

# MAINE STATE LEGISLATURE

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Senate Legislative Record  
One Hundred and Twenty-Ninth Legislature

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beginning at Page 1

**PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (H-253) AS AMENDED BY SENATE AMENDMENT "A" (S-170)** thereto, in **NON-CONCURRENCE**.

Ordered sent down forthwith for concurrence.

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The Chair laid before the Senate the following Tabled and Later Assigned (5/29/19) matter:

HOUSE REPORTS - from the Committee on **ENVIRONMENT AND NATURAL RESOURCES** on Bill "An Act To Protect the Environment and Public Health by Further Reducing Toxic Chemicals in Packaging"

H.P. 1043 L.D. 1433

Majority - **Ought to Pass as Amended by Committee Amendment "A" (H-362)** (9 members)

Minority - **Ought Not to Pass** (2 members)

Tabled - May 29, 2019 by Senator **CARSON** of Cumberland

Pending - **ACCEPTANCE OF EITHER REPORT**

(In House, the Majority **OUGHT TO PASS AS AMENDED** Report **READ** and **ACCEPTED** and the Bill **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (H-362)**.)

On motion by Senator **CARSON** of Cumberland, the Majority **OUGHT TO PASS AS AMENDED** Report **ACCEPTED**, in concurrence.

Bill **READ ONCE**.

Committee Amendment "A" (H-362) **READ** and **ADOPTED**, in concurrence.

Under suspension of the Rules, **READ A SECOND TIME** and **PASSED TO BE ENGROSSED AS AMENDED**, in concurrence.

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The Chair laid before the Senate the following Tabled and Later Assigned (5/29/19) matter:

HOUSE REPORTS - from the Committee on **HEALTH AND HUMAN SERVICES** on Bill "An Act To Enact the Maine Death with Dignity Act"

H.P. 948 L.D. 1313

Majority - **Ought to Pass as Amended by Committee Amendment "A" (H-305)** (7 members)

Minority - **Ought Not to Pass** (6 members)

Tabled - May 29, 2019 by Senator **GRATWICK** of Penobscot

Pending - **ACCEPTANCE OF EITHER REPORT**

(In House, the Majority **OUGHT TO PASS AS AMENDED** Report **READ** and **ACCEPTED** and the Bill **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (H-305)**.)

Senator **GRATWICK** of Penobscot moved the Senate **ACCEPT** the Majority **OUGHT TO PASS AS AMENDED** Report, in concurrence.

On motion by Senator **TIMBERLAKE** of Androscoggin, supported by a Division of one-fifth of the members present and voting, a Roll Call was ordered.

**THE PRESIDENT:** The Chair recognizes the Senator from Washington, Senator Moore.

Senator **MOORE:** Thank you, Mr. President. Ladies and gentlemen of the Senate, I rise before you today in support of this motion. The Maine Death With Dignity Act will allow competent, terminally ill Maine residents who are within six months of death to legally obtain oral prescription medication they can voluntarily take without assistance to peacefully end their life. To qualify, the patient must be an adult 18 years of age or older, a legal resident of Maine, competent and of sound mind, terminally ill within six months of death, the same standard as hospice, able to self-administer the medication without assistance. The law contains safeguards that have been shown to protect patients in other states. Over 40 years of combined data from Oregon, Washington, Vermont, California, and Colorado show the laws work as intended, with no evidence of abuse, undue influence, or coercion. The safeguards in the Maine Death With Dignity Act include: the patient must be competent and voluntarily make two verbal requests and a written request with a waiting period in-between. Two witnesses must confirm that patient is acting voluntarily, if there is any indication that the patient is not of sound mind they must be referred to a mental health professional for evaluation. Two physicians must confirm the patient meets the requirements of the law, no healthcare professional can be forced to participate and all medical professionals can opt out without reason. The patient must take the medication themselves without assistance. The patient can rescind their request at any time and it protects the patient's access to all feasible healthcare options.

Over the past month we've heard some unfounded concerns. The bill is a slippery slope towards euthanizing. The fact is that there have been no efforts to expand Death With Dignity legislation in any other states. People will be coerced or encouraged to use the law. Those who make this argument cannot point to a single case where this happened. The Director of Disability Rights in Oregon testified in 2007 and then again in 2016 that his organization has still not received a single complaint of exploitation or encouragement of an individual with disabilities in the use of Oregon's law. Not even one. Another one, insurance companies will deny coverage for live-saving treatments and offer life ending medication instead. There has been one such allegation in Oregon which proved to be false. The Governor of Oregon, himself a doctor, concluded that no treatment has ever been denied because that would be more cost effective. Lastly, the law will lead to a rising suicide rate. Not true. While Oregon's rate is higher than the national average, attributing that to their Death With Dignity Law doesn't make sense. Nine other states, mostly western states, that have a

higher suicide rate than Oregon do not have a Death With Dignity Law.

As a daughter, a friend, and having worked as a cancer patient navigator, I would like to share with the Senate three stories to illustrate the reasons behind my support of this bill. In 1993 my father, at the age of 64, was diagnosed with inoperable colon cancer. He spent six months or so in treatment before he stopped chemo, choosing to live his life to the fullest. Thanks to the love and prayers of family and friends, his cancer went into remission. He regained his strength and proceeded to get his affairs in order. Fast forward four years later, the cancer returned and began to spread rapidly through his body. We watched him go downhill very quickly, as his quality of life deteriorated. Under the care of the local hospice organization, Daddy's pain was kept at bay with repeated morphine. Seeing him lying there dying, knowing that was not the way he wanted his life to end. He had made peace with death months earlier but was not coherent of his condition. He would have been horrified to know he was wearing diapers and that my niece, who was a CNA, was the one taking care of his most personal hygiene needs. I know in my heart that if Daddy had been able to direct his death with dignity he would have left this world at peace, with little pain. Another story. Several years ago, as a cancer patient navigator, I worked with an 82 year old gentleman who had been diagnosed with Stage 4 lung cancer. In efforts to delay the inevitable, the doctors, with good intentions, scheduled him for repeated chest x-rays, blood tests, breathing treatments, etcetera. I watched him deteriorate with pure exhaustion. In conversation with him, he was ready to give up, saying he just couldn't continue to do this. As his cheerleader, I encouraged him to hang in there, offering to help in any way I could. On the day he was scheduled for another breathing treatment he drove himself to a back road about five miles from his home and shot himself. I truly believe had the death with dignity opportunity been available his death would have been peaceful, surrounded by loved ones, instead of dying alone on the side of a road. My final story I will share to illustrate why I support this bill is about a dear friend of mine who was my age. He was diagnosed with ALS in his early 50s. Through the next few years we watched as this cruel disease took away his ability to work, his mobility, his pride, and ultimately his ability to even do the simplest things such as to take a drink of water. His devoted wife, a CNA herself, felt helpless as she watched the once strong, viral husband she dearly loved deteriorate. His death was not a pretty one. I do believe he would have supported death with dignity rather than the way his life ended. This is just a few of the people in my life who have suffered at the end of their lives. I would share many other examples of other clients and family members. So often we talk about the rainbow bridge for our precious animals. Perhaps we should think about the rainbow bridge for our precious loved ones. I ask for your support of this bill. Thank you.

**THE PRESIDENT:** The Chair recognizes the Senator from Kennebec, Senator Cyrway.

Senator **CYRWAY:** Thank you, Mr. President. Ladies and gentlemen of the Senate, I realize this is a very serious bill that we're talking about but I rise to state my opposition to this bill. This bill represents no hope. Once committed to suicide, this legislation forces doctors to disregard their Hippocratic Oath. It lacks safeguards and endangers the weak who may have a chance to turn around with help. Where is six months from death

marked? This will change our culture in which medicine is practiced. It takes the profession of medicine by permitting the tools of healing to be used as techniques of killing. This distorts the physician-patient relationship. Whatever happened to true compassion about our views from family members such as disabled and the elderly? How will we look at them in the future? How will they look at themselves? Physician assisted suicide is the most profound injustice that violates human dignity and denies equality before the law. We still must believe all people have immeasurable worth and dignity. We can't afford to normalize suicide. I love the Lord who gave me life and I hope you will not legislate life away. Thank you, Mr. President.

**THE PRESIDENT:** The Chair recognizes the Senator from Cumberland, Senator Millett.

Senator **MILLETT:** Mr. President, I rise before you in support of L.D. 1313, An Act to Enact the Maine Death with Dignity Act. Though the title may appear redundant, I can assure you this legislation is not. It is a well thought out and well studied idea that meets a real need for terminally ill and mentally competent Mainers. I want to share the story of Pappa Joe Burns, a devoted Catholic and lifelong Republican. He owned and operated an auto body shop and raised German Shepherds. He had a large family and was loved by all. In his late adulthood he was diagnosed with heart disease and spent many years in and out of hospitals, with surgeries and pacemakers. After decades of treatment, the doctors advised him that he was terminal. He had weeks to live and he knew it to be true. He was no longer able to go camping, no longer able to drive his beloved Cadillac, or take his dog, Schwartz, for walks. He no longer could entertain his grandchildren and great-grandchildren, though he tried. At his last doctor's appointment he asked the doctor to 'show me the way out.' The doctor could not because there was no death with dignity at that time. He went home with his beloved wife, Charlotte, who was crying the entire ride. He did not shed a tear. He sent her to the store but when she heard the telltale pop of a gun she rushed back to find him. He was buried with full Catholic burial rights in the church he attended for his entire life. You see, Mr. President, this cause does not know partisan or religious boundaries, so our laws should not either. Joe Burns deserved better. Mainers deserve better. Thank you, Mr. President.

**THE PRESIDENT:** The Chair recognizes the Senator from Lincoln, Senator Dow.

Senator **DOW:** Thank you, Mr. President. A lot can happen in six months. The comedian Benny Youngman, speaking on a joke about a friend of his, said the doctor gave him six months to live. Couldn't pay his bill. The doctor gave him another six months. A lot can happen in six months. But all joking aside, I stand here today not to quote statistics or what's being done anywhere else in the country or the world. I've come to tell you why I am voting against this bill. It all has to do with my religious convictions and my studying of the Bible over many years. Paul used to say, used to ask, that people pray for him, that whenever he spoke he would speak fearlessly. I, like Paul, at times feel I am an ambassador of Christ, sometimes an ambassador in chains. When I ask the people that are listening to pray that I may declare my understanding of the mystery of the gospel fearlessly as I should. Paul spoke about death at times because he ended up in jail many times during his ministry and he never knew what was

going to happen to him. He never knew whether he was going come out alive or dead, and he spoke to this to his congregations and we read about this in Corinthians and he says: I don't know whether I'm going to live or die. If I die maybe that's a good thing because I will be with the Lord and if I live I've got a lot of work to do here on earth. He says: I don't know what's going to happen. I think I'm going to live. I think I'm going to get out of this and live. But he understood the value of his person and the value of his ministry. He understood, with certainty, because he goes on to write in Ephesians that we, plural we, are God's handiwork. In Greek it's the word for handiwork is poiema. We are God's poiema of creation. To translate that into understanding words that I understand better, it says we are God's masterpiece of his creation. We are his masterpiece of reconciliation and we have a message and a ministry of reconciliation, and he says this with absolute certainty when he speaks about hope and faith. Hope for the Apostle Paul was never a verb. I hope I get a good gift for Christmas. No, hope was a noun. It was the hope of glory. It was the absolute certainty that what God had begun he would and did finish with the death and resurrection of Christ. I know that life is hard. It's difficult. But the dignity of death is knowing with absolute certainty that I will reside with Christ in the next life. I cannot bear the thought of ending life early, even though it is painful, even though it is difficult. It is my job to be there with the person, to help them bridge the gap between this life and the next. See, you couldn't beat the Apostle Paul. You could not beat him. The Apostle Paul had already won. If he lived he won, if he died he won because of the absolute certainty of what Christ did on the cross.

So if you're lucky enough in this world to be born and survive, this bill asks us to give someone 18 years old the right to ask for that privilege to have assistance to die, 18. You have any last requests before we perform this? Yes, I'd like a cigarette and a drink of whiskey. Well, can I see your I.D. because you can't smoke or drink in this state at 18 but we're going to allow someone who has been declared terminally ill to ask that he be assisted. I think not and I cannot bear the thought of this and many other things that take life and don't look at it as the most important aspect of our creation. We are God's masterpiece, each and every one of us, and we deserve to be held by those ministers of faith in times of difficulty and trouble, to get us through and to encourage us because the end will come for all of us. For those in Christ, there will be absolute certainty and that's why I speak so strongly against this.

In my words, the words of Dana Dow, no, not the words of Dana Dow but in the words of Martin Luther, 500 years ago, who said: 'Unless I am convinced by proof from scripture or by plain and clear reasons and arguments, I cannot and will not retract, for it is neither safe nor wise to do anything against conscience. Here I stand. I can do no other. God help me. Amen.' Thank you, Mr. President.

**THE PRESIDENT:** The Chair recognizes the Senator from Penobscot, Senator Guerin.

Senator **GUERIN:** Thank you, Mr. President. Mr. President, ladies and gentlemen of the Senate, we heard from some Senators today how, if this bill passes and is legalized and sterilized and culturally accepted by some, there will be no people feeling forced into suicide or coerced into suicide. But I do not believe this is true. You may not hear of abuses, but the abuses will be there, silently taking place in the form of guilt induced

suicide. Competent seniors who do not want to be a burden to their families who are busy with work, after school sports schedules, and other modern-day distractions will feel an obligation to kill themselves in an effort to be not a bother to those busy families. Let us honor our seniors by voting against the pending motion.

**THE PRESIDENT:** The Chair recognizes the Senator from Knox, Senator Miramant.

Senator **MIRAMANT:** Thank you, Mr. President. Men and women of the Senate, when it comes to this issue words matter. I heard the words physician assisted. There's no physician assistance to die. There's physician involvement to make sure that there's clarity around the decision, a decision that's only brought because of a very short period of the impending death from the result of an illness or injury that's just not within the normal power of recovery. But within that same period, there's the allowance for you to have this chemical to help you. A chemical because, as it was mentioned, there are potential methods to end life and they're very messy and they're very traumatic to the survivors, and this is a way to help someone to have a choice. In Oregon, only one-third of those who get that choice even use it because sometimes that prognosis is incorrect and they're living with it and they know that if by some means they find their way back to health that they don't have to use it. But when they go to use it, again, there's no assistance. They have to physically take it on their own. No help. No coercion. The folks along the way that made sure that they could get this, somebody had to be not affiliated and not going to benefit from their death. This has been in place for 20 years in Oregon.

One of the ways my father-in-law and I shared some time, besides the joys of my family and raising my kids and traveling the world and doing some amazing things over the last 40 years, was to show up four years ago when this bill was presented in the 127<sup>th</sup> Legislature. We were there and testified together in front of HHS about this bill. He had stories like some of our members about family members who had suffered horrible, painful deaths and how they had asked for something like this. That's why he came here and testified to the committee about their and about his wishes for choices at the end of life, should he be in that position. He was very clear. He was very compassionate about the choice of people. The committee, each in the last couple of Legislatures before this and this one, had to hear stories that made us all tear up and it was pretty amazing.

So this is something very personal and something that people have to choose to do. I think we need to give them this tool. It's a good tool and I hope no one ever has to use it but I want it available for my father-in-law if he needs it, for myself if I need it, for my loved ones who don't want to leave a legacy of the horror of the other choices of ways to end life because we all have a choice without this bill, but it's not very pretty. Thank you.

**THE PRESIDENT:** The Chair recognizes the Senator from Androscoggin, Senator Claxton.

Senator **CLAXTON:** Thank you, Mr. President. When I first ran into this bill and was asked if I could support it my answer was no. I needed some additional information and some time with the bill because we all know they change as they go through and come out of committee. So I was very skeptical to begin with. I'm speaking as a physician who has been with the dying, who has

sat on the side of the bed as people die, who's held hands and worked with other family member to help them with the transition of the patient into their next stage. I'm also very supportive of palliative care and the amazing things they can do, and hospice care and the amazing things it can do, having been involved as a hospice house physician for part of my career and covering services there. This is difficult and, as I tested it against a couple of experiences I knew, I came away feeling that this should be an option for people in our state. I thought of my father who would have loved to have had this as an option. His ultimate definition of who he was depended upon his autonomy and the dignity with which he was in the world. Had he known how things would end up for him, he would have opted for this would it have been available. As it was, he wouldn't have qualified because as he approached death he became more depressed and he wasn't assessable for treatment. So he would not have qualified within the limits of what this law provides. So that made me feel more reassured that somebody who shouldn't have been to exercise that option would not have been. In the other instance, an acquaintance approached me, asking for help about ending his life. I'd never been asked that question before or since. He was convinced it was legal based on statutes. I knew otherwise. We talked about it a lot. I tried to help him understand what his choices were. But this man, at the age of 52 when he approached me, had known how his life was going to end since he was 21 years old and was diagnosed with a terminal degenerative disease. He knew his mind would be fine. He knew his body would completely fail him and he wouldn't be able to handle anything that was at all life sustaining in the way he defined life. I wasn't able to help him. There were limits and I was not in a position then or a place then where I thought I could be a resource for him. His solution was to go on this new thing called the web and do some reading and find on-line recipes and concoctions and directions for how to end life. He died alone and quiet, with no friends around, nobody to support him. This was a man who had lived an incredible life and left an incredible legacy. Sometimes the best form of compassionate care is care in those very real instances that preserves autonomy and dignity. Thank you, Mr. President.

**THE PRESIDENT:** The Chair recognizes the Senator from Cumberland, Senator Diamond.

Senator **DIAMOND:** Thank you, Mr. President. Ladies and gentlemen of the Senate, this is a very personal issue. For me it's not religious, but I totally respect anybody it is. I voted for this similar bill in the last Legislature and it's bothered me considerably ever since. I just felt uneasy about it and felt that it was not something that I was able to give that authority to do. I felt I had over-played my hand. Basically, I thought I was smarter than I really was on this issue. So I want to just say that anybody, no matter how you vote on this, your personal choice is as valid as the next persons. You don't need me to tell you that, but it is one of those things that I just couldn't escape. I'm a big believer in hospice, a founding member of Hospice of Southern Maine, the Gosnell House. We worked long and hard to create that. I think that works very, very well. I think there are options. Like many of you, I've had loved ones that have died in a very tough way, my mother being one. So it's something that I don't have an answer for anyone other than myself and I'm just at the point where I have to vote against this bill, Mr. President, for the reasons that I stated. Thank you.

**THE PRESIDENT:** The Chair recognizes the Senator from Penobscot, Senator Gratwick.

Senator **GRATWICK:** Thank you very much, Mr. President. Ladies and gentlemen of the Senate, I agree, this is an extraordinarily personal decision we each have to make. There's no right or wrong answer. I'll simply say in 40 years in the medical practice, I've come up against this three times. It was not legal at that time so I was not able to act. In two individuals, nature took its course. One individual, who had long discussions over many months, three or four, and I was not able to act. It was very tragic. It still remains with me and I wish I could have acted differently. I would like to read, very briefly, a statement from the Ethics Committee of the American Medical Association, which take the position neither for nor against. 'Supports and opponents of Death With Dignity share a common commitment to compassion and respect for human dignity and rights.' Compassion and respect for human dignity and rights. 'They, however, draw different moral conclusions for the underlying principle they share. Where one physician or group understands providing the means to hasten death being an abrogation of the physician's fundamental role as a healer, another physician in equally good faith understands supporting a patient's right for aide in hastening a foreseen death to the expression of care and compassion.' That is, we all act within our moral compass and come to a different conclusion on this particular bill. I wish to read also something from our colleague from the House. 'This is not an assisted suicide bill. This is choosing between different ways of dying. The terminally ill patient who would be given the option to hasten their death has no interest in committing suicide. They have arrived at a decision, having exhausted every available means of prolonging the life that they love. These dying patients are not making the desperate, impulsive choice associated with suicide. Suicide is a repudiation of life. These dying patients love life but recognize with clarity their death is imminent and they wish to avoid unbearable suffering and loss of autonomy by choosing the option of serene and dignified death. They seek to shorten the agony of their final hours, not to kill themselves. Cancer is killing them. Lou Gehrig's disease is killing them. The disease ravaging their body is killing them.' Again, this is a very difficult question for us all. There is to be no doubt that hospice is extraordinarily important in this instance. We must never forget that. Ninety percent of the people in Oregon who have done this, been involved in the program, have been involved in hospice. I urge, again, we pass this. Thank you, Mr. President.

**THE PRESIDENT:** The Chair recognizes the Senator from Aroostook, Senator Carpenter.

Senator **CARPENTER:** Thank you, Mr. President. I rise to ask a couple of questions and also to agree with my seatmate that this is an incredibly personal decision. I do have two questions, both of which are insurance related. I apologize, I missed the beginning of the debate. One of my concerns was I know that there has been in practice in the insurance industry not to pay benefits, death benefits, on life insurance policies if the person took their own life. I'm not sure how this bill deals with that or if, in fact, it can deal with abrogating a contract that somebody made with a private insurance company 20 years prior. So I would pose that as a question to the committee, if anybody wishes to answer. The second question is: of course when these bills come up we

are bombarded with literature and facts and opinions and all that. One of the things that jumped out at me was something that was handed out by opponents of the bill. In Oregon there have been instances, and my question is to the committee, as to whether or not they received any testimony or evidence about this. Supposedly in Oregon there has been evidence that insurance companies declined to continue paying for treatment for cancer and things like that, like chemotherapy, but that they were willing to pay for the cocktail. That seems, to me, to be - I don't want this to be an insurance-driven issue, I guess that's what I'm saying. So I'm asking the committee, or anybody else who knows, if, in fact, in any of the other states where this type of law is in effect is there evidence that the insurance companies stopped paying for the treatment for the person but were willing to pay for the cocktail to end their life?

**THE PRESIDENT:** The Senator from Aroostook, Senator Carpenter, has asked a series of questions through the Chair to anyone who can answer. The Chair recognizes the Senator from Penobscot, Senator Gratwick.

Senator **GRATWICK:** Thank you very much, Mr. President. Ladies and gentlemen of the Senate, to the Senator from Aroostook, we discussed this in detail in our committee and, the second question first, there is no evidence whatsoever that people brought forward, that we were able to find, that insurance companies have engaged in that practice, which would be entirely inappropriate. The second is, the bill very specifically was run by the Insurance Commissioner, various insurance programs, and also the record from the eight states where it has been done, and there have been no instances in which the insurance companies have not - in which annuities, life insurance, etcetera have been voided because of death with dignity protocols. That simply has not been a factor so far. Could there ever be a lawsuit? The answer is of course, but I think it would not have standing so far.

**THE PRESIDENT:** The Chair recognizes the Senator from Androscoggin, Senator Timberlake.

Senator **TIMBERLAKE:** Mr. President, ladies and gentlemen of the Senate, I've sat here and I've thought about this. I knew how I was going to vote a year ago, two years ago, three years ago. It hasn't changed. But my thought that changes here today is: what in God's creation gives us the right to determine this law in the first place? I ask that because we're giving another human the right to determine when our six months starts, whether it starts today, tomorrow, or whenever. When a human being has to play the role of God for that six months, has to determine when that date starts, I don't think we have the right to play that role. I really don't. I don't know who gives us the right to make that decision. I have heard of miracles happening. Sometimes that six months is time for a miracle to happen. I know death is hard. Anybody who knows me knows I was very close to my father-in-law and I sat beside him and held his hand when he died. I know that feeling. I think every one of you knows that feeling, sometime in your life has felt that heartfelt feeling. I just don't think we have the right to determine whether God's going to create that miracle now or later. For that reason, I will be voting against this bill and I hope you will join me. Thank you.

**THE PRESIDENT:** The Chair recognizes the Senator from Oxford, Senator Hamper.

Senator **HAMPER:** Thank you, Mr. President. Ladies and gentlemen of the Senate, call this what you may but as a legislator, as a lawmaker, and as a resident of the state, I am being asked to have the state sanction suicide. Can't do it. Not today or not ever. I'll be voting against this bill, Mr. President.

**THE PRESIDENT:** The Chair recognizes the Senator from Oxford, Senator Keim.

Senator **KEIM:** Thank you, Mr. President. In answer to two questions that were posed to the Chair. One of the reasons why the insurance companies will not consider this suicide is because we have to falsify, according to this law, a patient's death certificate. Pursuant to Section 2842, must list the underlying terminal disease as the cause of death. So in order for us to bypass insurance policies we have to falsify death certificates. I'd also like to answer the other question posed. I did some of my own research on the actual wording in the bill. So one of the things that I read is in 2017 Nevada physician Brian Callister revealed that he had sought approval from insurance companies in Oregon and California, the latter also having an Oregon-style law, for two patients he thought could be cured by a treatment available in those states. In both cases, he says, the companies refused coverage for the treatment but suggested that he consider assisted suicide. That was reported by the Daily Signal June 28, 2017. There are also a couple of other examples that I didn't highlight. I'd also like to address the fact that elderly people will feel, as they often do, that they are a burden on society and that that is a good reason for ending their lives, whether or not that may be something they truly want to do. So here there is research from Richard Doerfinger in Massachusetts on Oregon's assisted suicide. Here they say that the prospects of patients dying in excruciating, intractable pain has long been cited by assisted suicide advocates to win public sympathy and support for the agenda. However, the most common reasons that they cited in 2017 are being less able to engage in activities making life enjoyable, that was 88% of them; losing autonomy, that was 87%; loss of dignity, 67%. However the most significant change is that in 2017 55% of the patients compared with an average of 42% in the past years say that they are obtaining the lethal dose because they are a burden on family, friends, and caregiver, a feeling that is easily communicated to patients by those other parties and by the existence of a government policy singling them out for assistance in suicide.

I do think there is a growing body of evidence also reported in the Southern Medical Journal, Volume 108, Number 10, October 2015, that said physician assisted suicide was associated with a 6.3% increase in total suicides and it is associated with an increased inclination to suicide in other individuals. So the overall increase isn't all physician assisted but also increased. That is my concern about this bill, that as we legalize things other people just consider this. Young people who are feeling that life is too big and too awful for them. As a Legislature, when we say that death is an acceptable solution, how do we rationalize with them that it isn't acceptable for them and life is going to get better? I'm very close with many young people who have a really black outlook on their future and this is talking with them and telling them things are not that bad and things will get better and things change. That becomes more difficult when our state says your suffering is too much and here's a pill and you are welcome to take your own life.

Personally speaking, I've recently lost my grandfather and my father, and my grandfather was in an assisted living facility and then a nursing home. It's incredibly costly and the family had a lot of discussions about the \$9,000 a month that it was costing to keep him there in that facility and whether or not we were going to have to sell the family farm, which has been in the family for generations and how we were going to deal with this. I absolutely think that this law will impact elderly people in feeling like they are too much of a burden when they hear figures like that go around, \$9,000. You know what, \$9,000 times six, if we had just given my grandfather a pill we could have saved ourselves some money. I never want that to be the case for any person's life. Additionally, I will say that there are a lot of beautiful moments at the end of a person's life and I had probably some of the most memorable, incredible moments with my father at the end of his life, and I knew that he was passing and he knew for a long time. So as we look on as a Legislature and we say they have no value left to give, you don't know because those moments are incredible. They are precious. They will stay with me for the rest of my life, the words that he spoke to me. So there is value at the last six months. There's value at the last few minutes. So when we look at this I just want to encourage you all to remember that, yes, there are stories of people who are alive and saying I wish I had taken that. There are just as many stories of people who are saying the end of life is beautiful. Thank you.

**THE PRESIDENT:** The Chair recognizes the Senator from Cumberland, Senator Carson.

Senator **CARSON:** Thank you, Mr. President. Ladies and gentlemen of the Senate, each person who has spoken this morning has spoken from the deeply personal place and I, too, wish to do that. I speak to you as someone who deeply wants to have the choice to die with dignity if I need that choice when my time comes. I'm a lucky man. At 71, I have done many things. I have lived with and loved a family of parents, grandparents, brothers, children, grandchildren, and wonderful friends. I have hiked and climbed in the mountains of Maine, New Hampshire, the Rocky's, Canadian and American, hiked the volcanos of the Pacific Northwest and the Blue Ridge of the Appalachians to the south. I have, in my profession, been fortunate, as an environmental advocate, to make a difference in the way our rivers are treated and cleaner air and healthier future for our children. As you all know, I've occasionally spoken about this, I have been to war. I have seen humanity at our worst and I came home to become an advocate for peace. Whatever path we walk in life, generally speaking, is ours to choose. Some years ago, 30 actually, one of my brothers, a practicing physician then and now retired, was with my father in the hospital at the end of a long and debilitating illness. It took its toll over more than a year. My father took a severe turn for the worse while in the hospital and my brother, whom I love dearly, as I did my father, said to the attending physician, 'Please do not intervene. It's time for my father to let go.' I don't know whether I would have had the courage to do that. I trusted, and trust today, his judgment that this was the right thing to do at the time because, while Virginia had no Death With Dignity statute then, it was a choice that my brother made and I think it was the right one for the family. Coming back to my own life, I rise to speak in support of Death With Dignity because if I need it, when I need it, I wish to be able to make that choice for myself and for my own family. Thank you.

**THE PRESIDENT:** The Chair recognizes the Senator from Piscataquis, Senator Davis.

Senator **DAVIS:** Thank you, Mr. President. Mr. President, I certainly understand everyone. It certainly is a very emotional issue and, like everyone else, I speak from my heart on this issue. When my parents got old my family took care of them. My brother, his wife, my wife, and myself, we spent what seemed to be, at that time, countless days and nights with them. They both died very lingering deaths. My mother went first. She died of a heart problem. I can remember being with my father that evening and checking on my mother quite often and then I found her and she was gone. My Dad, he died of lung cancer and I'm certain that everyone here knows what I think of smoking. He, too, died a very lingering death and I remember, and I'm so pleased, that I got to spend the last night with him, in his room with him, and he died the next day. I go by their house in the town of Dexter and oh I wish I could stop in and see them. I would give most anything if I could go in and just set in the living room and chew the fat with my Dad. My mother was a great history buff. She was big in the DAR. I'd love to talk with her about our family history, how my family fought at Bunker Hill and all kinds of other places. My Dad would make a remark about how he had a Confederate soldier in his family, just to make sure my mother knew that. But I can't do that. I, too, cannot imagine the pressure that could be brought forward on our family and my parents had this option been available. There is nothing I can think of that would have interfered with what was going on any more than this type of issue. I believe firmly, Mr. President, that God gives life and God also decides when it's going to end. He takes it away. Thank you very much, Mr. President.

**THE PRESIDENT:** The Chair recognizes the Senator from Kennebec, Senator Cyrway.

Senator **CYRWAY:** Thank you, Mr. President. Ladies and gentlemen of the Senate, you know as a young man, back in 1980s, I experienced chemical poisoning and I came close to death myself. I got misdiagnosed by a doctor and they also gave me tests. They gave me a test and exam of 500 questions. The exam, when they came out of it, they said I was obsessed with pain. That was their answer. Then the doctor said you're an alcoholic. I never drank. It was chemical poisoning. I had to find out in Dallas, Texas, in an environmental health center to find that out. For them to say that you've got six months to live, they can misdiagnose that. We're going to push a button here to say that we can just take a life? I've never questioned this bill. I think it's totally wrong and I hope you really think about that because I don't want to live with that. God has that choice, not us. Thank you, Mr. President.

**THE PRESIDENT:** The Chair recognizes the Senator from Androscoggin, Senator Libby.

Senator **LIBBY:** Thank you, Mr. President. I just want to put on the record a very brief statement on this issue. It's a quote by Marcia Angell, who's a writer and researcher on the subject. It's just a sentence or two, and I just ask for folks to consider this. She writes, 'When healing is no longer possible, when death is eminent, and patients find their suffering unbearable, then the physician's role should shift from healing to relieving suffering in accord with the patient's wishes. Why should anyone, the state,



the medical profession, or anyone else presume to tell someone else how much suffering they must endure as their life is ending? Thank you, Mr. President.

**THE PRESIDENT:** The pending question before the Senate is Acceptance of the Majority Ought to Pass as Amended Report. Is the Senate ready for the question?

The Doorkeepers secured the Chamber.

The Secretary opened the vote.

**ROLL CALL (#165)**

**YEAS:** Senators: BELLOWS, BREEN, CARSON, CHENETTE, CHIPMAN, CLAXTON, DESCHAMBAULT, DILL, GRATWICK, HERBIG, LIBBY, LUCHINI, MILLETT, MIRAMANT, MOORE, SANBORN H, SANBORN L, VITELLI, PRESIDENT JACKSON

**NAYS:** Senators: BLACK, CARPENTER, CYRWAY, DAVIS, DIAMOND, DOW, FARRIN, FOLEY, GUERIN, HAMPER, KEIM, LAWRENCE, POULIOT, ROSEN, TIMBERLAKE, WOODSOME

19 Senators having voted in the affirmative and 16 Senators having voted in the negative, the motion by Senator **GRATWICK** of Penobscot to **ACCEPT** the Majority **OUGHT TO PASS AS AMENDED** Report, in concurrence, **PREVAILED**.

Bill **READ ONCE**.

Committee Amendment "A" (H-305) **READ** and **ADOPTED**, in concurrence.

Senator **TIMBERLAKE** of Androscoggin **OBJECTED** to **SUSPENSION OF THE RULES** for the purpose of giving the Bill its **SECOND READING** at this time.

**ASSIGNED FOR SECOND READING WITHIN ONE HOUR.**

The Chair laid before the Senate the following Tabled and Later Assigned (5/29/19) matter:

SENATE REPORT - from the Committee on **AGRICULTURE, CONSERVATION AND FORESTRY** on Bill "An Act To Ensure Funding for Certain Essential Functions of the University of Maine Cooperative Extension Pesticide Safety Education Program" S.P. 393 L.D. 1273

Report - **Ought to Pass as Amended by Committee Amendment "A" (S-149)**

Tabled - May 29, 2019 by Senator **LIBBY** of Androscoggin

Pending - **ACCEPTANCE OF REPORT**

Report **ACCEPTED**.

Bill **READ ONCE**.

Committee Amendment "A" (S-149) **READ** and **ADOPTED**.

Under suspension of the Rules, **READ A SECOND TIME** and **PASSED TO BE ENGROSSED AS AMENDED**.

Sent down for concurrence.

Senate at Ease.

The Senate was called to order by the President.

Out of order and under suspension of the Rules, the Senate considered the following:

**SENATE PAPERS**

Bill "An Act To Enhance Personal and Public Safety by Requiring Evaluations of and Judicial Hearings for Persons in Protective Custody Regarding Risk of Harm and Restricting Access to Dangerous Weapons"

S.P. 612 L.D. 1811

Presented by Senator **KEIM** of Oxford. Cosponsored by Senator: **CARPENTER** of Aroostook. Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 205.

On motion by Senator **CARPENTER** of Aroostook, **REFERRED** to the Committee on **JUDICIARY** and ordered printed.

Sent down for concurrence.

Out of order and under suspension of the Rules, the Senate considered the following:

**REPORTS OF COMMITTEES**

**Senate**

**Pursuant to Joint Order**

Senator **HERBIG** for the Committee on **INNOVATION, DEVELOPMENT, ECONOMIC ADVANCEMENT AND BUSINESS** on Bill "An Act To Amend the Jurisdiction of Certain Reviews Conducted Pursuant to the State Government Evaluation Act"

S.P. 611 L.D. 1810

Reported that the same be **REFERRED** to the Committee on **INNOVATION, DEVELOPMENT, ECONOMIC ADVANCEMENT AND BUSINESS**, pursuant to Joint Order, S.P. 587.

Report **READ** and **ACCEPTED**, in concurrence.