicide, actually works to deny terminally ill patients death with dignity. Why is that, you might ask? I don't expect many here to agree with me, but this is my take on the matter. Human dignity comes from God and is affirmed by those around us, especially when others care for us in our last days. In many ways affliction brings out graces that cannot be seen in the times of good health. There are incredible life-giving experiences that happen on this difficult journey for both the patient and their loved ones. But physician-assisted suicide just piles sorrow on top of sorrow. People living with a terminal illness deserve more than the offer of a physician to facilitate their death. They merit true compassion and that is not found in a bottle of pills. Hospice and palliative care in recent years has come so far in comparison to earlier years. They are now able to provide much more comfort to the patient in his or her final hours. There is no need for physician-assisted suicide. Doctors already adjust medication doses to breathing rates when people are near death, which probably results in hastening death, but this is very different from handing someone a fatal prescription. True compassion is when people come along side of you in this last chapter of your journey. The Apostle Paul writing to the Church at Galatia instructed the Christians to bear one another's burden and so fulfill the Law of Christ. This tells me that it's appropriate to lean on each other during the difficult times of our life. In closing, I hope that we will all listen to what Lincoln called "the better angels of our nature" and provide a dignified death to this bill here in the chamber this morning. The people of Maine deserve better than this. Thank you, Madam Speaker and thank you, Ladies and Gentlemen of the House.

The SPEAKER: The Chair recognizes the Representative from Kennebunk, Representative Babbidge.

Representative **BABBIDGE**: Madam Speaker, Ladies and Gentlemen of the House, I certainly respect the heartfelt and thoughtful responses of everybody in the chamber today. But to me, this proposal is about freedom, freedom to control one's own actions. That's what freedom really is. I have to think of my father who died a lingering death. He was a strong man, but if he had a fear in life, it was probably of the hospital. It was the fear of that loss of control over his own destiny. And I think that this proposal has been thoughtfully crafted and allows the peace of mind that we can have control over our own life. Just as you and I have that control today, you don't

surrender it near the end of your life. It's about freedom. Thank you, Madam Speaker.

The SPEAKER: The Chair recognizes the Representative from Vassalboro, Representative Bradstreet.

Representative **BRADSTREET**: Thank you, Madam Speaker. Ladies and Gentlemen of the House, I stand today opposed to the pending motion and I'd like to give you my reasons why. The subject of this bill can evoke the rawest emotions in all of us, yet when we set public policy, we really need to do it apart from those emotions. Many of the reasons for my opposition have already been stated so there's no sense in me repeating them. I would like to cite a couple of people if I could. Michio Kaku, who is a theoretical physicist, called by many one of the smartest individuals alive, believes that the orderliness of the universe is proof that it was created by design. We live in a universe which is governed by rules that were created by a universal intelligence and not by chance. Dr. Francis Collins, a scientist who is Director of Human Genome Project, sees, and I quote, "DNA, the information of molecule of all living things, as God's language, and the elegance and complexity of our own bodies and the rest of nature as a reflection of God's plan." Two people of no small intellect. The lesson from this is that we are not here by chance; we are here through the will of the Divine Creator. What else could it be? We've been given emotions. We develop relationships, we communicate with one another. We learn how to live in harmony with each other, even though sometimes we get on each other's nerves. We have been given the ability to reason. We are unlike any other being in Creation. We're the consummate product of this Creator, made in his own image and individually and uniquely designed to have infinite value. This Divine Creator is the one who gives life and is the only one who can rightly take it. That prerogative is his and his alone and that's why we need to defeat this bill. Thank you.

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

Representative **BATES**: Thank you, Madam Speaker, Women and Men of the House. I'll begin by uttering a phrase which will surely strike fear into the hearts of everyone in this body, and that is, Madam Speaker, I would like to tell you a story. I am very fortunate that I come from a family of many impressive people. Clearly, those genes never quite made their way down to me. But one of those such people is my grandfather. My grandfather passed away a couple of years ago, but before he left, imparted me with incredible wisdom, as grandparents often do. He was an incredibly humble man, but he accomplished much in his life, from the time he was plucked out of college at Wesleyan to work for Naval Intelligence. He was a member of the team of scientists that created radar that invented identification friend or foe and continued his work there all the way until he was offered a position on a little something called the Manhattan Project. Luckily, he turned that one down. He went on to get graduate degrees at Harvard, Penn State, and taught physics at Dartmouth, University of Michigan and finally settled as the Chair of the Physics Department in Orono, where he lived out the remainder of his life. His father was of equal academic attainment and was a mathematician who worked alongside greats like Norbert Wiener and Albert Einstein. He was also ordained in the ministry. When my great-grandfather was on his death bed, his body was gone. He had lost his sense of sight, his hearing was failing, and he was no longer mobile. But he had retained his mental faculties and he stayed sharp as a whip. What I didn't find out until the end of my

grandfather's life was that toward the end of his father's life he had asked his son, my grandfather, an impossible request. He had asked my grandfather to help him end his suffering, to help him end his life. This was a man who had achieved great things. He had been called as a witness to the Scopes Trial because he was ordained in the ministry and a scientist. Those of you that remember high school history will remember that no one actually took the stand there other than William Jennings Bryan, but he had been at the epicenter of many important things. He didn't want to be remembered in any way other than for what he had tried to give to his family or what he had accomplished, and he certainly did not want to be remembered as a burden.

My grandfather was blessed with a long life. He died a few years ago, at age 92. And he never told me this story until close to the end of his life, because it turned out that he was unable to fulfill his father's final wish. He could not bring himself to do it and that guilt stayed with him for the better part of 92 years. He never forgave himself. At the time, I selfishly and foolishly worried that this would lead to my grandfather asking me the same favor. Luckily, it never got to that point. But, as he began to deteriorate, he did talk to me often about this exact subject. As many have stated, it brings out emotions in all of us, but this was personal, as many of our stories today are. He never outright asked me to help end his life, but he did ask me a favor, and he said, "Dillon, when you're the Senator"—clearly, he overestimated my station, I have no plans to be demoted to the other body—"when you're a Senator, you may be asked to support the right to die and I would hope that you would." My grandfather didn't share political views but he was fiercely Libertarian and he believed in human dignity and independence. I remember holding his hand on his death bed when he left, and thinking how selfish I was, wanting to have another conversation with him, to learn something more from him, but at the same time, realizing that this was the best possible thing. And, it's horrible to say but I'm so happy now. I miss him every day, but I'm so happy now that he is no longer suffering. It's obviously now too late, mercifully, for us to do anything about my family members that have encountered this, but I would ask us all to remember that they're certainly not the only ones. I've heard a lot of people say this might come about in the future, but it's not the time right now. I would just ask us to remember that people are suffering now. There are people right now whose families are having these horrible, horrible discussions that you'd wish on no one, that no one ever wants to have. But I believe that it's really important that we address something to protect these families, to protect the memory of their loved ones, and to honor their final wishes if that is the route that they so choose. So, while it is too late for my family, it is not too late for many other families; and that is the reason, after much deliberation, that I support the pending motion and I would hope that you would all consider doing the same. Thank you, Madam Speaker.

The SPEAKER: The Chair recognizes the Representative from Gardiner, Representative Grant.

Representative **GRANT**: Thank you, Madam Speaker. Ladies and Gentlemen of the House, this is not a partisan issue. This is a human issue. And I think the Committee Report shows how divided the committee was. I think it's one of the harder votes that many of us have taken in the past and will take again today. Most of the time when I look at a bill, I do my research, I listen to the public testimony, I consult with colleagues, and most of the time the decision is very clear. Other times it's not clear, and sometimes you have to go

deeper, and this is one of those issues. And so, what I ask you is, as you vote today, and I ask you to vote against the pending motion, in all due respect to those who feel differently. I received a lot of email, as I'm sure all of you do. One of my constituents wrote to me and she asked me to set aside my personal philosophy, my own personal beliefs, my own personal convictions, and to set those aside and support this bill so that others could make this choice. I responded back to her that though I respected what she had to say, I don't enter this chamber without my beliefs, or my opinions, or my philosophies, or my experiences. We are all a mixture of those things. We do the best we can to make the best choice for Maine people, and I think we are all trying to do that here today. My conscience tells me that this is not the right direction to go. No one wants to prolong anyone's suffering, ever. But the issues here strike at the very heart of what makes us human: the mystery that is death. And I hope that if you are at any point unsure about this vote today, that you will vote no. Unless you're absolutely sure, vote no. You'll have another opportunity because this bill comes back over and over. Follow your conscience. Your conscience will always guide you. When data and all other analyses fail you it is your conscience that will drive you aright. My conscience tells me that this is the wrong direction for a variety of reasons, many of which have been spoken on the floor today. It is not a partisan issue. It is a human issue. And I ask you, Ladies and Gentlemen, to follow my light if it follows your conscience. Thank you.

The SPEAKER: The Chair recognizes the Representative from Athens, Representative Grignon.

Representative **GRIGNON**: Thank you, Madam Speaker. This is not an easy subject, if not taboo, in western culture. Our own experience will dictate our belief, whether that be emotional, philosophical, spiritual on the end-of-life suffering. At one time in my own life, I thought that the humane thing for humanity was a person to be able to have the right to end their life at their own will. Today, I do not believe this to be the case. I'm not trying to persuade peoples' minds but to open their minds. Five years ago, I had a social worker come up to me in a hospital setting to discuss end-of-life care. I was diagnosed with cancer at 39 years old. I was not prepared to talk about nor entertain the idea of checking out before I had a chance to fight for my life. My intentions were to show my children an example: to fight for your life, not to call it quits. I can assure you it's not a mainstream thought in an oncology department, where people are receiving treatment for cancer, to consider suicide. Proposing the option of assisted suicide to a person who could be on that hard, painful fight, could remove their hope of a better time of not being in pain or having the chance of leading a normal life again. Ten years ago, most cancers, including the one I now have, was a death sentence. Today, we've come with technology, those are changing. We come into this world in pain, screaming and fighting for air. I believe this is part of the natural order and I plan on leaving it without a government-sanctioned option of quitting early. Thank you.

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

Representative **SANDERSON**: Thank you, Madam Speaker, Men and Women of the House. I apologize for rising twice and the last speaker was certainly a hard one to follow. But it also brings the topic of which we haven't spoken about right now. Second Thoughts Massachusetts is a Disability Rights Advocates against Assisted Suicide. They came and testified in opposition to the bill and they brought up a very

important topic. From their testimony, it says, "Like other assisted suicide bills, LD 347 and LD 1066 ignore the downside of assisted suicide programs: the premature deaths of non-terminal, vulnerable people due to misdiagnosis. CBS News reported in 2014 that 12 million Americans are misdiagnosed yearly. About 15 percent of people given less than six months to live are not 'terminally ill.' Thousands of people 'graduate' from hospice yearly. Assisted suicide programs turn the best result under hospice—learning that you weren't 'terminal' after all—into the tragedy of dying with years or decades of life remaining." I hope you will vote against the pending motion. Thank you.

The SPEAKER: The Chair recognizes the Representative from Lincoln, Representative Hanington.

Representative **HANINGTON**: Thank you, Madam Speaker, Ladies and Gentlemen of the House. I rise before you this morning very concerned and troubled for where this legislation may go from here. I'm afraid if we pass this, this is going to bring negative consequences into the future. My fear is that we will be singling out our elderly who have mental or physical disabilities. In my opinion, and in my opinion alone, this is suicide with dignity. My wife and I had to bury an unborn son, Evan, 12 years ago in June. Life is precious. It's a gift of God. I personally feel that life starts at conception and ends with the very last breath you take. My dad was diagnosed with cancer in 1973 and lived with it until 1985. He was in and out of remission for four years until 1989. The last three and a half years of his life, he suffered tremendously. But, no way did he want to end his life at 54 years old. Madam Speaker, he wanted to live. For those of us who have served in combat, we have seen firsthand the carnage of war and how precious life really is. Twenty-two veterans every day commit suicide in this nation. Are we, as a nation, going to allow this to happen to our veterans so we don't have to deal with it? I would certainly hope not. The suicide rate in states that have legalized physician-assisted suicide demonstrates how social acceptance of suicide impacts everyone. For example, Oregon legalized the physician-assisted suicide, went into effect in 1998. By 2000, the state's regular suicide rate was increasing significantly, in contrast to decreasing rates in the 1990s. By 2007, Oregon's regular suicide rate was 35 percent higher than the national average. By 2010, it was 41 percent above the national average. Furthermore, as a veteran, I'm especially sensitive to the message: the risk of suicide is 21 percent higher among veterans when compared with the U.S. civilian adults in 2014. I do not want to put even more of our veterans at risk when suicide may become an option for them. Madam Speaker, Ladies and Gentlemen of the House, I can tell you firsthand: to get through some of these troublesome times, we need a good support team, we need faith, we need good family. Life is a precious gift from God. I will not and I cannot support this piece of legislation even though I am sympathetic. Madam Speaker, I will be opposing the pending motion. Thank you.

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

Representative **PERKINS**: Madam Speaker, thank you for allowing me to speak on this. This right here is very near and dear to me as my father is in his last and final days. Interesting to me, on the day after the election, my father says, "Mike I need to talk to you." So, I went to the house. He sat down and he said, "Write down your six core values," and I did. And he said, "This is why you are running, this is why you're here," and I said, "Okay, good Dad, I got it." And now here it is dad is in December and now in the hospital just ten days after the

election. Now in December, he says, "Mike, I need you to do me a favor, I need you to bring me a gun." "What for Dad?" He said, "I want to finish this, I'm all done." My dad is still alive today, but every time I go see him in the morning before I get here, he said, "Remember who you are. Remember who you are. Remember who you represent. Never change your values." And I don't want to lose any of those days, because if I had brought him a gun back then, I wouldn't have him today, and here we are in May. I just think we need to think about that. Thank you, Madam Speaker.

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

Representative **PICKETT**: Thank you, Madam Speaker, Ladies and Gentlemen of the House. I rise here in opposition to the pending motion myself. I've heard everything that has been said and I understand both sides. I watched my brother-in-law, who was diagnosed with Lou Gehrig's disease, I watched him die in his own home in a hospital bed, and if this would have been in effect at the time, he would have had a choice to be able to do this. But I watched him fight every step of the way. I watched him enjoy playing with his grandson, even when his grandson would come up and say, "Hey Pops, how're you doing today?" And when he couldn't speak he'd look at him with his eye as best he could move, until finally, there was no breath left in him, but he fought every step of the way.

I watched my father in 1980, I was 30 years old. I had two children, a new job, and I lost my best friend. I got a call in June of 1980 telling me my dad had just passed away at Thayer Hospital in Waterville. I had been down to see him the day before, and we had put all of the pictures up around his bed and I had my daughter, who was a very young child at the time, and my son, and it was like when he had the chance to see them and to see us and to see my mother, he was able to say goodbye. And, we had a choice to make before dad passed and that choice was this: He was in a hospital bed for seven months on a respirator. My dad loved to talk much like I do, I'm sure Representative Martin over there, Danny Martin, could probably attest to that, but he was and he loved to talk but yet, the first day that he went into the hospital they had to put a tube down his throat to allow him to breathe with the respirator. He was in that way for seven months and I travelled almost daily, taking my mom down there to see my dad, and my dad loved every minute of it. His eyes twinkled. He looked so happy that we were there and fought. But the day before he died, we were given a choice by the doctor. The doctor said, "Look, I don't think your father is going to come off from the respirator. We've tried twice and he can't come off. If we take him off the respirator, we can make him comfortable, but he's not going to make it." We had a choice. We didn't take that choice away from him. We gave him that choice, we kept him on the respirator, and within 24 hours I received that phone call, and he was on the respirator. We have an appointed time to die. I believe. I believe God sets that appointed time for us.

And lastly, I would just say this: that I know a gentleman that lives not too far from me, I consider a friend, he was diagnosed with terminal cancer and he was told "You've got six months, if you're lucky, to live." And he would not accept that. He would not accept that and he fought and he would not take any of the medicine that was out here available to him. He went in another way. He went holistically. And I'm proud to say today, because he didn't listen to that terminal illness, he didn't just give up, today, he's seeing his grandchildren; not only has he seen them born, he's seen some of them graduate and some of them in college today. He never would have seen



any of that if he would have taken an easy way out by taking a pill and then 15 days later taken the second dose. I know everyone is on different sides of this issue and I respect every one of you. But, I cannot in good conscience support this motion and I would ask you to follow my light and defeat this and pass the Majority Ought Not to Pass. Thank you.

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

Representative **BERRY**: Thank you, Madam Speaker. Madam Speaker, Men and Women of the House, I know that all of us have a great deal of stories in our hearts right now of loved ones that we have said goodbye to, and we're thinking about their perspectives and their suffering as we cast our vote today, and I have great respect for all of the perspectives that have been voiced today. But I thought it might be appropriate, Madam Speaker, if we heard from someone that we have not yet today and that is a person who has actually exercised the choice of "Death with Dignity," and a person from Maine who has done so.

My friend Ethan Rimmel grew up here in Maine, he was a talented artist, he was a very bright student and he did amazing things with his life. Working in Silicon Valley, a very accomplished basketball player, and he eventually made his way to Washington State where he was a professor, at Western Washington University, of psychology, happily married with two sons, eight and four years old. And the 8-year-old, his son Seth, is my godson and we've kept in close touch since his father's death. Ethan was diagnosed with colon cancer at about age 40 and it was a very aggressive one. He suffered traumatically for two years and I won't detail the pain and suffering that he went through, in part because there are many listening to us who I think I would rather not share it with. But, suffice it to say, that it was very, very aggressive, very, very painful and his suffering was enormous. Ethan blogged about his experience and you can go to [psychologytoday.com](http://psychologytoday.com) and look up "Living While Dying" and read his story today. He had some very intense reflections on his experience and they tell, I think, a story that is very important and I wish that I had shared it with all of you earlier. But please visit "Living While Dying" on [psychologytoday.com](http://psychologytoday.com). Ethan died, in the end, in the way that he chose to die, because he did not live in his home state, had the choice, and he thought carefully about his options. But, in the end, he died with his family sitting on a bench facing the western sunset and looking out over the Pacific. He could not have chosen, Madam Speaker, to sit with his family in that way in his own home state of Maine, facing the sunrise and looking out at the Atlantic, because government chose that for him, because we chose that for him, as we do for all who have to face the crushing and painful suffering of death approaching close by.

Madam Speaker, Ethan wrote in his blog the following comment and I want to end simply by reading what he had to say as he contemplated his decision knowing that death was near, knowing that it was not a matter of whether but a matter of when and under whose terms. He wrote, "I do not view it as 'suicide' (although that is a convenient term), because I would not really be choosing between living and dying. I would be choosing between different ways of dying. If someone wishes to deny me that choice, it sounds to me like they're saying: I am willing to risk that your death will be slow and painful. Well, thanks a lot, that's brave of you."

Madam Speaker, I know that we will all do what is right by our own lights today and I'm not asking that anyone follow mine, but I will be voting today in honor of Ethan Rimmel and with his words ringing in my ears. Thank you.

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

**ROLL CALL NO. 129**

YEA - Ackley, Babbidge, Bailey, Bates, Battle, Beebe-Center, Berry, Bickford, Blume, Bryant, Cardone, Casas, Chapman, Cooper, Daughtry, DeChant, Denno, Dunphy, Farnsworth, Fay, Frey, Gattine, Grohman, Hamann, Handy, Harlow, Hawke, Herbig, Herrick, Hubbell, Hymanson, Jorgensen, Kornfield, Kumiega, Luchini, Mastraccio, McCreight, McLean, Monaghan, Moonen, O'Neil, Parker, Pierce J, Pierce T, Prescott, Reckitt, Riley, Rykerson, Sanborn, Schneck, Spear, Stearns, Sylvester, Tepler, Terry, Tipping, Tucker, Warren, Wood, Zeigler, Madam Speaker.

NAY - Alley, Austin B, Austin S, Black, Bradstreet, Campbell, Cebra, Collings, Corey, Craig, Dillingham, Duchesne, Espling, Farrin, Fecteau, Foley, Fredette, Fuller, Gerrish, Gillway, Ginzler, Golden, Grant, Grignon, Guerin, Haggan, Hanington, Hanley, Harrington, Harvell, Head, Hickman, Higgins, Hilliard, Hogan, Kinney J, Kinney M, Lawrence, Lockman, Longstaff, Lyford, Madigan C, Madigan J, Malaby, Marean, Martin J, Martin R, Mason, McCrea, McElwee, Melaragno, Nadeau, O'Connor, Ordway, Parry, Perkins, Perry, Picchiotti, Pickett, Pouliot, Reed, Sampson, Sanderson, Seavey, Sheats, Sherman, Simmons, Sirocki, Skolfield, Stanley, Stetkis, Stewart, Strom, Sutton, Talbot Ross, Theriault, Timberlake, Tuell, Turner, Vachon, Wadsworth, Wallace, Ward, White, Winsor.

ABSENT - Brooks, Chace, Johansen.

Yes, 61; No, 85; Absent, 3; Excused, 2.

61 having voted in the affirmative and 85 voted in the negative, with 3 being absent and 2 excused, and accordingly the Minority **Ought to Pass as Amended Report was NOT ACCEPTED.**

Subsequently, on motion of Representative GOLDEN of Lewiston, the Majority **Ought Not to Pass Report was ACCEPTED in NON-CONCURRENCE** and sent for concurrence.

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Majority Report of the Committee on **EDUCATION AND CULTURAL AFFAIRS** reporting **Ought Not to Pass** on Bill "An Act To Exempt Public Safety Buildings from Historic Preservation Restrictions"

(H.P. 821) (L.D. 1184)

Signed:

Senator:

MILLETT of Cumberland

Representatives:

KORNFELD of Bangor  
 DAUGHTRY of Brunswick  
 FARNSWORTH of Portland  
 FULLER of Lewiston  
 McCREA of Fort Fairfield  
 PIERCE of Falmouth

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

Signed:

Senators:

LANGLEY of Hancock  
 MAKER of Washington