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Senate Legislative Record

One Hundred and Thirty-First Legislature

State of Maine

Daily Edition

First Special Session

Beginning April 5, 2023

Beginning with Page S-387

Committee Amendment "A" (H-384) as Amended by House Amendment "A" (H-576) thereto, **ADOPTED**, in concurrence.

Under suspension of the Rules, **READ A SECOND TIME** and **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (H-384) AS AMENDED BY HOUSE AMENDMENT "A" (H-576)** thereto, in concurrence.

Divided Report

The Majority of the Committee on **HEALTH AND HUMAN SERVICES** on Bill "An Act to Improve the Health of Maine Residents by Removing Exclusions to the MaineCare Program" H.P. 123 L.D. 199

Reported that the same **Ought to Pass as Amended by Committee Amendment "A" (H-103)**.

Signed:

Senators:
BALDACCI of Penobscot
INGWERSEN of York

Representatives:
MEYER of Eliot
CRAVEN of Lewiston
GRAHAM of North Yarmouth
MADIGAN of Waterville
SHAGOURY of Hallowell
ZAGER of Portland

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

Signed:

Senator:
MOORE of Washington

Representatives:
FREDERICKS of Sanford
GRIFFIN of Levant
JAVNER of Chester
LEMELIN of Chelsea

Comes from the House 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" (H-103)**.

Reports **READ**.

On motion by Senator **BALDACCI** of Penobscot, **TABLED** until Later in Today's Session, pending **ACCEPTANCE OF EITHER REPORT**.

Divided Report

The Majority of the Committee on **JUDICIARY** on Bill "An Act to Improve Maine's Reproductive Privacy Laws" H.P. 1044 L.D. 1619

Reported that the same **Ought to Pass as Amended by Committee Amendment "A" (H-700)**.

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

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

Signed:

Senator:
BRAKEY of Androscoggin

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

Comes from the House 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" (H-700)**.

Reports **READ**.

Senator **CARNEY** of Cumberland moved the Senate **ACCEPT** the Majority **OUGHT TO PASS AS AMENDED** Report, in concurrence.

On motion by Senator **STEWART** of Aroostook, 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 Carney.

Senator **CARNEY**: Thank you, Mr. President. Thank you, Colleagues of the Senate, for your time this morning. I rise to speak in favor of LD 1619, An Act to Improve Maine's Reproductive Privacy Laws. The proposal would amend -- the proposal would amend Maine's reproductive healthcare laws to ensure that patients and their families can access the healthcare they need when rare and tragic complications arise

in the third trimester of pregnancy. When I think of who needs this bill, I think of Mainers like Dana, Zoey, and some of the women in my life, people who I love dearly, who were so excited to become parents but learned that something was terribly, terribly wrong with their pregnancy. It's often something these women and their families could never have imagined. These are the stories the committee heard from patients and providers. These are the stories that women in my community shared with me when they learned about this legislation. As lawmakers, we can improve our laws to make sure that doctors and patients are able to make the best medical decisions when the unimaginable happens. People have asked us to make a specific list of the diagnoses to which this legislation would apply. Colleagues, we cannot write legislation that pinpoints what a medical doctor can provide when the unimaginable happens. This bill would allow patients to access abortion care later in pregnancy only when it is deemed necessary in the professional judgment of a licensed medical doctor or osteopathic physician and meets the standards of care applicable to obstetricians. This change in our laws will ensure that patients facing these rare and tragic diagnoses can make the best decisions for themselves and their families, choosing among the options that are laid out by their doctor, who they trust. The members of the Judiciary Committee took public comment on LD 1619 for 19 and a half hours. We listened intently to what people were saying to us. We heard powerful testimony from families and providers that this bill is important. We also learned that many people did not understand the standard of care and medical needs as outlined in the original bill. So, the committee worked hard to clarify these in our amendment. The new language makes clear that the options laid out by physicians must meet the highest standards of medical care in these unimaginable situations. We also learned that many people misunderstood the criminal section in the original bill, and so we made changes to explicitly connect the bill language to Maine's existing criminal laws as well as to medical malpractice and other civil laws that could potentially apply. Colleagues, these are deeply personal healthcare decisions that take place in the most heartbreaking of circumstances. We should trust patients and doctors to make these decisions. We should respect the decisions made in these heartbreaking situations and we should ensure that our laws do not make a traumatic situation even worse. LD 1619 achieves all these objectives. Current laws have failed Maine patients, and this bill is needed to address the rare and unimaginable situations women face. We cannot erase the pain of Dana Pierce's tremendous loss or take back the added trauma she endured when she could not get the care she needed in Maine, near her home, surrounded by her loved ones. We can, though, fix our laws so that the next person who receives heartbreaking news from their doctor can get the care they need close to home, where friends and family can lend comfort and support. For these reasons, I will be voting in support of LD 1619, and I hope you will follow my light. Thank you.

THE PRESIDENT: The Chair recognizes the Senator from Androscoggin, Senator Brakey.

Senator **BRAKEY**: Thank you, Mr. President. I'd like to begin with a quote from an OB/GYN who delivered over one thousand babies over the course of his career in medicine, Dr. Ron Paul. Quote, on one occasion in the 1960s, when abortion was still illegal, I witnessed while visiting a surgical suite as an OB/GYN resident, the abortion of a fetus that weighed approximately two pounds. It was placed in a bucket, crying and struggling to breathe, and the medical personnel pretended not to notice. Soon, the crying stopped. This harrowing event forced me to think more seriously about this important issue. That same day in the OB suite, an early delivery occurred, and the infant born was only slightly larger than the one that was just aborted. But in this room, everybody did everything conceivable to save this child's life. My conclusion that day was that we were overstepping the bounds of morality by picking and choosing who should live and who should die. These were human lives. There was no consistent moral basis to the value of life under these circumstances. Mr. President, I'm saddened that this legislation is before us today. This legislation was proposed by Governor Mills, premised upon rare cases discovered in post-viability pregnancy of fatal fetal abnormalities, situations for which I believe all reasonable people have deep empathy. The bill we received in the Judiciary Committee, however, did not speak to these rare cases. Instead, we received a proposal that appears to legalize abortion up to the point of birth for any reason provided a physician certifies it as necessary. In the public hearing, this led to obvious -- an obvious question, necessary for what purpose? The bill offers no clear qualification, and neither did its advocates. Before jumping into the full substance of this legislation, I must comment briefly on the process that brought it to us today. In a historic 20-hour public hearing, we heard what seemed like hundreds in support and thousands in opposition. That process was chaotic at times. Late into the hearing, public testimony from many in opposition was abridged to 60 seconds. For the work session, the public showed up again, and people were crammed into multiple overflow rooms, but the meeting was constantly disrupted by business in the House and then abruptly canceled. Some have blamed the committee chairs for not handling these challenges better, but I do not believe that is fair. Having served as a committee chairman in the past, I know the tough calls that must be made on occasion to keep a process moving forward. What did disturb me, however, was the scheduling of a secret work session which was not properly posted, with only an hour's notice to the public and absolutely no communication with the minority caucus. When I confronted the House Chair about this, he confirmed there was a deliberate decision to keep us in the dark about this secret work session. As a result, almost half the committee was absent and Republican members left to deny quorum for this improper meeting. Mr. President, you resolved the quorum dispute by appointing our colleague, Senator Duson, to fill the seat of a physically absent member. I will say that I was impressed with how quickly such a swap could take place, in a manner of minutes, when past experience informed me such a change can take several weeks. When this legislation came to the other chamber last week, it became clear that the votes did not exist to pass this legislation. That's when the House broke in the middle of floor debate and the majority caucus disappeared for five hours behind closed doors, away from public sight. What happened behind those closed doors? Many have asked whether Democratic Representatives with sincere misgivings about passing this legislation in the manner it is currently drafted were bullied and intimidated. Is that why others who were

present report them coming back to the chamber with puffy, red eyes, before they cast their votes to pass the bill? And now, here it is before us today and we are asked to do the same. Mr. President, returning to the substance of the proposal, I asked throughout the public hearing several questions, seeking to understand why this proposed legal authority to kill an unborn baby so late in pregnancy should be so broad and so open-ended. In the process, it became gradually clear that the justifications rely on suppositions that one, the unborn are not people, and two, they have no rights whatsoever, even beyond the point of viability in the third trimester. This question of human rights has troubled me ever since that hearing. I've always understood the fundamental legal question of abortion to be one of conflicting rights, the rights of the mother versus the rights of the unborn human baby. The decision in Roe v. Wade sought to settle that conflict by establishing that the mother's right to bodily autonomy superseded the unborn baby's right to life, but only up to the point of viability. Beyond that point, Roe implicitly protected an unborn baby's right to life, recognizing that the conflict of rights essentially disappears. Once an unborn baby is viable, generally regarded after 24 weeks or six months, he or she can be born alive and survive outside their mother's womb through induced labor. As a question of healthcare, it should be noted that late-stage abortion is at least as dangerous to the mother as early birth. To protect the privacy of the patient and her family, I will not share any names of theirs, but one of the physicians, Dr. Shannon Carr, who was presented by the Mills Administration as an expert and provided testimony before the committee in favor of this bill, had a 23-year-old patient in New Mexico who died as a result of this procedure. The young woman's womb was injected with digoxin to kill the baby. She was given drugs to induce labor and sent home. Several days later, she returned to the clinic with shortness of breath and fever. Carr and the clinic waited ten hours to call an ambulance, and she died later on the operating room table. In her deposition in the resulting lawsuit, Dr. Carr admitted she was paid bonuses for doing more late-term abortions, that late-term abortions are inherently more dangerous, and that she signed off on paperwork claiming the abortion was necessary so she could get Medicaid. She also said she approved the abortion because the young woman was a minority and a waitress. In other words, Dr. Carr herself has said she authorized and performed a purely elective late-term abortion on a healthy baby and in the process, she killed both the mother and her baby. Further, whatever arguments may be had about earlier stages of fetal development, a human being in the third trimester has brain activity, a heartbeat, and the capacity to feel pain. Are these not the essential qualities of a person with moral value? That's why I asked the policy director with the Maine ACLU, an organization that I often find common ground with on many other issues, whether a fully viable unborn baby has any rights to be considered in the question of this bill. In response, she informed me that the Legislature has never passed legislation granting personhood to the unborn, therefore the unborn have no rights to consider. The Attorney General, it should be noted, gave a similar answer when asked by another member of the committee. Ultimately, I find this answer unsatisfactory. The Legislature is an institution qualified only to recognize our rights, not to bestow them. There was also an episcopalian priest who came to speak in favor of the bill. I asked for her view on the moral and ethical value of a viable unborn baby. She shared her view that a human being's moral value grows with their experience of and connections to the world. If I understood correctly, this view seems to imply that even among the born human beings of Maine, the moral values of our individual lives are also relative by the same standard. This would mean a 2-year-old child has less moral value than he/she would at 20 years old. Whatever might be said for the merits of this moral view, it cannot serve as the basis for our policy determinations in our legal system, which is premised upon the principal of equal rights. The Constitution of Maine declares in Article I, Section 1, that all people are born equally free and independent. The language recognizes that all people have the same rights at least from the moment of birth and implicitly charges the State with the equal protection of those rights. Admittedly, the Maine Constitution is silent on the rights of the unborn. From this, some conclude and argue that the unborn have no rights to consider in the ethical and legal questions in this bill. Our legal order does not suppose, however, that the Constitution or any subordinate level of lawmaking is capable of granting rights. Our human rights preexist recognition by any manmade authority. Our laws exist to protect those rights, not to generate them. That is why the next clause of Article I, Section 1, refers to our rights as natural, inherent, and unalienable, consistent with the Lockean conception of natural rights which informed the Jeffersonian construction articulated in our country's Declaration of Independence. As such, the rights of the unborn concern the highest order of law, even above the supreme law of the land. It is the natural law which Martin Luther King Jr. wrote of in his letter from the Birmingham Jail, quote, a just law is a manmade code that squares with the moral law or the law of God. An unjust law is a code that is out of harmony with the moral law. The natural law asserts that all people have unalienable rights to life, liberty, and property, and that no one shall egress against them. This concept of natural law is the framework by which western civilization has asserted the universal human rights of mankind, and absent a recognition of natural law, the rights of the people are mere grants of privilege by state authority, subject to recall at any time. Any genocide under a foreign dictatorship could be regarded as merely distasteful and unfortunate business since their government never granted them any rights. To restate in brief, without natural law, there are no human rights, and without human rights, there are no human wrongs. Therefore, for you or I to have the natural inherent and unalienable rights promised in our Maine Constitution, then all people must have these rights, including the right to life. So, for legal questions of this legislation, we must ask ourselves, if all people have rights, is a viable unborn baby in the third trimester with a heartbeat, brain activity, and capacity to feel pain, is that a person in the legal sense? To that, I must observe, as stated by Dr. Paul at the outset of these remarks, when premature babies are born alive at this stage of development, every effort is made to preserve their life. They are regarded as people. They receive birth certificates, they receive recognition of their rights. What moral difference exists between a baby born premature and one at the same stage of development still in the womb? It is hard to see one. And if there is none, and we recognize the personhood of one, then should we not also recognize the personhood of the other? Regarding the rights of people, when is it appropriate for a human person to be put to death for medical purposes? In our state statutes, there is one existing

standard for physician assisted suicide regarding the termination of life for a consenting adult with a fatal diagnosis. Among the standards of that law is the requirement of a terminal diagnosis, confirmed by two physicians. For any proposal that authorizes the legal killing of a person on the grounds of medical necessity, especially in the absence of conflicting rights, the conversation should begin with that existing statutory standard. This legislation, however, observes no such standard. A post viability unborn baby in the third trimester could be killed on the signoff of a single physician, with no requirement for a fatal diagnosis. And in response to these concerns, as my colleague from Cumberland noted, the partisan majority on the committee drafted a committee amendment, which is before us today. That amendment would specify that third trimester abortion must be performed according to standards of care. We are told that this provision creates guardrails, but the rest of us feel like the kid in the storybook observing that the emperor has no clothes. What established standards of care are there for determining when to conduct a procedure that has been illegal for decades up to this point? Even viewed in the most charitable light, how is this not a move to delegate our lawmaking responsibility to decide under what circumstances human life may be taken to unelected medical establishments? If this legislation is truly about fatal fetal abnormalities, then why not just say so and put it into the law, as many other states have. And by the way, I will note, you don't need an enumerated list of every single potential fatal fetal abnormality. That's not what we have under the so-called death with dignity law, you don't have an enumerated list of every potential fatal diagnosis, you just say a fatal diagnosis. Mr. President, this legislation fails all standards of reasonableness and respect for the natural rights of human beings. I will be voting no, and I implore every member of this body before they press those buttons to please search their minds, search their hearts, and search their souls to weigh the consequences of what we are about to do. Thank you, Mr. President.

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

Senator **BALDACCI**: Thank you, Mr. President, and thank you, Ladies and Gentlemen of the Senate. First of all, I think it's important for all of us to recognize that we're all pro-life and we are all pro-choice. We get to our objectives by different means, but this debate should not denigrate us as individuals. This is really about heartfelt personal issues of conscience. And I speak as a father of two daughters. My youngest was born two months early and spent a month in the NICU in Eastern Maine, which we are very thankful for. She was next to a baby who was born with her organs out of her body and did not survive. So -- and Olivia spent a month in the NICU. So, I understand -- and she was born two months early, so obviously, it was a -- it was an experience. But I want to -- what I want to share with you, though, is two perspectives about late-term abortions from two women that had them. One is a nationally recognized writer, the other is a mother from Hermon, Maine, who wrote to me last week. So, forgive me if I share these perspectives, but I think their perspectives are extremely important, and I think they're important to this debate. The first one is from Laurel Malontez, who wrote an op-ed in the Washington Post. She's from the Pacific Northwest. She's written books about loss and healing. Eight years ago, my husband and I received unimaginable news regarding our first pregnancy. Five and a half months in, due to medical complications, we were forced to decide whether to continue a pregnancy with almost no chance of infant survival. In the end, releasing our pregnancy felt for us like the most loving thing to do. Although undergoing a late-term abortion and the subsequent stillbirth of our son was agony, it was also a time of poignant tenderness, as our hearts wrestled to uncover what compassion could look like in the context of such an outcome. To avoid judgment and misunderstanding of our choice, we kept silent about the truth behind our baby's death, a decision motivated by our living in a culture whose language around abortion - pro-choice/pro-life - fails to authentically and accurately represent the profoundly personal and nuanced complexities. Nuanced does not make for good political slogans, so complex concepts are trimmed into neat and tidy sound bites. Perhaps we need to consider the expense more. The language we use matters, and when the words we use fail to represent the truth we feel, we become emotionally disoriented, internal chaos is created, which in turn exacerbates political chaos. Pro-choice is easily heard as pro-choice, as in pro-abortion, a completely inaccurate interpretation. It also risks implying the experience of abortion as something one truly chooses. I chose to abort my first pregnancy, didn't I? So, therefore, the experience was something I chose, right? Well, yes and no. I never chose to face such a choice, to have to make one I was forced to by unasked-for life circumstances. Choice is the last word that feels authentic to me when describing the predicament my husband and I found ourselves in. The word choice trivializes the profound seriousness of the issue. We use the same word to say whether we want American cheese or cheddar cheese on our hamburgers, mayo or mustard. It can feel downright demeaning. We've all heard the claim that the Inuit language has more than 50 words for snow. The soft snow that dusts the trees at dawn is not the same snow that blows in sideways from the east, with a biting cold. Giving distinct words to these vastly different phenomena is wise and effective communication. My guess is that there was no word for the type of snow that comes in sideways from the east until that type of snow was encountered. We now live in an age in which science and technology force humans to encounter medical choices we would be far more comfortable leaving to God. We need new words. The term pro-life fails to support productive communication as it manipulates the listener into thinking that if they are not pro-life, they must be anti-life, or worse yet, pro-death. The ability of the phrase to disorient is stunning, and a political stance against it can feel terrifying. No one authentically opposes life. Pro-life, freed from the association with right-wing politics, leaves a listener to wonder whose life is being valued. The fact is, mother and baby are physically one. For some, the wellbeing of this interconnected union might mean continuing with the pregnancy, while for others, wellbeing, even survival, might mean releasing it. These are life perspectives with equal honor and deserve equal respect. As someone who has received medical intervention ending a pregnancy, and grateful to live in a state offering such medical care and counsel, my political viewpoint is firmly pro-choice. Yet, if I were to choose one of these terms to best describe my emotional point of view, I would pick pro-life. I identify as someone who values life, both the quality of the mother's and

the future child's. I wish the need to face choices around abortion on no one. The heart of this issue is in a realm greater than politics. It is an emotion-based, religious, spiritual, moral quandary, with both sides fighting to uphold their values surrounding life. The question is are we capable of allowing room in our conversation and policy for how these values express differently in people. And a letter I received last week from a mother in Hermon who went through this very recently. I have never had much of an opinion on abortion, as I thought women could choose. But I also thought I would never get one. Then having -- after having two healthy pregnancies, I found out I was pregnant at the age of 40. This was not planned, but after initially being in disbelief, I was excited. I went to my first ultrasound, and it was an hour long. I felt something was wrong. The next week, I found out we were having conjoined twins. My husband and I were shocked and saddened, and then my husband went into research mode. We joined a support group, we did everything we could to learn about what was going on. We went to biweekly appointments. Our doctors in Maine suggested going to the children's hospital in Philadelphia, since they specialized in conjoined twins. They wanted us to come around the 20th or the 21st week of pregnancy to get a good look at the twins. And this was in the middle of the pandemic in 2020. We had to get on a plane, find out what was going on with our babies. We were hopeful my 4-year-old was excited to be a big sister. We got to Philadelphia the night before our appointment. The next day, I had a four-hour ultrasound and a two-hour echocardiogram. During the ultrasound, the geneticist called and said it was girls. We got excited. Then, after all the testing, we went into a room to meet the team that would separate them. We walked in to only two people, and we knew that couldn't be good. The litany of things that were wrong with our babies was long. They started with the brain, the cerebellum wasn't developing, it was missing parts. This means they would probably never talk, eat, or walk. They had many cysts in their brains. One twin had fused kidneys, and one twin had one kidney and a dilated uterus, so output of urine would've been difficult. There were issues with the spinal cord which would cause motor and sensory dysfunction of lower extremities and urination and defecation function disturbances. Both twins hearts were draining the wrong way. They shared a bowel, a bladder, and they shared a penis - so they were not girls - and two of their legs were twisted with clubbed feet. The third leg was just a femur. They had tethered spine and were connected at the sacrum. They had severe scoliosis and would be in constant pain once born. If we chose to have them, there would be 24/7 palliative care and have multiple surgeries, if they even survived to term. They were also reading very small, which both my children were large at birth, and they were honest with us that if we chose to have these babies, they would be in pain and not able to walk or talk and be on feeding tubes, wear diapers, have bags for urine and feces output, if they survived. Then they told me I had three options. One, I could die because of my previous pregnancy complications. Two, I could hemorrhage and have a blood transfusion or three, have an emergency hysterectomy. I had two very young children at home that could possibly grow up without a mother. My husband and I knew the impossible but best decision was to terminate. This decision was made with me, my husband, a team of medical professionals who knew the outcome - we had two medical professionals, one in Maine and one out of state who have dealt with over 138 cases of conjoined twins, telling us the same outcome and risks. Most late-term abortion cases are like mine. They are wanted pregnancies. So, I feel that we need to look beyond the political sound bites and talk about the reality, and that is why I'm voting in support of the pending motion. Thank you.

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

Senator **GUERIN**: Mr. President, Ladies and Gentlemen of the Senate. Senator Brakey did a beautiful job with his detailed testimony, and I stand in agreement with everything he said, and I wish to add a personal aspect to the debate. From listening to the debate in the House and some of the comments here today, some people think this bill only allows rare, extreme, medically necessary abortions at the point of viability, the ability to live outside the womb. However, the bill does not say medically necessary, it says necessary in the opinion of a physician. This naturally raises several questions regarding why abortions would or would not be allowed if this bill passes. As we look at the reality of the bill before us, I pray that God will show us his truth and that truth will be evident to every member here. Help us not to look at our caucus, our leaders, or the lobbyists' opinions, but to seek only the truth. As you look at the question before us, please pause with me a moment and ask God's guidance and ability to hear the truth that I am going to share. The standard is set at necessary. Both sides can surely see that and accept that as truth. Now we turn to the question of the value of an unwanted pregnancy at a stage in pregnancy where the baby can survive outside the womb. Does a viable baby deserve life or death? You can for the next few moments be in the position of the physician, who is obviously a trained person, yet in this bill their personal interpretation is required to define necessary. Let me tell you the story of three real life pregnancies. You can choose to abort none, one, two, or three of them under the standard of necessary. Necessary is not defined, so I ask you to decide whom you would deem necessary in these real-life examples if the mothers had wanted or been able to have an abortion after viability. Unwanted pregnancy number one, a middle-aged, working, childless couple. The husband is a millworker and has been adamant for their ten years of marriage that they would have no children. Wife has a rewarding career with advancements likely. The woman, feeling unwell, with blurred vision, goes to her doctor, who says, to the wife's astonishment, that she is pregnant. Husband is extremely unhappy about this high-risk pregnancy. When the wife goes into labor, the husband does not even go to the hospital. The baby is unplanned, and an extreme interference in the life plan of this couple. Is this case necessary? Unwanted pregnancy two. Our next character is a spunky, pretty, 15-year-old cheerleader, horrified and scared when she finds out those missed periods are caused by a pregnancy from a relationship with a UMaine football player standout. The age difference constitutes statutory rape. No jobs, no home, extreme parental disapproval guaranteed if pregnancy is revealed. Would you deem this case necessary? Pregnancy number three. Ivy League educated professional husband and wife. They have a kind, loving, and supportive relationship and a planned pregnancy. They go together to parenting classes and enjoy decorating the nursery in soft nature colors. Who lives, who

dies? It's up to you decide what is necessary at this moment in these three women's lives. Let's view the choices, starting with pregnancy two, the young cheerleader with her life before her. Her prospects aren't very bright at the moment, and perhaps necessary is the answer you have chosen for this girl. The baby is aborted and sent to the incinerator. Late-term abortion was not legal at the time of this pregnancy. The mother delivered a healthy baby boy. The father had a successful law enforcement career, and the mother is a talented artist and proud great-grandmother. The baby boy grew up to be a successful business man, community volunteer, and my husband of 42 years. Next is pregnancy one, the high-risk, late-in-life mother, and the extremely unwilling father. Perhaps this was also an allowable necessary late-term abortion on your list. The mother delivered a 5-pound baby girl. The mother was the best ever room mother for her daughter's class and served 18 years on the school board. Now a widow, she repeats on a regular basis to her daughter, what would I have done if I hadn't had you? The father fell head over heels in love with his unwanted daughter. They were constant companions, fishing, hiking, gardening, going to the dump. His life nickname for her was Rosebud. The unwanted baby in this case was me, the delight of my father's life. Finally, we come to pregnancy three. My guess is you might've said not necessary to abort this planned pregnancy. Baby three is one of my beautiful grandchildren, the great-grandchild who might never have existed if late-term abortion had been an option for two unwanted pregnancies which brought my husband and I into the world two weeks apart. Necessary is a judgment call without definition. Please protect the potential contributions these babies can make if they are allowed to be delivered.

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

Senator **DUSON**: Thank you, Mr. President. I respect and appreciate the comments of my colleagues. I rise today to speak in favor of the bill before us. I offer comments in favor of passage of the pending motion in memory of Elaine Brown. For my colleagues who are not familiar with her legacy, Elaine Brown was the first woman chair of the Black Panther party, serving from 1974 to 1977. During her tenure, Brown radically shifted the party's rhetoric and platform from claiming a woman's sole purpose was to have children to a platform that championed black women's reproductive rights. Ms. Brown said, and I quote, I would support every assertion of human rights by women, from the right to abortion, to the right of equality with men as laborers and leaders. I want to acknowledge that the bill before us today and the issue of abortion is highly personal. My story is not your story. Just as I honor my colleagues' stories and perspectives, I would ask that you honor my lived experience. As a woman of color, a daughter, a mother, a grandma, living the blessings and laments of our shared American history, a history of at best uneven access to healthcare services. LD 1619 is critical to ensuring that women have access to the healthcare that they need when they need it. It ensures that patients can receive the care they need in consultation with a healthcare provider whom they know and trust. For women, especially for women of color, finding a medical provider we trust is serious business. This is doubly true for finding a medical provider to help us through a pregnancy, birth, or postnatal care. In this country and in this state, black women still face significantly higher rates of health complications and mortality when it comes to pregnancy. Data from 2019 shows that in Maine, 90% of all women started prenatal care in the first trimester, and less than 75% of black women had prenatal care in the first trimester. In Maine, 4% of all women had no prenatal care until the third trimester, while 12% of black women in Maine had no prenatal care until the third trimester. This is tied with Texas as the worst rate in the country. Nationally, pregnancy mortality rates for black women are three times higher than rates for white women. There are so many risks that come with pregnancies. Thankfully, some of them, like the ones this bill would address, are incredibly rare, but they are nonetheless serious. For patients and families who receive heartrending medical news late in a pregnancy, we need to offer our compassion. These are folks who were facing a decision they never could have imagined. How do we legislate on the unimaginable? We do so by making sure that those who face the unimaginable have the freedom they need to make the decision that is right for them. Whether that's seeking an abortion or continuing a pregnancy. By expanding access to abortion care, we are giving mothers the space and autonomy to make the decision that is right for her and her family. And only people in these situations who know what the best course of action is, the only people in these situations who know what the best course of action is, is that mother and her doctor. This legislation would allow women to take the action needed for their specific medical crisis, without needing to travel far out of state, away from their families, and trust their lives to the care of a provider whom they have never met. Women, not government or politicians, should be in charge of their bodies. Women, not government or politicians, should be in charge of their healthcare, and abortion is healthcare. Access to abortion services is access to healthcare services. Women like myself are disproportionately affected by lack of access to healthcare services - yes, even here in Maine. This legislation would ensure that all women in Maine have the fundamental right to access the care they need and receive that care from the provider they know and trust. I thank you for this opportunity to speak to the bill.

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

Senator **BENNETT**: Thank you, Mr. President. Mr. President, Fellow Members of the Maine Senate. In 1993, as a 30-year-old then childless man, I was a member of the other body and was a co-sponsor of Maine's current reproductive rights law. It was introduced by Republican Governor Jock McKernan, and had nearly 40 co-sponsors, both Democrats and Republicans. The bill codified in Maine law the Roe v. Wade decision, ensuring a woman's right to her bodily sovereignty before viability, and allowing post-viability abortions only when the life and health of the mother is at risk. During the past 50 years, the federal government has had many opportunities to do what Maine did in 1993, to codify the precepts of Roe v. Wade in federal law. It failed to do so. As a consequence, when the Supreme Court issued their decision in Dobbs v. Jackson a year ago, abortion law once again became the province of legislators and policymakers. Here in Maine, no change was needed, but here we have LD 1619 before us, nonetheless.

This bill represents a fundamental shift from the uneasy consensus we've had in Maine for the past 30 years, built around the rights as understood by three generations of Americans since the Roe decision. Proponents say it is needed to ensure that in rare cases involving fatal fetal conditions, abortions may be performed in Maine. These circumstances are so rare, however, that it is unlikely that such procedures may actually be available here in Maine when this bill passes. Mr. President, I will be voting no today on this measure, to maintain our current law and our current policy that protects both women's reproductive rights and consideration for the preciousness of life after viability. Thank you.

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

Senator **BRENNER**: Thank you, Mr. President, Colleagues of the Senate. I rise today in full support of the pending motion. I have had the honor of delivering hundreds of babies in my time as a nurse midwife and a labor and delivery nurse, and some are the children of my legislative colleagues. I chose midwifery as a discipline due to a profound calling, a fascination with the reproductive health system, and a deep love of the childbirth journey. What I've learned from this work and what stays with me and defines my approach to the world is that midwife means with woman. Midwives practice in hospitals in collaboration and consultation with a team of obstetricians and, when necessary, maternal fetal medicine specialists who are often called perinatologists. It is these collaborative relationships that I want to lean in on now. I want to address the part of this bill that talks about standards of care. In the medical field, we rarely work in isolation, especially when complications arise. Standards of care are informed by medical practicing bodies and, in this case, we're referring to the American College of Obstetricians and Gynecologists, and the Society for Maternal Fetal Medicine. In my practice, when an ultrasound was ordered for a patient and a complication was found, patients would be referred to the perinatologist. This is a physician who has an additional three to four years of training in high-risk obstetrics and fetal medicine. Informing a patient that they have a fetal abnormality is a challenging task, but healthcare providers are drawn to the work to support patients receipt of tragic news with compassion. Patients want options and true compassion provides that opportunity. This bill, for me, is a form of compassion. The decision to terminate a pregnancy is deeply personal and the abortions we are talking about with this bill are medically complicated. I just want to make sure that you all know the kinds of situations we're talking about with LD 1619. Currently in Maine, if a diagnosis is made of a lethal fetal anomaly - let's take anencephaly, for example, which is the tragic occurrence of limited to no brain development for the fetus - the birth would result in a newborn who would be held in the arms of its parents, struggling as it reaches the point of taking its last breath. Sometimes, it's 15 minutes, and sometimes, it's longer. But it's compounded trauma for some families and it's too much. So, when I speak of compassion, I speak of the option of allowing these families to have the choice of not experiencing this trauma, but rather allowing for a compassionate approach, a compassionate birth, and here in Maine, surrounded by their own family, their support, and their care team. The rhetoric surrounding 1619 that speaks of abortion on demand at full term is just that, Mr. President, it's rhetoric. It's simply not true and it would jeopardize the license of any healthcare provider. The very small number of patients we're talking about in this bill are experiencing circumstances that many of us can hardly ever imagine having to face. Their stories are complex, and they are tragic. In these situations, as with all medical care, healthcare providers and their patients need to be making medical decisions, not legislators in this body. Saturday marked the one-year landmark ruling by the Supreme Court to overturn Roe v. Wade. Protecting a woman's right to access a full scope of reproductive healthcare services at the state level is of paramount importance, Mr. President, if we are to truly be with women. Thank you.

THE PRESIDENT: The Chair recognizes the Senator from York, Senator Ingwersen.

Senator **INGWERSEN**: Thank you, Mr. President, Ladies and Gentlemen of the Senate. I rise today to speak in favor of the pending motion. Many of you might already know because I talk about it a lot, but on top of being a Senator, I'm also a husband, a father, and a grandfather to 12. Nine of those grandchildren are girls. This bill is very personal to me, of course. The bill before us addresses incredibly rare medical complications that can arise later in a pregnancy. I am so grateful that neither my wife nor any of my children has encountered that kind of complication while they were expecting. But I do think about what would've happened if they had. I wonder how my children and their spouses would've reacted, and how my wife and I would've felt if they had been faced with such an excruciating decision, and the heartbreak that comes with it. I think it's fair to say that it's impossible to predict truly how any of us would react to receiving that kind of devastating news. I do know that if such a difficult decision would have to be made by one of my daughters or in the future one of my granddaughters, I would feel that it would not be my decision to make. Not as a father, not as a grandfather, and certainly not as a State Senator, standing before you today. Regardless of what decision my loved ones may be forced to pursue, they would deserve overall our compassion. And for me, that's what this bill is about, it's about compassion. The compassion of being able to receive the treatment you need in your own community from a provider you trust with the close support of your family, friends, and neighbors. I know that this topic is highly personal for each and every person in this chamber and in our state, and I just want to take a final moment here to recognize this. And I want to thank my colleagues here in the chamber for speaking honestly and respectfully to each other. Thank you all so very much.

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

Senator **HICKMAN**: Thank you, Mr. President, Women and Men of the Senate. I rise to speak to the pending motion because, quite frankly, Mr. President, I don't know how I'm going to push my button. Back in 2010, when I was knocking on doors when I ran for the House of Representatives in the first election - that I lost - I showed up in the evening hours based upon an email sent to me by a man who wanted me to visit with his family and have a conversation about my candidacy. And I walked in the door, and the son was sitting at a table, the father opened the door, he had a bible in his left

chest pocket, he was a bus driver for a church around the corner from my house, and his wife and daughter were in the kitchen and living room, respectively. It was like a Pinter play. And I sat down on this invitation from this man, and he said so, we're opposed to homosexuality and abortion, where do you stand on these issues? And I said well, this probably won't last very long, this conversation, but I've been married to a man for 12 years, and my mother, who is the wisest woman I've ever known to this day, said that an abortion is between a woman, her doctor, and her God. And coming from her, that was a very interesting place to stand. And so, I told him the story of my mother, which led to the story of me, and I'll share that with you here because this is a personal issue and I don't talk about this, but we have a bill in front of us, and so I will talk about it. This is in the third person; it is in a book that I wrote to try to reconcile my identities. The excerpt from the book of my mother, Minnie Juanita. Nobody loves the Lord more than she does, but that love has been tested time and again. Minnie Juanita wanted to give her husband, Hazelle, several children from her womb and raise them up in the ways of her Lord and Savior, Jesus Christ, but the Lord had other plans. She would conceive six times and never bear fruit. She pondered these things in her heart and so she prayed. Not being able to bear fruit became the genesis of her sorrow. Like a disease with no cure, her sorrow would remain the rest of her life, defying her effort to fold it away, and so she prayed. She would begin to see that the Lord meant for her to raise children and not bear them. This was her purpose, and she knew it with the conviction of saints, for concerns of the supernatural were no mystery to my mother at all. But she kept all these things and pondered them in her heart. Hazelle thought it was his fault, and so he drank. Perhaps this was the Lord's way of teaching him a lesson regarding all the Filipino women he had loved during his time on the islands during the war. Who did he think he was, anyway? Lot's wife? His seed turned to salt for having looked with favor upon so many women? Minnie would never, ever have told him how -- Minnie would have told him how ludicrous that was, had he ever confided in her, but he hadn't, never could, and so he drank. Had he ever confided in her, it wouldn't have mattered, anyway, for Minnie knew her purpose and it had nothing to do with her husband's made-up earthly punishment. And so, she would encourage her children to find the women who gave birth to them when they were ready to find them, for what woman in her right mind and true heart could carry a child for nine months, move this child out of her womb in excruciating pain, hear its first cry, maybe even see its face, name it, give it away, and never desire to see it again? Many could not fathom there was a single woman, dead, alive, or yet to be born, who would never desire to see her child again. See how it smiles, or whose nose it has, does he walk like his father, talk like me? Will she have the temperament of her grandmother, the creativity of her second cousin? Suffer these little babies to come unto me, many prayed. She would prepare a way for them to go their mothers when they choose to come through. Ten years after they married, Minnie Juanita's prayers were answered and she and Hazelle helped raise three foster children, the sons of a woman having a difficult time in life. Ten years after that, her prayers were answered again, and they adopted their first child, a beautiful 10-month-old girl, and named her Gina Louise. Daddy had his little girl, and there was nothing you could say to him in those early days to wipe that ever-present smile off his face, his high cheekbones, inherited from Blackfoot Indian ancestors, rose even higher. Gina Louise who at age three won her first kiddy contest at her grandmother's church was the pride and joy of the family that lived on the second floor of the brown house with yellow trim on 13th street in Milwaukee, Wisconsin. The Hickmans rented from the Davidsons, a black couple that lived downstairs. That family had adopted their two daughters, Debbie and Donna, and offered encouragement and support for the Hickmans in their quest to extend their family. The Davidsons also introduced the Hickmans to their camping group. Once Gina came along, Hazelle and Minnie wanted to expose their dearest daughter to more than the inner-city neighborhoods they could afford. No way would they deny their offspring a life of varied scenes and experiences, even if they couldn't afford to travel very far. But the Hickmans were brilliantly blessed in every way. The purchased a tan and white Volkswagen van and took their first camping trip with the family downstairs, with their group, in the summer of 1967, the summer Jennifer was pregnant and under house arrest. It came to pass in those days that the Supreme Court had yet to issue its decree, and abortion was illegal throughout the land. So, Jennifer -- Minnie went up from the city of Milwaukee in the state of Wisconsin to Madison in Dane County, because she was with child, unwed, and in college. Her mother, England, was caught up in a terror-filled spinning. She did not want to bring public disgrace and shame on herself, on the good White name, and so she secretly sent her daughter away. And so it was that while she was there the days were accomplished that she should be delivered and she brought forth her son, wrapped him in her arms, named him Joseph, and gave him up for adoption because there was no room for him in the White's house. Mr. President, that is partially what I told the man. And that conversation lasted two hours. We talked about everything under the sun after we got through that. I rode home, I opened an email, and in the email was the son and he said I'm going to tell my whole church to vote for you, we're going to vote for you, too, because you're so honest. And so, honestly, Mr. President, I still don't know what to do. It took me until the age of 33 to find my birth mother, my biological mother, to discover my roots, to see someone who looked like me. As a kid, that's all I ever dreamed about. I just wanted to see somebody who looked like me. But I also had a recurring nightmare. A monster kept appearing in my dreams, slapping my hands, and saying you are nothing but a living abortion and nobody wants you. I remember working with young people, adult adoptees, adoptees across the country at adoption conferences, and some of them would wear a t-shirt that said I wish I were an abortion. So, there was a version of my recurring nightmare on another person's t-shirt staring back at me. And as a kid, I remember waking up screaming for my mother because even though I had no idea what an abortion was as a young kid, the monster in the nightmare made it clear to me that it wasn't a good thing. As it turns out, Mr. President, the monster in my dreams was an extended family member. And it took me until I was in my late-20s to work this cruel piece of my identity. It took lots of writing and poetry and performance and acting for me to just work through it. You're nothing but a living abortion and nobody wants you. And so, Mr. President, as I continue to ponder this question of life or death, I want to say I trust women. As my mother said, it is about a woman, her doctor, and her God, and still, I'm not sure what to do. So, I will end with this poem that I wrote as a kind

of a dream to try to get myself through what it meant to be a living abortion. This was before I knew the truth of my genesis, but nonetheless, it's how I rolled. Denise mourned the day her flowing ceased. The rapeseed sowed was rooted deeply on the walls of her womb, weeping blood from her brown baby eyes. Eyes which could not eclipse or assault her scowling face, eyes which could no longer catch enough light to sparkle, eyes which could envision her dreams aborted. She wanted not this thing, this life, sucking her own life within. It was 1967, only 16, she had no money, no clinic, no doctor, no law, no choice. Unwilling to risk some back-alley mutilation, she shored up her strength for the struggles to come and moved and moved and moved her love out of her womb in a tightly woven basket. Go, go, my child, be safe. For 16 months lost in rushes and reeds it flowed, flowing into the abyss, no nurture, no wonder, until back over the edge of the river basin it fell. But soon enough, it sprouted wings. Mama, please? And Minnie Juanita heard. She who had waited and prayed and waited and prayed, after six conceptions no child could cling to her irritable womb, a womb that bled and bled too much, too fast, too fast, too much, till finally carved out, it bled no more. With no hope of seeing a child created in her own image, with no hope of hearing that child cry out from new teeth and monsters, with no hope of tasting her own fruits dreams yet to ripen and she wept. But she kept praying. Sometimes not to God, who she was taught to pray to, but for two of her four decades, she knelt down before folklore and myth in supplication to stork wings and river reeds, she waited. And waited. And waited. Mama, please? And so, Minnie Juanita took him. More blessed than Pharoah's daughter, she relished his majesty, she cradled him in arms warm with love and devotion, she counted his fingers with kisses and praise they were all there. She breathed her own blood into each of his veins. You're mine now. You belong to me now. And she changed his name, she strengthened him with that name of the rock of ages, of ages, of ages of lost babies envisioned like this one, her son. Her son. And she a sonless mother no more. Adopted into her home, invited into her life, welcomed into her love, this living abortion. Mr. President, whatever I push the button, I will just say it will only be at this point because of my conscience. That's all I've got. Thank you.

THE PRESIDENT: The Chair recognizes the Senator from Aroostook, Senator Stewart.

Senator **STEWART**: Thank you, Mr. President, Ladies and Gentlemen of the Senate. I rise in opposition to the pending motion. And I first just want to say I appreciate how open and honest this Chamber has been so far this morning. This is obviously a very tough subject and one that I appreciate the candid nature of viewpoints on, and while I may not share some of them with some folks in the room, I just want to express that amount of respect with all of you. I also, you know, I don't want to talk about Roe. I think the Senator from Oxford covered that topic and why this statutory change isn't needed and shouldn't be -- this bill shouldn't somehow be held up as tantamount to protecting the standard that was set in Roe. I think that's a fallacy, I know that's a fallacy. This is a statutory change, we're not doing something that's going to surpass Roe and for some, you know, in fact, actually, what would happen in Dobbs was we said that it's a State's decision. The State isn't offering a change here from our previous standard, what we're saying is we're going above and beyond. We're going to this other side of the spectrum. So, I just want to push back on that argument. You know, and I really don't -- it goes without saying the specter that exists in this building right now, particularly over the last week, of Planned Parenthood. There, I said it. That that organization has pressured a lot of people to do something that they may not otherwise think is a good idea. And yep, they're going to hold up a couple of cases which may have fallen through the cracks and maybe some bad advice was given, and I'd really still like to get a straight answer out of the Attorney General on this one because that's gone round and round and we don't really need to relitigate it here and now, I think you all have made your minds up on that account at this point. But I will say, and I got a message from a local doctor back in the County today who's a practicing physician, very well regarded in the profession, and has all her life been pro-choice, self-identified pro-choice. And yet what she said to me this morning was this bill has gone so, so far afield that as a physician and a human, if pressed, I would rally and advocate for anti-abortion bills instead. This bill is advocating death of humans that are so formed, they will survive out of the womb. It is no longer a philosophical argument about when cells become life, it's living, breathing, fully formed babies. As a physician, I would never support this. This is a pro-choice physician. We've all got to make our mind up here today, folks. We can become labeled as one of the most extreme states in the country with regard to this subject or we can stand by the standard, the one that so many of us made promises to constituents about not to touch, not to change. We don't have to do this, there's no gun to your head. You shouldn't feel like you're existence in this place is going to be snuffed out by not going along with this idea. So, with that, Mr. President, I appreciate your time, and I appreciate everybody's time this morning, and I would object to the pending motion.

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

Senator **KEIM**: Thank you, Mr. President, Ladies and Gentlemen of the Senate. I rise in opposition to the pending motion. LD 1619 is a radical expansion of abortion that Maine people do not want, nor do they need. Who is pushing for this expansion? How many legislators here or in the other body used their campaigning platform to advocate for an expansion of abortion? Not even the Chief Executive. And I would guess very few, if any of us in this body did, either. So, who is pushing for the expansion? This bill is an attack on mothers and their babies, and it is a strategic attack orchestrated by Planned Parenthood. It is the abortion industry influence and money that brings us to this moment today. But since we're here in this moment, we must argue the moral values that are innate in this law and every single law. But because what we legalize, we also normalize. One of the essential roles of government is to support and protect the family. The family is the unit that's the fundamental institution on which healthy communities and government are built. Government policies should in no way discourage the formation and preservation of families nor add momentum to the powerful forces that are breaking our families apart. Abortion causes the death of a tiny human, whose presence is intrinsic to family, and the loss of every unborn child is a tragedy, not a behavior that the

government should encourage or incentivize. Some Maine people support the right to an abortion, but most - most believe in common sense limitations and accountability. Today, we are moving so far past what abortion advocates used to claim that they wanted, abortion that was safe, legal, and rare. The little heartbeat of the growing baby, little boy or little girl, inside the womb is a human life and one that is readily celebrated when a mother shares her ultrasound photos on social media. A failure to advocate for that life is abandoning one of our greatest responsibilities in defending the weak and fighting for justice for those who cannot fight for themselves. The standard of care that is mentioned and has been mentioned this morning in 1619 answers the question of how an abortion is done, not why an abortion is done. The only provision in the amendment is in the professional opinion of a licensed medical provider, and states that when the medical provider deems it's necessary but does not specify what medically necessary means. So, it could be emotionally necessary, financially necessary, psychologically necessary. All of that could be part of the conversation. And we cannot ignore that the current standard of care as testified by Dr. Page, an acting, pro-choice doctor who has performed abortions, stated that the current standard of care is that you would deliver a post viable child alive. With this bill, we changed the standard of care so that a child at any gestational age can be killed in the womb. And we are changing Maine's standard of care for all unborn children based on one heartbreaking outlier situation. This is not a pro-woman bill. Killing a baby that could be born alive wreaks havoc on women. It is not a pro-woman decision. It is for the health -- if this bill was about the health and wellbeing of a mother, you would simply deliver a healthy human being alive. And this bill is not a pro-healthcare bill. Because what does it do to doctors who have taken an oath to do no harm? Remember, at this time in Maine, healthcare providers have a duty to provide lifesaving care to babies who couldn't live on their own. But now, what would happen after this becomes law, when the baby is born alive and breathing -- we heard testimony already today of a doctor who watched a child struggling to live after it had been aborted, and they just have to leave it. What ethical dilemma does this create when the abortion may be necessary to save the life of a mother, but the baby is also viable? What does a doctor do? I care very much about answering this question. You should all consider it as well. One of the greatest tragedies of abortion that we so rarely discuss or even acknowledge is the psychological pain that it inflicts on a mother. The mental anguish which women feel who have made this decision is -- it's torment, and it is deliberately unrecognized. Every child that dies in the womb is a real death and it impacts the mother in her spirit and in her body. She physically and psychologically cannot deny what has happened to her body. And that's why this bill is not a pro-woman bill. Sometimes things go wrong, and when they do, women should be given -- they should be given compassionate care and the opportunity to receive bereavement services. When pregnancy goes later, women should receive care in a facility where services are available to her for the complications that are likely to arise. This bill does nothing about that for care for women and it allows a dangerous procedure to be done in outpatient clinics. These safeguards could've been added to the bill, but they were not. So, it is not a pro-woman bill. LD 1619 is a pro-abortion lobby bill providing abortion on demand, as we already have no parental involvement for young girls, with taxpayers forced to pay for it, and no true legal limit on when it can be performed. It is heartbreaking. I close my remarks today, sharing God's view of the unborn as each is precious and uniquely created by him. In Psalms, we read, for you formed my inward parts, you knitted me together in my mother's womb. I praise you, for I am fearfully and wonderfully made. Wonderful are your works. My soul knows it very well. My frame was not hidden from you when I was being made in secret. Intricately woven in the depths of the earth, your eyes saw my unformed substance. In your book were written every one of them the days that were formed for me when as yet there were none of them. Ultimately, abortion is an uncompassionate response to a difficult pregnancy. One that ignores the reality of a mother in crisis and pits her against an unborn child. Women and babies deserve better. Both the mother and the child deserve compassion and to provide solutions that allow life for them both and a positive future. I thank you, and I would encourage you to vote against the pending motion.

THE PRESIDENT: The Chair recognizes the Senator from Sagadahoc, Senator Vitelli.

Senator **VITELLI**: Thank you, Mr. President, Fellow Members of the Senate. I rise to speak briefly in favor of the pending motion. There's been a lot of misinformation about what LD 1619 actually does. I want to state clearly for the record this bill is about a medical decision made between a patient and their doctor. When expecting parents well into their pregnancy receive devastating medical news, they need compassion and understanding in that moment. They need support and love. More than anything, they need to be able to trust that our laws will protect them and allow them to receive the medical care they need close to home from a provider they know and trust. As we've heard, thankfully, the cases that this bill would address are few and far between. But for those expecting parents who do face these complicated issues, to then learn that they must travel far out of state, away from their doctor, their family, their support network, is just further heartbreak on top of heartbreak. I want to be clear that this bill is not about someone choosing to have an abortion later in their pregnancy, as some have argued, for any reason. It must be a decision made for medical reasons in consultation with licensed providers that are outlined in this bill. As the mother of two healthy, strong sons, I remain incredibly grateful that I was not faced with these kinds of decisions, but I can imagine how challenging and heartbreaking it would've been. Each person's medical decisions are private and personal. When facing especially difficult decisions, a patient might consult their trusted primary care physician, a specialist, midwife, their spouse, even their religious leader. They should not also need to consult their local politician. One of the important things about this bill is it puts the decision squarely in the medical field, where it belongs. I want to thank my colleagues for their honest, careful consideration of this bill, and I ask that you follow my light in supporting the pending motion. Thank you, Mr. President.

THE PRESIDENT: The Chair recognizes the Senator from Lincoln, Senator Reny.

Senator **RENY**: Thank you, Mr. President, and hello, esteemed people of the Senate. So, I'm standing up because I feel the need to explain my sort of reasoning behind my vote today as well as potentially or just hopefully maybe narrow the conversation a little bit here. I don't see this as a true debate about abortion in general. I know we have different feelings about that, people have a lot of very intense personal, sometimes religious, certainly moral thoughts and opinions about abortion in general. This bill does not change the definition of viability, it doesn't change whether you can have an abortion before that, this bill is specifically for really rare circumstances, and there's some reasons that I believe that. I don't see this pertaining to unwanted pregnancies. This has to do with wanted pregnancies. Okay? So, the realities of being pregnant, if you don't want or intend to carry that child to birth, don't add up in my brain with having an abortion for an unwanted pregnancy late term, right? Some of the -- I don't like using the word symptom, because I don't think pregnancy is an illness, but that's kind of the terminology, some of the symptoms of pregnancy, right, are things like fatigue - not being tired, people, fatigue - you can have tender, swollen breasts, you can have nausea with or without vomiting, there's hormone changes, there's bloating, there's cramping, there's constipation. I had postnasal drip, I think, throughout my entire second pregnancy, food aversions. And this is for a healthy pregnancy. This is for one that's going just the way it's supposed to, not -- notwithstanding the multiple people that I've seen go through pregnancy where their morning sickness is certainly not just in the morning and it can last well through the whole thing, okay? This isn't including the pregnancies that are dangerous for -- for the parent and the child because of things like preeclampsia or things like gestational diabetes. It is illogical to me that any pregnant person who does not intend to have that child would not access an abortion sooner in the pregnancy. This bill is about those rare circumstances, horrible, heartbreaking, awful circumstances that are just an absolute nightmare to - true, not that many families in Maine - but certainly some, potentially up to ten families a year. And the rare circumstance that there is a pregnant person who decides last minute on a whim, maybe there's something -- there's probably something else going on, that they don't want to have that baby anymore, I trust that a physician, not just a medical professional, a physician, would be looking into the reasons and checking that out. And if for some horrible reason the physician is a sociopath and doesn't care about anything, I trust that somebody else would see what was happening and call and report it. I just -- this seems like a very, very unlikely -- I do not believe it would happen situation that somebody is going to abort a viable, healthy baby for no reason. So, because of that, it's kind of up in the air like this for me, it's that -- that circumstance is a boogeyman to me, it's not something that's realistic or that would happen. And when I weigh that against the possibility of putting more hurt and suffering on even one Maine family a year, when they are forced to leave the state, leave their support systems, when they have to deal with something that is already so heartbreaking, I know where my choice is. And I won't even get into the fact that it also affects poor people more because, like, not everybody has money to hop onto a plane to Colorado, but I'll leave that aside for the moment. This is a choice for me between doing what is right for those few families and for leaving this decision where it needs to be. It is a personal, awful decision that people are having to make, and I respect it whichever way you want to do it. I actually when I was listening to testimony on one of the bills pertaining to abortion at some point during this session, I think it was a lovely person from the Catholic diocese gave their testimony about how when they were deciding about getting genetic testing for their baby, they actually decided against it because they knew that no matter what the diagnosis was, they were going to keep it. They were going to keep it, and they were going to carry that baby to term. That's fine, I respect that. Every person needs to have the opportunity to be making these decisions about their own bodies and their own families - with, of course, guidance from an actual physician. Okay? That's where I am.

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

Senator **DAUGHTRY**: Thank you, Mr. President, Fellow Members of the Senate. I rise today to speak in favor of passing LD 1619, An Act to Improve Maine's Reproductive Privacy Laws. As a young woman, the issue of abortion access and reproductive freedom is near and dear to my heart, and I know it's a topic that is incredibly personal to all of us here in this chamber. And I want to speak with absolute respect to those who agree with me as well as for those who do not. Reproductive justice and access is something that I've been passionate about and working on since I was in high school. Over the years, I've worked as a peer sexual health counselor and many other volunteer positions as well. I've sat with friends as they made the difficult decision to end an unexpected pregnancy. I've even escorted them to the clinic to receive the procedure and sat with them there. I've also sat with my friends as they decided to keep an unexpected pregnancy, and my life is made so much richer and better for it, with the children that are now in our lives. But in all of these situations, these decisions were not about me. They are about being there for the person who is making them. They are deeply personal and intrinsically individual to each woman and her family and pregnant person. And that's the key. This is a personal decision that should be left to a pregnant individual and their doctor, not politicians like ourselves. This bill would address a hurdle in accessing critical healthcare. The vast majority of abortions occur early in pregnancy. 92% of all abortions in Maine take place by the 12th week of pregnancy, and nearly 70% of all abortions in Maine occur before nine weeks. At the national level, abortions at or after 21 weeks represent just 1% of all abortions in the U.S. All of this is to say that medical cases that this bill would address are incredibly rare, but it's something that has happened and it's something that it's important to address. On this bill, I heard the line from the Good Senator from Aroostook that this is about death. I respectfully disagree. Sometimes, this is about life. One of the cases and one of the individuals that I have -- I know and have spoken with, I've heard a few cases where the situation, like we've heard today, is very rare, it's late in pregnancy. And for someone who might be pregnant for twins or triplets or multiples, there are cases sometimes where one of those much wanted and needed babies unfortunately is no longer viable, and not only is the health of the mother in jeopardy but as well as the remaining children. And for those folks, whose names - because they're not my stories to tell, but I will say, for those folks, they have all had to seek care outside of this state, that

they have had to go somewhere else and not necessarily be close to their family and their support networks during the most painful situation that a family can go through. This bill ensures that folks like them are able to access this care here, that they are able to find the option that works for them and that is medically necessary and within the standard of care. Again, I firmly believe that abortion is healthcare, and healthcare is a human right. But most importantly, the bill in front of us is making sure that individuals have the ability to make the decision about what's best for them and their families with their medical practitioners. Thank you.

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

Senator **GUERIN**: Thank you, Mr. President, Ladies and Gentlemen of the Senate. Several of my colleagues have spoken of fetal abnormalities or extreme medical necessities. Nothing in this bill specifies a definition of abnormalities. Do not rely on your caucus talking points. Read the bill. Open your computer right now and read the bill before you vote.

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

Senator **CARNEY**: Thank you, Senate President Jackson, and thank you, colleagues, for the sincere discussion we've had today regarding LD 1619. I'd just like to really bring us back to focus on the legislation we are considering. So, this legislation that we're considering today as proposed by the committee amendment imposes three safeguards that apply if someone in their third trimester has heard that unimaginable and heartbreaking news. The first level of safeguard is that the advice to the patient has to come from a qualified medical doctor or osteopathic physician, licensed under the laws of the State of Maine. The second safeguard is that that physician has to apply the standards of the medical profession. The third safeguard is that the recommendation has to be medically necessary by the assessment of the doctor who has been caring for the patient. We heard earlier that that would be a specialist, a perinatologist. Those who have spoken in opposition to the legislation, while I a hundred percent respect your viewpoints and your perspectives, I feel that those opponents are speaking from their own beliefs and personal judgment, and they're trying to substitute those personal beliefs and judgments for the three safeguards that are established in this legislation. I would just remind us all that we are legislators here in this room and with one exception we are not care providers with the expertise to advise pregnant patients. This bill allows women and their families who receive heartbreaking news from their doctor to get the medical care they need close to home, from the doctor they know and trust, and where family and friends can lend support. And again, I urge you to cast a compassionate vote and vote in favor of the pending motion.

THE PRESIDENT: The Chair recognizes the Senator from Androscoggin, Senator Brakey.

Senator **BRAKEY**: Thank you, Mr. President. Following the advice of our good colleague, Senator Guerin, I thought it might be helpful to just read the bill. And in this, I'm reading the committee amendment. First, I think it's worth noting that the amendment and the underlying bill strike out the existing exceptions for a post-viability abortion. So, it strikes out and eliminates the exceptions to preserve the life or health of the mother, and it replaces that with in the professional judgment of a physician. It goes on in the committee amendment to say abortion after viability, after viability an abortion may be performed only when it is necessary in the professional judgment of a physician licensed pursuant to Title 32, Chapter 36 or 48. The physician shall apply the applicable standard of care in making a professional judgment under this subsection. That's the language that we're told is -- provides all the guardrails we need on this. And, I mean, I will just say, you know, I remember having a conversation with a member of the Judiciary caucus on the committee, the majority caucus, who told me privately this person felt that there should be more guardrails there, but this person ultimately voted for that amendment, telling me that they couldn't get their leadership to budge and the special interests around this bill to budge on having more guardrails there. I'll also note that when the other chamber broke for five hours and met behind closed doors to discuss what, we don't know, there was an amendment on the floor, or was coming to the floor, which I believe was rejected, which would've clarified fatal fetal abnormalities. It's something that could be very easily written into this proposed law, fatal fetal abnormalities, a fatal diagnosis, we have this standard in other areas, we have this in the -- a fatal diagnosis in the death with dignity law. You don't need to have an exhaustive list of every single possibility; you just need to say that. I don't understand why it's so complicated and why there is so much resistance to it. But that's what I've heard from my colleagues today who are supporting this legislation over and over again is that those are the rare situations we're trying to address, and we all have compassion for that, so I don't know why this legislation doesn't address that, and why it has to be so wide and open-ended, and why we are relying on subjective determinations as to what's necessary and what the standards of care are for a procedure that has been not legal up till this point. How do you have established standards of care for a procedure that's been illegal for decades? What are those established standards of care? It's very vague. So, I think the consequences of this are -- there are still many questions, and I'll leave it there. Thank you, Mr. President.

THE PRESIDENT: The pending question before the Senate is Acceptance of the Majority Ought to Pass as Amended Report. A roll call has been ordered. Is the Senate ready for the question?

The Doorkeepers secured the Chamber.

The Secretary opened the vote.

ROLL CALL (#461)

YEAS: Senators: BAILEY, BALDACCI, BEEBE-CENTER, BRENNER, CARNEY, CHIPMAN, CURRY, DAUGHTRY, DUSON, GROHOSKI, INGWERSEN, LAFOUNTAIN, LAWRENCE, NANGLE, PIERCE, RAFFERTY, RENY, ROTUNDO, TIPPING, VITELLI, PRESIDENT JACKSON

NAYS: Senators: BENNETT, BLACK, BRAKEY, GUERIN, HARRINGTON, HICKMAN, KEIM, LIBBY, LYFORD, MOORE, POULIOT, STEWART, TIMBERLAKE

EXCUSED: Senator: FARRIN

21 Senators having voted in the affirmative and 13 Senators having voted in the negative, with 1 Senator being excused, the motion by Senator **CARNEY** of Cumberland to **ACCEPT** the Majority **OUGHT TO PASS AS AMENDED** Report, in concurrence, **PREVAILED**.

Bill **READ ONCE**.

Committee Amendment "A" (H-700) **READ** and **ADOPTED**, in concurrence.

Under suspension of the Rules, **READ A SECOND TIME**.

On motion by Senator **BRAKEY** of Androscoggin, Senate Amendment "A" (S-431) **READ**.

THE PRESIDENT: The Chair recognizes the Senator from Androscoggin, Senator Brakey.

Senator **BRAKEY**: Thank you, Mr. President. I'm saddened to be in a position where I have to offer this amendment, but this amendment would establish a four-year moratorium on the sale or transfer of fetal body parts to any for-profit or nonprofit entity for any purpose except for burial or cremation. Nothing in Maine law currently would prohibit an abortion clinic from selling or transferring fetal remains for research purposes. The tissue is valuable if you can find a biotech company willing to use it, and I'm concerned that without this amendment, passing the underlying legislation will create a market demand for something very ghoulish. This is not currently an issue in Maine but stands to become one with enactment of LD 1619 because the primary fetal remains used for research come from late-term abortions. For example, Dr. Shannon Carr, who I referenced earlier in previous floor remarks, the abortion expert put forward by Governor Mills to promote the underlying legislation, has some experience in this field. When Carr was working as an abortion provider in New Mexico, her clinic, Southwestern Women's Options, had an exclusive arrangement with the University of New Mexico to provide researchers with fetal remains. On January 8th, the Associated Press reported that the University of New Mexico would conduct an investigation of itself to find out how fetal tissue had been transferred by a faculty member to a private research facility. The Associated Press reported that no state laws were broken per the New Mexico Attorney General. The university chancellor admitted on camera that the university was doing fetal remains research and trafficked the material to a private facility out of state. UNM subsequently announced a new policy, no more research on third trimester donated abortions. UNM officials declined to provide proper burial for their stored fetal remains. Abortion on Trial, a pro-life nonprofit sued for records. They found Carr's clinic was the exclusive provider of remains to UNM. According to UNM's logs, over 500 aborted babies were transferred from Carr's clinic to UNM. The tissue then moved to many other universities outside New Mexico and at least one private medical facility. It's hard to know the full scope of this, as there are no guardrails. It is not a subject really contemplated by the law. Fetal remains are legally treated the same as an appendectomy biproduct. As such, I'm deeply concerned that the demand for late-term fetal body parts used for medical research will generate an incentive for elective late-term abortion not motivated by any concerns for the health of the mother or the viability of her baby. If this legislation to legalize abortion up to the point of birth is to go into law, the least we can do is to establish this moratorium on the trafficking of fetal body parts so that the legislature can thoughtfully consider this issue in the coming years and develop a more permanent policy.

Senator **DAUGHTRY** of Cumberland moved to **INDEFINITELY POSTPONE** Senate Amendment "A" (S-431).

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

The Doorkeepers secured the Chamber.

The Secretary opened the vote.

ROLL CALL (#462)

YEAS: Senators: BAILEY, BALDACCI, BEEBE-CENTER, BENNETT, BRENNER, CARNEY, CHIPMAN, CURRY, DAUGHTRY, DUSON, GROHOSKI, HICKMAN, INGWERSEN, LAFOUNTAIN, LAWRENCE, NANGLE, PIERCE, RAFFERTY, RENY, ROTUNDO, TIPPING, VITELLI, PRESIDENT JACKSON

NAYS: Senators: BLACK, BRAKEY, GUERIN, HARRINGTON, KEIM, LIBBY, LYFORD, MOORE, POULIOT, STEWART, TIMBERLAKE

EXCUSED: Senator: FARRIN

23 Senators having voted in the affirmative and 11 Senators having voted in the negative, with 1 Senator being excused, the motion by Senator **DAUGHTRY** of Cumberland to **INDEFINITELY POSTPONE** Senate Amendment "A" (S-431) **PREVAILED**.

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

The Doorkeepers secured the Chamber.

The Secretary opened the vote.

ROLL CALL (#463)

YEAS: Senators: BAILEY, BALDACCI, BEEBE-CENTER, BRENNER, CARNEY, CHIPMAN, CURRY, DAUGHTRY, DUSON, GROHOSKI, INGWERSEN, LAFOUNTAIN, LAWRENCE, NANGLE, PIERCE, RAFFERTY, RENY, ROTUNDO, TIPPING, VITELLI, PRESIDENT JACKSON

NAYS: Senators: BENNETT, BLACK, BRAKEY, GUERIN, HARRINGTON, HICKMAN, KEIM, LIBBY, LYFORD, MOORE, POULIOT, STEWART, TIMBERLAKE

EXCUSED: Senator: FARRIN

21 Senators having voted in the affirmative and 13 Senators having voted in the negative, with 1 Senator being excused, was **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (H-700)**, in concurrence.

All matters thus acted upon, with the exception of those matters being held, were ordered sent down forthwith for concurrence.

Divided Report

Six Members of the Committee on **CRIMINAL JUSTICE AND PUBLIC SAFETY** on Bill "An Act Regarding Criminal Background Checks for the Sale, Transfer or Exchange of Firearms"
H.P. 109 L.D. 168

Reported in Report **"A"** that the same **Ought to Pass as Amended by Committee Amendment "A" (H-623)**

Signed:

Senator:
BEEBE-CENTER of Knox

Representatives:
SALISBURY of Westbrook
LOOKNER of Portland
MADIGAN of Waterville
MATHIESON of Kittery
MILLIKEN of Blue Hill

Six Members of the same Committee on the same subject reported in Report **"B"** that the same **Ought Not to Pass**. Signed:

Senators:
HARRINGTON of York
LaFOUNTAIN of Kennebec

Representatives:
ARDELL of Monticello
NEWMAN of Belgrade
NUTTING of Oakland
PERKINS of Dover-Foxcroft

Comes from the House with Report **"A", OUGHT TO PASS AS AMENDED BY COMMITTEE AMENDMENT "A" (H-623)**, **READ** and **ACCEPTED** and the Bill **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (H-623) AS AMENDED BY HOUSE AMENDMENT "A" (H-664)** thereto.

Reports **READ**.

Senator **BEEBE-CENTER** of Knox moved the Senate **ACCEPT** Report **"A", OUGHT TO PASS AS AMENDED BY COMMITTEE AMENDMENT "A" (H-623)**, in concurrence.

On motion by Senator **STEWART** of Aroostook, 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 York, Senator Harrington.

Senator **HARRINGTON**: Thank you, Mr. President. LD 168 requires background checks for all private sales of firearms, including those at gun shows or resulting from advertising. It applies to private sales between two parties, including friends, neighbors, and coworkers. Mainers have recently rejected similar legislation at the polls. As a law enforcement officer, I can tell you that background checks on private sales will only impact law-abiding citizens. Criminals don't get guns from firearm dealers. Studies have been done by the Department of Justice to confirm that criminals do not obtain firearms through dealers who are required to perform background checks. Instead, they get them through straw purchasers, thefts, and on the black market. The only people this law will impact are those who follow the law already, and it will do nothing to address violent crime. I urge you to reject the current motion. Thank you.

THE PRESIDENT: The pending question before the Senate is Acceptance of the Ought to Pass as Amended by Committee Amendment "A" (H-623) Report. A roll call has been ordered. Is the Senate ready for the question?

The Doorkeepers secured the Chamber.

The Secretary opened the vote.