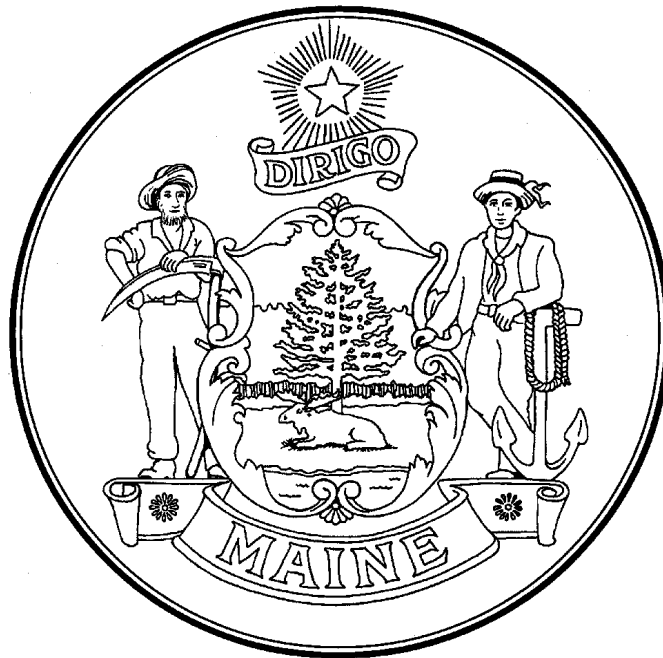


MAINE STATE LEGISLATURE

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

Daily Edition

First Regular Session
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pages 1 -

Resolves

Resolve, To Stabilize the Behavioral Health Workforce and Avert More Expensive Treatments

(S.P. 180) (L.D. 593)
(S. "A" S-161 to C. "A" S-143)

Resolve, To Establish the Committee To Study the Feasibility of Creating Basic Income Security

(S.P. 412) (L.D. 1324)
(C. "A" S-157)

Resolve, To Coordinate a Plan To Expand Cellular Telephone Service

(S.P. 509) (L.D. 1603)
(C. "A" S-155)

Reported by the Committee on **Engrossed Bills** as truly and strictly engrossed, **FINALLY PASSED**, signed by the Speaker and sent to the Senate.

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

An Act To Enact the Maine Death with Dignity Act

(H.P. 948) (L.D. 1313)
(C. "A" H-305)

Was reported by the Committee on **Engrossed Bills** as truly and strictly engrossed.

On motion of Representative DILLINGHAM of Oxford, was **SET ASIDE**.

The same Representative **REQUESTED** a roll call on **PASSAGE TO BE ENACTED**.

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 Gray, Representative Austin.

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

LD 1313 has dangerous loopholes leading to unintended consequences that could affect vulnerable people who are our friends, our family, and our neighbors here in Maine. Choice is a very appealing thought but we all know that inequity in healthcare is often a harsh reality for some. For instance, the bill states the doctor must inform the patient of all feasible alternatives to life-ending medication. It sounds reasonable, sounds nice; however, discussing alternatives does not mean the patient will have the resources to access all of those options. So, I ask, should the privileged have a choice of treatments while the poor and the vulnerable are left with only the only option they can afford; doctor-prescribed suicide? If this bill were to become law, make no mistake, assisted suicide would be transformed into the least-expensive medical treatment available. There are documented cases of terminally ill patients in Oregon and in California who were denied coverage for treatment by insurance providers and instead were told that doctor-prescribed suicide would be covered. What do you suppose? Do you believe the insurance carrier will do the right thing or, very possibly, the cheapest thing?

LD 1313 is a bitter taste of bad medicine for Maine's disabled, poor, and the fragiley compromised elderly. That's not the Maine I grew up to know and love, where these practices are accepted with open arms. Process the dark piece of ending life practice and follow my lead to vote no on this false-promising motion. Thank you.

The **SPEAKER**: There are three people in the queue.

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

Representative **O'CONNOR**: Thank you, Madam Speaker, Ladies and Gentlemen of the House. I'm not sure how many of you have read every bit of testimony on this or have had the opportunity to sit with many of these people, but one of the individuals that testified before us and has been a -- has worked for disability rights for decades, his testimony moved me. His name is Michael J. Reynolds from Lewiston and he said assisted suicide laws are the most blatant form of discrimination based on disability in our society today. Does it make sense to be telling a person who is battling a curable form of cancer to consider suicide? Should we not be doing everything we can to support these people in having the longest lives and the best possible healthcare and homecare so they have quality of life for however long they have?

With the experience of laws in Oregon as a guide, the question of assisted suicide becomes, quite frankly, incompatible with Maine values. Oregon's doctors have written suicide prescriptions for individuals whose sole medical reason eligibility for assisted suicide was listed as diabetes. In Oregon and in the referendum language, a person is terminal if their condition could only be reasonably considered to be terminal if they refuse the medication they need. By that definition, people who have epilepsy, ongoing infections, and other illnesses that can be managed with medication. This petition is not limited in scope and is actually far more dangerous than the proponents want to admit. A report released in May 2018 by the Center for Disease Control and Prevention reveals that from 1999 to 2010, suicide among those aged 35 to 64 increased 49% in Oregon as compared to a 28% increase nationally. In Oregon, the rate of suicide is 21% above the national average and their rates of teen suicide have been even higher. There's a clear problem of suicide contagion. While the proponents claim there are safeguards, there is absolutely no oversight once the pills are administered. Under the Oregon law, a friend or relative, even an heir - an heir - can encourage an elder to make the request to sign the forms as witnesses pick up the prescription and even administer the drug with or without consent, because no objective witness is required at death, so who would know? With the abuse rates for the elderly hovering around 10%, this is not compatible with Maine values. To be perfectly clear, the method of dying that this referendum is trying to legalize according to research available from the website of the Patients' Rights Council involves taking 100 pills of the barbiturate Secobarbital, emptying the contents of each pill into a sweet solution, then drinking the solution. The time of death can take anywhere from four hours to almost 72 hours. According to statistics from the Oregon Health Authority Public Health Division in 2018, in eight Oregon cases, the person who took the solution woke up. This is not death with dignity. It's a desperate effort to further a dangerous law and give it mainstream credibility for larger states with no disregard for the harm it causes, and it even gives full legal immunity to any medical personnel or other person who assists in the suicide. The only real protection in the law, are for people other than the patient for closing any potential investigation of foul play. And, furthermore, from my own voice, I have very little trust in government and I am definitely convinced of humans who suffer from guilt and greed. This legislation opens the door to government deciding the quality of adjusted life years.

Madam Speaker, I know without a doubt that I am not qualified to play God, nor do I believe anyone else in this body

is qualified to play God, and playing God by government edict is wrong. Thank you.

The SPEAKER: The Chair recognizes the Representative from Eliot, Representative Meyer.

Representative **MEYER**: Thank you, Madam Speaker, Women and Men of the House. I rise in support of the Maine Death with Dignity Act.

I've spent my entire career in the caring profession as a registered nurse. I've had the honor of working with many terminally ill patients as they near the end of their lives; cancer, ALS, AIDS. Yes, there are peaceful and serene deaths, a quiet slipping away, a good death. There are as well patients whose prolonged suffering and total loss of autonomy is anything but serene. Patients whose symptoms are poorly managed despite the very best palliative and hospice services, whose bodies are ravaged with disease and whose suffering is simply unrelieved; patients for whom death is slow in coming, agonizing, dehumanizing. These are the patients this legislation is for. This offers a choice; an option afforded to decisionally-capable terminally ill adults to avoid prolonged suffering, a choice to reject the notion they are passive victims to a frequently brutal disease process stripping them of their dignity and autonomy. Medical aid in dying allows a mentally capable dying patient to self-ingest prescription medication prescribed by their physician to end untreatable suffering and die peacefully in their sleep. This is not suicide. Suicide is an impulsive permanent solution to an often acute, resolvable issue.

No one knows better how precious life is than the dying patient who has exhausted every available means of prolonging the life they cherish. These dying patients recognize with clarity that they have no hope for the long life we all dream of. They wish to avoid unbearable suffering by choosing the option to die in peace and with dignity, to shorten the agony of their final hours, not to kill themselves. Cancer is killing them, Lou Gehrig's disease is killing them. The most courageous people I have known are those battling terminal illness, fighting for the cure that will not come and hoping against all hope that they will beat the odds.

Madam Speaker, I ask my esteemed colleagues to find the compassion and the courage to support this legislation. I know for many it is perhaps the most difficult decision you will make while seated in this body. Affording the terminally ill the option of legal medical aid in dying can bring unimaginable peace of mind and empowerment to those who feel little of either. For the majority who request aid in dying, the simple knowledge of autonomy at the end of life has proved to relieve suffering. This is a vote for the gift of the peaceful, painless end we all pray for. It is a vote for compassion, for empathy, for kindness, and for love.

The SPEAKER: The Chair recognizes the Representative from New Gloucester, Representative Arata.

Representative **ARATA**: Thank you, Madam Speaker, and Ladies and Gentlemen of the House. I have no doubt that this legislation is well-intended. However, just as with any legislation, we have to be mindful of unintended consequences. Michael Clark, M.D., a family doctor in Newcastle, put this well. He said, quote, I don't have to remind everyone about the current devastating opioid crisis that is destroying lives and families and overwhelming our healthcare system. This crisis was in part created by well-intentioned physicians trying to relieve the suffering of our individual patients, without a clear understanding of the full impact of our actions and the unintended consequences of our prescribing practices that would produce on the community at large.

Another unintended victim is the integrity of the medical profession. The doctor-patient relationship is fundamentally one that is based on trust, anchored by the central commitment of the doctor to, first, do no harm, and to always pursue the patient's best interests. Allowing doctors to give lethal prescriptions to their terminally ill patients destroys that central commitment and is just too dangerous. Physicians are fallible human beings who are grappling with unprecedented levels of burnout and increasing levels of stress and cost pressures. To be quite frank, it would be easy to write a lethal prescription, but it is hard and it takes consummate skill and great effort to provide excellent end-of-life care to our patients. I would also submit that physicians do not possess the prognostic power that LD 1313 assumes. Research shows that even experienced specialists cannot accurately predict six-month life expectancy or even predict the clinical course a particular patient's illness will take. Physicians cannot provide the kind of informed consent that would otherwise be the standard of care for any other medical treatment, end-quote.

Personally, I'm grateful for Dr. Clark's input on this issue and I have experienced what he spoke about. A few years ago, my grandfather was in intensive care in Lewiston. The doctor told me that he would only live another day or so. The next morning, I went into my grandfather's room and he was gone. I tearfully asked the nurse what time he had died. She told me that he'd been moved downstairs and would go home soon. He wasn't dying and he lived a few more years. The shift had changed and a new doctor had taken over. The bottom line is doctors sometimes make mistakes, and if there is any chance that LD 1313 could be abused or have unintended consequences, we have an obligation to vote no. Thank you.

The SPEAKER: The Chair recognizes the Representative from Rumford, Representative Dolloff.

Representative **DOLLOFF**: Thank you, Madam Speaker, Ladies and Gentlemen of the House. I want to share a personal family, that if this bill was available, my father-in-law was very sick. We probably got called to his bedside three or four times because we didn't think he was going to make it, and probably that last time he had had enough himself. But you know what? He came back and he lived for quite a few years, God rest his soul now. But we got to keep him.

My personal physician, as he stated, that when you do have a terminally ill patient and they don't like to see these patients suffer also, they make them comfortable and their life as much as they can. I believe in the higher power and why some suffer or why some get cancer, etcetera, etcetera, I don't know, and all I do is pray for those people. But life is precious no matter what the end result is and, please, doctors do make mistakes, they could tell the patient this is the end and it really is not the end. So, please, vote this down. Thank you.

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

Representative **HUTCHINS**: Thank you, Madam Speaker. I have a question of the House.

The SPEAKER: The Representative may proceed.

Representative **HUTCHINS**: I think this is relevant, at least to some degree. Would it be legal for this same formula of pills and sweet concoction to be given to a prisoner on death row? Thank you.

The SPEAKER: The Representative from Penobscot has posed a question to anybody in the membership who is able to answer.

The Chair recognizes the Representative from Orrington, Representative Campbell. The Chair is in error.

The Chair recognizes the Representative from Brewer, Representative Verow.

Representative **VEROW**: Thank you, Madam Speaker, Ladies and Gentlemen of the House. I rise in opposition to the pending motion.

This subject has been before the House on several times. It also has been before the voters of this state in a citizen initiative referendum. In all cases, it has failed to garner the support of the Legislature or, more importantly, the support of the voters in referendum. It has been and is an issue that divides the state philosophically and emotionally.

At this stage, Madam Speaker, I think our best course of action is to defeat the bill and allow the voters to proceed with their petition drive to put this matter on the ballot for the vote of the people. The petitioners have been working hard to follow this course of action, and I think we should recognize that effort and respect their wishes and allow a referendum vote on the important matter. 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'd like to quote, if I may, just briefly, from renowned palliative care expert, Dr. Ira Byock. And in it, he said: If I thought lethal prescriptions were necessary to alleviate suffering, I would support them. In 34 years of practice, I've never abandoned a patient to die in uncontrolled pain and have never needed to hasten a patient's death, and - this is what I think is very important right here, Madam Speaker - alleviating suffering is different from eliminating the sufferer. Allowing a person to die gently is importantly different from actively ending the person's life. Thank you, Madam Speaker.

The **SPEAKER**: The Chair recognizes the Representative from Dexter, Representative Foster.

Representative **FOSTER**: Thank you, Madam Speaker, Ladies and Gentlemen of the House. I rise today in opposition to this legislation.

I have not spoken before on this issue because I didn't think I had the strength to discuss the personal issues that I've been through with close relatives and I appreciate the Good Representative from Jay's strength in her testimony in favor of this bill. So I won't get into my personal stories, which I'm sure all of you have your own, if you have reached many years of life. But I will say this; I am very concerned that those loved ones that I saw go through the last battles of life and with death, many of those and many of those elderly that I look around at today, I am concerned because I know when faced with the situation they were in of family having to care for them, extensive medical bills, with limited hope in sight, that many of them would've looked at that as being a very large burden on their families, as well as on society. If this option were available, some may have even suggested to them that there was a way that they could lessen this burden, when they were already feeling that they may be too much of a burden as it was. I'm concerned about that. I'm concerned that, as has been mentioned before, greed, a lack of caring may take over in some situations and that that person may not have the support that they deserve as they go through this. That support is also necessary when they are a ward of the state and facing similar circumstances.

And I will leave you with this; when my sister passed away at the age of 50 after battling cancer unsuccessfully the second time, she was in hospice, she lived with her husband who took care of her because she was completely paralyzed, he had to take care of every need that she had until she was

admitted for her last days. I took my mother out to see her and one of the last pleasures that my mother got to see her daughter lying in that bed, unrecognizable, unable to speak, was the smile on her face, as we expected her to go any day. She was a strong Mainer, she wouldn't die with her brother, older brother or her mother there, she waited a couple more days and we got the word after we had arrived at home that she had finally passed.

There are many things that we have to face in this battle on this earth, in life and in death, and I am only concerned that we take away the options when we give someone this option. I hope you will follow my light and vote against this. Thank you, Madam Speaker.

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

Representative **FAULKINGHAM**: Madam Speaker, I rise in opposition to this motion. I did not intend to speak on this at any point because I know that there are compassionate people on both sides of this issue. When we debated this the other day, we were debating some very sensitive, the whole issue is sensitive, and talking about people killing themselves, that's what this bill is about. And in the middle of all that, we stopped and recognized about 30 second-graders and that was the moment right there to me that made me really question this whole thing, and how much are we normalizing suicide if we pass this.

So, as much as I hate to take that avenue of it, I really do think there's a moral issue here. And my father-in-law got in a motorcycle accident over seven years ago and that motorcycle accident took the lower half of his right leg, it took his right arm, it was never amputated but the nerves were gone so bad that his fingernails actually broke off into the palm of his hand. He suffered. The man was a two-term Vietnam vet, Harley rider, tough man, and he suffered seven years of pain, humiliation, and I don't think a day went by that he didn't wish for death. And there was times when I wished he could be granted that. But in those seven years, what did he see? He saw two grandchildren be born, a daughter get married. When his daughter got married, me and a couple of his sons and his new son-in-law lifted him up out of his wheelchair so that he could give her her first dance. He saw my son be born, he saw my daughter be born, and every moment that we have is a blessing; every single moment is a blessing.

I know these speeches don't count for anything. Some say the votes are already counted before we come in, but I would ask the Members today to look into their hearts and if a law like this ever should pass, it should be one that crosses all the T's and dots all the I's, and this bill does not do that. I would ask Members to vote no on the pending motion.

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

Representative **BERRY**: Thank you, Madam Speaker. Madam Speaker and Men and Women of the House, I simply rise to share my own experience with Death with Dignity. My good, good friend school, Ethan Remel who grew up here in Maine and who later moved to a state where Death with Dignity was allowed, had asked me when his first son was born, whose name was Seth, to be Seth's godfather and it was a great honor and I'll never forget that Ethan said to me that he wanted me to be the godfather because if something were ever to happen to him that he wanted to know that I would be there for Seth. And I took it as a great honor and I said yes and it never occurred to me that I might actually have to fulfill that promise, but a few years later with now two young sons,

Ethan did develop a very strong form of cancer and, long story short, he ultimately passed away from it. He was in a great deal of pain and he did avail himself of the medicine, it was made available to him in the State of Washington. Ethan kept a journal, a blog, actually, on the website Psychology Today and it's still there, you can still read it and look him up and read through his experience with Death with Dignity and suffering with cancer. But, today, I will cast my vote thinking of Ethan and thinking especially of his clarity of mind in his own thinking about his end, about the immense pain that he went through, the graceful exit that he was able to take because of the state that he lived in with his family. And, most importantly, I think, his simple response to those that did not want him to have a choice and while he was very respectful that ultimately it is a very personal decision whether to take one's life with the help of modern medicine or not to do so, he simply asked that someone else not make that decision for him. Thank you, Madam Speaker.

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

Representative HEAD: Thank you, Madam Speaker, Ladies and Gentlemen of the House. I appreciate you listening to me for just a couple of short minutes.

My mother was 82 and she was diagnosed with three days to live. We all gathered, there were eight of us plus our spouses and other family, and she looked at us and she said I'm not ready to go. So, the doctors came back in the next day, she's sitting up, and she said to them I'm most ready to go home. And they look at her and they kind of laughed at her and she got dressed, she got ready to go the next day, and her doctor came in and said you're doing so well, you remind us of the Energizer Bunny.

The SPEAKER: A roll call has been ordered. The pending question before the House is Passage to be Enacted. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 173

YEA - Ackley, Babbidge, Babine, Bailey, Beebe-Center, Berry, Blume, Brennan, Bryant, Caiazzo, Cardone, Carney, Cloutier, Cooper, Cuddy, Daughtry, Denk, Dodge, Doore, Doudera, Dunphy, Evangelos, Farnsworth, Fay, Fecteau R, Foley, Gattine, Gramlich, Grohoski, Handy, Harnett, Hepler, Hobbs, Hubbell, Hymanson, Ingwersen, Jorgensen, Keschl, Kessler, Kornfield, Landry, Mastraccio, Matlack, Maxmin, McCreia, McCreight, McDonald, McLean, Meyer, Moonen, Morales, O'Neil, Paulhus, Pebworth, Peoples, Pierce T, Pluecker, Reckitt, Riley, Riseman, Roberts-Lovell, Rykerson, Schneck, Sharpe, Stover, Sylvester, Tepler, Terry, Tipping, Tucker, Warren, Zeigler, Madam Speaker.

NAY - Alley, Andrews, Arata, Austin B, Austin S, Bickford, Blier, Bradstreet, Campbell, Cebra, Collings, Corey, Costain, Craven, Curtis, DeVeau, Dillingham, Dolloff, Drinkwater, Faulkingham, Fecteau J, Foster, Griffin, Haggan, Hall, Hanington, Hanley, Harrington, Head, Hickman, Higgins, Hutchins, Javner, Johansen, Kinney, Kryzak, Lockman, Lyford, Madigan C, Marean, Martin J, Martin R, Mason, Melaragno, Millett, Morris, Nadeau, O'Connor, Ordway, Perkins, Perry A, Perry J, Pickett, Prescott, Reed, Rudnicki, Sampson, Sheats, Skolfield, Stanley, Stearns, Stetkis, Stewart, Strom, Swallow, Talbot Ross, Theriault, Tuell, Verow, Wadsworth, White B, White D.

ABSENT - Crockett, Grignon, Martin T.

Yes, 73; No, 72; Absent, 3; Excused, 2.

73 having voted in the affirmative and 72 voted in the negative, with 3 being absent and 2 excused, and accordingly

the Bill was **PASSED TO BE ENACTED**, signed by the Speaker and sent to the Senate.

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

The following item was taken up out of order by unanimous consent:

SENATE PAPERS

Bill "An Act To Authorize Limited Disclosure of Cigarette Sales Information To Ensure Continued Receipt of Tobacco Settlement Funds"

(S.P. 615) (L.D. 1825)

Came from the Senate, **REFERRED** to the Committee on **HEALTH AND HUMAN SERVICES** and ordered printed.

REFERRED to the Committee on **HEALTH AND HUMAN SERVICES** in concurrence.

Bill "An Act Regarding Insurance Licensees"

(S.P. 619) (L.D. 1829)

Came from the Senate, **REFERRED** to the Committee on **HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES** and ordered printed.

REFERRED to the Committee on **HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES** in concurrence.

Bill "An Act To Make Certain Snowmobile and Watercraft Laws Consistent with All-terrain Vehicle Laws"

(S.P. 614) (L.D. 1824)

Came from the Senate, **REFERRED** to the Committee on **INLAND FISHERIES AND WILDLIFE** and ordered printed.

REFERRED to the Committee on **INLAND FISHERIES AND WILDLIFE** in concurrence.

Bill "An Act To Amend the Laws Governing Overtime" (EMERGENCY)

(S.P. 618) (L.D. 1828)

Came from the Senate, **REFERRED** to the Committee on **LABOR AND HOUSING** and ordered printed.

REFERRED to the Committee on **LABOR AND HOUSING** in concurrence.

Resolve, To Designate a Bridge in Indian Purchase Township the Detective Benjamin Campbell Bridge

(S.P. 617) (L.D. 1827)

Came from the Senate, **REFERRED** to the Committee on **TRANSPORTATION** and ordered printed.

REFERRED to the Committee on **TRANSPORTATION** in concurrence.

Bill "An Act To Update the Laws Relating to Liquor Licensing and Enforcement"

(S.P. 616) (L.D. 1826)

Came from the Senate, **REFERRED** to the Committee on **VETERANS AND LEGAL AFFAIRS** and ordered printed.

REFERRED to the Committee on **VETERANS AND LEGAL AFFAIRS** in concurrence.