

MAINE STATE LEGISLATURE

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Senate Legislative Record
One Hundred and Twenty-Ninth Legislature

State of Maine

Daily Edition

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beginning December 5, 2018

beginning at Page 1

EXCUSED: Senators: DESCHAMBAULT

24 Senators having voted in the affirmative and 10 Senators having voted in the negative, with 1 Senator being excused, the motion by Senator **LAWRENCE** of York to **ACCEPT** the Majority **OUGHT TO PASS AS AMENDED** Report, in concurrence, **PREVAILED**.

Bill **READ ONCE**.

Committee Amendment "A" (H-300) **READ** and **ADOPTED**, in concurrence.

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

Senator **ROSEN** of Hancock requested and received leave of the Senate that members and staff be allowed to remove their jackets for the remainder of this Legislative Day.

Divided Report

The Majority of the Committee on **HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES** on Bill "An Act To Authorize Certain Health Care Professionals To Perform Abortions"

H.P. 922 L.D. 1261

Reported that the same **Ought to Pass**.

Signed:

Senators:

SANBORN, H. of Cumberland
GRATWICK of Penobscot

Representatives:

TEPLER of Topsham
BRENNAN of Portland
FOLEY of Biddeford
MASTRACCIO of Sanford
MELARAGNO of Auburn

The Minority of the same Committee on the same subject reported that the same **Ought Not To Pass**.

Signed:

Senator:

FOLEY of York

Representatives:

BLIER of Buxton
MORRIS of Turner
PRESCOTT of Waterboro
SWALLOW of Houlton

Comes from the House with the Majority **OUGHT TO PASS** Report **READ** and **ACCEPTED** and the Bill **PASSED TO BE ENGROSSED**.

Reports **READ**.

Senator **H. SANBORN** of Cumberland moved the Senate **ACCEPT** the Majority **OUGHT TO PASS** Report, in concurrence.

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

THE PRESIDENT: The Chair recognizes the Senator from Cumberland, Senator H. Sanborn.

Senator **H. SANBORN:** Thank you, Mr. President. I rise today to speak in support of L.D. 1261. The bill before us addresses an issue of scope of practice for medical professionals and seeks to recognize the important role that advance practice clinicians play in Maine's healthcare system. Advance practice clinicians are highly skilled. They adhere to rigorous training. They're licensed by the State and for many of us they serve as our primary care provider. L.D. 1261 would modernize an outdated Maine law that restricts abortion care to physicians, even though advance practice clinicians like nurse practitioners, nurse midwives, and physician assistants are qualified and trained to offer the same care safely to their patients. However you may personally feel about abortion, I hope we can all agree that when a woman makes a decision to end a pregnancy she should be able to seek high quality care from a trained, qualified, and trusted healthcare provider in her community. Many of us develop deep, trusting relationships with our primary care provider that can last decades. Some of these will deliver our babies. Some will counsel us when facing health issues and they will prescribe medicines to us and provide us with medical treatments.

At the public hearing we heard from numerous advance practice clinicians who are qualified and trained to provide abortion care and want to offer this medical treatment to their patients if they need it. We heard from providers who offer abortion care in other states safely and competently. We heard from providers who are the only sexual and reproductive health expert in their community. Uniformly, we heard they're distress and that they can't meet the needs of their patients and instead have to send them hours away to a provider and city they don't know for care that they would offer if it were not for this single outdated restriction in Maine law. The law that L.D. 1261 seeks to amend was adopted in the mid-1970s, three years after abortion became legal. Restricting abortion care to physicians was originally intended to protect women's health and safety. Before abortion was legal women, out of desperation, pursued any means necessary to access abortion, putting their health and lives at tremendous risk. It's estimated that more than one million women died in our country from illegal abortions. There were entire hospital wards dedicated to treatment of women with sepsis from botched abortions. Illegal abortions in the U.S. was a dark mark on our history and the Maine Legislature took action back in the 1970s to make sure that abortion would be safe by passing this law. But a lot has changed since. Today, more than 40 years later, abortion is one of the safest medical procedures performed in the United States. Scientific evidence, including from the CDC, shows that abortion has over a 99% safety record

and is much safer than other medical procedures provided in the healthcare setting, very rarely resulting in complications. Indeed, childbirth itself is 14 times more likely to result in maternal death than abortion is. When I was pregnant with my son I decided to receive my prenatal care from an advance practice clinician, a nurse midwife. She was fully qualified to provide the full range of care for me during my pregnancy. I still go back to that midwife practice and receive my annual health care from them. I fully expect that my trusted midwife should be allowed by state law to provide me with any and all healthcare services that she has been trained and qualified to perform.

Advance practice clinicians who are properly trained can safely provide medication and in-office abortion procedures to their patients. Indeed, they already provide riskier services, including performing uterine biopsies and they already perform the very same medical procedures as in-office abortion in the course of miscarriage management for their patients. Restrictions on qualified providers do not increase safety for women. Throughout this session, when dealing with other medical licensing bills, we heard loudly from physicians when they were concerned that some actions that we were considering might reduce patient safety. But that is not what we heard on this bill. Instead the leading medical groups who represent physicians, including the American College of Gynecologists and Obstetricians and the Maine Medical Association, support allowing advance practice clinicians to provide abortion care to their patients. These opinions were grounded in the results of numerous studies that have found that safety is consistent whether performed by an advance practice clinician or a doctor. This bill would provide the opportunity for qualified providers to meet the needs of their patients. Women stay in their communities and receive high quality care without additional burdens from people that they know and trust. The medical science is clear that advance practice clinicians are qualified to provide abortion care to their patients. Our public policy should follow the medical science. I urge you to vote in support of the pending motion.

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

Senator **GUERIN:** Thank you, Mr. President. Ladies and gentlemen of the Senate, Maine is one of 42 states, 42 states, with similar safeguard restrictions on abortion providers, according to the Guttmacher Institute, a reproductive health and rights research organization. This bill would allow advance practice registered nurses and physician assistants to perform abortions in Maine. Many times I have heard pro-abortion advocates say that they want abortions to be safe. Expanding who is allowed to perform an abortion does not expand the safety of the procedure. According to a November 2019 paper written by Karima Sajadi-Ernazarova and Christopher Martinez of Drexel University College of Medicine, 'Roughly one million induced abortions are performed each year in the United States alone. Although deemed safe, therapeutic abortions, as well as spontaneous miscarriages, can lead to a variety of complications. Most complications are considered minor, such as pain, bleeding, infection, and post-anesthesia complications, while others are major, namely uterine atony, subsequent hemorrhage, uterine perforation, injuries to adjacent organs including the bladder and the bowers, cervical lacerations, failed abortion, septic abortion, and disseminated intravascular coagulation. Post-abortion

complications develop as a result of three major mechanisms; infection, incomplete evacuation of the products of conception,' the baby, 'leading to hemorrhagic complication, and injury from the surgical procedure itself. In the United States, mortality rates per 100,000 abortions are as follows: fewer than 8 weeks - .5%; 13 - 12 weeks - 2%; 16 - 20 weeks = 14%; and more than 21 weeks - 18%. While most abortions are straightforward, there are some that are associated with complications that can be life-threatening.'

Abortion is a serious procedure that ends the life of a human being while sometimes injuring the mother physically or emotionally. Most of us have seen a pregnancy sonogram. I ask the members of this Body to take a moment to picture one of those sonograms in your mind. I believe that many women who have abortions and later see the pictures of a relative or friend's baby sonogram will ponder in her heart the fate of her own baby. Sonograms clearly show beautiful little humans, not just a blob of tissue. If the abortion has left an emotional scar on this woman, I believe that a fully trained doctor would be more qualified to deal with this or any physical injuries that a woman may suffer in the process of an abortion. Thank you.

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

Senator **CYRWAY:** Thank you, ladies and gentlemen and Mr. President of the Senate. There again, here is, to me, what I consider commercialization of abortion and I feel that we're taking hope away again. These bills are taking life. We need to step back, look at I'd say 85% of our floor here of the Senate does not have medical profession and here we are making a decision of making something that the Surgeon General should be actually doing. I'm afraid we're overstepping our bounds and saying that a midwife can actually do abortions. What would be the difference of us voting for a veterinarian to do it? I'm saying that we're looking at life and we've got to take this more serious and we actually have a small state here. Our population, we do have enough doctors that can do abortions. We don't have to spread it so thin that we're going to endanger the health of our ladies and also making that decision of taking a life so easy. I ask to not vote for this bill. Thank you.

THE PRESIDENT: The Chair recognizes the Senator from Cumberland, Senator L. Sanborn.

Senator **L. SANBORN:** Thank you, Mr. President. Mr. President, ladies and gentlemen of the Senate, I rise in support of the pending motion. L.D. 1261 allows qualified, trained advance practice clinicians like nurse practitioners, nurse midwives, and physician assistants to provide abortion care to their patients. It would dramatically improve access to abortion for women who would prefer to receive care from a trusted provider in their community. Maine law gives advance practice clinicians broad authority to provide a wide range of healthcare services, including the authority to prescribe medications and perform procedures whose complexity and risks are comparable to or greater than those of an abortion. Such examples include inserting intrauterine devices or IUDs; performing endometrial biopsies, which is the removal of tissue from the uterine lining; performing cervical biopsies or removing tissue from the cervix; and the treatment of a miscarriage. These are procedures I did as a family doctor, so I personally understand what training is required.

Abortion is the only other medical procedure identified in Maine law as restricted to physicians, even though advance practice clinicians are qualified and trained to offer this care to their patients. In fact, advance practice clinicians routinely provide the same exact procedure through a medication and in-office abortion when treating a patient suffering from a miscarriage. Abortion is an extremely safe procedure that is routinely provided in a healthcare setting where advance practice clinicians practice and provide comprehensive sexual and reproductive health. All of the complications listed by a previous speaker, and many more, are possible with a pregnancy carried to term. Research overwhelmingly supports the competency and ability of advance practice clinicians to provide abortion care safely and effectively. The expanding role of advance practice clinicians in our healthcare system is recognized in federal law and the Affordable Care Act defines them as primary care clinicians. As primary care providers they are critical for expanding timely and comprehensive access to reproductive healthcare. That's why other states like New Hampshire and Vermont allow advance practice clinicians to provide abortion care to their patients. It fits within their scope of practice and they're adequately trained. In rural states where provider shortages are a real challenge advance practice clinicians are essential to the healthcare system. Barring advance practice clinicians from providing abortion care constrains where and when abortion services are available to women in Maine. Many women who have made the decision to end a pregnancy are faced with significant and costly travel burdens and delayed access to care. This bill could change that. There are plenty of evidence-based reasons to pass L.D. 1261 and I would add on a personal and professional note. This bill will improve the delivery of care. When we think about what the experience should be like for a woman who has made the decision to end a pregnancy, we want her supported. We want her to receive care from someone she trusts. The reality is that women form deep, personal relationships with their reproductive and sexual healthcare provider, whether it's a doctor, nurse practitioner, or nurse midwife. We deliver their babies. We counsel them through the loss of a pregnancy. We struggle with them when they grapple with infertility. We help them to plan to start a family and we listen to their grief when they learn they are pregnant when they do not want to be. We spend years developing these relationships and, for a woman who's considering an abortion, I'd like to think we could all support her being able to get the care she needs from the person she knows and trusts. This bill would let her do that. We can all have varying views on abortion but I hope we can agree that a woman should be able to turn to a trusted provider for care. Advance practice clinicians are qualified and capable of providing this care safely to their patients. Please join me in supporting the pending motion.

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

Senator **GRATWICK:** Thank you, Mr. President. Ladies and gentlemen of the Senate, just a very brief personal note on this. This is a bill about licensing. What kind of medical professional should be licensed to perform abortions? Should it be a MD or could it be expanded? I will just give a personal view on this. As I suspect most of you know, I have a medical degree and a couple of other advance degrees as well. But I am not the person to do this surgical procedure, despite the fact that I have all these

fine degrees. What matters is not licensure. What matters is experience, training, your track record of how well you've done with these things, your competency. These new practitioners over the last 30 years have extraordinarily much more expertise than someone who just has a plain old MD degree. So we have to be moving with the times. This is an entirely appropriate use of the personnel now who are skilled in these areas. Thank you, Mr. President.

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

Senator **CYRWAY:** Thank you, Mr. President. Ladies and gentlemen of the Senate, I have to agree with my colleague, Dr. Gratwick, on the experience and practice and what I heard is if they do not want the baby. What about life of that child? This is what we're talking about. Just because you don't want it and then you're going to use somebody with inexperience or practice of doing this procedure, it's very dangerous. To me, this is reckless and here we are, 85% of us probably don't have any medical experience, we're talking about abortions and putting our trust in people that don't have the practice of doing such a serious situation. I ask you not to vote for this. Thank you, Mr. President.

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

Senator **KEIM:** Thank you, Mr. President. Ladies and gentlemen of the Senate, I would just like to read some testimony that was given to the Health Coverage, Insurance and Financial Services Committee from Romeo Lucas, who's an obstetrician and gynecologist at Maine General Health in Augusta. I read, 'Primarily my concerns are that it would be potentially dangerous for a woman to obtain abortion care without being under the direct care of an allopathic or osteopathic physician. Abortion should not be dismissed as routine and safe when performed or supervised by a healthcare professional that is not versed in addressing the myriad of complications that could ensue. In the event that an aborted intervention is not successful or results in a life-threatening complication, physician assistants and nurse practitioners are not appropriately trained to intervene to the extent that may be required. In the event that such a complication should arise, a subsequent consult for an allopathic or osteopathic physician becomes necessary. This ultimately results in a delay of care which could have deleterious, if not fatal, consequences. Minors and rural patients would be especially at risk populations. While widening availability and access of safe abortive care is a worthy endeavor, doing so in a manner which could potential place women, especially minors or women remote from medical facilities, at risk of disability or death is not an acceptable collateral circumstance.' Thank you.

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

Senator **BELLOWS:** Thank you, Mr. President. Ladies and gentlemen of the Senate, I rise in support of the pending motion and I would like to read the testimony of the Maine Medical Association, which has joined the American College of Obstetricians and Gynecologists and the Maine Nurse Practitioners Association, all of our professional medical associations in support of this bill. 'The Maine Medical

Association is a professional organization representing more than 4,300 physicians, residents, and medical students in Maine, whose mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens.' I continue to quote, 'Medical and aspiration abortions are safe procedures, indeed are many times safer than childbirth, which has been attended to by nurses as midwives for centuries. The overall morbidity associated with childbirth exceeds that with abortions as well. Advance practice clinicians may readily be trained to perform medical and aspiration abortions which has less morbidity and more mortality.' L.D. 1261 would remove the restriction that only physicians can perform abortions and would allow advance practice clinicians to do so. According to the College of Obstetricians and Gynecologists, ACOG, access to safe abortion hinges upon the availability of trained abortion providers. This bill would move Maine closer to that goal. The alternative, unsafe, illegal abortion is unacceptable. I ask that you vote Ought to Pass on L.D. 1261 and I just want to note, on a personal note, this bill simply expands the scope of practice to advance nurse practitioners and to physician assistants. When I was growing up in Hancock County my primary care provider was a nurse practitioner. Here in Augusta, in the State Capital, because of a physician shortage, my primary care provider is a physician assistant. This is the standard practice across the state and what this bill simply states is that it expands access through licensing. So these professionals would have to be fully trained and fully licensed under this law. Regardless of how we feel about abortion, I think we can all agree we want patients to be safe. We want to protect patient's safety. That is why I will be voting Ought to Pass and I hope you will as well.

THE PRESIDENT: The pending question before the Senate is Acceptance of the Majority Ought to Pass Report. If you are in favor of accepting that report you will be voting yes. If you are opposed you will be voting no. Is the Senate ready for the question?

The Doorkeepers secured the Chamber.

The Secretary opened the vote.

ROLL CALL (#119)

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

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

19 Senators having voted in the affirmative and 16 Senators having voted in the negative, the motion by Senator **H. SANBORN** of Cumberland to **ACCEPT** the Majority **OUGHT TO PASS** Report, in concurrence, **PREVAILED**.

Under suspension of the Rules, **READ TWICE** and **PASSED TO BE ENGROSSED**, in concurrence.

Divided Report

The Majority of the Committee on **INLAND FISHERIES AND WILDLIFE** on Bill "An Act Regarding Snowmobile Registration Fees"

H.P. 913 L.D. 1252

Reported that the same **Ought Not to Pass**.

Signed:

Senators:

DILL of Penobscot
DAVIS of Piscataquis

Representatives:

NADEAU of Winslow
LANDRY of Farmington
MARTIN of Eagle Lake
MASON of Lisbon
PAULHUS of Bath
STEARNS of Guilford
THERIAULT of China

The Minority of the same Committee on the same subject reported that the same **Ought To Pass as Amended by Committee Amendment "A" (H-274)**.

Signed:

Representative:

ORDWAY of Standish

Comes from the House with the Majority **OUGHT NOT TO PASS** Report **READ** and **ACCEPTED**.

Reports **READ**.

On motion by Senator **DILL** of Penobscot, the Majority **OUGHT NOT TO PASS** Report **ACCEPTED**, in concurrence.

Divided Report

The Majority of the Committee on **JUDICIARY** on Bill "An Act To Require That Hospital Liens Be Satisfied on a Just and Equitable Basis"

H.P. 822 L.D. 1133

Reported that the same **Ought to Pass**.

Signed:

Senators:

CARPENTER of Aroostook
BELLOWS of Kennebec