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Legislative Record

House of Representatives

One Hundred and Thirty-First Legislature

State of Maine

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Beginning with Page H-277

HOUSE DIVIDED REPORT - Report "A" (8) **Ought Not to Pass** - Report "B" (3) **Ought to Pass as Amended by Committee Amendment "A" (H-386)** - Report "C" (1) **Ought to Pass as Amended by Committee Amendment "B" (H-387)** - Report "D" (1) **Ought to Pass as Amended by Committee Amendment "C" (H-388)** - Committee on **JUDICIARY** on Bill "An Act to Protect the Quality of Care Provided via Telehealth by Prohibiting Physicians from Prescribing Abortion-inducing Drugs or Devices Through Telehealth or Other Electronic Communication"

(H.P. 797) (L.D. 1249)

TABLED - June 8, 2023 (Till Later Today) by Representative MOONEN of Portland.

PENDING - **ACCEPTANCE OF ANY REPORT**.

Representative MOONEN of Portland moved that the House **ACCEPT** Report "A" **Ought Not to Pass**.

The same Representative **REQUESTED** a roll call on the motion to **ACCEPT** Report "A" **Ought Not to Pass**.

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 Winterport, Representative Paul.

Representative **PAUL**: Thank you, Madam Speaker. I rise in opposition to the pending motion. This is my bill, which had the intent of improving the quality of telehealth by not allowing chemical abortion pills to be dispensed through unsafe means or methods. I am pro-life. That means I am for the life of the child and the mother. I believe all life is precious. I believe that life begins at conception and that we were all made in the image of God. I will never be ashamed of that. To be honest, I would love for this bill to limit access to this dangerous practice, which is what opponents claim but, in reality, it doesn't.

The practice of dispensing these pills through telehealth can be potentially life-threatening to the mother and I believe the 28 women who have died as a result of this practice would agree if they were still alive today. I would add that these pills are always lethal to the pre-born baby. I would be remiss not to mention that this practice of prescribing life-ending drugs through the mail already violates the federal Comstock Act.

As a number of abortion providers and clinics dwindled in recent decades, abortion numbers and rates continued on downward trend until recently. A very recent uptick in U.S. abortions could be explained by a surge in chemical abortions. Chemical abortion is a two-drug process including mifepristone and misoprostol, which are used to kill a baby in the womb by suffocating and starving it before the second drug is used to expel a developing baby from the womb of their mother in the first trimester of pregnancy. Proponents call it medication abortion but that's misleading. Medication indicates something that is intended to manage a patient's disease or illness but chemical abortions end the life of a pre-born child and can be dangerous to the health and lives of pregnant mothers as well. The abortion industry has been pushing hard for chemical abortion via telehealth and the FDA has tragically decided to eliminate the important safety protocol of in-person dispensing. In addition to being a profitable new product, telehealth mail-order at-home do-it-yourself chemical abortions are easier for the industry to push.

One reason they are easier to push is because partial birth and dismemberment abortions are a tough sell to women in the public. They are brutal and gruesome. In contrast, chemical abortion, a product promoted as an at-home medication abortion, is easier to falsely portray as gentle, natural and private. The reality is that Planned Parenthood is sending women away to kill their babies in their own homes, effectively turning their home into a morgue and a continual reminder of the life they took and literally flushed away in the toilet. These women experience severe cramping, contractions, and bleeding that can last from several hours to several days and they can be intense and painful. Please do not forget the data that reveals the psychological impacts of these women who can never unsee their child that they destroyed and had to dispose of. I could share gruesome testimony of thousands of women who have literally come face to face with the choice they have made and the trauma, tragedy and life-altering guilt and experience they now have to live with.

Another selling point to women is the privacy factor. Women fearful of an invasive gynecological procedure performed by a stranger wielding an assortment of steel instruments can avoid surgery, unless of course her chemical abortion fails, which happens frequently. Highly credible sources from the U.S. and Finland show higher levels of serious adverse events associated with chemical abortion when compared to surgical abortion such as severe bleeding, infection, retained baby body parts and death. These events may entail, for example, follow-up surgical evacuation of the baby's remains when chemical abortion fails and emergency surgery when ectopic pregnancies rupture. The latter can happen when the symptoms of the chemical abortion mask the symptoms of ectopic pregnancy, allowing it to go unnoticed until it puts the woman's life at risk.

If truth be told, the biggest benefit for the abortion telehealth industry with no in-person screening or monitoring by a trained doctor is the ability to scale up. In other words, the quantity of abortions can increase even while the number of those willing to perform surgical abortions decrease. The consumer cost for the abortion pill has skyrocketed over recent years, all while the industry has simultaneously eliminated costly and potentially life-saving testing and exams for abortion pill clients. Planned Parenthood now gets $555 or more for every life they take. As the amount of money paid by abortion pill clients rises, the abortion industry frequently purchases abortion pills for less than $100, revealing obvious profit motive. If the abortion pill costs the industry under $100, why are women being gouged? It appears that the answer is that opportunists cash in while women get both increased cost and increased risk.

The last thing to consider is that removing the in-person dispensing requirement for the abortion pill has had radical implications for women's health and safety, especially as it pertains to intimate partner violence, sexual abuse and sex trafficking. Not all pregnant women live in an environment free from the threat of violence against their babies and themselves. Even the National Abortion Federation, a radically pro-abortion trade and activist group in the United States, implores that ethical practices for abortion care must include the ability to ascertain before providing an abortion that the patient, unless unable to comprehend or participate in the decision, has freely chosen to end her pregnancy, is prepared to do so and has not been coerced in any way. There are numerous documented incidents of women who have unknowingly been slipped abortion pills by partners who are unwilling to become fathers or by family members who are unsupportive of the pregnancy.

Making these dangerous drugs more accessible has other ghastly considerations. Those in the sexual exploitation industry, such as pimps and traffickers, love an environment in which they can compel women to repeatedly have abortions. Furthermore, men who have sex with minor females love nothing more than to have easier access to get rid of the evidence of their abuse. Making these drugs self-managed complicates the detection of sexual abuse and sex trafficking.

The removal of in-person interaction with someone who is professionally trained and mandated to report sexual abuse will only further isolate victims. It is common for sex-trafficked pregnant women to be coerced into having an abortion and women under the control of exploiters by definition have no choice. A groundbreaking study published by the Beazley Institute titled *The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities* found that many survivors of sex trafficking reported being forced into having multiple abortions only to be back on the streets following the procedure to continue making a profit for their trafficker. As our country becomes more aware of the prevalence of sex trafficking in our communities, health professionals and law enforcement are getting more training to identify victims of sexual exploitation. Online chemical abortion drug prescribing removes the opportunity for victims to interact with someone who may recognize the signs and get the victim to safety. Sadly, we have seen evidence of abortion businesses such as Planned Parenthood being willing to aid traffickers for the sake of carrying out abortions. Planned Parenthood employees in various states have been caught on camera arranging abortions for women who are obviously victims of trafficking and sexual abuse as well as aiding pimps and traffickers in evading the law.

In closing, there are certain things that shouldn't be done at all but there are other things that can't and shouldn't be done through telehealth and the prescribing of this regimen is one of them. It is dangerous to women and it is always dangerous to babies who are starved and suffocated in the mother's womb and flushed down the toilet. Hospitals dispose of placentas carefully as medical waste and brick-and-mortar abortion vendors are supposed to follow State laws with human remains. Why? Why are they required to be disposed of as human remains if they are just a blob of cells? We know the answer; because they are human remains. The better question is why are we killing them at all. It's barbaric. Meanwhile, abortion pill mills send women away to bleed and to flush tainted blood, tissue and the bodies of their babies in our sewer system and the environment. Are we only concerned about lead and PFAS in the water or should we also be concerned about human remains? How dare we treat something so sacred as life and the bond between mother and child so callously? Babies are being killed and women are dying of sepsis and blood loss while the abortion-industrial complex brings in windfall profits and uses that money to influence public policy in the form of legislation and contributions to political campaigns. I urge you to oppose this motion. Thank you, Madam Speaker.

The SPEAKER: A roll call has been ordered. The pending question before the House is Acceptance of Report "A" Ought Not to Pass. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 271

YEA - Ankeles, Arford, Bell, Boyle, Brennan, Bridgeo, Cloutier, Cluchey, Collings, Copeland, Crafts, Craven, Crockett, Dhalac, Dill, Dodge, Doudera, Eaton, Fay, Fredericks, Gattine, Geiger, Gere, Golek, Graham, Gramlich, Hasenfus, Hepler, Hobbs, Jauch, Kessler, Kuhn, Landry, Lanigan, LaRochelle, Lee, Lookner, Madigan, Malon, Mastraccio, Mathieson, Matlack, Meyer, Millett R, Milliken, Montell, Moonen, Moriarty, Murphy, O'Neil, Osher, Paulhus, Perry A, Perry J, Pluecker, Pringle, Rana, Reckitt, Rielly, Riseman, Roberts, Roeder, Runte, Russell, Sachs, Salisbury, Sargent, Sayre, Shagoury, Shaw, Sheehan, Skold, Stover, Supica, Terry, Warren, Williams, Worth, Zager, Zeigler, Madam Speaker.

NAY - Adams, Albert, Andrews, Arata, Ardell, Babin, Bagshaw, Blier, Boyer, Bradstreet, Campbell, Carmichael, Collamore, Costain, Cray, Cyrway, Davis, Drinkwater, Ducharme, Dunphy, Faulkingham, Foster, Galletta, Gifford, Greenwood, Griffin, Guerrette, Haggan, Hall, Henderson, Hymes, Jackson, Lavigne, Lemelin, Libby, Lyman, Mason, Millett H, Morris, Ness, Newman, Nutting, Parry, Paul, Perkins, Poirier, Polewarczyk, Pomerleau, Quint, Rudnicki, Sampson, Schmersal-Burgess, Simmons, Smith, Soboleski, Strout, Swallow, Thorne, Underwood, Walker, White B, White J, Wood, Woodsome.

ABSENT - Abdi, Carlow, Javner, O'Connell, Theriault.

Yes, 81; No, 64; Absent, 5; Vacant, 0; Excused, 1.

81 having voted in the affirmative and 64 voted in the negative, with 5 being absent and 1 excused, and accordingly Report "A" **Ought Not to Pass** was **ACCEPTED** and sent for concurrence.

SENATE DIVIDED REPORT - Majority (8) **Ought Not to Pass** - Minority (5) **Ought to Pass as Amended by Committee Amendment "A" (S-210)** - Committee on **JUDICIARY** on Bill "An Act to Protect a Woman's Right to Withdraw Consent for an Abortion"

(S.P. 330) (L.D. 771)

- In Senate, Majority **OUGHT NOT TO PASS** Report **READ** and **ACCEPTED**.

TABLED - June 12, 2023 (Till Later Today) by Representative MOONEN of Portland.

PENDING - **ACCEPTANCE OF EITHER REPORT**.

Representative MOONEN of Portland moved that the House **ACCEPT** the Majority **Ought Not to Pass** Report.

The same Representative **REQUESTED** a roll call on the motion to **ACCEPT** the Majority **Ought Not to Pass** Report.

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

The SPEAKER: A roll call has been ordered. The pending question before the House is Acceptance of the Majority Ought Not to Pass Report. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 272

YEA - Ankeles, Arford, Bell, Boyle, Brennan, Bridgeo, Cloutier, Cluchey, Collings, Copeland, Crafts, Craven, Crockett, Dhalac, Dill, Dodge, Doudera, Eaton, Fay, Gattine, Geiger, Gere, Golek, Graham, Gramlich, Hasenfus, Hepler, Hobbs, Jauch, Kessler, Kuhn, Landry, LaRochelle, Lee, Lookner, Madigan, Malon, Mastraccio, Mathieson, Matlack, Meyer, Millett R, Milliken, Montell, Moonen, Moriarty, Murphy, O'Neil, Osher, Paulhus, Perry A, Perry J, Pluecker, Pringle, Rana, Reckitt, Rielly, Riseman, Roberts, Roeder, Runte, Russell, Sachs, Salisbury, Sargent, Sayre, Shagoury, Shaw, Sheehan, Skold, Stover, Supica, Terry, Warren, Williams, Worth, Zager, Zeigler, Madam Speaker.

NAY - Adams, Albert, Andrews, Arata, Ardell, Babin, Bagshaw, Blier, Boyer, Bradstreet, Campbell, Carmichael, Collamore, Costain, Cray, Cyrway, Davis, Drinkwater, Ducharme, Dunphy, Faulkingham, Foster, Fredericks, Galletta, Gifford, Greenwood, Griffin, Guerrette, Haggan, Hall, Henderson, Hymes, Jackson, Lanigan, Lavigne, Lemelin, Libby, Lyman, Mason, Millett H, Morris, Ness, Newman, Nutting, Parry, Paul, Perkins, Poirier, Polewarczyk, Pomerleau, Quint, Rudnicki, Sampson, Schmersal-Burgess, Simmons, Smith, Soboleski, Strout, Swallow, Thorne, Underwood, Walker, White B, White J, Wood, Woodsome.

ABSENT - Abdi, Carlow, Javner, O'Connell, Theriault.