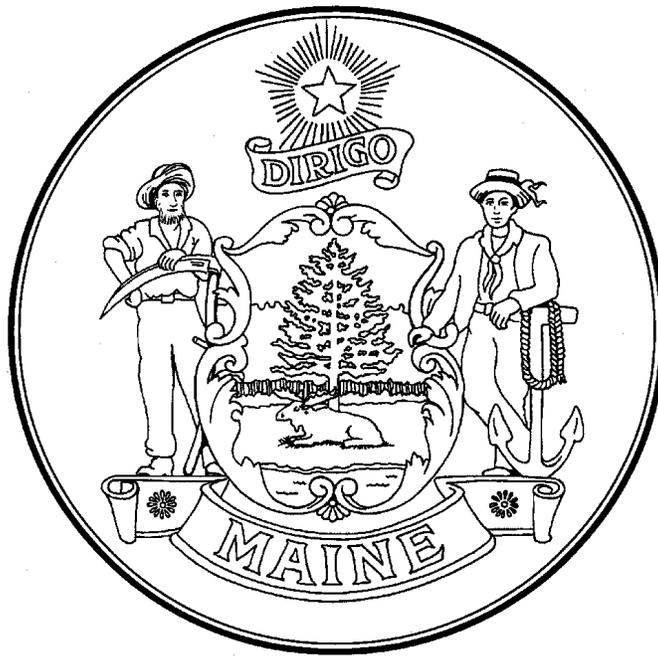


MAINE STATE LEGISLATURE

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

Daily Edition

First Regular Session

beginning December 3, 2014

beginning at page H-1

Prescott, Reed, Sanborn, Sawicki, Seavey, Sherman, Short, Sirocki, Stanley, Stearns, Stetkis, Sukeforth, Timberlake, Timmons, Tuell, Turner, Vachon, Wadsworth, White, Winsor, Wood.

NAY - Alley, Babbidge, Beavers, Beebe-Center, Blume, Brooks, Bryant, Burstein, Campbell J, Chapman, Chenette, Chipman, Cooper, Daughtry, Davitt, DeChant, Devin, Dion, Doore, Duchesne, Dunphy L, Dunphy M, Farnsworth, Fowle, Frey, Gattine, Gideon, Gilbert, Golden, Goode, Grant, Grohman, Hamann, Hanley, Harlow, Hawke, Hickman, Hobbins, Hogan, Hubbell, Hymanson, Jorgensen, Kornfield, Kruger, Kumiega, Longstaff, Luchini, Malaby, Martin R, Mastraccio, McCreight, McLean, Melaragno, Monaghan, Moonen, Morrison, Noon, O'Connor, Picchiotti, Pierce T, Powers, Rotundo, Russell, Rykerson, Sanderson, Saucier, Schneck, Shaw, Stuckey, Tepler, Theriault, Tipping-Spitz, Tucker, Verow, Wallace, Ward, Warren, Welsh.

ABSENT - Fecteau, Marean, Skolfield, Mr. Speaker.

Yes, 69; No, 78; Absent, 4; Excused, 0.

69 having voted in the affirmative and 78 voted in the negative, with 4 being absent, and accordingly the Majority **Ought Not to Pass** Report was **NOT ACCEPTED**.

Subsequently, Representative McCABE of Skowhegan moved that the House **ACCEPT** the Minority **Ought to Pass as Amended** Report.

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 PRO TEM: 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. 253

YEA - Alley, Babbidge, Beavers, Beebe-Center, Blume, Brooks, Bryant, Burstein, Campbell J, Chapman, Chenette, Chipman, Cooper, Daughtry, Davitt, DeChant, Devin, Dion, Doore, Duchesne, Dunphy L, Dunphy M, Farnsworth, Fowle, Frey, Gattine, Gideon, Gilbert, Golden, Goode, Grant, Grohman, Hamann, Hanley, Harlow, Hawke, Hickman, Hobbins, Hogan, Hubbell, Hymanson, Jorgensen, Kornfield, Kruger, Kumiega, Longstaff, Luchini, Malaby, Martin J, Martin R, Mastraccio, McCreight, McLean, Melaragno, Monaghan, Moonen, Morrison, Noon, O'Connor, Picchiotti, Pierce T, Powers, Rotundo, Russell, Rykerson, Sanderson, Saucier, Schneck, Shaw, Stuckey, Sukeforth, Tepler, Theriault, Tipping-Spitz, Tucker, Verow, Wallace, Ward, Warren, Welsh.

NAY - Austin, Bates, Battle, Beck, Bickford, Black, Buckland, Campbell R, Chace, Corey, Crafts, Dillingham, Edgecomb, Espling, Evangelos, Farrin, Foley, Fredette, Gerrish, Gillway, Ginzler, Greenwood, Guerin, Hanington, Head, Herbig, Herrick, Higgins, Hilliard, Hobart, Kinney J, Kinney M, Lajoie, Lockman, Long, Lyford, Maker, McCabe, McClellan, McElwee, Nadeau, Nutting, Parry, Peterson, Pickett, Pierce J, Pouliot, Prescott, Reed, Sanborn, Sawicki, Seavey, Sherman, Short, Sirocki, Stanley, Stearns, Stetkis, Timberlake, Timmons, Tuell, Turner, Vachon, Wadsworth, White, Winsor, Wood.

ABSENT - Fecteau, Marean, Skolfield, Mr. Speaker.

Yes, 80; No, 67; Absent, 4; Excused, 0.

80 having voted in the affirmative and 67 voted in the negative, with 4 being absent, and accordingly the Minority **Ought to Pass as Amended** Report was **ACCEPTED**.

The Bill was **READ ONCE**. **Committee Amendment "A" (H-408)** was **READ** by the Clerk and **ADOPTED**.

Under suspension of the rules, the Bill was given its **SECOND READING WITHOUT REFERENCE** to the Committee on **Bills in the Second Reading**.

Under further suspension of the rules, the Bill was **PASSED TO BE ENGROSSED as Amended by Committee Amendment "A" (H-408)** and sent for concurrence.

By unanimous consent, all matters having been acted upon were **ORDERED SENT FORTHWITH** with the exception of matters being held.

Majority Report of the Committee on **HEALTH AND HUMAN SERVICES** reporting **Ought Not to Pass** on Bill "An Act Regarding Patient-directed Care at the End of Life"

(S.P. 452) (L.D. 1270)

Signed:

Senators:

BRAKEY of Androscoggin
McCORMICK of Kennebec

Representatives:

HEAD of Bethel
MALABY of Hancock
PETERSON of Rumford
SANDERSON of Chelsea
VACHON of Scarborough

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

Signed:

Senator:

HASKELL of Cumberland

Representatives:

GATTINE of Westbrook
BURSTEIN of Lincolnville
HAMANN of South Portland
HYMANSON of York
STUCKEY of Portland

Came from the Senate with the Majority **OUGHT NOT TO PASS** Report **READ** and **ACCEPTED**.

READ.

Representative GATTINE of Westbrook moved that the House **ACCEPT** the Minority **Ought to Pass** Report.

Representative ESPLING of New Gloucester **REQUESTED** a roll call on the motion to **ACCEPT** the Minority **Ought to Pass** Report.

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

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

Representative **SANDERSON**: Thank you, Mr. Speaker, Ladies and Gentlemen of the House, I rise today in opposition of LD 1270, An Act Regarding Patient-directed Care at the End of Life. This is a very personal bill, one we all must make our own decisions on for sure, but it's one that I feel fairly strongly about, regarding my own personal history and my own personal experience with when my mother passed.

As lawmakers, we must always consider that and future ramifications of every bill we pass. We must imagine the ways in which every piece of legislation could affect Mainers and try to foresee every possible consequence. As we all know, this is not

always easy. Sometimes a proposal is new or untested or deals with an issue that has evolved only recently. Fortunately, with physician-assisted suicide this is not the case.

Because states like Oregon and countries like Belgium and Switzerland have legalized physician-assisted suicide for years, we know the consequences of this kind of bill. We do not need to imagine any future effects because of the experiences of the past. Indeed, because of these experiences and the ways in which legalized physician-assisted suicide has caused a slippery slope to other things, I am strongly opposed to this bill.

Please allow me to share a few of the consequences resulting from the legalization of physician-assisted suicide, both in the United States and abroad. What follows is a much abbreviated list of repercussions taken from Wesley J. Smith, an award winning author and a senior fellow at the Discovery Institute Center on Human Exceptionalism.

First, in the Netherlands, where physician-assisted suicide and euthanasia legal, not only are terminally ill people who ask to be killed euthanized, but so are the chronically ill, the elderly, tired of life, and those with mental illness. In 2014, Belgium legalized assisted suicide for children with no lower age limit. In Switzerland, which has permitted assisted suicide since 1942, enterprising believers in assisted suicide have established suicide clinics to which people could travel from around the world—a phenomenon known as suicide tourism. The death clinics are becoming increasingly popular. A report published in 2013 revealed that 1,701 people have died at one clinic alone since 1998, with 2,005 killing themselves within the facility in 2013 alone.

The people who die in these clinics are not limited to the terminally ill, and indeed sometimes include healthy people. For example, in recent months, an elderly Italian woman died at a suicide clinic because she was upset about losing her looks. In Oregon, Barbara Wagner and Randy Stroup both had recurrent terminal cancer while on Oregon's version of Medicaid, a program in which there is explicit rationing, bearing coverage for some life extending as opposed to curative chemotherapy. Their doctors prescribed chemotherapy to extend their lives, but state bureaucrats refused to cover their treatments because of the medical literature indicated that neither could be expected to survive for more than five years with the prescribed drugs. Instead, they offered Wagner and Stroup funding for their assisted suicides.

As I stated earlier, these are just a few of the consequences of legalizing physicians assisted suicide and I can't imagine that we, as lawmakers who are tasked with doing right by Maine citizens, would want to go down this path. I can't imagine that we would ever want to allow suicide assistance to children, have our citizens set up clinics, become known as the state for suicide tourism, or create an opportunity for an imperfect healthcare system to reject medical treatment in favor of legal drugs to patients. But these things happen when death becomes an acceptable solution to the suffering.

While I know the bill before us has safeguards to doctors, time limits, is this just a door we're starting to open? Where do we go from here? How much further will we take this? I think it's rather frightening to think about, especially when, in this day and age, we have so much else to offer. We have comfort measures. We have palliative care. We have hospice. We have ways of caring for our ill who are nearing the end of life. We don't need to help them along with this kind of medication. Imagine the possibilities if they took this medication and they were wrong. Thank you.

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

Representative **HYMANSON**: Thank you, Mr. Speaker Pro Tem, Ladies and Gentlemen of the House, I've had 30 years of hospital and office space neurology practice and I was 10 years the Chair of the Medical Ethics Committee. I have seen people die in many different ways in many different places: emergency departments, ICU's, the hospital, nursing homes, and homes.

Through this experience, it is clear to me that a small minority of people are more at peace with their impending death if they have pills tucked away that can end their suffering. They don't even have to use them in the end. But knowing they are there gives them control and peace. Is the enemy death or is the enemy suffering? For some, the enemy is suffering.

At our public hearing, a nurse of 35 years and an avid hospice supporter said, "There are certain situations that can be intolerable and inhumane for people to endure and people need the peace of mind knowing they have an option should this occur. This bill would allow people to enjoy the remaining time they have left without the anxiety of worrying about their death."

So I wanted to take you through the bill very briefly because it's really in the details that you might agree to this if you hadn't before. This is a patient-directed care at the end of life. It starts with definitions and a right for information. It holds harmless to the physician giving the information. It requires a face-to-face request by the patient, then two weeks have to pass with another face-to-face interview by the same physician who has a doctor-patient relationship with them defined in the bill. There must be an opportunity to rescind request. Then 24 hours later, the patient must write a written request and two witnesses must sign it. Those witnesses must affirm that there is no duress, that the patient understands and there is no undue influence. These people must be adults and not be interested persons. These are defined in the bill.

There's a written consent given from the physician to the pharmacist that talks about it. The physician must document every part of this and must document that hospice, clinical work, palliative care, pain management, comfort care, and all ranges of options including treatments and prognosis were acknowledged and that the prognosis acknowledges uncertainty. These must all be documented. There must be a second physician opinion about the diagnosis and prognosis. There cannot be any impairment or poor judgement as determined by the physician. If the person has a primary care physician, that person must also be consulted.

There are protections to the witnesses to the death, to the healthcare facility that can write policy to prohibit if they so choose. And there's rulemaking for disposal of medications. This is comprehensive. I agree with it. I support it. This is what Vermont has. This is their language. We all have experiences with end-of-life care for our loved ones. There are a certain set that have emailed me repeatedly and asked that we think of them while we're deciding this. Thank you.

The SPEAKER PRO TEM: The Chair recognizes the Representative from Greene, Representative Wood.

Representative **WOOD**: Thank you, Mr. Speaker, Ladies and Gentlemen of the House, I want to be very clear. This is Maine. This isn't Europe. We would not allow a child to be put to death and that's just totally wrong. And, you have to have two weeks between the time you ask a physician and then you go back in two weeks and you have to ask again in writing. Not all doctors have to agree to this. You're going to have to doctor shop.

The mentally ill cannot do this. People with Alzheimer's can't do this. Dementia, or anything like that. If you're upset and want

to commit suicide, you can't do this, you can't use this bill. I'm one of the sponsors on this bill if you haven't already determined that and I think we should pass this bill. Thank you, Ladies and Gentlemen.

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

Representative **PICKETT**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House, I rise this afternoon to oppose the pending motion on the floor. I understand that many on the other side of this issue believe that this bill is a compassionate option for those diagnosed with terminal illness. And I don't doubt that their hearts are in the right place.

But there are many ways in which this bill would be harmful for the sick, elderly, disabled, and terminally ill. In fact, authorizing physician-assisted suicide endangers the weak and marginalized in our society and will logically lead to euthanasia. How does it do this? In the words of Ryan T. Anderson, Ph.D., a William E. Simon Fellow at The Heritage Foundation: "The arguments for physician-assisted suicide are equally arguments for euthanasia. The logic of assisted suicide leads to euthanasia because of its 'compassion' demands that some patients be helped to kill themselves. It makes little sense to claim that only those who are capable of self-administering these deadly drugs be given this option. Should not those who are too disabled to kill themselves have their suffering ended by a lethal injection? And what of those who are too disabled to request that their suffering be ended, such as infants or demented? Why should they be denied the 'benefit' of a hastened death? Does not 'compassion' provide an even more compelling reason for a doctor to provide this release from suffering and indignity?"

Thus, legalizing physician-assisted suicide—especially in the name of compassion—will logically lead to euthanasia, which will put the most weak and marginalized at risk. It will open the door for physicians to judge the quality of a patient's life and to give those with a poor quality of life the most compassionate option, which is death.

My fellow legislators: this is not a theoretical or an outrageous prediction. It is where this lethal logic has already led. For example, in the Netherlands, several official government-sponsored surveys have disclosed both that in thousands of cases, doctors have intentionally administered lethal injections to patients without a request and in thousands of cases, they have failed to report cases to the authorities. I don't believe that we want any weak, marginalized, elderly or disabled to be at risk here in Maine. Please vote against LD 1270. Follow my light.

The **SPEAKER PRO TEM**: The Chair recognizes the Representative from Raymond, Representative McClellan.

Representative **McCLELLAN**: Thank you, Mr. Speaker, Ladies and Gentlemen of the House, I also rise in opposition to the LD 1270. And I guess I'll say, off the cuff, the statement that, "This is Maine," doesn't give me a lot of comfort because I'm old enough to remember a lot of things that have changed in my home state of New York and in Maine as well. So, this is called incrementalism.

But I do want to say, Mr. Speaker, this past winter Maggie Karner, a Connecticut woman who was living with the same medical condition that Britney Maynard, who we probably heard about, the woman from San Francisco, penned an article that was published in the Hartford Courant entitled, "Suicide Option Would Undermine My Cancer Battle." In the article, Karner confronts the push by assisted suicide advocates in her home state to adopt physician-assisted suicide. And among things, these are some of the things that she said: "I have been diagnosed with a terminal brain cancer—a glioblastoma.

Because of my diagnosis, I would likely be eligible for the state's help to commit suicide under a bill 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 suggesting having the ability to end your life is comforting. But I can tell you from personal experience that it's 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 the burden. If that were to change, the tiny knowledge that I might be straining my family, my friends, my doctors or my community resources unnecessarily would become a heavy burden. The constant 'option' for suicide would wear at my resolve and I fear, become an unspoken 'duty' for me and others."

Mr. Speaker, Ladies and Gentlemen, 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. One person's decision to end their life and one Legislature's decision to sanction it would send a message that some people are less valuable, less worthy.

And, Mr. Speaker, I'm going to close with two quick items. One is, I'm the Executive Director of the Maine Statewide Independent Living Council and I am very aware in that role how laws like this have the potential to affect people with special needs who are seeking independent living; affect them more so than some people. And finally, in my own life, my mother died when I was 14. And for a variety of reasons, my dad and I just fell apart, did not have a strong relationship. We weren't estranged, but we just never had a relationship. And I can say, Mr. Speaker, in the final four days of his life, I went to him and major healing occurred. And for him, certainly, and selfishly for me too. And, I'll tell you, Mr. Speaker, my dad held on and died on the same day as my mother, only 34 years later. So, Mr. Speaker, and all in the room here, I ask you to join me in voting against the current motion on LD 1270. Thank you, Mr. Speaker.

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

Representative **REED**: Thank you, Mr. Speaker, Ladies and Gentlemen of the House, I rise today in opposition to the pending motion, LD 1270, An Act Regarding Patient-directed Care at the End of Life. It really sounds very flowery and good, but no matter how you dress it up, it is still legalizing physician-assisted suicide in the State of Maine. In times past, we referred to those who would carry out such deeds as "Doctor Death" and had them arrested. My, how the worm has turned.

In lieu of my remarks, I would like to read an excerpt from an editorial written by Victoria Reggie Kennedy, an attorney, health care advocate, and widow of the late Senator Edward M. Kennedy. In 2012, Mrs. Kennedy authored this editorial in the *Cape Cod Times* in opposition to Question 2, the 2012 attempt to legalize physician-assisted suicide in Massachusetts. Thankfully, it was defeated. It is my hope that we will be as successful today in this chamber.

This is what Mrs. Kennedy had to say: "My late husband, Senator Edward Kennedy called quality, affordable healthcare for all the cause of his life. Question 2 turns his vision of healthcare for all on its head by asking us to endorse patient suicide—not patient care—as our public policy for dealing with pain and the financial burdens of care at the end of life. We're better than that. We should expand palliative care, pain management, nursing care and hospice, not trade the dignity and life of a human being

for the bottom line. Most of us wish for a good and happy death, with as little pain as possible, surrounded by loved ones, perhaps with a doctor and a clergyman at our bedside. But under Question 2, what you get instead is a prescription for up to 100 capsules, dispensed by a pharmacist, taken without medical supervision, followed by death, perhaps alone. That seems harsh and extreme. Question 2 is supposed to apply to those with a life expectancy of six months or less. But even doctors admit that's unknowable. When my husband was first diagnosed with cancer, he was told that he had only two to four months to live, that he'd never get back to the US Senate, that he should get his affairs in order, kiss his wife, love his family, and get ready to die.

"But that prognosis was wrong. Teddy lived 15 more productive months. During that time, he cast a key vote in the Senate that protected payments to doctors under Medicare; made a speech at the Democratic Convention; saw the candidate he supported elected President of the United States and even attended his inauguration; received an honorary degree; chaired confirmation hearings in the Senate; worked on the reform of healthcare; threw out the first pitch on opening day for the Red Sox; introduced the President when he signed the bipartisan Edward M. Kennedy Serve America Act; sailed his boat and finished his memoir True Compass, while also getting his affairs in order, kissing his wife, loving his family, and preparing for the end of life.

"Because that first dire prediction of life expectancy was wrong, I had 15 months of cherished memories—memories of family dinners and songfests with our children and grandchildren; memories of laughter, and, yes, tears; memories of life that neither I nor my husband would have ever traded for anything in the world. When the end finally did come—natural death with dignity—my husband was home, attended by his doctor, surrounded by his family and his priest. I know we were blessed. I am fully aware that not everyone will have the same experiences we did. But if Question 2 passes, I can't help but feel we're sending the message that they're not even entitled to a chance—a chance to have more time with their loved ones, a chance to have more dinners and sing more songs, a chance for more kisses and more love, a chance to be surrounded by family or clergy or a doctor when the end comes. That seems cruel to me. And lonely. And sad."

You know, I'm sure that in terms of our politics, Mrs. Kennedy and I wouldn't agree on very much. However, on this subject, a more dignified end of life, we are in total agreement. Please join us today in rejecting physician-assisted suicide here in the State of Maine. The people of Maine deserve better. Thank you, Mr. Speaker, and thank you Ladies and Gentlemen of the House.

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

Representative **JORGENSEN**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House, I rise today with the deepest respect for those people in the room who disagree with me on this issue. I recognize that it's an intensely personal matter. But this isn't about euthanasia, it's not about suicide tourism or lethal injections or any of these other issues that we've been hearing about. This is about personal determination.

A few years ago I had the sad experience of watching a life-long friend's mother cope with the effects of advancing and irreversible dementia. She was petrified with the knowledge that her ability to think and communicate and be autonomous would soon be stolen by this illness. She was determined for this not to happen and one day she told her family that she was going to end her life while she still had enough capacity to make informed decisions.

Sometime later, she did just that, on her own schedule, without any help. Fortunately, she was successful: she died painlessly with family nearby and didn't end up injured or in a coma or in some other condition. But the experience was particularly difficult for the family, who, while they supported her, found themselves in a murky place with little guidance. This was their mother's firm wish, her own decision, and her own action. But this difficult decision was made more painful and frightening by worries about what could go wrong, about having to go through this in the shadows, without medical advice.

While this family's experience was one that touched me very personally, the issue of death with dignity is one that has generated letters and comments from many of my constituents who have urged me to pursue this legislation, of which I'm a cosponsor. We spend a lot of time in these halls extolling the importance of individual liberty. But what could be a more personal choice than this? What could be a greater libertarian act? Experience elsewhere has shown that these laws are not abused, that there's no "slippery slope" and that they enjoy the support of a large majority of Americans.

One of the people who wrote to me from Portland last fall expressed it beautifully. She said, "Aid in dying isn't a choice of death over life. It's an option for those who are dying that spares them unbearable suffering and offers a controlled and peaceful ending. All dying people deserve that option, and the tremendous peace of mind that comes with it." I realize this is a very difficult issue, but I thank you all for considering this important bill. Thank you, Mr. Speaker.

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

Representative **HARLOW**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House, when I was thinking about what I wanted to say today, it reminded me of a friend who, when we were talking about this bill told me that when he looks at the obituaries, he has certain ages that at a certain age he looks and says that person lived a good life. And then 10 years younger, he says, "Well, that was still a long life," but, you know getting a little bit closer to being too young. And so that's kind of the gauge that he looks at the obituaries.

The reason I share that is because I don't think that we ever think that we're going to be facing our mortality when we do. I think that we all hope that we're going to die in our sleep, peacefully. And I supported this bill two years ago; long before I had my own experience with facing my own possible mortality at a much younger age than I would've expected.

I was talking with someone about the pain and suffering that you think about when you think about death. And, I was saying that the thought of dying isn't what is scary when you start thinking about your own mortality and you start seeing other people around you who might be experiencing some of that. It's the idea of suffering. And this person told me that, you know, because of their religion, they thought that suffering was good. And it made me think a lot about that. And my family is Catholic as well and I started thinking about because that was the reason that the suffering was not a bad thing. And my family is Catholic. I was Catholic schooled. My dad taught at a Catholic school. And I was thinking about my mom and I was thinking that when I was in the hospital last year and in a lot of pain, I don't think that she, as a good Catholic mother, looked at me and said, "Boy, I'm glad that my daughter is suffering." And I knew that my pain would end.

If you have moral or ethical reasons to be opposed to this, I can totally respect that and no one is forcing you to do this. But I'm asking you to please give me the peace of mind that if I do

find myself in the situation that I need this earlier than I would like and that I do have that choice. Thank you.

The SPEAKER PRO TEM: The Chair recognizes the Representative from Auburn, Representative Sawicki.

Representative **SAWICKI**: Thank you, Mr. Speaker. Good afternoon, Ladies and Gentlemen of the House, I rise in opposition to 1270. According to the Hippocratic Oath, the opening line states doctors should, "first do no harm." Fails on that test.

In this country, we're seeing an increase in suicide among our young people, teens, and troubling statistics concerning our veterans. Suicide rates are on the increase in this country. This bill sends the wrong message. Personally, morally, I find this offensive and I want to make sure I'm on the public record stating so. The men and women of Auburn and Minot did not elect me to this office to play God.

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

Representative **VEROW**: Thank you, Mr. Speaker Pro Tem, Ladies and Gentlemen of the House, I rise in opposition to this motion. On a personal note, it was just over five years ago, Fran and I lost our daughter to brain cancer down in Virginia Beach. It was a very painful period of months that we were with her during some surgeries, some hospice, and I have to say that the care that she was given at the end of her life was the best from the hospice people. And I can't really get my arms around the idea that, and I know that she would fight for her last breath, she did not want to leave her family, her daughter, her husband, the rest of the family.

And I'm reminded of a book that I like written by Studs Terkel called Hope Dies Last. And I think that's what we're talking about here is giving up hope and if we go down this road to adopt this into our statute, I think we are going down the road to giving up hope. And with having said that, I would hope that this House would roundly defeat this motion and vote for hope. Thank you, Mr. Speaker.

The SPEAKER PRO TEM: The Chair recognizes the Representative from Lisbon, Representative Crafts.

Representative **CRAFTS**: Mr. Speaker and Ladies and Gentlemen of the House, I want to express my opposition to LD 1270. There are many people who say that physician-assisted suicide is a personal choice, that no one would have to choose this option if they do not want. But this, I fear, will not be the case. The adoption of physician-assisted suicide rests on the beliefs that those with poor quality of life would be better off to choose death. And it wouldn't be long before people with a variety of afflictions, not just terminal illnesses, will feel the pressure to take their own life. This is, in fact, why groups such as the Disability Rights Center oppose physician-assisted suicide. Thank you.

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

Representative **GRANT**: Thank you, Mr. Speaker, Ladies and Gentlemen of the House, I'm glad to see that the good Representative from Chelsea, Representative Sanderson, is sitting down because I'm about to say that I rise to agree with everything she said. It's a very, very powerful and difficult issue. Death is surrounded by taboo in our society. We don't like to talk about our own deaths, we have a hard time talking about the deaths of our loved ones, and we have a hard time with other people's grief as well.

I think it's important that we're having this conversation. I think it's important that we talk about these issues so that we can talk about things like access to hospice care, which not enough people in our state have. I think it's important to talk about

access to adequate healthcare and opportunities to have a relationship with our family doctors. But I found it very telling when I looked at the testimony before the committee that those organizations that represent the disabled were opposed to this bill and I read their reasons and I have deep concern about passing a bill like this without adequate public conversation and without adequate preparation for our citizens that we're going to take a bold step like this.

And so, therefore, I hope the dialogue continues, but I express my concern at doing this at this time and I have grave concerns about ever doing it at all. But I'm very aware of what people go through at the end of their lives because I had the privilege of being with close friends and loved ones at the ends of their lives. And I've seen what that looks like and I don't take it lightly nor do I discount the concerns of people who want to do the right thing and what they believe to be the compassionate thing. But, I oppose this bill and I encourage all of you, if you're on the fence about this and you don't know what you're going to do, opt on the side of "no." Thank you, Mr. Speaker.

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

Representative **GUERIN**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House, I'd like to have us look at this issue honestly. The process of dying, in many cases, really stinks. People, many times, have to take time off from work, spend lots of money on their dying relatives. The person who is dying may be in a very sad condition and in many cases may feel a sense of guilt for inconveniencing their family. I know my mother would feel like that. She's 90 and very independent, lives by herself and drives her own car, and many times says to me, "I can take care of myself. You live a very busy life."

So, I think, I certainly will take care of my mother when that time comes. But I think many older people might feel a sense of guilt for inconveniencing their families and if this bill passed they might feel obligated to ask their doctor because of the inconvenience in modern society of looking after our elders and our sickly. It's a pretty sad situation.

I oppose this bill for that reason and for a personal reason, too. And please bear with me if I have to stop because it's pretty recent event in my life. I grew up next door to my Aunt Helen and she passed away last month at the age of 94. I have really good genetics and very smart elders in my family. At Christmas time she was still playing the piano and singing when our family went to visit on Christmas Eve. But shortly after Christmas, she had a fall, so she was in quite a bit of pain from the fall and the dementia that had been circling for several years seemed to descend upon her full sway. And it seemed like when I visited her, I had totally lost my Aunt Helen. So, her weight dropped to about 85 pounds and Helen really wasn't there to talk to and she was in pain. Wouldn't that be the perfect candidate for assisted suicide?

But the lovely thing was, she was able to die with true dignity. Not the dignity of somebody with dementia in pain, but the dignity of that beautiful moments and time of peace that God often brings to people at the end of life when they, like my Aunt Helen, came back to her faculties, sang with me within the last two weeks before her death. We talked about the wildflowers we used to pick and the walks we used to take and she would take my hand and put it up against her cheek and it was a lovely comfort to me and to her. And I think that was truly dying in dignity.

The SPEAKER PRO TEM: The Chair recognizes the Representative from Berwick, Representative O'Connor.

Representative **O'CONNOR**: Thank you, Mr. Speaker, Ladies and Gentlemen of the House, in the 125th Legislature I

had the great pleasure of serving with the Honorable Margaret Craven. I sat next to her in that committee and it is out of respect for her and her family that I stand to read this letter from her regarding this issue.

"I'm honored and humbled to offer my opinion regarding a bill upon which you will soon vote, LD 1270, An Act Regarding Patient-directed Care at the End of Life. As a former member of the Maine State Senate, I know the incredible amount of pressure and the tremendous amount of information you receive when considering a bill of such importance. I can only imagine how your inboxes and voicemails are flooded with directives on how to vote for this piece of legislation. But I would be remiss if I did not offer my own belief regarding this bill and its attempt to authorize physician-assisted suicide in our state.

"This bill is of particular concern to me as I am intimately acquainted with end-of-life issues and hospice care. As many of you may know, in addition to be a hospice volunteer, I also take care of my husband, who suffers from Parkinson's disease. I can tell you that, even as the primary caregiver for my husband, and even as I watch him fight the effects of disease, I remain firmly against physician-assisted suicide. I see the way I and others care for my husband and I know the love and support we give him is a true demonstration of compassion. In fact, I believe that is why many hospitals, including those in my hometown of Lewiston, the Maine Medical Association, the American Medical Association, the Disability Rights Center, Alpha One, the American Nurses Association of Maine, the Maine Hospice Council, the American Cancer Society Cancer Action Network, and the Maine Osteopathic Association are firmly against physician-assisted suicide. They understand that we, as medical professionals and as a society, should always strive to provide care that alleviates suffering, not offer to kill the sufferer. Indeed, I shudder to think of the kind of world we would live in when death is an acceptable solution to suffering, particularly when suffering of all kinds will always exist.

"Furthermore, as we all know, doctors can be wrong. And even those diagnosed with terminal illnesses—no matter how long or short they may live after a diagnosis—still have something to offer. As Gordon Smith, the Executive Vice President of Maine Medical Association remarked in his testimony opposing this bill, 'What a loss it would have been to our learned society if Stephen Hawking had taken advantage of this type of law, had it been available in England when he was found to be terminally ill with ALS while still in college. He lives on today in his early 70's enjoying his children, grandchildren, and still engaged in his research and writing.'

"Honored Senators and former colleagues, physician-assisted suicide is not a partisan issue. It is a human issue. An issue which reflects the core beliefs we hold about life and death, suffering, compassion, dignity, and value. When we reject physician-assisted suicide, we tell every person, no matter their diagnosis, they have inherent worth and value, and that we, as a society, will offer the greatest care we can at the time they need it most. I respectfully urge this legislative body to vote against 1270. Thank you. Sincerely, Margaret Craven."

The SPEAKER PRO TEM: The Chair recognizes the Representative from Scarborough, Representative Vachon.

Representative **VACHON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House, I stand in opposition to the pending motion. Right before the Health and Human Services Committee worked on this bill, we heard LD 782, An Act To Improve Quality of Life of Persons with Serious Illness. This bill, in contrast, is a bill to improve palliative care.

Life is a precious journey which will someday end. Death is a part of life. Living it to the fullest, even to the end, is sacred. We

are reminded that good things come to those who wait. Assisted suicide is about rushing death. Improving palliative care, in contrast, helps patients and their families prepare to die a natural death with dignity. We need to focus on palliative care, not assisted suicide. Please follow my light and vote "no" for assisted suicide. Thank you.

The SPEAKER PRO TEM: The Chair recognizes the Representative from Lincolnville, Representative Burstein.

Representative **BURSTEIN**: Thank you, Mr. Speaker, Ladies and Gentlemen of the House, I'm speaking today because there's been a lot of things said. There's been some exaggerations as well as thoughts put in your head that I don't think are really true. And the exaggerations being that we're going to have children dying, exaggerations about death clinics.

This bill had many people coming for it in favor of it. We've had a lot of clergy. We've had nurses. We've had patients. And we had a lot of people coming against it as one of the good Representatives said. But I feel, I really do feel that they used this bill as a bit of a soap box. We don't want people to die. This is a very, very hard decision to make, but the soap box being that we need more palliative care, we need more hospice, and yes, we do. We need all of these things. But, we also need to give people the ultimate liberty that they have in their lives. And somebody spoke about liberty today. Well, think about this one: This is the ultimate that you can make a choice for yourself. Nobody else has to make that choice.

There's been a lot of discussion about the abuse. Well, in the states that have had this bill, there has been no abuse noted. People would sometimes get the medication and then not even use it, but they felt better by just having it.

The safety issues here, this bill is so well-crafted that there are step-by-step-by-step safety issues that people cannot be coerced to do this. Or that an elderly person will just decide to, "Well I should kill myself because my family doesn't want me around." This is not going to happen with this bill. There's too many safety checks.

And the other thing I wanted to say, I'm just going to read because I know there's been a lot of testimony, but this is a man came in front of us and he read this. This is his son's words:

"I've received some feedback on my thoughts about Death with Dignity Act. As I said, I have not decided whether to use this option, but I feel strongly that it should be legally available to mentally competent and terminally ill people such as myself. As I also said, I do not view it as suicide, although that's 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 are saying," and now please listen to this, "'I'm willing to risk that your death will be slow and painful.' Well, thanks a lot. That's very brave of you." Thank you, Mr. Speaker.

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

Representative **HANINGTON**: Thank you, Mr. Speaker, Ladies and Gentlemen of the House, I stand in opposition to this legislation. I try to be a man of few words, but it is very troubling to see where we've come from in the last 35-40 years. Since *Roe v. Wade*, there have been many a murders. I'm just afraid if we pass this legislation today, nothing that I say is going to sway one thought or another in how you vote on this legislation.

But, I'm afraid that if we pass this legislation today, we're going to open up Pandora's Box and maybe 30-40 years down the road, when we become the oldest state in the nation, that we're going to say once you hit 68 years old then we have to snuff you out. So, I'm just afraid that we're going to be doing an injustice to the State of Maine and to everyone in it.

The **SPEAKER PRO TEM**: The Chair recognizes the Representative from Gorham, Representative Sanborn.

Representative **SANBORN**: Thank you, Mr. Speaker and Ladies and Gentlemen of the House, I was asked to read a bit of testimony that was given in front of the Health and Human Services Committee. And I'm going to read it as a mother, not as a physician.

"Five years ago, on May 19, 2010, my 27 year old son, Andrew Nicholas Marshall, died from an aggressive form of malignant brain cancer called glioblastoma multiforme. We knew the day of his diagnosis that his odds of survival were slim. As we navigated through surgery, chemo, and whole-brain radiation, we made quality of life a high priority.

"Seventeen months after the diagnosis, when there were no more treatment options, Andy and I flew across the country on one last big love tour. And then he came back to Maine to die. He was terrified of the end. Terrified. I promised I would be there and that we'd do everything we could for comfort. I am a planner by nature and I planned the caregiving and the hospice arrangements and the logistics of his end to the very best of my mothering ability.

"The one thing I could not provide in Maine was something that Andy wanted: the option to check out when the end was near. So we went to the very end. He did receive amazing care at the Gosnell Hospice in Scarborough. And at the end, when the cancer was taking over his brain and the crushing pain was uncontrollable even with all of the meds at their disposal, I asked the doctor to please give him a little more. He looked me in the eyes and said very clearly one word at a time, 'I cannot cross the line. Do you understand?'

"So a while later that day, Andy died. Age 27. This will happen. It's no one's fault and I don't even wonder why it happens. We're humans. We're just here for a while and some get shorter lives than others. We're just passing through. There will be accidents and there will be disease. But, I know that he would've chosen a less painful end if he could have. If you have been through this with someone you love—someone you love the way I loved Andy—my heart goes out to you. It makes no sense. We have to die, but we don't have to die like that. Today, I have two dear ones in my life who are facing terminal illness. Someday, I, and each of us, will be there too. Life is terminal right?

"I have read the language of the proposed legislation and I think it is what we need. I was glad to see that the bill includes safety measures against misuse or hasty decisions. It will provide peace and peace of mind and choice, and it will compel no one, neither patient or doctor, to act in any way other than his conscience would guide him. In the name of my son, Andy, I offer my heartfelt support for LD 1270 and thank you for your deepest consideration of its merits."

And I would add on a personal note, in regards to my oath as a physician, to do no harm: the harm done to this son and his mother was not to relieve his agony when it was possible to do so. The final outcome would've been no different, except that both son and mother would've been at peace. Thank you.

The **SPEAKER PRO TEM**: The Chair recognizes the Representative from Portland, Representative Stuckey.

Representative **STUCKEY**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House, this bill, by design, is not for everyone. But if what you're looking for is real control over your life, and your death, this bill gives you a legitimate path to follow. It's about choices. It does not force anyone to do anything, not patients, not physicians.

It puts the patient at the center of patient-centered care and it strengthens the patient-doctor relationship. The bill sets

numerous and sufficiently high hurdles for patients to overcome that force them to challenge and validate their choices, and protects them from exploitation. Mr. Speaker, the best and strongest part of this bill is its insistence on the relationship between the doctor and the patient.

Two-thirds of patients who get the prescription in states where this is legal wind up not using it. And I think that speaks mountains to what this bill requires of someone. I think the journey—having watched several members of my family go through it—the journey, there's a transformation at some point in the journey when the patient takes over control. But, to start the journey, I think sometimes they need to start with a doctor and that conversation and this bill allows that to happen. But it also leaves the door at the other end open for people to walk through without the prescription. It's not a new idea. My mother told me a long time ago that when she was a girl, she first heard about the Hemlock Society and was a lifelong member. My grandparents were the same.

I think some of the things that have been suggested that are possible pitfalls of the bill, when you look at the experiences in Washington or Oregon don't bear out. It's been suggested that the bill is a recipe for elder abuse, but in all 15 years of the law's existence in Oregon, there's never been a case of coercion or undue influence related to the Death with Dignity Act—not one.

It's been suggested that it attacks the dignity and threatens the lives of people with disabilities. This myth simply glosses over the fact that death with dignity laws offer protections for all people living with or without disabilities. The multiple safeguards ensure the decision to shorten one's suffering when enduring a terminal—a terminal—illness rests solely in the hands of the person who's dying and on one else.

It's been suggested that death with dignity acts are a slippery slope and will lead to euthanasia. Oregon's law has been in effect for 15 years, Washington's for three, Vermont's I think for two, and in order to change the scope of these laws, or this one we're considering today, it would take an act of the State Legislature or approval of a ballot initiative by voters. At no point in the long history of Oregon or Washington has there been any effort to expand or extend the death with dignity legislation to allow euthanasia. There's been no slippery slope. It's a mentally competent, terminally ill individual's personal end-of-life decision and no one else's.

And finally, it's been suggested, Mr. Speaker, that it's suicide. None of the moral, existential, or religious connotations of suicide apply when a patient's primary objective is not to end an otherwise open-ended span of life, but to find dignity in an already impending exit from this world. Individuals who use the law are likely to be offended by accusations of assisted suicide because they're participating in an act to shorten the agony of their final hours, not killing themselves. A personal decision, Mr. Speaker, and one that's very clear to me, but I hope we don't wind up judging each other too harshly on how we follow our own lights on this one, Mr. Speaker. Thank you.

The **SPEAKER PRO TEM**: The Chair recognizes the Representative from Jay, Representative Gilbert.

Representative **GILBERT**: Mr. Speaker, Men and Women of the House, I stand in opposition to this motion. Most of you know my position on suicide and all of you who were here in the 126th Legislature voted to join me in support of LD 609 to address youth suicide.

American teens kills themselves at the rate of about one every two hours. About 19 percent of our teens tell researchers that they have experienced depression, and half of those have had suicidal thoughts. Our kids take three times the number of prescription drugs for depression, anxiety, and other mental

health conditions than do European teens. The teen suicide rate increased since suicide was legalized in Washington and Oregon.

By giving the green light to assisted suicide laws, we are telling our teenagers that suicide is okay and necessary sometimes. Do you really think that's a good idea? What kind of a message would such a law, assisted or not, send to our youth who are at the risk of completing suicide? Join me in defeating this bill and vote with your red light.

The **SPEAKER PRO TEM**: The Chair recognizes the Representative from South Berwick, Representative Beavers.

Representative **BEAVERS**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House, I stand in support of this motion. I was thrilled to see that four of us legislators—two Democrats and two Republicans—had submitted the same title. I have an undergraduate degree in chemistry, an MBA and also a Master's in Counseling. So, I understand this topic may be a moral and/or ethical dilemma for many. I respect those with such convictions.

Please keep in mind this bill is not a mandate. It merely offers an option, a personal right. Although I'm not even sure I could partake of the choice myself, I will fight for those few citizens of Maine that wish to have this choice as part of their end-of-life decision making.

This 2015 bill fixes many of the objections stated in testimony in 2013, including more explicit definitions, multiple escape clauses to change one's mind, assurances of the patient being of sound mind, required notification of all caring and feasible end-of-life services such as palliative care, comfort care, hospice care and pain control, and allowing doctors, healthcare facilities, and pharmacists to opt out.

In addition to protecting the patient's life insurance and the healthcare provider's medical professional liability insurance, the bill, quote, "specifically states that nothing in the provisions of the bill may be construed to authorize a physician or other person to end a patient's life by lethal injection, mercy killing, or active euthanasia. Further, the bill may not be construed to conflict with the federal Patient Protection and Affordable Care Act as amended by the federal Health Care and Education Reconciliation Act of 2010."

The Oregon Death with Dignity Act was enacted in 1994 through a ballot measure, but the law was not enacted until the fall of 1997 due to legal challenges, which they overcame. That is over 17 years ago. The Death with Dignity Act of Washington State, my home state, was enacted following a ballot measure in 2008 and took effect March 5, 2009. Vermont's Patient Choice and Control at End of Life Act was passed by their Legislature in 2013 and signed by their Governor two years ago this month. Montana passed theirs in 2009 and New Mexico in 2014.

In 2012—and there are more recent statistics but I haven't had a chance to get them—Oregon physicians issued 115 Death with Dignity Act prescriptions, of which 77 patients, or two-thirds of those who requested the prescription are known to have died, but we don't know that they actually used their prescription. As was said earlier, it gave them peace of mind. Oregon has three times the population of Maine, so you could reasonably estimate that about 30 Mainers a year might actually take advantage of this law should it be enacted. Although a small number of people have moved to Oregon because of this bill, there has been no run on the bank so to speak.

I am a mother of three, a grandmother of three, been married to the same man for nearly half a century, and have attended church nearly every Sunday all year-round for the last 70 years, since I was three so you can figure out how old I am. I was certified Lay Eucharistic Minister when I lived in New Jersey and

delivered communion to shut-in people. I have watched one of my grandmothers, both parents, a brother-in-law, and a six-year-old nephew die from cancer, not in a pleasant or humane way, but all of whom were covered by good medical insurance so none of us were left financially devastated, though emotionally and spiritually drained.

Both palliative and hospice care were greatly appreciated by my sister for her husband. My father scribbled out, "Get me out of here," when he was put on a respirator. It took two horrible weeks for his body to give out. After that horrible experience, my husband and I went to our lawyer and got medical proxies stating our wishes not to be kept alive on machines and feeding tubes. Now, we'd like to be able to have this new end-of-life option legally to give us peace of mind that we may never use.

Please remember that for some, this choice is a healing choice and would provide peace of mind. For some, do no harm means letting a person go a little sooner. Please do not deny them this option any longer. Your support of LD 1270 will be greatly appreciated. It is the compassionate and right thing to do for some of us. Thank you.

The **SPEAKER PRO TEM**: The Chair recognizes the Representative from Winthrop, Representative Hickman.

Representative **HICKMAN**: Mr. Speaker, may I pose a question through the Chair?

The **SPEAKER PRO TEM**: The Representative may pose his question.

Representative **HICKMAN**: Thank you, Mr. Speaker, I'm torn and so I have a question. If there is anyone in the chamber who supports death by lethal injection and capital punishment who does not support this, can they please explain why, because I'm really conflicted. Thank you.

The **SPEAKER PRO TEM**: The Representative from Winthrop, Representative Hickman, has posed a question through the Chair to anyone who may care to respond.

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

ROLL CALL NO. 254

YEA - Babbidge, Bates, Battle, Beavers, Beebe-Center, Blume, Brooks, Bryant, Buckland, Burstein, Campbell J, Chapman, Chenette, Chipman, Cooper, Daughtry, Davitt, Devin, Dillingham, Dion, Doore, Duchesne, Dunphy M, Evangelos, Farnsworth, Fowle, Frey, Gattine, Gideon, Grohman, Hamann, Harlow, Hawke, Herrick, Hubbell, Hymanson, Jorgensen, Kornfield, Kruger, Kumiega, Longstaff, Luchini, Maker, Martin R, Mastraccio, McCabe, McCreight, McLean, Monaghan, Moonen, Morrison, Noon, Pierce J, Pierce T, Powers, Prescott, Rotundo, Russell, Rykerson, Sanborn, Saucier, Schneck, Seavey, Shaw, Short, Stearns, Stuckey, Sukeforth, Tepler, Tipping-Spitz, Tucker, Wadsworth, Warren, Welsh, Wood, Mr. Speaker.

NAY - Alley, Austin, Beck, Bickford, Black, Campbell R, Chace, Corey, Crafts, Dunphy L, Edgecomb, Espling, Farrin, Foley, Fredette, Gerrish, Gilbert, Gillway, Ginzler, Golden, Goode, Grant, Greenwood, Guerin, Hanington, Hanley, Head, Herbig, Hickman, Higgins, Hilliard, Hobart, Hobbins, Hogan, Kinney J, Kinney M, Lajoie, Lockman, Long, Lyford, Malaby, Martin J, McClellan, McElwee, Melaragno, Nadeau, Nutting, O'Connor, Parry, Peterson, Picchiotti, Pickett, Pouliot, Reed, Sanderson, Sawicki, Sherman, Sirocki, Stanley, Stetkis, Timberlake, Timmons, Tuell, Turner, Vachon, Verow, Wallace, Ward, White, Winsor.

ABSENT - DeChant, Fecteau, Marean, Skolfield, Theriault.
Yes, 76; No, 70; Absent, 5; Excused, 0.

76 having voted in the affirmative and 70 voted in the negative, with 5 being absent, and accordingly the Minority **Ought to Pass** Report was **ACCEPTED**.

The Bill was **READ ONCE**.

Under suspension of the rules, the Bill was given its **SECOND READING WITHOUT REFERENCE** to the Committee on **Bills in the Second Reading**.

Under further suspension of the rules, the Bill was **PASSED TO BE ENGROSSED** in **NON-CONCURRENCE** and sent for concurrence.

CONSENT CALENDAR

First Day

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

(H.P. 460) (L.D. 679) Bill "An Act To Prohibit the Unauthorized Distribution of Certain Private Images" Committee on **CRIMINAL JUSTICE AND PUBLIC SAFETY** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-430)**

Under suspension of the rules, Second Day Consent Calendar notification was given.

There being no objection, the House Paper was **PASSED TO BE ENGROSSED as Amended** and sent for concurrence.

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

REPORTS OF COMMITTEE

Divided Report

Majority Report of the Committee on **STATE AND LOCAL GOVERNMENT** reporting **Ought Not to Pass** on RESOLUTION, Proposing an Amendment to the Constitution of Maine To Provide for a Lieutenant Governor and Change the Line of Succession for Governor

(H.P. 965) (L.D. 1418)

Signed:

Senator:

LIBBY of Androscoggin

Representatives:

MARTIN of Sinclair
 BABBIDGE of Kennebunk
 BEEBE-CENTER of Rockland
 BRYANT of Windham
 DOORE of Augusta
 EVANGELOS of Friendship
 GREENWOOD of Wales
 TUELL of East Machias

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (H-427)** on same RESOLUTION.

Signed:

Senators:

WHITTEMORE of Somerset
 WILLETTE of Aroostook

Representatives:

PICKETT of Dixfield
 TURNER of Burlington

READ.

On motion of Representative MARTIN of Sinclair, the Majority **Ought Not to Pass** Report was **ACCEPTED** and sent for concurrence.

CONSENT CALENDAR

First Day

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

(S.P. 315) (L.D. 870) Bill "An Act To Amend the Maine Spruce Budworm Management Laws" Committee on **AGRICULTURE, CONSERVATION AND FORESTRY** reporting **Ought to Pass as Amended by Committee Amendment "A" (S-252)**

(S.P. 358) (L.D. 1017) Bill "An Act To Update Maine's Family Law" Committee on **JUDICIARY** reporting **Ought to Pass as Amended by Committee Amendment "A" (S-254)**

(H.P. 927) (L.D. 1365) Bill "An Act Regarding Licensed Children's Programs" Committee on **HEALTH AND HUMAN SERVICES** reporting **Ought to Pass**

Under suspension of the rules, Second Day Consent Calendar notification was given.

There being no objection, the Senate Papers were **PASSED TO BE ENGROSSED as Amended** in concurrence and the House Paper was **PASSED TO BE ENGROSSED** and sent for concurrence.

SENATE PAPERS

The following Joint Order: (S.P. 529)

ORDERED, the House concurring, that the Work Group To Plan the Transition to Funding 55 Percent of Education Costs and 100 Percent of Special Education Costs is established as follows.

1. Work Group To Plan the Transition to Funding 55 Percent of Education Costs and 100 Percent of Special Education Costs established. The Work Group To Plan the Transition to Funding 55 Percent of Education Costs and 100 Percent of Special Education Costs, referred to in this order as "the work group," is established.

2. Membership. The work group consists of the following members:

A. The President of the Senate shall appoint 3 members of the Senate, including members from each of the 2 parties holding the largest number of seats in the Legislature, who are members of the Joint Standing Committee on Appropriations and Financial Affairs, the Joint Standing Committee on Taxation or the Joint Standing Committee on Education and Cultural Affairs; and

B. The Speaker of the House of Representatives shall appoint 4 members of the House of Representatives, including members from each of the 2 parties holding the largest number of seats in the Legislature, who are members of the Joint Standing Committee on Appropriations and Financial Affairs, the Joint Standing Committee on Taxation or the Joint Standing Committee on Education and Cultural Affairs.

3. Chairs. The first-named Senate member is the Senate chair and the first-named House of Representatives member is the House chair of the work group.

4. Appointments; convening of work group. All appointments must be made no later than 30 days following the passage of this order. The appointing authorities shall notify the