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Legislative Record

House of Representatives

One Hundred and Thirty-First Legislature

State of Maine

Daily Edition

First Special Session

Beginning April 5, 2023

Beginning with Page H-277

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

Majority Report of the Committee on **ENERGY, UTILITIES AND TECHNOLOGY** reporting **Ought to Pass as Amended by Committee Amendment "A" (S-420)** on Bill "An Act Regarding the Procurement of Energy from Offshore Wind Resources"

(S.P. 766) (L.D. 1895)

Signed:

Senator:

LAWRENCE of York

Representatives:

ZEIGLER of Montville
BOYLE of Gorham
GEIGER of Rockland
KESSLER of South Portland
RUNTE of York
WARREN of Scarborough

Minority Report of the same Committee reporting **Ought Not to Pass** on same Bill.

Signed:

Senators:

GROHOSKI of Hancock
HARRINGTON of York

Representatives:

BABIN of Fort Fairfield
DUNPHY of Embden
FOSTER of Dexter
PAUL of Winterport

Came from the Senate with the Majority **OUGHT TO PASS AS AMENDED** Report **READ** and **ACCEPTED** and the Bill **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (S-420)**.

READ.

Representative ZEIGLER of Montville moved that the House **ACCEPT** the Majority **Ought to Pass as Amended** Report.

Representative FOSTER of Dexter **REQUESTED** a roll call on the motion to **ACCEPT** the Majority **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: A roll call has been ordered. The pending question before the House is Acceptance of the Majority Ought to Pass as Amended Report. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 311

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

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

ABSENT - Abdi, Crockett, Eaton, Hymes, Javner, Lanigan, LaRochelle, Rudnicki.

Yes, 74; No, 68; Absent, 8; Vacant, 0; Excused, 1.

74 having voted in the affirmative and 68 voted in the negative, with 8 being absent and 1 excused, and accordingly the Majority **Ought to Pass as Amended** Report was **ACCEPTED**.

The Bill was **READ ONCE**. **Committee Amendment "A" (S-420)** 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" (S-420)** in 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 **JUDICIARY** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-700)** on Bill "An Act to Improve Maine's Reproductive Privacy Laws"

(H.P. 1044) (L.D. 1619)

Signed:

Senators:

CARNEY of Cumberland
DUSON of Cumberland

Representatives:

MOONEN of Portland
KUHN of Falmouth
LEE of Auburn
MORIARTY of Cumberland
RECKITT of South Portland
SHEEHAN of Biddeford

Minority Report of the same Committee reporting **Ought Not to Pass** on same Bill.

Signed:

Senator:

BRAKEY of Androscoggin

Representatives:

ANDREWS of Paris
HAGGAN of Hampden
HENDERSON of Rumford
POIRIER of Skowhegan

READ.

Representative MOONEN of Portland moved that the House **ACCEPT** the Majority **Ought to Pass as Amended** Report.

Representative ARATA of New Gloucester **REQUESTED** a roll call on the motion to **ACCEPT** the Majority **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 New Gloucester, Representative Arata.

Representative **ARATA**: Thank you, Madam Speaker. Madam Speaker and Ladies and Gentlemen of the House, you know, lately, the State House has felt like a religious revival meeting. But this really isn't a religious issue. I assume that everybody in this room values human lives. I assume that you value the lives of both women and of premature babies. I assume that this issue has challenged you at every level; intellectually, emotionally and for some, spiritually. And I assume that you want to do the right thing. This bill was supposed to solve the tragic problem of a woman carrying a dead or dying baby. Nobody in this room wants a woman to suffer. But abortions of nonviable babies are already legal. Look up the word viable. It's simply defined as having the ability to live. It's stirred up a lot of emotions, hasn't it? A lot of people are really paying attention to what we're doing in this building today. The Attorney General himself wrote that Maine Law allows abortions after 28 weeks in the case of a fatal diagnosis. The Attorney General changed the document after opponents of this bill caught on to it. I have a copy of the original version if you'd like to see it. During the election --

The SPEAKER: The Member will defer. The Chair would ask that we ensure that the doors are closed in order for us to hear the Representative's remarks. The Member may proceed.

Representative **ARATA**: Thank you, Madam Speaker. You know, during the election, I received a mailer from Planned Parenthood about Cameron, the baby with the rare disease, skeletal dysplasia. And it said, quote; he was in pain. Well, finally, we can all agree that preborn babies can feel pain. We should also be able to agree that we don't want to cause anybody pain unless there's absolutely no other alternative. This bill has no requirement for medical necessity. It would allow painful abortions right up until birth without any medical reason.

This is not a compassionate bill. If it were, I would vote for it. The amendment did absolutely nothing to improve this bill. A standard of care replies to how abortions are done, not why they're done. There's no standard of care for premature babies who are about to be aborted. There's no document with a title that says 'standard of care' for you to read so that you can know exactly what you're voting for. Proponents of this bill say we should just trust doctors, as if all doctors are perfect and can do no wrong. But the medical community has been wrong many times and society still suffers from their mistakes. Recently, it was the standard of care to give out addictive opioids almost like they were candy. And do you remember the racist myth that people with black skin have higher pain tolerance? That was once the standard of care. We have a responsibility to have guardrails when there's a potential for cruelty. It's been said that third trimester abortions are very rare in Maine. Well, of course they are because right now, they're illegal for healthy babies and healthy mothers. Let's keep them rare.

Third trimester abortions can cost $25,000. That's a powerful financial incentive. This bill will create a huge market in Maine for abortions of healthy, premature babies from all over the country. The fact is, if this bill passes, two healthy women, both seven months pregnant with healthy babies could walk into a hospital. One woman goes through the door on the left and delivers a tiny, premature baby who is lavished with the highest level of medical care and the full protection of the law. The other woman goes through the door on the right, where the baby is stabbed with a needle full of digoxin and has a long, slow, painful heart attack. The first woman gets to go home holding a beautiful baby but the second woman goes home with a dead or dying baby still inside of her because she has to wait a few days to make sure that the baby is deceased and to dilate enough to deliver him or her. That is the standard of care. Why is one protected and the other one sentenced to a painful death? If this seems fair to you, I just don't understand how a heart can grow so cold. But if you agree that this is unjust, then you must oppose this extreme and deadly bill.

Now, I understand how hard it is to go against the loudest and most extreme voices in your party because I've been there. But it'll be okay. I've been criticized for being too moderate but you know what, there's a hunger for rational and reasonable voices in government and you can be a voice of reason by opposing this extreme bill and you will never forget caring about people enough to have the courage to do the right thing. And premature babies need you to do the right thing right now. Thank you.

The SPEAKER: The Chair recognizes the Representative from Waterville, Representative White.

Representative **WHITE**: Madam Speaker, and Men and Women of the House, I was raised in a single-parent home with five brothers and one sister on what many would say was the wrong side of the tracks. Poverty and hardship were not unknown to my mother and her seven children. But I thank God that she had the fortitude to give birth to each one of us. I am also the grandson of a poor Lebanese immigrant. I have been a Democrat for my entire adult life and have appreciated what the Democrats had as priorities, priorities which drew me to the party such as helping the poor, the worker, the immigrant and the disadvantaged. I have heard from dozens of pro-choice and pro-life constituents and from hundreds of other Mainers who say this bill is extreme and unnecessary.

I am reminded that Maine already has some of the most permissive abortion laws in the U.S. LD 1619 says nothing about what is necessary as an abortion, what constitutes a necessary abortion. We need to have clarity in our laws. The standard of care amendment does not add any safeguards to LD 1619. Doctors are already responsible for following standards of care. Some women may feel that abortion is their only option. We should enact laws that make pregnancy support affordable, available and accessible in every community. Much needs to be done to connect pregnant women in crisis pregnancies with available resources so that they may stay in school, continue their careers or have the resources to support their growing families as well as help in the occurrence of a traumatic event.

I stand today to defend human rights, including the right of the preborn children through legal protection, cultural change and economic justice. I base this defense of the rights of the preborn on science and reason. We must ensure human rights regardless of size, age, location or disability of the human person. One doesn't have to be religious to reject taking the lives of vulnerable humans. Science tells us that life begins at fertilization. The gestational stages of the preborn child are all stages of the development of humans. This is not a religious idea; it is a biological fact, proven by countless scientific studies. The foundational principle of civilization, that it is wrong to kill one another, must be applied consistently and we must recognize preborn children as part of the human family. LD 1619 is about doing away with a member of the human family, the preborn child. The right to bodily autonomy does not include the right to stop the beating heart of another innocent person. We must reject the falsehood that some lives are more valuable than others.

Abortion is promoted as health care for women, yet health care is defined as treatment for the prevention of disease or restoration of health. Pregnancy is not a disease. We live in

one of the greatest countries on earth. Surely, we can find ways to help both women and their preborn children thrive. I will always try to be a voice for the voiceless. Please be a voice for the voiceless, too. Vote against LD 1619. Vote no on the pending motion. Thank you.

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

Representative **HENDERSON**: Thank you, Madam Speaker, Ladies and Gentlemen of the House. I intended to rise today but I did not intend to get emotional in front of the entire State of Maine. I've really struggled with what I'm supposed to say today, what could possibly come out of my mouth that would be powerful and impactful. There's an old Hebrew proverb that says that the power of life and death lies in the tongue. And yet here we stand day after day at the ready with our proverbial swords in our hands, ready to wield our words like weapons to disarm or dismantle the very people in this room. I didn't come here as a legislator, Madam Speaker, and neither did you, to wound people with my words, try to bring forth life and not death.

Last week, maybe the week before last, we had gone with the Judiciary Committee and we sat down and had dinner together, or lunch together, and it was rather rushed because it's the end of Session and we all had a chance to say something. I missed a good part of what my colleagues had to say, I needed to get back here, but they were gracious enough to let me go first and I shared a little bit of my heart with them in sharing that the toughest thing that I've done since I've become a legislator has not been legislating laws, it hasn't been learning this process, it's not been the conflict or the contention. I grew up with brothers, I know about conflict and contention. It was, surprisingly, that I came to love many of you and when you have a fondness for a group of people or you have a fondness for people, it shifts something in your heart and it shifts something in your mind and it makes you a little bit more gentle with your words. It makes you talk less and listen more. And I truly believe; I know we're not supposed to talk about the intentions of our colleagues here in this room, but; however, I truly believe that each of us sitting in these Chambers today have a desire to do good. Have a true desire to do what's right. And we want the outcome of this legislation that's laid before us to be good fruits of our labor.

May 1st, we sat through a Committee meeting that I was humbled to be a part of. I heard many testimonies. Dana Pierce was one that really made me reflect a little bit. What she must've gone through; it's heart-wrenching to have the hope of the future of a child, the nursery is painted, the baby shower has been had, you have a name and the clothes ready and laid out, you probably have your go bag ready for the hospital. You're counting down the days until you can count his fingers and his toes, see what color hair he has. And in a moment, in one doctor's visit, that is completely taken away from you. I know the intention of the Amendment before us, Ought to Pass as Amended from the Committee was to narrow in on that but it doesn't have the effect that was intended. It doesn't specify the health or safety of the mother and if it did, if it was about post-viable children and the health and safety of the mother, then you would just deliver the child, the healthy child, to preserve the life of the mother. And if it were about the health or safety of the child, then it would actually state that.

I really don't want to take too much more time but simply say, as I've said in Committee a few days ago, I don't want my vote today to overshadow how much I know many in this room have lamented over this bill. When anybody brings up the topic of abortion, especially in this House, it's like we all scurry to our sides and we link arms with those that believe the way we believe and we play legislative Red Rover, Red Rover. One talks and we try to bust through that line and the next side talks and we try to bust through that line, when there's just a huge gap in the middle where no dialogue is taking place. I'm going to oppose this motion. I don't think anybody is shocked by that. But I'm not a robot that pushes a button. We all care about people, we want to end suffering, and just how do we get there, and this bill doesn't do it.

The SPEAKER: The Chair recognizes the Representative from Falmouth, Representative Kuhn.

Representative **KUHN**: Thank you, Madam Speaker, Esteemed Colleagues of the House. I rise in support of the pending motion. I have a few things I'd like to say. I hope I get through them without a cracking voice, which may prove difficult because as the Representative from New Gloucester said, this is an emotional topic for all of us.

I do regret that we probably will not persuade each other very much in this process but I do want to take a moment to explain my own view. I certainly respect all of yours and I absolutely share the warmth and respect articulated by the Representative from Rumford, my seatmate in Committee. As a woman and a mother, I've examined my own conscience on this question. As a legislator, I have considered with very sincere empathy the stories we heard at the public hearing regarding pregnancy loss. I'm thinking of Dana and of Zoey and numerous other Maine people who shared their own stories and, in many cases, their own lingering trauma. One of the lessons that I took from the hearing is that every pregnancy is different. In the case of about a dozen women per year in Maine, they find themselves later in pregnancy in perhaps the worst situation of their lives. Most of those dozen people have found out later in pregnancy that their baby suffers from profound abnormalities that are not compatible with life. These are wanted babies and their loss is devastating. The remaining, thankfully fewer cases, sadly involve children who are victims of sexual assault who realize later in pregnancy that they are pregnant at all because they don't menstruate regularly yet. It is for these people that I support the pending motion to ensure that when faced with their worst day, they have options to consider alongside their provider.

Some have said that this bill would result in countless abortions later in pregnancy. I just don't believe that. I trust women and I trust their providers. The amended bill contains reasonable safeguards to ensure that licensed physicians make a recommendation only when it is necessary and in a manner consistent with their professional standard of care. If not, they face civil and criminal penalties. As a legislator, I am not qualified to try to put into Statute every situation where this would be appropriate and every situation where it would not. Because, as I said, every pregnancy is different but every pregnancy crisis is a crisis. Most Maine people believe that reproductive health care decisions are private and should be made between patients and their providers. I trust both sides of that equation. As a mother myself, I feel compelled by my empathy for others who find themselves in heartbreaking situations to ensure that they have this option to consider. Thank you, Madam Speaker.

The SPEAKER: The Chair recognizes the Representative from Harrison, Representative Riseman.

Representative **RISEMAN**: Thank you, Madam Speaker. I'm 75 years old. I've lived through a lot in my life and I have to tell you this is the most difficult decision I have ever made. I have eight biological children that are healthy that I see in my role as a legislator what goes on out there in the world and what the suffering is that is going on even as we speak. But when I

choose to participate and debate, I do so based on my consideration of how I intend to gather facts. Now, I can tell you over the course of the last month, I have received correspondence, texts and various other methods of communication and most of us have been involved in, mine is absolutely been overwhelming. It has kind of kept me from keeping my eye on the ball of the other business that's important to this Chamber. But today we are considering this issue, which is of utmost importance. And this is how I have considered the bill. I've talked on both sides of the issue with various folks on this side of the aisle, on that side of the aisle, out in the halls, whatever.

But when you consider what we need to go through, I've done a couple things here. First of all, I looked at the current Law that's in effect besides this motion here and I have found that the following things are true, from my point of view; may not be in everybody's point of view. One thing we know for sure is that the current law stresses 24 weeks till a baby becomes viable. Now, I'm not quite sure where that number came from, there's somebody that came up with it and that's the standard. I've heard from both sides that it might not be 24 weeks, it might be 22 weeks, it might be 26 weeks. So, we're dealing in something that's a little bit vague and that's a tough issue. That's a viability issue which we're dealing with a little bit and what we're considering here. The second is looking at the current law and deciding whether it is good enough to keep on the books or do we need to make the necessary changes to it that protects both a mother and the baby. And I am not of the opinion that we are there yet with what we have on the books. Will we be there if we pass this legislation? The answer to that is no. So, it's not perfect. The next issue that comes up is all this is going to do is to force folks out of State that want an abortion. I don't happen to believe that is the issue if we seriously consider how we can approach this issue here for the State of Maine. The last thing that's in the bill that's very striking is the fact that we're dealing with late-term abortions. This isn't abortions that are up to 24 weeks, this is abortions that go right out to the term and I have found that there are extreme elements on both sides of the issue that muddy the waters.

To me, the important thing here is that we deal with the vagueness that's involved in some of the issues. Number one, standard of care. Everybody says well, there's a standard of care. Well, I've done some research on this and I find the standard of care in one state could be different in another state. It could be different depending on how a doctor interprets standards of care. So, we need to do a better job in policymaking in the State to clear that particular issue up. The other issue I just explained about viability. Is it really set in stone that it's 24 weeks? No, it's not. Should we consider the Legislature trying to define these terms? I personally believe we don't belong in this argument, that this is strictly an issue between a mother and her care provider, her physician. We don't have any business trying to legislate some of these other issues that are not clear.

So, I think that the current legislation that we are looking at here today, trying to address this issue, which is very complicated and unique to each person, this legislation is a failure because we cannot do this as legislators and dictate what is proper and fair to the majority of people because it's impossible. So, finally, wrapping this up, should we be involved in this legislation as a Legislature? My answer to that is we don't belong here doing this. The Law that's in effect right now was very baseline, very effective and it's doing the job. Let's stop now before we get in too deep. Thank you.

The SPEAKER: The Chair recognizes the Representative from South Berwick, Representative Roberts.

Representative **ROBERTS**: Thank you, Madam Speaker. Madam Speaker, I rise in support of LD 1619. And I do so to make you and my fellow colleagues aware that the experience of one woman who prompted this legislation is not an isolated incident.

In my sophomore year at college, at 19 years old, I collapsed in pain on my apartment floor one afternoon and was driven to the local emergency room. They took blood, urine, vitals and so on and left for a bit while I was curled up in a ball on the bed. The doctor came back in and eventually asked if this is my first pregnancy. Not how I would've broken it to a 19-year-old, but it is what it is. I told him yes and he was perplexed by the amount of pain I was in and an initial ultrasound showed basically nothing at that point, which was odd since the pregnancy hormone levels in my blood were quite high. He referred me to a local OB/GYN. I felt horrible but was assured nothing was wrong. At my next ultrasound, I heard the words and here's the heartbeat, wait, and here's another one. Do twins run in your family? I was terrified. Nineteen years old, the father had already bailed and now I was having twins. I knew I had the choice to terminate the pregnancy but it was not something that I could personally do, so, that's not where this is going. I was horribly sick 24 hours a day, complication after complication, but I was determined that I could do this. Then I got thrown a major curveball. In the middle of the second trimester, one of the twins was diagnosed with SVT in utero, which is a sustained heartbeat of 220 to 280 beats per minute. Fetal tachycardia complicates 1-2% of pregnancies. Diagnosis is generally made in the second or third trimester. If SVT is left untreated, the heart beats so fast that it cannot effectively pump blood to the body. Fetal SVT is the most common cause of fetal tachycardia and, while rare, it is an important cause of fetal morbidity and mortality. If left untreated or if unresponsive to treatment, life-threatening complications such as hydrops fetalis and intrauterine fetal demise can result. The developing baby can go into congestive heart failure before birth, which results in fluid building around his heart and heart failure. In severe cases, the condition can be fatal.

So, now what? Transplacental therapy with digoxin is the most common way of treatment. Atenolol and verapamil are effective methods of treating SVT, which can be used during the second and third trimesters. At the same time, intravenous drugs can be used in all three trimesters, including in labor. Electrical cardioversion is an effective treatment method for unstable or drug-refractory patients, which has been proven to be safe in all three trimesters, including labor, but can result in pre-term labor in the third trimester. Ablation is proved to be the only treatment method that definitively resolved SVT without reoccurrence. So, all I heard there was that there was a treatment and I hadn't stopped to think of the implications of carrying twins with the same placenta. We could not use these antiarrhythmic treatments because it would kill the other child. What kind of choice is this? I was informed of my options. If we saw the deterioration of the heart, the doctor felt he would be able to terminate one twin and not the other. It was a huge risk but it had been done. I needed time. Time to think. Time to breathe. Time to see if he would just get better. I was told that time was the one thing I did not have because the clock was ticking towards viability. To be clear, my life, the mother's life, was not in danger so it did not apply here. The Law dictated the decision I would need to make, a decision that would affect both of my children, but I was not given the time to make it. I was put

on bedrest with two ultrasounds a week up until and after viability. Nothing was certain if one or both twins would make it.

Willing to try anything, I was admitted inpatient and put on a magnesium drip in an attempt to basically slow everything down. Being sedentary resulted in contracting pneumonia, losing consciousness and having to be intubated. The situation did not get better. To try to save both lives, I opted to come off the drip and attempt to deliver seven and a half weeks early. The twin with SVT was breach, his water would not break and I could not have any pain medications to deliver because we did not know what it would do to either child. The healthy twin was delivered; and by healthy, I mean extremely premature but with no heart condition. A half-hour later, after manually breaking his water, turning him around, and delivering him while I was hemorrhaging on the table, he was born, airlifted to Dartmouth-Hitchcock with SVT, RSV, on a feeding tube for four weeks. I did not even see him for three weeks because I had two blood transfusions and was hospitalized.

Madam Speaker, the entire series of events during my pregnancy were stressful and emotional enough. I dare to say I was young and resilient. They were made exponentially worse by being put on a ticking time clock. I cannot be alone here. Madam Speaker, doctors should not be forced to try to prescribe prenatal care on a timeclock. We trust them with so many other life decisions, this should not be an exception. Thank you.

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

Representative **ZAGER**: Thank you, Madam Speaker. I rise in support of LD 1619. I believe that the positions on abortion around this Chamber are each and every one of them nobly derived. Much deliberation and soul-searching has occurred on both sides of the pending question and while we're not debating current Statute, each person here and each position is inspired by core human values like compassion and love. Currently, Title 22 permits abortion after viability to preserve the life or the health of the mother, we've heard this. So, one of the key questions of 1619, Madam Speaker, is; does replacing that with the professional judgment of a physician open the door to a cavalier approach, even when doing it within the standard of care? Is professional judgment sufficient for such delicate and weighty decisions?

I also was not an immediate, reflexive yes on this. As with any bill, I try to do due diligence, Madam Speaker, and so, in considering this bill, I found it helpful to consider that question generally. Where else is there an example of professional judgment trusted by a Legislature? I noticed, in looking back on things, that Congress does this very routinely and has done for pretty much our entire history of our country, every time it approves a military officer's appointment. Justice John Marshall wrote in the foundational 1803 *Marbury v. Madison* decision that granting a commission is the distinct act which empowers an officer and to this day, the text of the commissioning document that is granted specifies a special trust and confidence in the discharge of duties. In other words, Congress, as a Legislature, trusts professionals to exercise judgment. It trusts that they will not act wantonly, that they will be diligent, thoughtful and ethical. Military members consequently take an oath. They protect rights through their actions. Some of those actions are controversial and not supported by everyone in this country, but they aim to keep a terrible situation from getting worse. And, of course, Congress cannot anticipate every circumstance that those military members will encounter when entrusted with that special trust and confidence. Military members also undergo extensive training and education and they serve the common good. All of these things are true for another group of professionals relevant to this bill and that is, of course, physicians. LD 1619 allows for physicians to exercise professional judgment, to help people deal with situations that are unfortunate and agonizing, to help account for things like a fetus's rare skeletal disease that we've discussed or heard about, to account for the fetal absence of kidneys or lungs or a brain, which happens. To account for these and the practically innumerable ways that things unfortunately can go off the rails in human embryology and development. To allow them to listen to and be a trusted advisor in the deeply personal and private decisions that people sometimes have to face in pregnancy. These are profoundly troubling things that people have to face and sometimes, the best possible outcome is simply the least bad.

Fortunately, these situations are rare. One obstetrician shared that over an entire career, over four decades of practicing in Maine, they had encountered perhaps six or so third trimester lethal anomalies like missing a brain, missing both kidneys, missing both lungs. We're talking about very rare circumstances, Madam Speaker. And they're so rare that a junior physician may not be involved in one of these cases throughout four years of medical school, four years of OB/GYN residency and thousands of births. This situation of rare cases of course happens in any field of medicine. The standard of care in those circumstances involves discussions with professional colleagues to do things like confirm diagnoses, to determine the pros and cons of treatment options and other clinical aspects. Involved in the case discussions would be other obstetrician/gynecologists, high-risk obstetrician and gynecologists, other physicians who deal with rare genetic disorders, oncologists in the case where the pregnant person has cancer, pediatricians in the unconscionable circumstance where there's a child who has been raped and finds themselves in one of these situations and so forth. These cases are rare enough that everyone demands that we leverage the right expertise to inform and empower the patient. The medical circumstances that call for LD 1619 are rare, and so are later-term abortions. Under current State Law, Madam Speaker, the most recent State report shows that about one-half of one percent of abortions occur at 18 weeks gestation. About the same percent, about half a percent, occur at 19 weeks, and it's very rare, actually, even under current Law, for there to be abortions at 20 weeks to 24 weeks which, as we've heard, is roughly where the current Statute goes to. I submit that these statistics demonstrate that there are other factors besides the limits of Law that function to minimize abortion later in pregnancy. I see no reason to think why LD 1619 would suddenly overturn that. People are always trying to do the right thing under very difficult circumstances and often the best that we can do is make the situation's outcome least bad. LD 1619 would accommodate these very personal and private decisions.

As part of my decision-making about this bill, I spoke with physician colleagues who do provide abortion care. I gained an improved appreciation of the delicateness, thoughtfulness and the professionalism with which they serve the public. We physicians use our hearts and our minds in an effort to understand every possible human and scientific aspect of a clinical circumstance or a treatment decision, especially very consequential ones. We routinely consult with each other per the standard of care. We check and recheck where appropriate and we are very far from cavalier. All this, Madam Speaker, is focused on empowering patients in perhaps the hardest moments of their lives. LD 1619 would create space for this. Thank you, Madam Speaker.

The SPEAKER: The Chair recognizes the Representative from Waterville, Representative Madigan.

Representative **MADIGAN**: Thank you, Madam Speaker. What many of you may not know about me is I have a strong family history of reproductive health problems in my family. My mother lost two babies between my late sister and me. One of them had one of those fatal anomalies and my mother, as a young woman, watched him die over the course of a day. My mother is 79 and quite frail and I do home care for her. That still haunts her to this day. I don't know if she would have made a different choice if that had been an option for her but I know because she told me that she would've liked to have known and had that conversation. My mom was also raised pretty strictly Catholic, or Irish-Catholic, it's a whole different thing, actually.

My late sister, some of you have heard me talk about her, she was born with a really rare birth defect where she was born with only one kidney, half a uterus; actually, a little bit less than half; a bundle of blood vessels in the wrong place and a bundle of nerves in the wrong place. We didn't even find out about it until her 30s. She had complained from the time she reached puberty, really, of periodic belly/pelvic pain and when she went for annual pap smear they always tell her, you know, eat better or, you know, here, do you want some antidepressants. It turned out actually it was this birth defect. She required an emergency hysterectomy when they found this, where she almost died because she bled out and then got sepsis. But prior to that, she had had numerous conversations with her doctor who discovered the birth defect that she would be one of those people that would've needed a late-term abortion because they honestly didn't know about this birth defect and because of the nerve and blood vessel problems, it would've impacted the viability of a developing fetus. That made my sister into a quite unlikely activist because she thought no one should make that decision for her and that no one knew what that pain was like. And I agree with her. I should say I agreed with her, because she's dead. Complications associated with the birth defect contributed to her death. I don't think any of these absolutely tragic circumstances that we're talking here about today are made better by me getting involved, or you or anyone in this building or anyone in the government, because they're absolute tragedies. If you've never had to be in those circumstances, be grateful. Be grateful.

I said I have extensive history of reproductive health problems in my family. Part of that is infertility. I have infertility, so I can never have children. For people who have gone through fertility care, this type of care and being able to have this type of conversation with their providers is critical. In fact, many people who seek fertility care are ones who have had absolute tragedies like this happen. And I have to say that this bill is really personal for me because it was personal for my sister. And so, when I think about my vote today, I'm going to vote for Dana, the woman who wrote the Chief Executive and prompted this bill, I'm going to vote for my mom because no one should be in that. And, you know what, I'm going to vote in favor of this for my sister, Lana; my late-sister Lana. Yaya, this is for you today because I heard you that no one should tell you what to do in that and it would be a horrible decision. So, thank you very much, Madam Speaker.

The SPEAKER: The Chair recognizes the Representative from Auburn, Representative Lee.

Representative **LEE**: Madam Speaker, Men and Women of the House, my friend, the Excellent Representative from New Gloucester, said earlier that nobody in this House wants women to suffer. She's right. I'd add that absolutely nobody in this House wants to permit a healthy fetus in the womb of a healthy adult mother to be aborted. That's also true. We all agree on that. That's why the standard of care amendment is in this bill. To ensure that if the doctor's judgment is not guided by an applicable standard of care, it deviates from it. If an abortion is exercised or done in an instance in which it would not be consistent with the applicable standard of care, it's not a lawful abortion in the State of Maine.

This has been a difficult decision for all of us. All of us. If the facts of a specific case means that the applicable standard of care is to deliver and not to abort the fetus, then that's the applicable standard of care; abortion would not exist in that instance and would not be lawful in the State of Maine. If one believes that an abortion has occurred and is done inconsistent with the standard of care, they can bring a complaint to the Maine Board of Medical Practice. That's the process. That's how we determine what is acceptable in the State. I so appreciate the words of my friend, the Representative from the beautiful Town of Rumford. We need to realize that we aren't bad people, neither side, that this is a tough decision for all of us. I realize we're in a period of time in politics where it's a hell of a lot easier to demonize people that we disagree with than it is to try to understand what they're trying to do and why they're trying to do it. During and after the hearing on this bill, we were called bloodthirsty purveyors of infanticide, human traffickers, sadists, murderers, the Devil and if not the Devil himself, we heard myriad creative ways to imply that we will be spending the afterlife with the Devil. I get it. The personal attacks are part of the job, part of how we do politics these days. Also, I'm kind of used to it. My day job is as a lawyer, so, those are kind of tame by comparison. I can live with the attacks. What I can't understand is the supposition that this decision as a legislator is easy or that I didn't listen with an open mind to 20 hours of testimony, that I didn't work with an open mind for a hundred hours after that, agonizing, trying to find the way to write the perfect amendment to please everyone. But, Madam Speaker, I support this bill because my difficulty, my agony, my lost sleep does not equate to one one-millionth of that suffered by a woman who needs to make a decision like this. That's why I support this bill, because we need to try to work for that woman. Thank you, Madam Speaker.

The SPEAKER: The Chair recognizes the Representative from Windham, Representative Pringle.

Representative **PRINGLE**: Thank you, Madam Speaker, and thank you, Ladies and Gentlemen of the House. I rise to share some additional information to help explain the standard of care which my colleague Representative Zager, Dr. Zager, explained quite well. Most of us who go into medicine or health care do so to save lives, to help people live as long as possible with the best quality of life as possible. And when that's not possible, when a terminal condition is present, our goal is to relieve pain and suffering and to support a good death.

I would like to share both an email exchange I had with my colleague of many years, Dr. David Ernst. Dr. Zager referenced some of the information in that email. But he emailed a number of us, he was a colleague of mine for 40 years in Portland, a wonderful OB/GYN who taught many of our residents in the OB/GYN fellowship. And he emailed a number of us saying that he was opposed to 1619 and hopefully would vote no. I'd like to read you my email back to him and then our exchange, and I have his permission to share this with you.

Dear David, thank you for your email. I have not decided how I'm going to vote. The bill was submitted to meet a need identified by a Maine woman and her husband who learned late in the pregnancy that their fetus had a severe condition that was incompatible with life after birth. Apparently, they had to travel

out of Maine to have the fetus aborted. I gather from a number of sources that there are only a few such pregnancies in Maine each year where there is a nonviable fetus and the patient is required to travel out of Maine. Did you ever have a patient who learned late in pregnancy that the fetus had anencephaly; and I knew I was talking to a doctor but that means no brain; or a similar condition? How did you handle those cases? I hope you are otherwise well and keeping happy and busy in retirement.

So, David replied to me; thank you, Jane, for responding to my email and I appreciate your thoughts. I was involved peripherally over the years with perhaps a half-dozen cases of third trimester lethal anomalies at Maine Medical Center, either anencephalic; those babies with no brain; or renal agenesis; that means the kidney didn't develop; and no amniotic fluid or lung development, usually while covering the high-risk pregnancy service. When the parents chose to, labor was simply induced shortly after the diagnosis was confirmed. The baby was delivered, the neonatologists were present for the delivery, no heroic resuscitative efforts were made, and the baby was either born dead or died within a few hours of birth. Those were not called abortions *per se*, merely premature deliveries for nonviable pregnancies. The most notable was about a dozen years ago involving a woman diagnosed early in pregnancy with an anencephalic child; again, no brain; but she refused multiple offers of a pregnancy termination, not willing to lose hope that her baby would be okay. She went to full-term and delivered her child, who died shortly after birth. But she felt like she took the moral path and was able to mourn the baby's short life. David.

So, I think what I'm trying to show here is that, as physicians, our job is to use our resources and work with our patients around their choices. We give them the best information and let them look at the odds. And we've heard stories here about some who were encouraged to have an abortion because the baby had such a severe; and I understand, that's a really terrible dilemma for anyone to go through. It's wonderful that you made the choice to be able to have the baby and the baby turns out okay. Medicine isn't perfect. We don't always get it right. Doctors don't always make the right judgments.

But the final piece of this bill that I think is also very important, I spoke again with someone who is actively in an academic practice and providing abortion care and the thing that she has noted is that since the Supreme Court decision last year and the level of anger and frustration happening today is that there are doctors who are not feeling safe practicing medicine and making choices. And so, this change to the privacy laws, changing the kind of data; and, actually, it's hard because as a physician, that's how we gather information about the social determinants of health. That's how our national database on, you know, abortions or pregnancy is you find out if; what your race is or what your age is and how far you're along. That kind of data is helpful to us as we look at risk and try to give people good information. But some of the information we've had in our CDC database could help someone find someone and threaten them or find the doctor and kill them. So, as we've heard today, we are living in a strange time and people are afraid and so, I support this and after mulling it over, I have decided that I am going to vote for this bill because I believe that the standard of care will be supported. Thank you.

The SPEAKER: The Chair recognizes the Representative from Cumberland, Representative Moriarty.

Representative **MORIARTY**: Thank you, Madam Speaker, Fellow Members of the House. I speak this afternoon in support of the pending motion. I want to acknowledge at the outset, for reasons that are quite obvious, that I have never and can never experience the profound mix of emotions that a woman must experience when confronted with an unexpected or an unwanted pregnancy. For that reason, anyone listening to what I have to say may choose to take everything that I say with a large grain of salt. And, if that's the case, I understand. But I offer the following thoughts, nonetheless.

The central part of our debate this afternoon focuses upon post-viability abortions. And my friend, the Representative from New Gloucester, in her opening remarks, referred to viability. It is, in fact, defined in the Statute and it may be useful for us to understand exactly what the term means. And I'll begin by pointing out there is no reference to an arbitrary durational period of time. Instead, viability means the state of fetal development when the life of the fetus may be continued indefinitely outside the womb by natural or artificial life-supportive systems. And I emphasize that portion of the definition dealing with artificial life-supportive systems. Viability is not dependent upon the capability of living life fully independently. If you take the entire period of gestation, the bright line of viability divides that period into two halves, and we are this afternoon focused upon the second half, the post-viability half. As is true with many of you, I have received hundreds of carefully written, handwritten messages as well as emails, a great many of which have made the claim that should this bill become law, abortion will become available upon demand for the duration of the period of gestation. Respectfully, I disagree and disagree strongly. The bill requires that a post-viability abortion may only be performed when deemed or determined to be necessary by the highest licensed medical professionals in our system, specifically medical doctors or osteopathic physicians. No medical profession with a lesser degree of certification can make that determination under the law. It has been pointed out that the concept of the applicable standard of care really adds nothing of any meaning to the bill and I think back to the legendary hearing held by the Judiciary Committee a month and a half ago which lasted some 19 and a half hours. During that hearing, as those of you who were there for part of it or may have watched part of it know, we heard a great many powerful and personal stories from people who chose to take time out of their day, evening and very early morning to share them with us. In some respects, for me, the most compelling testimony from, admittedly, a legalistic or legislative point of view came at some point in the middle of the night. It came from a practicing OB/GYN who testified in opposition to the bill and who then answered questions. And he was asked to make an assumption that he had a patient who was in the last stages of pregnancy and that the baby was fully healthy and that the woman or patient herself was also fully healthy, with no questions whatsoever, but who late in the term, for whatever reason, decided to request an abortion. The question was then presented, would you perform an abortion under those circumstances? And to the witness's great credit, he answered candidly, no. We weren't at the time working with a concept of the applicable standard of care but, in effect, what the doctor did that night was to apply the applicable standard of care to a medical hypothetical. In effect, he said that the standard of care that I observe and that those with whom I practice observe, is such that no abortion would ever be performed late in the term when both the baby and the mother are healthy and when no necessity exists.

So, the term necessity, with the collateral reference to the applicable standard of care is, in fact, a term of substance, significance and deep applicability to post-viability abortions. In my judgment, having reviewed the bill at length and over some period of time, it is workable, it has meaning, it can be applied

by our licensed professionals and will be applied in a professional and ethical manner. And I reject once again the concept that this bill represents an opening of the gates to abortion upon demand at any stage whatsoever in the gestational cycle.

The SPEAKER: The Chair recognizes the Representative from South Portland, Representative Reckitt.

Representative **RECKITT**: Madam Speaker, I've stood up a lot of times in seven years. This is one time I didn't want to stand up for fear that my words would be unable to convey what's in my heart and what has brought me to the place of also being in support of this bill.

When I was 13 years old, I was in junior high school and that was a long time ago, like 1950-something, and at least once, one of my classmates became pregnant at 13 and all of a sudden disappeared. And we all knew where she went, she went and had an illegal abortion, which is the only way you could get them in that time. And I know we're not talking about abortions in earlier in the pregnancy in this but I think it's important to understand that the pressures go throughout a pregnancy. My very best friend when I first moved to Maine when I was 23 years old, she was not terribly biologically intelligent, is the nicest way to say it. She got pregnant the very first time she had sex, which someone had told her wasn't possible. And she was pregnant and she was terrified and she was alone and she was scared. And at some point, we began to live in the same apartment building; a stunning place in Portland, they all smelled like S.D. Warren at the time. She lived on the third floor and I lived on the second and she did not want to be pregnant but there was no way to get an abortion that she thought she could either afford or probably safely live through. So, she tried to abort herself repeatedly. She drank bleach, she threw herself down the third-floor stairs and she did not abort. She bore this child to term and she was terrified that she had done something to what was then about to be her son and was grateful that no matter what she had done to try to abort this child, she did not. But women will go to desperation if they don't have legal alternatives and what terrifies me about this bill not passing is the terrifying alternatives, particularly people who have zero money and would not be able to do anything about their condition.

As many of you know, when I was 35 years old, I began working in the domestic violence movement and I did that for 37 years. Trust me, I saw a lot of women in very difficult circumstances, many of them pregnant and not knowing what to do about it. Nearly all of them were impregnated when they didn't want to be but were forced to be but they had also very few alternatives and most of them bore these children and then were irrevocably attached to the man who was beating and abusing them for the life of that child.

The whole night of the infamous hearing, I have to confess I bailed out at 10:30 at night. As most of you know, I was ill before we came back into Session this year, I just couldn't do it. It was 10:30, we'd been going since I don't know when. My sisters and brothers on the Committee made it to 7:30 the next morning and God bless them, but I could not have done it. At 10:30, I bailed. But I had heard a lot. I had seen the same tragedy that my fellow legislators saw and heard and grieved on behalf of the people that we heard from. The Good Representative from Rumford, beautiful Rumford, I might add, and I have developed a very interesting relationship on the Judiciary Committee. We almost never; almost never vote the same way but we both are all of a sudden very fond of each other and I find one of my greatest joys of this Session is finding the Representative from Rumford and hoping that she'll stay in my life even if we never agree on anything our entire lives. But I hope that the fact that she and I are going to vote, I'm certain, exact opposites on the bill, is exactly the reason that we need to do this. You know, we have to all come to where we are based on our life experience, based on our backgrounds, our ethics, our beliefs; you can't sort it all out. There's too much of it that wraps up into a life. I don't know how old my friend from Rumford is but I'll tell you, I'm pushing 79 now and so, I've seen a lot of this world, as have many of you in this Chamber, but not that many women of my age in this Chamber, there are some, I think, I guess. But the reality is, as your life goes by, you see more and more and you understand the complexities of decision-making. It's not easy. It's definitely not easy. Things that people think are simple; simple decisions. Well, of course you can't do that or of course you should do that; it's not that easy. And I think that each of us has struggled with this. I mean, many of the folks who have spoken already have talked about the deluge of information that we have been receiving and we struggle with not being angry about that because it's made our lives miserable for several weeks and it's made some of us frightened. And I think that it's difficult to make a clear decision when you're afraid. Why are you afraid? Because not everybody in this world is as ethical and kind and decent as all of us in this room. And I think that it's important that you understand that some of us may act out of pressure from a wide variety of sources. Whether it's from our religious faith or it's from our friends and neighbors or it's our mothers or our fathers who think that we are doing something wicked unethical, no matter which way we vote on this issue. So, I think we have to search our own hearts, which I assume every last person in this Chamber has been doing for some time and trying to figure out what's the right thing and then what's the only thing you can do to be true to your own heart and mind. And I know that our answers are not going to be the same throughout this Chamber and I don't even think it's really divided this way, like we like to think sometimes. This is not a political issue, in my view. It's a personal, ethical, moral, upbringing, intellectual, heartbreaking, you name it is buried into this issue. So, I ask you to look into your heart, look into your life, look into the reality of this bill, which is, I believe, as has been described by my good friend the doctor over here and some others who have spoken already. The complexity is internal to each of us. This bill is not that difficult to understand. We're saying that if you're in extreme circumstance, then this is an option, but you better have a darn good reason or you're never going to find a doctor who's going to work with you to do this and I'm glad for that because I like to think that every one of our doctors is as ethical as that.

I have to tell you, as most of you know, I just got diagnosed with colon cancer and I went back for a checkup that was not good a few weeks ago. And when my doctor handed me those results, he had that look on his face that you never want to see on the face of a doctor when he looked at that piece of paper. And then he cried. He's been my doctor for 25 years, he didn't want me to die, and he cried and he hugged me, he never had done that in all of the years I've known him. But, you know, we all want to have a medical professional in our lives who cares that much and I have to believe that good doctors care that much and care that much not just about you but how your life is going to proceed based on the decision you make and help you through it in the same kind of way that I believe the people who are doing; I've had two friends do the death with dignity in the last six months. Hard, very hard. But I know the doctors were with them and cared about them and whether you believe in that process or not, it was the right thing for those two people. And this time, you have to look at this and say what's the right

decision for the people involved in this, and it's not you, and you have to let them know that they can decide, with the help of a doctor, I hope that loves them. By the way, I'm not dying, just in case you; yet, although I surely will because I'm, as I mentioned, almost 79. But I appreciate you listening to me and I'm sorry I bent your ear so long. As I said, it was not my intention to speak but I appreciate your listening to me carefully. Thank you.

On motion of Representative COLLINGS of Portland, **TABLED** pending the motion of Representative MOONEN of Portland to **ACCEPT** the Majority **Ought to Pass as Amended** Report and later today assigned.

Pursuant to House Rule 401, Section 12, Representative LAJOIE of Lewiston informed the Speaker and Clerk of his return and would no longer be excused from House deliberations and roll calls.

The Chair laid before the House the following item which was **TABLED** earlier in today's session:

HOUSE DIVIDED REPORT - Majority (8) **Ought to Pass as Amended by Committee Amendment "A" (H-700)** - Minority (5) **Ought Not to Pass** - Committee on **JUDICIARY** on Bill "An Act to Improve Maine's Reproductive Privacy Laws"

(H.P. 1044) (L.D. 1619)

Which was **TABLED** by Representative COLLINGS of Portland pending the motion of Representative MOONEN of Portland to **ACCEPT** the Majority **Ought to Pass as Amended** Report.

The SPEAKER: The Chair recognizes the Representative from Skowhegan, Representative Poirier.

Representative **POIRIER**: Thank you, Madam Speaker. Madam Speaker and Ladies and Gentlemen of the House, for decades Maine's abortion law has struck a delicate balance. One that recognizes the reality of abortion in today's world and the protection that it does offer to many women. This is a nuanced issue, Madam Speaker, something that's demonstrated whenever you look at the wide variations in polling. Proponents point to surveys saying, as one conducted by Pew Research Center following the Supreme Court's June 2022 decision, where 62% of respondents said abortion should be legal in all or most cases. But here, we see the problem begin to arise because there's clearly a great deal that falls in between all instances and most. Maine Law currently allows for abortions in most instances. The recent push to authorize abortion in all cases without stated exception is what this bill allows. That position is one supported by fewer than one in five, a position that lacks nuance and fails to even attempt to balance the careful considerations that should be part of this conversation. A conversation largely centering around at what week should abortion be authorized or restricted, which has been debated for years but has seen renewed relevance in the last year. It is completely bypassed in this bill.

Defining viability or, at the very least, what exceptions should be put in place to lessen the hardship put on mothers faced with unimaginable situations is completely sidestepped in favor of an approach that is unnecessarily broad. This is not an issue for the extremes of either party, it's an issue that impacts everyone on the political spectrum. And it's sad to see some of the characterizations being made of the opponents of this bill. Opposition that is so prominent because it's made up of such a diverse group of stakeholders. Madam Speaker, its clear opposition comes from pro-life people of numerous faiths who have deep, deep-held religious beliefs regarding life. But it also comes from pro-choice people. Pro-choice people like me. Because choice is a fundamental part of my personal philosophy and because I've driven people to the clinic where they've had to make the choice for themselves, Madam Speaker. It comes from our friends and families and neighbors. People who see how far this bill goes and are concerned. Concerned that lessened criminal penalties open the door for abuse or over the type of ambiguous medical necessity justification that could allow for the abortion of a completely healthy unborn baby. Even that this is less about ensuring safe access to abortions for the small percentage of women receiving them after 21 weeks, and more about using Maine to counter actions by other states in the broader national debate. Madam Speaker, I wish I could tell you those people are wrong. That this type of partisan deadlock and talking past each other they see coming out of Washington is not happening here in Augusta. But after spending months working on this bill from every angle, I just can't say that. Madam Speaker, I ask you and everyone not to follow my vote but to search your heart and to vote your conscience. Thank you.

The SPEAKER: The Chair recognizes the Representative from Auburn, Representative Libby.

Representative **LIBBY**: Madam Speaker and Men and Women of the House, over the last few months since LD 1619 was introduced, I have engaged in hundreds of conversations with constituents, with lawmakers, with experts and heard of countless personal situations. The real-life accounts, the experiences of pregnancies, deliveries and abortions from women on both sides of this bill are incredibly heart-wrenching. They're life-altering and deserving of compassion. No matter my personal beliefs, Madam Speaker, it is critical that we lawmakers attentively listen and truly hear what the Maine people are saying to us.

Perhaps a surprise to many in this Chamber, I have an intimate understanding of how your world can be turned upside down when you receive the devastating news that your baby will likely die before birth. When I was 19 weeks pregnant with our first child, my husband and I went to have our routine ultrasound, which if many of you have become parents, you've experienced this. We were very excited to see our baby for the first time. As the ultrasound tech proceeded through the scan, she grew quieter and quieter. She finally excused herself from the room without an explanation. And when she came back, she returned with a physician who took over the ultrasound. I knew immediately that something was very wrong. And when he finished the scan, he told us that our baby had heart and lung defects that were incompatible with life, that the baby probably would not survive to birth, and that the baby had a very high likelihood of Down's Syndrome. He told us at that point that we should see a genetic counselor. We knew that that meant a conversation about abortion. We declined his suggestion and we left, instead of celebrating, in a state of complete shock. In the very stressful months that followed, we had fetal echocardiograms and ultrasounds and at 39 weeks pregnant, I delivered a 7-pound, 2-ounce baby via C-section. And I remember the moment that she was placed on my chest, as I'm sure many of the mothers in this room do, the one thing we had decided not to find out was gender and so, I learned that it was a girl. We named her Sophia. And I remember asking over and over again if she was healthy, if her heart was really okay and if she had Down syndrome. Despite my personal faith, those months between that first ultrasound and her birth were the very darkest of my life. I would not relive them for any amount of money. I have tremendous compassion for anyone that has gone through similar circumstances, but especially those who have never seen their sorrow turn into joy.