

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)

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

Daily Edition

First Regular Session

December 1, 2010 – June 29, 2011

pages 1 - 1067

Now I'm funded traditionally. That means I go out and get money from people. If you look at my campaign report, you see money coming from "outside the state." Usually it's people I've worked for or other connections. There are even reports showing money spent on my behalf from outside organizations, and as I said, it renders the process meaningless because it has boosted the amount spent and where is the accountability in all of this. Regardless of that, I will still vote in favor of the motion Ought Not to Pass, but it is with some reluctance because our system has become flawed, not so much because of the system itself, but what outsiders have been able to do to it. So, as I said, I'm reluctant to vote in favor of this. I think it needs reform and I think it needs reform soon. Thank you very much, Mr. Speaker.

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

Representative CUSHING: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I've certainly enjoyed much of the debate this afternoon, but the mind can only absorb what the end can endure. I would like to move that we Table this until later in today's session.

On motion of Representative CUSHING of Hampden, TABLED pending the motion of Representative BEAULIEU of Auburn to ACCEPT the Majority Ought Not to Pass Report and later today assigned. (Roll Call Ordered)

The House recessed until 7:00 p.m.

(After Recess)

The House was called to order by the Speaker.

The following items were taken up out of order by unanimous consent:

UNFINISHED BUSINESS

The following matters, in the consideration of which the House was engaged at the time of adjournment yesterday, had preference in the Orders of the Day and continued with such preference until disposed of as provided by House Rule 502.

HOUSE DIVIDED REPORT - Majority (8) **Ought Not to Pass** - Minority (5) **Ought to Pass as Amended by Committee Amendment "A" (H-467)** - Committee on JUDICIARY on Bill "An Act To Educate Women on the Medical Risks Associated with Abortion"

(H.P. 684) (L.D. 924)

TABLED - June 3, 2011 (Till Later Today) by Representative NASS of Acton.

PENDING - Motion of same Representative to **ACCEPT** the Minority **OUGHT TO PASS AS AMENDED** Report.

Representative CAIN of Orono **REQUESTED** a roll call on the motion to **ACCEPT** the Minority **Ought to Pass as Amended** Report.

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

The SPEAKER: The Chair recognizes the Representative from Brunswick, Representative Priest.

Representative PRIEST: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. This bill, the Minority Report, not only requires a 24-hour waiting period for a woman who is seeking an abortion, but also specifies what an attending physician must tell a woman seeking an abortion and also requires that there be a government-written brochure which is

handed to her. Now current Maine law covers a lot of this already and this is sort of going to be the theme of a lot of these bills.

Let me read you what a physician under current Maine law, this is since 1993, must tell a woman who is seeking an abortion. "A physician may not perform an abortion unless, prior to the performance, the attending physician certifies in writing that the woman gave her informed written consent, freely and without coercion. To ensure that the consent for an abortion is truly informed consent, the attending physician shall inform the woman, in a manner that in the physician's professional judgment is not misleading and that will be understood by the patient, of at least the following: According to the physician's best judgment she is pregnant; The number of weeks elapsed from the probable time of the conception; The particular risks associated with her own pregnancy and the abortion technique to be performed; and At the woman's request, alternatives to abortion such as childbirth and adoption and information concerning public and private agencies that will provide the woman with economic and other assistance to carry the fetus to term, including, if the woman so requests, a list of these agencies and the services available from each." That is a fairly wide-ranging and good compromise on this issue.

This bill doesn't add much to that current law, except to say that the doctor has to talk about "the availability of medical benefits" and "the father's liability for support." These questions are probably better left to a social worker rather than to a doctor. As well, in the case of rape or incest, the father's liability for support may be a moot point. As well, the so-called brochure concerning fetal development which the government is supposed to prepare is really unnecessary. These types of brochures in other states have been found to be scientifically inaccurate, containing out of date data and references to studies which are no longer accurate in the medical field. Sometimes these brochures connect abortion with increased risk of breast cancer, mental illness and infertility, none of which has been shown in the medical literature to be true. This bill unfortunately interferes with a woman's right to have an abortion and it interferes with a patient/doctor relationship. It goes far beyond the compromise which is necessary and represents a governmental intrusion into a relationship which should be between a woman and her doctor. It is unnecessary and therefore I urge you to vote against the current minority motion and vote ultimately Ought Not to Pass. Thank you.

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

Representative ESPLING: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I come to you today to ask for your support for LD 924, support for the current motion. I am very aware that this is a controversial issue and an emotional issue. Whenever this issue is addressed, it results in a great amount of debate on both sides. I know that many of you are already decided on this bill. I know that this is not a party issue. It comes down to conscience and though I disagree with some of my good colleagues in this area I still respect you all the same. It is in that spirit that I come to you today in hopes that you will at least listen to my words.

I understand that our focus this year in the Legislature has been on our economy. We have enacted health insurance reform, worked on regulatory reform, and have had other proposals put forth. This has all been an attempt at making Maine a more business-friendly state. However, many of the fine legislators in this body have proposed other pieces of legislation pertaining to consumer protection, the environment, hunting and fishing, and I could go on. We are all here to represent the

people that we serve and we are their avenue for change to laws that they see are needed. And yes, that means the social issues too.

Early on after winning the election in my district, I was approached by a young woman from one of the towns in my district that I now represent who had concerns around our current abortion laws or lack thereof. This legislation protects women who are not always provided with clear information in regards to her options in the case of an unexpected pregnancy. It ensures that she is well informed with unbiased information and is given time to think about it. I have heard argued that this information would be "government propaganda" since the bill does ask the Department of Health and Human Services to provide the facts concerning the risks of the abortion procedure and the risks of childbirth, scientifically accurate information about the fetus, the availability of medical benefits, and the father's liability for support.

It is my hope that with this piece of legislation women can truly make an informed choice when it comes to their health and well being. DHHS and the Maine CDC put out publications all the time on an array of topics. I went to DHHS. There were posters on the wall put out by them. One said Don't Text and Drive. One was a Suicide Prevention Hotline poster for that hotline. I asked them for copies of all the information that they put out in their various offices and they said, are you sure, because we could bury you in paperwork. Now if we're asking DHHS to put out a piece of literature and we're calling it government propaganda, then we might as well call all of it government propaganda.

The purpose of having DHHS develop the brochure is to avoid any advocacy on behalf of religious groups or the very abortion clinics who make money off of performing the abortions. This bill makes certain that the information a woman is given regarding her options is consistent and that she has the information without having to ask for it. This bill makes certain that she has the information and has time to think about her choice as well, as does legislation already in place in other states. There are 31 states that maintain informed consent laws requiring that women be given certain information before an abortion. Twenty-four of these states require that the information be given one day, usually 24 hours before the abortion procedure.

Testimony by woman after woman was given before the Judiciary Committee, women who made the choice to have an abortion and women who didn't. We heard over and over again about women saying they were not given enough information by the abortion provider and women who felt rushed into making an abortion decision.

We also heard from the abortion clinics. They stated that it is a rare instance when women are given a same-day abortion. That does not seem to be their standard practice. After all, how often do we go to the doctor for a diagnosis and have surgery the very same day but for an emergency? As all laws should be, this bill protects women in those situations where this is not the standard practice. Any physician can perform an abortion in Maine but not all of them do, but they can. This is a protection in the law so that women are not taken advantage of or exploited for financial gain, rushed into a decision or not given information. My heart goes out to women in the situation of an unexpected pregnancy. It pains me to see woman after woman feel so stuck, whether by socioeconomic circumstances, by age, whatever the reason may be that abortion seems to be their only choice. It pains me to see the regret on the face of a woman who has an abortion. It pains me so much more when she looks back and says if I had only known the risks, the size of the fetus or the availability of help. It pains me to see how alone a woman feels

in her decision. Some would argue that this legislation is not necessary; after all, what other medical procedure would require someone to wait or have this type of information. Well, I ask you to search your heart and deep down inside, ask yourself if abortion is truly just another medical procedure. Consider the motion on the floor with compassion and understanding for the women in your lives. Remember, this does not take away the choice to have an abortion. It is my hope that with this piece of legislation, women can truly make an informed choice when it comes to their health and well being.

The following is a quote by a Supreme Court Justice in one of the numerous upheld informed consent and waiting period court decisions. I quote, "It is self-evident that a mother who comes to regret her choice to abort must struggle with grief more anguished and sorrow more profound when she learns, only after the event, what she once did not know..." Women have a choice, this does not change that, but women also have a right to know and a right to have time to think about it. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Scarborough, Representative Volk.

Representative VOLK: Thank you, Mr. Speaker. Mr. Speaker, Members of the House. Whether you are pro-life or pro-choice, I think we can all agree that abortion, if it happens at all, should be safe and rare. I think we can also agree that education is never a bad thing and informed consent is expected for any medical procedure. I urge you to read the excerpts of testimony on this matter circulated by the Representative from Raymond, Representative McClellan. In the words of one woman, "Why is an abortion the only procedure that falls outside the rules?"

A 2009 study found that abortion increases the risk of pre-term birth in a subsequent pregnancy by 37 percent, with two or more abortions increasing the risk by a staggering 93 percent. Another 2009 study found similar rates of pre-term births among mothers who had had previous induced abortions. That study further found that not only is she much more likely to give birth prematurely, but she is twice as likely to have a very premature baby at less than 34 weeks gestation. As a woman I find these statistics stunning. This seems like a well kept secret when you consider that, in 2006, the Centers for Disease Control announced that premature birth is the leading cause of infant mortality and a risk factor for many disabilities. All women deserve to know these risks, but women or girls about to make a choice that could not affect their own health in the short-term, but that could affect their long-term health and even the health of their future children, deserve the right to know these facts.

In a 5-4 plurality decision on *Planned Parenthood v. Casey*, the Supreme Court agreed, upholding a challenge to Pennsylvania's informed consent mandate for abortion. They stated, "As with any medical procedure, the State may enact regulations to further the health or safety of a woman seeking an abortion." They went on to say that any delays or burdens associated with a 24-hour reflection period or informed consent is not "...unreasonable, particularly where the statute directs that information become a part of the background of the decision."

In my committee I became known for asking the question, what do other states do? In fact, 31 states maintain informed consent laws requiring that women be given specific information before undergoing an abortion. Twenty-four states require that the information be given at least 24 hours in advance of the surgery. Just six other states do not provide a reflection period for a woman to review and consider the risk information before going through with her decision. Given the severity of some of the potential long-term complications associated with ending a

pregnancy, it seems medically unethical not to allow a time of reflection and reconsideration before consenting to such a potentially life changing medical procedure. LD 924 respects women by giving them accurate information about their fetus, the abortion procedure, its potential long and short-term complications, as well as information on the risks of childbirth and 24 hours to weigh it all. The choice of whether or not to have a child is a major decision with lifelong consequences, shouldn't it be an informed one? Thank you, Mr. Speaker.

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

Representative **SANBORN**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Informed consent is necessary for all surgical procedures, from removing an age spot to an ingrown toenail, to an appendectomy or a face transplant.

Mandating that physicians obtain informed consent before performing an abortion would be passing unnecessary legislation, a waste of taxpayer dollars.

We know, of course, that this is not what this bill is about. We also know that it is not about dispensing accurate medical information or what this bill refers to as education.

What is the accurate medical information that should be disclosed before an abortion is performed? According to the American College of Obstetrics and Gynecology, risks and complications of abortions relate to how long a woman has been pregnant. The earlier a woman has an abortion, the safer it is. Although an abortion is a low-risk procedure, some abortions are a form of surgery. As with any surgery problems, even death, may occur. I have to smile a little bit when I say that because I feel like one of those commercials for one of the medications on TV that always lists death at the end.

However, in most cases, the risks from an abortion, especially early in pregnancy, are less than the risks of giving birth to a baby. Most women who have an abortion can get pregnant in the future. Having an abortion does not increase a woman's risk of cancer.

Here are more of the facts: Eighty-eight percent of women who obtain abortions are less than 13 weeks pregnant. Of those, 97 percent report no complications at all, fewer than 3 percent minor complications that can be handled at the medical office or abortion facility, and less than .3 percent has more serious complications that require some additional surgical procedure or hospitalization. Death occurs in literally one in a million early abortions or those performed before eight weeks. In later abortions, the death rate increases because of risks from anesthesia, infection or uncontrollable bleeding. But still, the risk of death is 3 in 100,000 abortions up to 20 weeks gestation, and in comparison, a woman's risk of death during pregnancy and childbirth in the U.S. is over 13 per 100,000, a considerably increased risk for a normal pregnancy and delivery.

You may have heard much about the physiological trauma of abortion. Depression from abortion is much less common than postpartum depression after childbirth. Some women regret their abortion, many others do not. A recent study in the Journal of the American Medical Association clearly shows that fear mongering about postpartum depression and the psychological trauma has no basis in medical fact.

I think we can agree that there are a number of facts that need to be shared for adequate informed consent, but I also feel that we must remember that each person who presents with an unplanned pregnancy needs to be individually assessed. As you might expect, the risks are not identical for everyone. One has to take into account a woman's age, health status, past history, family history, mental health status, family situation and so on.

Medicine is not only a science. There is also an art to it, which makes legislating health care practice a risky endeavor. This is not a time to read a "script" to a woman without taking her emotional status into account. This is a time to listen and understand her questions, concerns, and feelings. There is no easy decision for anyone in this situation. No decision that won't have to be lived with for a lifetime, no painless decision.

What is most upsetting to me about this legislation is that it is designed to falsely scare women. This is the ultimate "fear tactic." Many years ago, I saw a young woman with an unplanned pregnancy that had called a hotline number in the newspaper and went to so-called "counseling." She was forced to watch a video showing a procedure of a late-term abortion. She came to me traumatized, agitated and in tears, not knowing where to turn. No matter how you feel about choice in a woman's life, surely you cannot support using shame, fear, and abuse as a way to influence that woman's choice.

Please take the advice of the Judiciary Committee on this, the majority of the Judiciary Committee, and other legislation that intrudes on private health care decisions and support the Majority Ought Not to Pass recommendation. Thank you.

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

Representative **PEOPLES**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I don't rise often to speak, but this is an issue that I feel very strongly about. I am almost 65 years old. I remember back in the days that this would never ever have been a conversation we had because abortion was not legal. That's not what we're debating in this chamber tonight. What we're debating is a woman's access to a legal procedure.

One of the things that this bill will do, unfortunately, is it will make it more difficult for women with limited transportation or who live a great distance from places where there are clinics to receive an abortion. No woman makes this decision lightly. Most of the women who come into an abortion clinic, there are very few places in this state that actually perform them because we have very few, but she's probably had several appointments with her own personal physician, so I don't think another 24 hours is going to make a whole lot of difference.

It's a very difficult time in a woman's life. It's a horrible choice to have to make and I am incredibly grateful that I've never been faced with it and nor have my daughters, but if you put another barrier up, it just makes a traumatic period in that woman's life that much harder. We have informed consent, we have doctors who are well trained and qualified to counsel and we have women who, if they aren't mature enough when they start out, become mature enough very, very quickly to make this decision. So I ask you to defeat this bill and let's not fix something that's not broken. Thank you very much.

The SPEAKER: The Chair recognizes the Representative from Caswell, Representative Ayotte.

Representative **AYOTTE**: Thank you, Mr. Speaker. In the interest of time, Mr. Speaker, I will address or refer to the three bills by rising only once. Of course, Mr. Speaker, I sincerely thank the Representatives, Representative Tyler Clark, Representative Ellie Espling, and Representative Dale Crafts, who had the foresight and wisdom to submit these bills. I sincerely thank them. However, I look forward to a time when bills such as these that refer to abortion will no longer be necessary. I believe that a day will come, although I may not be around to see it, abortion will no longer be necessary. I look forward to a day when this egregious and barbaric act will no longer be part of our culture. I look forward to a day when our society and our culture will set aside its Victorian attitude and will

no longer look at an untimely pregnancy as a stigma on a young girl. It is my sincere hope that a time will come when the burden of an untimely pregnancy will not be looked upon as an inconvenience or shame, so that the mother will feel obliged to abort the child, that a time will come when the care for the pregnant mother and her child will be done without bitterness, without ridicule or without reluctance, when society will understand that a mother is carrying a human being with the same worth as all of us and it is developing in her womb.

Ladies and gentlemen, I can tell you that as long as humans and human nature and the human condition exist, there will be untimely pregnancies. I look forward to a day when a mother will no longer feel the need to abort her child, when the mother will no longer have to carry the burden of guilt for a lifetime because we as a society cause her to feel shame. We as compassionate humans can and must do better. Ladies and gentlemen, it is essential laws such as these that discourage abortion be implemented and laws that support adoption and foster parenting be encouraged and promoted. I ask you to remember and realize that the father of all of us was a foster child and grew to manhood with a foster father.

Again, I look forward to a day when the scourge of abortion will no longer exist, but rather be a shameful part of our history like slavery, child labor, or a time when women were not allowed to vote. When the Blessed Virgin appears in a small village called Medjugorje in Yugoslavia, she always mentions to the visionary how this pains her. I therefore look forward to a day when abortion will no longer darken the conscience of our society, but rather that Americans will remain, as always, the beacon of enlightenment and an example to the whole world. So that to quote the words of an old movie based on the book by Margaret Mitchell, "You will hear about them only in storybook and song for now they are gone with the wind."

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

Representative GUERIN: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. When my grandmother Hattie Smith turned 21 women were not allowed to vote. The lawmakers and decision makers of her day did not deem women competent enough to study the issues, reflect and make a good decision. Well, we've come a long way, baby. Women now need to step up in making their own informed decisions in the doctors' offices. We deserve to have factual information compiled by DHHS and a 24-hour period to ponder our options before making a life-changing decision, no pressure from the for-profit abortion provider or the boyfriend. There is no danger in factual information or 24 hours to ponder the facts and make a decision. Honor women and join me in voting green.

The SPEAKER: The Chair recognizes the Representative from Bar Harbor, Representative Flemings.

Representative FLEMINGS: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise today in opposition to the pending motion and in opposition to LD 924. Several folks have spoken about this issue already and I would like to focus on a part of this bill that requires a woman to wait at least 24 hours before they may obtain an abortion. They must wait this 24 hours because of the requirement that the provision in the bill that says that the doctor must read this particular script, and we've heard many reasons why this is not appropriate, and then a woman must wait 24 hours before they may obtain the abortion. Waiting periods increase the medical, emotional and financial cost of an abortion.

My district includes several island communities, including communities that are remote and unbridged, meaning a person must take a boat, often a scheduled ferry, to get to and from the

mainland. When it comes to health care, and in particular abortion care, a woman would have to wait, would have to travel a great distance including taking a scheduled ferry and traveling a great distance to access that difficult care. For the women I represent, a 24-hour waiting period is a very real barrier for a woman attempting to access her constitutional right to an abortion. Furthermore, in order to meet the demands of LD 924, women and their families would need to make arrangements for two days off from work, two days of childcare, two trips to the provider or an overnight stay in the provider's town. This is prohibitively expensive for many women of lower incomes and many women living in rural areas such as mine. Additionally, mandated waiting periods are unnecessary because women already have to wait for an appointment due to the very limited number of abortion providers in Maine. This is a bill searching for a problem that does not exist in Maine and certainly not in the district I represent and many others here represent.

As a woman born after *Roe v. Wade*, I and my peers are lucky to have grown up in a time when we did not have to worry about accessing confidential health care and when we could seek a safe and legal abortion, should one ever need to. Mandated delays are an infringement on our basic rights and I shudder to think of the harmful impacts this bill can have for my constituents and others. As others have said before me, I implore you to consider this bill with compassion and with an open heart for many women, past, present and future, who face the extremely difficult situation of which we're talking. These decisions are never easy and providing increased barriers and increased shame and humiliation will only harm these women and deny them the privacy and respect they deserve to make the private decisions in their lives. Thank you, Mr. Speaker.

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

Representative ESPLING: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I just wanted to rise and in hearing some of the debate correct a few misconceptions about this bill. I do have an amendment that we will be talking about, perhaps later, that changes it, to the attending physician, to a physician or a physician's designee.

The SPEAKER: The Chair would remind the Representative that we're not able to talk about an amendment that is not before the body.

The Chair reminded Representative ESPLING of New Gloucester to confine her debate to the question before the House.

Representative ESPLING: Thank you, Mr. Speaker. The issue with traveling and having to wait 24 hours and having to go to the clinic and then wait 24 hours and having people have to pay and all this financial expense, that issue should be taken care of. As far as a doctor reading a script, this brochure that I'm suggesting in the bill would just kind of be a guide for the doctor to use. It is not a word for word script that the doctor has to read. It is just something that the doctor has there as a resource. A doctor could give the patient even more information than is suggested in the brochure. It is not a word for word verbatim script that a doctor has to read.

In the bill, it suggests giving the information orally and in written form, and I don't know if any of you have ever been given a life-changing diagnosis. I was diagnosed with cancer at 29 and when you're in that office and they're telling you something that's life changing like that, and they're trying to tell you orally what your options are, you don't process that very well and you leave that office and you might not even remember what they said. This kind of reminds me of that and I just felt that it is very important that the doctor can go over things orally with the patient

and be able to give the patient something that they can read on their own later when they have questions in the privacy of their own home, when they have time to process the information. Time to process the information and having the information is very key here, that's the purpose of this bill. Thank you.

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

Representative **McCLELLAN**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. Thank you for listening at this late hour. I'm honored to serve with Representative Espling and so I rise to support this bill that she's worked so hard on. Mr. Speaker, earlier one of the Representatives kind of insinuated that Representative Espling had ulterior motives with her bill, had an agenda, and I don't believe so. In fact, I would say it might be the opposite, that there's an agenda to defeat this bill. Many, many years ago when I was younger I was deathly afraid of needles and as I got older and got into college, it struck me that it was kind of a silly thing so I started to give blood and I'm proud to say I've given blood for probably 30 some odd years. If you are like me and you go to the Red Cross and give blood regularly, you know it takes about 45 minutes to read the packet. It is a pain in the neck, but I think it is very valuable and I've watched people read that information and leave because they had a temperature or they didn't feel good or for whatever reason, so I believe this is kind of what she's asking.

Now a few minutes ago, I'm actually, sadly, I'm originally from New York and I kind of follow the news in New York and a few minutes ago I was kind of looking back about six months ago. I heard really an alarming statistic, that in New York City, in the African American population, the abortion rate is over 60 percent and in fact I mean there is a fear that the African American population is going to disappear. As I said, Mr. Speaker, I went on the computer just to see if I could find that statistic and I ran into an ad for an abortion clinic and it was a very happy ad. It really made it like a very pleasant experience and I don't think anybody here thinks that's what the case is, but if you looked at the ad I just looked at, you'd think it was a walk in the park.

Also, about six months ago, Mr. Speaker, there was a series of films. There was an undercover exposé that cameras went into some abortion clinics. Now I don't believe it was in Maine, I'm pretty sure it wasn't, but it was around the country, and we watched as abortion clinic staff were talking with people they thought were 14 years old and telling them how to get abortions and how to get around their parents. So that was concerning to me and it makes me just think that can we really ever have too much information. So I would just ask people, too much information is not a problem and I would just say to please support this bill that Representative Espling has put before us. Thank you, Mr. Speaker.

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

Representative **HARLOW**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I am not standing here questioning anyone's motives; I believe that everyone is trying to do what they think is right. However, to say that women need to be protected and given information is an insult to both women and their doctors. It says that women are not capable of asking for the information they want or need and the doctors need to be mandated to give information about that procedure. Thank you.

The SPEAKER: The Chair recognizes the Representative from Denmark, Representative Sarty.

Representative **SARTY**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I was on the Judiciary Committee when we heard these bills and the testimony

was quite moving. Many of the women who did testify as to their experience in this issue decades later still showed clearly some emotional regret about the decisions that they had made, and many stated that they just wish they had had a chance to be more informed as to what they were doing. Certainly you pick up on that type of testimony.

We also had the administrators of three of the family planning clinics that are in our state come before the committee and describe the procedure. One of them was the consultation prior to the actual procedure, and like many have said in testimony, there are difficulties having to make two trips and in some cases great distances. But it was a little disheartening to see that many consultations were nothing more than the phone call from the prospective patient inquiring as to the procedure and they were just told to come in and at that point they did go through the procedure.

One of the administrators of one of the clinics of the state, as they left the room I walked out and was talking in the hallway with her and I said, gee, I wish we had more data on what the true statistics are on this issue in the State of Maine, and she said, oh, I have that right here, and she gave me a sheet of paper. It showed, in 2010, that the clinics in the State of Maine performed roughly 2,700 abortions. What was disconcerting to me as I looked at this because it was broken down by age category, single, married and so on, was how many had repeat procedures, up to three or more, and the number was just under 300 for 2010. When I looked at that, I said to the administrator it would almost seem to me with this repeat procedure for specific patients that it's a method of birth control rather than responsible efforts to not become pregnant, and she did not challenge that at all. The very fact that all of us are sitting in this room today and 40 years ago this same subject was being debated in this Legislature, throughout the country and Washington, D.C., and we are still talking about it, to me, indicates we haven't got it right yet. Thank you.

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

ROLL CALL NO. 137

YEA - Ayotte, Black, Burns DC, Cebra, Clark H, Clark T, Cotta, Crafts, Cray, Crockett, Curtis, Cushing, Damon, Davis, Dow, Dunphy, Edgcomb, Espling, Fitzpatrick, Foster, Fredette, Gifford, Guerin, Hamper, Hanley, Harmon, Harvell, Johnson D, Johnson P, Knight, Long, Maker, Martin, McClellan, McFadden, McKane, Morissette, Moulton, Nass, Newendyke, O'Connor, Olsen, Parker, Richardson W, Rioux, Sanderson, Sarty, Sirocki, Theriault, Timberlake, Turner, Tuttle, Volk, Waterhouse, Weaver, Willette A, Winsor.

NAY - Beaudoin, Beaulieu, Beavers, Beck, Beliveau, Bennett, Berry, Bickford, Blodgett, Boland, Bolduc, Briggs, Bryant, Burns DR, Cain, Carey, Casavant, Chapman, Chase, Chipman, Clarke, Cornell du Houx, Dill J, Dion, Driscoll, Duchesne, Eberle, Eves, Fitts, Flemings, Flood, Fossel, Gilbert, Goode, Graham, Harlow, Haskell, Hayes, Herbig, Hinck, Hogan, Hunt, Kaenrath, Kent, Keschl, Knapp, Kruger, Kumiega, Lajoie, Libby, Longstaff, Luchini, MacDonald, Malaby, Maloney, Mazurek, McCabe, Morrison, Nelson, O'Brien, Parry, Peoples, Peterson, Picchiotti, Pilon, Plummer, Prescott, Priest, Rankin, Richardson D, Rochelo, Rosen, Rotundo, Russell, Sanborn, Shaw, Stevens, Strang Burgess, Stuckey, Tilton, Treat, Valentino, Wagner R, Webster, Welsh, Willette M, Wood, Mr. Speaker.

ABSENT - Celli, Gillway, Innes Walsh, Lovejoy, Wintle.

Yes, 57; No, 88; Absent, 5; Vacant, 1; Excused, 0.

57 having voted in the affirmative and 88 voted in the negative, 1 vacancy with 5 being absent, and accordingly the **Minority Ought to Pass as Amended Report was NOT ACCEPTED.**

Subsequently, the **Majority Ought Not to Pass Report was ACCEPTED** and sent for concurrence.

HOUSE DIVIDED REPORT - Majority (9) **Ought Not to Pass** - Minority (4) **Ought to Pass as Amended by Committee Amendment "A" (H-469)** - Committee on **JUDICIARY** on Bill "An Act To Require a 24-hour Waiting Period prior to an Abortion"

(H.P. 98) (L.D. 116)

TABLED - June 3, 2011 (Till Later Today) by Representative NASS of Acton.

PENDING - Motion of same Representative to **ACCEPT** the Minority **OUGHT TO PASS AS AMENDED** Report.

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

Representative NASS: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I would like your attention for two minutes. As a teacher I'm used to asking that. You know in life we have many times that we do overs. I did overs this morning getting dressed deciding what to wear. I made a choice for lunch and decided it was a bad choice and I'm never going to order that sandwich again, but I can make another choice the next time I go to that particular place. I play solitaire and I do over and do over until I can say, yes Joanie, you're a winner, because I can keep doing it until I can make it come out, because I know how to cheat on that computer by doing it over and making do, and I know how to do that because I know the decision-making process. We all learned that, that we define our problem and that we consider all the alternatives. We define our alternatives, we consider them, we weight them and they we say, choose one, do it, and then evaluate it.

Unfortunately, death you can't do over, and all I ask is that with this amendment that people have a chance to think 24 hours. When I go to the doctor's and hear something I need to register that for 24 hours. A young person that I've taught in school, when they are in the situation of having turned the stick blue, they want instant gratification and a do over quickly. They don't think about the consequences that that decision they make may mean, whether or not they ever have children again, because every child is precious. They just need to think about it. I'm not judging you because I don't know what's in your heart and you don't know what's in mine. We don't walk in each other's shoes. I honestly think that I wore black today in my decision-making process because to me it was very sad that we are in this House discussing something like this, when it should be between you and your God. Thank you.

The SPEAKER: The Chair recognizes the Representative from Easton, Representative Clark.

Representative CLARK: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. This is my bill. I didn't put this in because I have an agenda. I didn't put it in because I want to end abortions. It's not what this is about. I put this in because a really good friend of mine was 18, she was pregnant and she went to a clinic, and when she was there she told them that she was pregnant, she told them that she was going to college, and the nurse tried to talk her into having an abortion. She said that the nurse told my friend that she would ruin her life if she had that child, she could still go to school if only she would have an abortion, it's an easy process, we can take care of you. That's the reason why I put this in. This isn't trying to say that women don't think about having an abortion. I know

the vast majority of them do and the only argument that has been presented against this is that it already takes place.

There is already a waiting period because they get referrals. It is common practice for these clinics not to give abortions within 24 hours, but it is not against the law. Any doctor in the State of Maine can give an abortion and it is very possible that they might think that it's in that woman's best interest if she has an abortion, and if I let her go home, she might change her mind. So they could influence her and a doctor is someone of a position of power and someone young and scared and just found out that day that she was pregnant, it could influence her decision, and that decision should be made by the woman. It's their choice, not the doctor's, not anyone else's. It's their's. And because it's already common practice to wait at least 24 hours before abortion takes place, I don't think it's irresponsible for us to put this in law and I believe it's a consumer protection because it will prevent situations, like what happened to my friend, from happening in the future. That's the reason I put it in. I have no intention of stopping abortions because it's not within our power, and I think this will help people in the future and that's why I thank you for your time.

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

Representative SANBORN: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. One serious consequence of this bill would be to increase the number of second and third trimester abortions, which I doubt is what this bill's sponsor is intending. We know this because in Mississippi, who passed a mandatory 24-hour delay law in 1992, an analysis of abortion data from the state demonstrated that the proportion of second-trimester procedures increased by 53 percent, from 7.5 percent to 11.5 percent of those abortions performed.

Realize that in practice, women do not go to the doctor's office to get an abortion on the same day unless there is a serious emergency. Women will first go to their primary care provider or OBGYN for a consult, confirmation and dating of her pregnancy, and be counseled about her options. If she so chooses, she may be referred to an abortion provider. In Maine, there are only three public abortion providers. All of these providers offer abortion only once a week. Requiring a second visit with the abortion provider means a third doctor consult, another day off work, another day arranging child care, and possibly another overnight stay in the provider's town. If an abortion becomes delayed into the second or third trimester, a patient will likely have to travel to Boston. This is all cost prohibitive for poor and rural women, further increasing health care disparities.

Despite what some will tell you and we're already discussed it here today, having a first trimester abortion is lower risk than carrying a term pregnancy. The medical complications do increase, however, by 20 to 30 percent after the 8th week of pregnancy. The better alternative is to support current Maine law, support Planned Parenthood, family planning clinics, school health clinics, and sex education in our schools and work toward universal health care. It is critical to make sure that contraceptive information is readily available to all women and their partners. This is a surer way and a safer way to reduce abortions, a goal we all believe in. Thank you.

Representative MALONEY of Augusta **REQUESTED** a roll call on the motion to **ACCEPT** the **Minority Ought to Pass as Amended Report**.

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

The SPEAKER: The Chair recognizes the Representative from Augusta, Representative Maloney.