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Legislative Record

House of Representatives

One Hundred and Twenty-Fifth Legislature

State of Maine

Daily Edition

First Regular Session

December 1, 2010 – June 29, 2011

pages 1 - 1067

(H.P. 959) (L.D. 1307) Bill "An Act To Amend and Clarify Certain Education Statutes" Committee on **EDUCATION AND CULTURAL AFFAIRS** reporting **Ought to Pass**

(H.P. 539) (L.D. 708) Bill "An Act Concerning Arrests for Violating Protection from Abuse Orders" Committee on **CRIMINAL JUSTICE AND PUBLIC SAFETY** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-228)**

(H.P. 555) (L.D. 748) Bill "An Act To Improve Driver Education Licensing" Committee on **TRANSPORTATION** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-227)**

(H.P. 767) (L.D. 1033) Bill "An Act To Support Resource Sharing among Maine Libraries" Committee on **EDUCATION AND CULTURAL AFFAIRS** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-225)**

(H.P. 1068) (L.D. 1454) Bill "An Act To Allow Police Officers To Operate Mobile Command Units without a Special License" Committee on **TRANSPORTATION** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-226)**

There being no objections, the above items were ordered to appear on the Consent Calendar tomorrow under the listing of Second Day.

By unanimous consent, all matters having been acted upon were **ORDERED SENT FORTHWITH.**

SENATE PAPERS
Non-Concurrent Matter

Bill "An Act To Modify Rating Practices for Individual and Small Group Health Plans and To Encourage Value-based Purchasing of Health Care Services"

(H.P. 979) (L.D. 1333)

PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (H-186) in the House on May 10, 2011.

Came from the Senate **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (H-186) AS AMENDED BY SENATE AMENDMENTS "H" (S-96) AND "I" (S-99)** thereto in **NON-CONCURRENCE.**

On motion of Representative CAIN of Orono, the House voted to **RECEDE.**

Representative MACDONALD of Boothbay **PRESENTED House Amendment "B" (H-230)** to **Committee Amendment "A" (H-186)**, which was **READ** by the Clerk.

The SPEAKER: The Chair recognizes the Representative from Boothbay, Representative Macdonald.

Representative **MacDONALD**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. What this amendment does is changes the composition of the board which will oversee the Health Plan, the Reinsurance Plan, within the Committee Amendment, the House plan that we adopted yesterday. What it does is it allows for seven members to be appointed by the superintendent, three members of whom will represent statewide organizations that advocate for consumers in the field of health policy, two members who represent medical providers, one member who represents a statewide organization that represents small business, and one member who represents producers. Essentially what it does, Mr. Speaker, is restores consumer representation on to this board.

The other thing that that amendment does is it restores the State Health Care Plan that the original amendment that we adopted eliminated, it restores it, and also restores the Advisory Council on Health Systems Development. For those of you who are not familiar with that, the Health Care Plan is required under present law by the Chief Executive to report biennially back to the committee of jurisdiction on a statewide plan for health expenditures, health reports of all kinds, that look at the health of our health care system. That is the duty of the Chief Executive under that and then the State Health Care Plan, which the Chief Executive would be in charge of, would, at a minimum, review the process for the development of the plan with the committee of jurisdiction in the Legislature, and the plan requires or the plan must assess the following kinds of items: It assesses health care costs, quality and access in the state. It develops benchmarks to measure cost, quality and access goals. It establishes and sets annual priorities among health care costs, quality and access goals. It prioritizes capital investment. In other words, Mr. Speaker, it's a statewide look at the health of health care system among all of the important ingredients that we want to see in a health care system, that ensure quality and access and the lowest possible cost to consumers for the health care offerings in the state. I think that the plan could go forward, this added would be much better and stronger if we maintained this, and I urge the members of the House to consider this amendment as a positive move towards maintaining a strong health care system within our state. Thank you, Mr. Speaker.

Representative CURTIS of Madison moved that **House Amendment "B" (H-230)** to **Committee Amendment "A" (H-186)** be **INDEFINITELY POSTPONED.**

The same Representative **REQUESTED** a roll call on the motion to **INDEFINITELY POSTPONE House Amendment "B" (H-230)** to **Committee Amendment "A" (H-186).**

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 North Yarmouth, Representative Graham.

Representative **GRAHAM**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise in support of this amendment. This is a very, very important amendment.

I have served on the Advisory Council on Health Systems Development for the past five years. You may all think that this is kind of a fuzzy group that met somewhere every once in a while and really didn't do anything, but it did a lot. We did an enormous amount. We were charged by this Legislature to look at payment reform, health insurance reform, so that we pay for quality and not quantity, that we pay for prevention and not illness. We were also asked to look at how ERs are used and how they are not used well, and how the majority of our patients end up in ERs because they don't have health insurance and they don't have good coverage.

It also supports the Maine Health Plan, a plan that makes an enormous amount of sense. It looks, again, at prevention and health promotion. It's cost effective. We worked at how we can best have the Affordable Care Act work in Maine, not a national Affordable Care Act, a Maine Affordable Care Act. This amendment makes an enormous difference. It would be a complete shame to throw all this hard work out the window.

This group was made up of insurance people, hospital people, doctors, nurses, public health individuals, consumers. It makes no sense to throw away such good work just because it may have been done by a previous administration or it doesn't fit politically. It's a shame. We should support the Health Plan, we should support the continuation of the Advisory Council on Health Systems Development, and quite honestly I wouldn't mind if we changed the name, but we need to continue that good work and I urge you to support this amendment.

The SPEAKER: The Chair recognizes the Representative from Biddeford, Representative Rochelo.

Representative **ROCHELO**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. The State Health Plan is something I'm incredibly familiar with. It is an important tool for ensuring the health of all Mainers. The current plan is a collaborative effort of all health partners throughout the state: hospitals, public health professionals, Healthy Maine Partnerships, the 8 District Coordinating Councils for Public Health and many others. The plan includes a call to action which brings all these groups together with the goal of reducing by 50% the costs to hospitals of the 3 most common and avoidable illnesses.

We need the State Health Plan because it is a tool that will reduce health care costs, which will in turn reduce insurance costs and I feel most importantly improve the health of people across the state.

The SPEAKER: The Chair recognizes the Representative from Lewiston, Representative Rotundo.

Representative **ROTUNDO**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise in support of this amendment. In the current posture of the bill, the board that will set the tax for the premiums is made up entirely of members of the insurance industry that will actually be benefiting from these taxes, and I feel it is very important to expand that group to include members who will provide some protection to the consumers. Thank you.

The SPEAKER: The Chair recognizes the Representative from Lewiston, Representative Carey.

Representative **CAREY**: Mr. Speaker, may I pose a question through the Chair?

The SPEAKER: The Representative may pose his question.

Representative **CAREY**: In other examples of state law, not necessarily in the insurance area, where do we have examples where taxes are set solely by those who would pay them?

The SPEAKER: The Representative from Lewiston, Representative Carey, has posed a question through the Chair to anyone who may care to respond.

A roll call has been ordered. The pending question before the House is Indefinite Postponement of House Amendment "B" (H-230) to Committee Amendment "A" (H-186). All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 38

YEA - Ayotte, Beaulieu, Bennett, Bickford, Black, Burns DC, Burns DR, Cebra, Celli, Chase, Clark T, Cotta, Crafts, Cray, Crockett, Curtis, Cushing, Davis, Dow, Dunphy, Edgecomb, Espling, Fitts, Fitzpatrick, Flood, Fossel, Foster, Fredette, Gifford, Gillway, Guerin, Hamper, Harmon, Harvell, Johnson D, Johnson P, Keschl, Knight, Libby, Long, Maker, Malaby, McClellan, McFadden, McKane, Morissette, Moulton, Nass, Newendyke, O'Connor, Olsen, Parker, Parry, Picchiotti, Plummer, Prescott, Richardson D, Richardson W, Rioux, Rosen, Sanderson, Sarty, Sirocki, Strang Burgess, Tilton, Timberlake, Turner, Volk, Waterhouse, Weaver, Willette A, Willette M, Winsor, Wintle, Wood, Mr. Speaker.

NAY - Beaudoin, Beavers, Beck, Beliveau, Berry, Blodgett, Boland, Bolduc, Bryant, Cain, Carey, Casavant, Chapman, Chipman, Clark H, Clarke, Cornell du Houx, Dill J, Dion, Driscoll, Duchesne, Eves, Flemings, Gilbert, Goode, Graham, Harlow, Haskell, Hayes, Herbig, Hinck, Hogan, Hunt, Innes Walsh, Kaenrath, Kent, Kruger, Kumiega, Lajoie, Longstaff, Lovejoy, Luchini, MacDonald, Maloney, Martin, Mazurek, McCabe, Morrison, Nelson, O'Brien, Peoples, Peterson, Pilon, Priest, Rankin, Rochelo, Rotundo, Russell, Sanborn, Shaw, Stevens, Stuckey, Theriault, Treat, Tuttle, Valentino, Wagner R, Webster, Welsh.

ABSENT - Briggs, Damon, Eberle, Hanley, Knapp.

Yes, 76; No, 69; Absent, 5; Vacant, 1; Excused, 0.

76 having voted in the affirmative and 69 voted in the negative, 1 vacancy with 5 being absent, and accordingly **House Amendment "B" (H-230)** to **Committee Amendment "A" (H-186)** was **INDEFINITELY POSTPONED**.

Representative BECK of Waterville **PRESENTED House Amendment "C" (H-231)** to **Committee Amendment "A" (H-186)**, which was **READ** by the Clerk.

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

Representative **BECK**: Thank you very much, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I present a House Amendment quite similar to the Representative from Boothbay, Representative MacDonald.

Simply and I will concede, Mr. Speaker, to the proponents of this bill, that a reinsurance pool has potential to lower costs in the individual market. However, I and many members think it terribly important that the probably 1 to 2,000 Mainers who find themselves in the reinsurance pool have some sort of protection and some sort of advocates. And I don't demonize the insurance industry or business, but as drafted, LD 1333 has a board of 11 in the reinsurance pool with no specific consumer representation. We simply ask, Mr. Speaker, humbly, that just three of the 11 members of the reinsurance pool board represent consumer advocacy organizations in the field of health policy. I am curious what the terrible opposition to this kind of change would be. I hope you support the amendment. Thank you, Mr. Speaker.

Representative CURTIS of Madison moved that **House Amendment "C" (H-231)** to **Committee Amendment "A" (H-186)** be **INDEFINITELY POSTPONED**.

The same Representative **REQUESTED** a roll call on the motion to **INDEFINITELY POSTPONE House Amendment "C" (H-231)** to **Committee Amendment "A" (H-186)**.

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 Indefinite Postponement of House Amendment "C" (H-231) to Committee Amendment "A" (H-186). All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 39

YEA - Ayotte, Beaulieu, Bennett, Bickford, Black, Burns DC, Burns DR, Cebra, Celli, Chase, Clark T, Cotta, Crafts, Cray, Crockett, Curtis, Cushing, Davis, Dow, Dunphy, Edgecomb, Espling, Fitts, Fitzpatrick, Flood, Fossel, Foster, Fredette, Gifford, Gillway, Guerin, Hamper, Harmon, Harvell, Johnson D, Johnson P, Keschl, Knight, Libby, Long, Maker, Malaby, McClellan, McFadden, McKane, Morissette, Moulton, Nass, Newendyke, O'Connor, Olsen, Parker, Parry, Picchiotti, Plummer, Prescott, Richardson D, Richardson W, Rioux, Rosen, Sanderson, Sarty, Sirocki, Strang Burgess, Tilton, Timberlake, Turner, Volk, Waterhouse, Weaver, Willette A, Willette M, Winsor, Wintle, Wood, Mr. Speaker.

NAY - Beaudoin, Beavers, Beck, Beliveau, Berry, Blodgett, Boland, Bolduc, Bryant, Cain, Carey, Casavant, Chapman, Chipman, Clark H, Clarke, Cornell du Houx, Dill J, Dion, Driscoll, Duchesne, Eves, Flemings, Gilbert, Goode, Graham, Harlow, Haskell, Hayes, Herbig, Hinck, Hogan, Hunt, Innes Walsh, Kaenrath, Kent, Kruger, Kumiega, Lajoie, Longstaff, Lovejoy, Luchini, MacDonald, Maloney, Martin, Mazurek, McCabe, Morrison, Nelson, O'Brien, Peoples, Peterson, Pilon, Priest, Rankin, Rochelo, Rotundo, Russell, Sanborn, Shaw, Stevens,

Stuckey, Theriault, Treat, Tuttle, Valentino, Wagner R, Webster, Welsh.

ABSENT - Briggs, Damon, Eberle, Hanley, Knapp.

Yes, 76; No, 69; Absent, 5; Vacant, 1; Excused, 0.

76 having voted in the affirmative and 69 voted in the negative, 1 vacancy with 5 being absent, and accordingly **House Amendment "C" (H-231)** to **Committee Amendment "A" (H-186)** was **INDEFINITELY POSTPONED**.

Representative BERRY of Bowdoinham **PRESENTED House Amendment "E" (H-234)** to **Committee Amendment "A" (H-186)**, which was **READ** by the Clerk.

The SPEAKER: The Chair recognizes the Representative from Bowdoinham, Representative Berry.

Representative **BERRY**: Thank you, Mr. Speaker. House Amendment "E" is the green mountain amendment, because at present, Mr. Speaker, Men and Women of the House, the bill before us would prevent insurers and HMOs based in Vermont and only Vermont from offering their individual health plans for sale in Maine, even when all the requirements of Maine law are met.

In reading the bill late last week, I found this exemption inexplicable, so I decided to do a little research and a little thinking about the state of Vermont to see if I could learn why it was that Vermont and only Vermont was excluded. I wish to share briefly with you some of the results of that research.

Firstly, Vermont is one of 17 U.S. states – along with Texas, Hawaii, the brief California republic, and each of the 13 colonies – that each once had a sovereign government. Founded in 1776 during the Revolutionary War, it lasted for 14 years. While Vermont was independent, it abolished slavery. At that time it was the first state to abolish slavery. From 1791, it then joined the United States as the 14th state and the first outside the original 13 colonies.

In the first seasons of the great series "M*A*S*H," Alan Alda's character, Hawkeye Pierce, was from Vermont. Vermont is home to the Vermont Frost Heaves, the 2007-2008 American Basketball Association national champions.

Last Thursday, Vermont voted to adopt a single-payor health care system. In 2007, one group named Vermont the smartest state in the nation. I question that finding.

Vermont's state fossil is the white whale or Beluga whale. And, of course, there is their most notable achievement, the creation of Ben & Jerry's Ice Cream, which has not, to date, been adopted as its state snack.

Mr. Speaker, we all love Maine more, I think, than any other state. But we also in this chamber respect every other state in the nation just as we respect our own. I think if Vermont can offer us a cheaper product, a way to save money, then there is really no reason why we should treat this state any differently than any other. Mr. Speaker, I ask that we vote now to adopt this amendment and I hope folks will follow my light in doing so. Thank you.

Representative CURTIS of Madison moved that **House Amendment "E" (H-234)** to **Committee Amendment "A" (H-186)** be **INDEFINITELY POSTPONED**.

The same Representative **REQUESTED** a roll call on the motion to **INDEFINITELY POSTPONE House Amendment "E" (H-234)** to **Committee Amendment "A" (H-186)**.

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 Hallowell, Representative Treat.

Representative **TREAT**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. Like you over on the other side of the aisle, you probably had a caucus at some point today, and we had one too, and I was advised very good political advice, not to admit I in fact was born in the state of Vermont. However, after the extolling speech of the Representative from Bowdoinham, Representative Berry, talking about all the great things about Vermont, I do feel I can hold my head high and say though I have moved to Maine, I adore Maine, it is my adopted state and I prefer it to Vermont at this point, I still am in support of his amendment and opposed to the pending motion to Indefinitely Postpone this amendment.

I have been one of those people that has not been entirely convinced by the argument that we should be buying our insurance across state borders. I am one of those people who has been dragged along to see whether or not that is a possibility. The bill that this has amended would do that, allow that in 2014 for the New England states, all of them except for Vermont.

Now it is true that Vermont is experimenting and trying to do a different health reform model than we have now in Maine, and that is envisioned by the legislation before us. But if in fact they come up with a model that provides for inexpensive insurance, better insurance, why shouldn't we take advantage of it? Why should we be forced to use the insurance policies of Rhode Island instead of Vermont? Why should we have to go to Connecticut if Vermont is cheaper and better? It doesn't really make sense to me. It does seem somewhat like it is kind of disrespectful of my home state, and so for those reasons, I think that we should vote against the pending motion so that we can go on to support this sensible amendment to the legislation before us.

The SPEAKER: The Chair recognizes the Representative from Freeport, Representative Webster.

Representative **WEBSTER**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I, too, am puzzled why we would be in legislation not allowing for a free market competition. Or is there something specifically about Vermont that caused the members who drafted that component to not want to include Vermont in the possibility of offering insurance in this state, if we're going to go across borders?

My grandmother was born in Vermont and she was very proud of that. Actually, she is Franco-American and when I asked her where she was born, I said "Surely you are from Canada, Grandma, because your name, Budro, and you live on the northern border of the state of New York, you must be Canadian or your family is Canadian." Of course, she was 80 some years old at that time and that was a time when people were not as so open about the fact that people were Franco-American and she said, "Oh my goodness, no. I am an American." And I said, "But Grandma, you must have come from Canada." She said, "No, I come from Vermont." So she was very proud of that and I have always had a liking of Vermont. I have been to Vermont a lot of times. Mr. Speaker, may I pose a question through the Chair?

The SPEAKER: The Representative may pose his question.

Representative **WEBSTER**: Mr. Speaker, could someone explain to me what it is about Vermont that insurance carriers in Vermont would not be allowed to compete in the free market in the State of Maine?

The SPEAKER: The Representative from Freeport, Representative Webster, has posed a question through the Chair to anyone who may care to respond.

A roll call has been ordered. The pending question before the House is Indefinite Postponement of House Amendment "E" (H-234) to Committee Amendment "A" (H-186). All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 40

YEA - Ayotte, Beaulieu, Bennett, Bickford, Black, Burns DC, Burns DR, Cebra, Celli, Chase, Clark T, Cotta, Crafts, Cray, Crockett, Curtis, Cushing, Davis, Dow, Dunphy, Edgecomb, Espling, Fitts, Fitzpatrick, Flood, Fossel, Foster, Fredette, Gifford, Gillway, Guerin, Hamper, Harmon, Harvell, Johnson D, Johnson P, Keschl, Knight, Libby, Long, Maker, Malaby, McClellan, McFadden, McKane, Morissette, Moulton, Nass, Newendyke, O'Connor, Olsen, Parker, Parry, Picchiotti, Plummer, Prescott, Richardson D, Richardson W, Rioux, Rosen, Sanderson, Sarty, Sirocki, Strang Burgess, Tilton, Timberlake, Turner, Volk, Waterhouse, Weaver, Willette A, Willette M, Winsor, Wintle, Wood, Mr. Speaker.

NAY - Beaudoin, Beavers, Beck, Beliveau, Berry, Blodgett, Boland, Bolduc, Bryant, Cain, Carey, Casavant, Chapman, Chipman, Clark H, Clarke, Cornell du Houx, Dill J, Dion, Driscoll, Duchesne, Eves, Flemings, Gilbert, Goode, Graham, Harlow, Haskell, Hayes, Herbig, Hinck, Hogan, Hunt, Innes Walsh, Kaenrath, Kent, Kruger, Kumiega, Lajoie, Longstaff, Lovejoy, Luchini, MacDonald, Maloney, Martin, Mazurek, McCabe, Morrison, Nelson, O'Brien, Peoples, Peterson, Pilon, Priest, Rankin, Rochelo, Rotundo, Russell, Sanborn, Shaw, Stevens, Stuckey, Theriault, Treat, Tuttle, Valentino, Wagner R, Webster, Welsh.

ABSENT - Briggs, Damon, Eberle, Hanley, Knapp.

Yes, 76; No, 69; Absent, 5; Vacant, 1; Excused, 0.

76 having voted in the affirmative and 69 voted in the negative, 1 vacancy with 5 being absent, and accordingly **House Amendment "E" (H-234)** to **Committee Amendment "A" (H-186)** was **INDEFINITELY POSTPONED**.

Representative MARTIN of Eagle Lake **PRESENTED House Amendment "F" (H-235)** to **Committee Amendment "A" (H-186)**, which was **READ** by the Clerk.

The SPEAKER: The Chair recognizes the Representative from Eagle Lake, Representative Martin.

Representative **MARTIN**: Thank you, Mr. Speaker. Mr. Speaker, Members of the House. If you have the Senate Amendment "H" in front of you, I would like you to take a look at it and combine with House Amendment "F." The only difference between the two is one item. In other words, what I have done with this amendment is simply to keep everything in Senate Amendment "H," which was adopted by the other body, and remove one section in that amendment, which is actually the last item that is in that amendment and inserted instead, in place thereof, the present law which we already have on the books, which deals with geographic area.

So what it does basically is says that the geographic provisions provided in state law are part of this bill. I don't want to repeat everything that I said the last time we debated this because this is the only issue upon which I debated about the bill at that point. But what this does is to put the geographic provision back in so that insurers cannot force someone from rural Maine to go to, for example, Bangor, in my case, and what it does basically is says that if an insurer company wishes to do that, which is what the present law now calls for, is that they have to go to the Bureau of Insurance for a waiver. So what this does is that it protects those of us who live in rural Maine to basically be in a position to have the insurance company have to provide that service in rural Maine, and the Senate Amendment which you have before you tried to accomplish that, but it doesn't deal with the geographic issue. It deals with the question, which is also in the rule, that deals with the physician's right of choice. That's provided in the Senate Amendment. So the only thing, the difference between the Senate Amendment and mine, is the issue of geographic, the geographic issue, so that what will now happen if this goes back in, will then provide for that the insurance companies who provide insurance coverage in northern Maine, for example, in my case, will not be able to require that I go to Bangor, which what would be true and would happen with me. So I urge the adoption of the amendment that you have before you.

Representative CURTIS of Madison moved that **House Amendment "F" (H-235)** to **Committee Amendment "A" (H-186)** be **INDEFINITELY POSTPONED**.

The same Representative **REQUESTED** a roll call on the motion to **INDEFINITELY POSTPONE House Amendment "F" (H-235)** to **Committee Amendment "A" (H-186)**.

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 Bangor, Representative Goode.

Representative **GOODE**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise before you to oppose the current motion and to support the amendment being offered for LD 1333. This amendment seeks to address the Rule 850 problem. I will try to limit my comments specifically to Rule 850, but I want to remind members of this body that should LD 1333 pass in its current form, rural consumers are in for a rough ride and insurance companies remain in the driver's seat.

Rule 850 was amended last night in the other body, and proponents have stated that policyholders can still go to local providers and that LD 1333 won't prohibit that. Yes, they can go and pay out of pocket, but Rule 850 is still repealed, including all language saying that there are any limits on how far a policyholder can be forced to travel. So while many members of this body are sensitive to the idea of incentivising coverage and where people go to get their coverage, the bill, as I read it, still says that people can be told they can drive anywhere in the state based on whether an insurance company thinks that's appropriate. Fuzzy language about incentives added in the other body does not change this.

Current law allows plans to create incentives to travel, if approved by the Bureau of Insurance, but this language is repealed in LD 1333. The geographic access provisions provide no guarantee that consumers will be held harmless. While insurers will be able to offer incentives to encourage consumers to seek lower cost care, there is no guarantee the consumers will share in the benefits or at the very least be made whole by the arrangement.

The provision also opens the door for insurers to direct consumers to providers solely on the basis of cost, not necessarily quality. I stood before this body and reminded all of you that health care is a three-headed monster. There are problems with cost, quality and access, and it is shortsighted to make health care decisions just based on one of those three factors. Again, this may be a good deal for the insurance companies, but it won't necessarily help consumers, especially those in rural Maine. This is a key difference between the tiering in the State Health Plan and the proposal in 1333. Participants in the plan benefit both financially and in terms of the quality of care they receive. The same can't be said of LD 1333 without being more explicit about those considerations.

I also want to remind members of this body that people who live in rural Maine are being hit a number of ways in this bill. Apart from the changes to Rule 850, and we'll talk about this more as we proceed, there are unlimited rating bands as proposed in LD 1333. The other body has sought to amend those rating bands, but as it is before us, rural Mainers will be forced to drive as far as the insurance company wants for their care, will see the rates increase, and I do not see how this isn't

just reshuffling the deck to hurt people who live in rural communities.

Just lastly, I want to point out and remind everybody of the analysis the Bureau of Insurance has done, and I will admit that the analysis we've gotten is far from complete. The bureau has told us that the northern region of the state will experience, on average, a 19% rate increase, the Downeast area of the state will experience a 22% rate increase, and the southern region of the state will have a 10% decrease. My region, the north-central region, will experience an 11% increase. These are all numbers for the individual market. The small group market has not exactly similar but comparable changes that reflect these disparities. So I just want to encourage people to vote down the pending motion, to support this amendment and respect rural Mainers in their unique situation around accessing health care. Thank you for your time.

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

Representative **RUSSELL**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I got a lot of flack for being in Portland, the other part of the state as it were. I can walk to my local hospital. I can walk to a clinic. If I come down with breast cancer, there are treatment centers within walking distance. I can take a bus there. I can take a cab there. But I've actually worked in a hospital that was not in the local region of Portland. There was no bus service, there was very little transportation that was public. It was an hour away from the big city.

I don't really have to worry about whether or not my constituents are able to get access to health care. I don't really have to worry about whether or not they can get to their health care. But as a lawmaker, I have a responsibility not just to protect the interests of my constituents but to think about the interests of the entire state, and I am very well aware and I have heard from a number of constituents, that while this might benefit us because we are in the southern part of the state, a lot of my constituents are just as young, if not younger than I am, so they are super healthy. They don't want to get a benefit at the expense of the rest of the state and I don't want to vote for something that would ultimately create a benefit at the expense of the rest of the state. So I should, frankly, be supporting the motion because my people can get anywhere they want. We're even really close to Boston and there is bus service to Boston if we need to get there.

But I am voting against the current motion because I want to think about not just the young people in the state, but more importantly the entire rural and urban part of the state. When I go home I hear folks talk, when I go back to my hometown I hear folks talk about how their neighbors can't necessarily get to the hospital, how the elderly have to schedule trips, schedule people to take advantage of their cars to get them where they need to go. I don't necessarily think that's the way that we lower health care costs and I don't necessarily think that it's a good thing that the southern half of the state have opportunities at the absolute expense of the rural and the northern parts of the state.

So with the idea in mind that I'd like to stop seeing two states and see us join together, I am going to vote Ought Not to Pass or vote no on the current motion, and I thank you for your time and I thank you for your consideration, and I hope folks will realize that we're all in this together and everyone deserves an opportunity to access affordable, quality health care in their region.

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

Representative **McCABE**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise today not to share my fashion sense with folks, but rather to talk about the pending motion. I encourage everyone to vote no on the pending motion. I really enjoy this debate and it seems that there is a lack of interest right now in fixing some issues with this bill.

A little bit about myself, I know something about bad insurance. When our first child was born, we had bad insurance and it wasn't until I got the bill that I realized we had bad insurance. With the second child we were fortunate enough to have good insurance, and the process, it was great. We didn't owe as much money on that first child because, you know, there is nothing like owing money on your child until their second or third birthday and having to pay them off. You know, and that's part of the birthday celebration is that you've actually paid off the birth of that child. But I've been there, I've been there.

I also represent Skowhegan, as many of you know. I frequently say that and I'm proud to represent Skowhegan and sometimes in committee I describe it as a frontier town, but it's really not as much of a frontier town as some of the northern towns, and if I could convince my wife to move even further north, I probably would, and I think that has to do with my love of rural Maine.

I'm sort of an odd thing in rural Maine, you could say. I'm a young person with a family. Typically in any given year if you count this job, I actually have two to three other jobs, I do some guiding as well and I run a park, my wife typically has one or two jobs, and we make it work for us. We also have some friends, we have young friends, we have middle aged friends, and they all struggle with insurance, and for a lot of them I've asked them how this bill would affect them.

I have a good friend who is a doctor. We've gone over this bill several times. He was over at the house the other night and we went through the bill and he had some concerns. He is actually a physician who has a hard time insuring himself because he is a small business owner and he actually thought that this may help him a little bit.

But then I thought about the other people I hear from, the folks who are the auto mechanics. There is also a gentleman in Skowhegan who owns a cleaning service and every time he gets a rate increase, he emails me to complain, and he says "What's going on?" And then often, when we talk about buying out of state insurance, he will email me and he will say "What's your feeling on this?" and we talk through that issue.

So maybe for the gentleman who is a doctor, maybe the gentleman who has a cleaning service, you know they may not be as negatively impacted as my good friend who is a mason. That's a high-risk job. You know I think of the things that he does and the work that he does. From time to time, he is on a roof and things like that, and I know what his workers' comp rates are and I just can't imagine what this is going to be like for him.

But I've heard a lot of people talk about the young people in rural Maine and I haven't heard many of the young people in this chamber actually speak about this bill, and I hope that they are compelled by this rambling speech to maybe get up and just express their concerns, their support for this bill. So I encourage you to vote no on the pending motion. Thank you, Mr. Speaker.

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

Representative **MALONEY**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise today because my grandparents are from Van Buren. I have many relatives up in the county since they were both from families of over 18 children, and I know they already feel very alone, like nobody knows that they are up there, and they often feel like we forget about them. I want to make sure that we don't forget about them, that we do support this amendment. You can support LD

1333 and support this amendment and not forget the people in the county. Thank you.

The SPEAKER: The Chair recognizes the Representative from Hallowell, Representative Treat.

Representative **TREAT**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I, too, stand before you to oppose the pending motion so that we can go on to support this amendment. This is an issue we've been speaking so far in this debate and no one has defended the current language. I wish someone would, but no one has, and it's problematic language.

This language makes it clear. The language that is in the amendment that was put on in the other body is a lawyer's dream. It doesn't do the clear thing that it should and so it is not going to work. So we should go on to adopt the amendment that we're to postpone. But I'm here to talk about how this amendment, or the failure to put it on, hurts rural hospitals. We've been talking a lot about what the impact is on people having to travel.

Last Thursday, after we voted on this bill the first time around, I went home, I was pretty tired, it was a long day, and I think I got a call, I don't know, it was at least 9 pm and I thought it was my mother so I answered it and it was someone calling me about this bill. They didn't live in my district and they wanted to talk about this very issue.

I am just going to read, this person sent me an email. It is a person who happens to be an expert on health policy that lived out of state for awhile and knows a lot about this. I just want to read what she said because I found it to be very, very concerning, and she put two things together: One, what getting rid of Rule 850 will do, combined with what is in the budget if it goes through, it will actually take 30,000 people off of MaineCare.

This is what she wrote to me: She said, "Sharon, I am very concerned about the combined impact of LD 1333 and the budget on small hospitals. I am not sure that people understand that this could lead to the collapse and closure of perhaps a half dozen hospitals serving rural and economically challenged areas. The Section 850 changes means it will be easier for carriers to require patients to bypass rural hospitals. Then the budget changes will dump immediately tens of thousands of uninsured patients into hospitals as providers of last resort, and these patients will not bypass those same small community hospitals. The combination of loss of insured patients and the increase in uninsured patients is going to tip hospitals working on thin margins into the red. If this forces a hospital to close, then there is no care available for anyone in the community, whether or not their plan would have allowed them to use the hospitals. This then is likely to increase hospital pricing because it reduces competition, not increases it as the bill promoters suggest."

I found this very compelling testimony and as a result of that, I am very concerned about this issue. I hope you will rethink it. It will improve the legislation that we have already adopted here. Please vote down the Indefinite Postponement so that we can go ahead to adopt this amendment.

The SPEAKER: The Chair recognizes the Representative from Standish, Representative Shaw.

Representative **SHAW**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I would just like to make a quick correction to the good Representative from Portland, Representative Russell. In addition to bus service, she also has the enjoyment of train service. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Saco, Representative Pilon.

Representative **PILON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I oppose this amendment because it divides the two Maines even more. Why should the people up north pay higher rates than the people down south? It's not right. I don't mind paying lesser rates, but it's just not fair that the people up north should be paying higher rates. It's also going to impact the ability for industries, for the economy, people up north to attract new businesses. When they look at taxes, transportation costs, medical costs, all these things come into play when new businesses decide about moving up north. Sure we have the Pine Tree Zones, but this is also going to be a factor when they decide about should they relocate their business up north. So this is going to be a factor.

Also, one of the highest growth areas for jobs in the industry is in the medical field. Hospitals, they are in a growth spurt. We need to keep our hospitals strong, so we need to make sure that hospitals are continuing to thrive. So we need to make sure we continue to foster growth in the medical field and so I would hope you'll follow my light. Thank you.

The SPEAKER: The Chair recognizes the Representative from Brooksville, Representative Chapman.

Representative **CHAPMAN**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. All the comments that pertain to previous speakers about up north applies to my area of the state, which is Downeast, and is similarly negatively impacted by higher health care costs that would result from LD 1333. I would urge you to help support an amendment to help fix that and that means voting against the Indefinite Postponement. Thank you, Mr. Speaker.

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

Representative **FLEMINGS**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise, too, in opposition to the pending motion and in support of the amendment put forward. I have, like the speaker before me and others who have spoken, I have one of the hospitals in the district that has been mentioned, one that would fit the description that's been mentioned.

The good Representative from Hallowell very succinctly spoke about the very real dangers present among many of our rural hospitals should LD 1333 go forward without changes. The amendment today here that we're looking at now would make some of those important changes that would at least go part way towards alleviating my concerns, in regards to what might happen should LD 1333 pass.

I do believe that, as written, the bill would have very troubling consequences for rural Maine, including in my district, in the Mount Desert Island region of Downeast Maine, as well as others in rural areas. While it is true that the posture in which the bill is now does not force a particular person to go to a particular hospital, it does not ensure that somebody would have the ability, that it would be affordable to go to a hospital nearby for the care they need. That could result in significant loss in terms of an individual like myself or folks in my region being able to access our local high quality care.

Our hospital is a critical part of our economy, our community and our health. Because of health care dynamics, about which many of you know, our hospital, there are no doctors in private practice in our region. All doctors of primary care are hospital-employed and they would not be able to survive without that. Should our hospital be one of the half dozen that was mentioned that may not survive with the multiple changes that we're facing here, we may also lose very critical primary care for our children, for ourselves, for our parents, for our neighbors. That is deeply concerning to me. I am very concerned should that move forward. We rely on our hospital to ensure that we have those doctors and I very much hope that this amendment can pass so

that folks are still able to use our local hospitals and support our community.

Our hospitals provide excellent care to our communities, and yet, even so, we have trouble. Members on one side of Mount Desert Island, especially elderly members, especially in the winter, have great difficulties in traveling just the 20 minutes or half an hour to their nearest health care facility. We work on, jointly, as a community, we work to make sure folks can get rides. Volunteers help people drive from one place to another to get the care they need. Should they then be forced to travel much farther distances for that care, I am deeply concerned about what that will mean for my neighbors, for my community members.

The hospital provides an important economic base for our community, provides good jobs. It provides a sound foundation for both health and economy. Again, should we not address the problem of repealing Rule 850, we may not only face much greater health care costs, face reduced access to health care, but also face the dismantling of one of the core parts of our community, our very high quality, excellent hospital.

I very much hope that you will join me, Mr. Speaker, in opposing the pending motion and supporting the amendment on the floor. Again, I am deeply concerned about what it may mean to many regions in Maine should this amendment not move forward and should these issues not be addressed. Thank you very much, Mr. Speaker.

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

Representative **MORRISON**: Thank you, Mr. Speaker. Good afternoon, Ladies and Gentlemen of the House. We all serve our individual districts and we do it very well, but I also want to keep in mind to everyone here that we serve all the citizens of Maine, not just in our districts but all Mainers, and as you well know, the majority of Mainers are elderly, are sick, and are in rural parts of the state. So we should really be looking out for all Mainers here, not just the ones in the south.

I'm very concerned about if Rule 850 is abolished, that we will be hurting the elderly, we will be hurting our sick in northern Maine and in rural places where they can't get health care. I'm very concerned about that and we should all be very concerned about that because those are our constituents too, and if we are going to vote today against something that's going to hurt our citizens, then we probably should rethink how we serve our citizens. Thank you.

The SPEAKER: The Chair recognizes the Representative from Madawaska, Representative Theriault.

Representative **THERIAULT**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I feel compelled to stand here before you because this is going to affect our area so adversely I just can't imagine. We have a small hospital in Fort Kent. If that goes down and everything else is going around us, I don't know. I think that we have to really think this issue out really good and I'm asking you to please oppose this motion. Thank you.

The SPEAKER: The Chair recognizes the Representative from Eagle Lake, Representative Martin.

Representative **MARTIN**: Thank you, Mr. Speaker. Mr. Speaker, Members of the House. I feel almost like I have to repeat some things that I said when this bill came to the floor. I am amazed after listening, or I should say not listening, to members of the other party defending the amendment as it comes from the other body by not speaking. I am amazed by those individuals who represent rural Maine of the majority party, willing to accept the lobbying that's been done by a group who see it to their benefit to have it the way they have it now.

It saddens me to some degree that really, for the first time in my legislative career, people in rural Maine cannot even stick together on an issue that will have such tremendous impact upon them, regardless of party. And I know full well because I've already spoken to three hospitals who have already indicated to me that the combination of a couple of factors that we are dealing with here this year could well be the end of the survival of those hospitals. The irony of that is that the impact of that will occur not this year, not next year, but as the insurance plans are renewed, that's when the language will be inserted in those policies.

I know a little bit about insurance since I've had an insurance license since I began my high school teaching career, because it was the only way I could survive in northern Maine at the teaching salary of $5,250 a year. So it became a way that I could earn additional funds to stay where I was.

My immediate fear and I am just amazed that the industry has succeeded, and they have succeeded to now, to be able to unify the members of the majority party into a block that will destroy the hospitals in rural Maine, and within two years, if this goes the way it is now, you will see the results. And so I think that if nothing else today, I am laying it out for you to understand the impact, and so when these facilities end up being not even critical care hospitals, what they might be able to have in your area, maybe a small facility with an emergency room if you're lucky, or perhaps a health center like what happened in Van Buren years ago. Because of this legislation and the reason that we put in the language that is in the law now was for that very reason, and so I think it is critical that we clearly understand what the potential impact of this is.

It is, in my opinion, obviously it's probably because of where I live, that the suggestion that I have with you with this amendment, even though there are things in the Senate Amendment before you that I don't particularly care for, the one item I wanted to fix, if at all possible, was the item that brings an end to decent health care in hospitals in northern Maine. I can't put it any simpler than that and I would hope that members of the Republican Party who represent rural Maine and rural hospitals would support me in my effort today and vote against the motion to Indefinitely Postpone House Amendment "F."

The SPEAKER: The Chair recognizes the Representative from Newport, Representative Fredette.

Representative **FREDETTE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise in response to Representative Martin's questions, and my rural credentials include being born in Aroostook County. I was born in Houlton. I was raised in a small town of about 700 people down in Washington County and today live in a small town of about 3,000 people in Newport.

When I graduated from high school, my mother and father didn't live any longer in Washington County because they had to leave Washington County and move out of state in order to find a job. When my oldest brother graduated from high school, he also left Washington County and left the State of Maine in order to find a job. And when my second oldest brother graduated from high school, he also left Maine in order to find a job. And I had another older brother, when he graduated from Washington Country and he left Maine in order to find a job. And I had one last brother, there were five of us in total, and when he graduated from a small school in Washington County, he left Maine in order to find a job.

We're losing our people in the State of Maine. We're losing our young people because they can't find a job. They can't afford to go to college and get a college degree and stay in Maine. They can't afford health insurance. Something has to be done. Do we know all the answers? No, we don't know all the answers, but that's fine. I'm an attorney and when we do divorces,

divorces can be amended. This law can be amended next session, it can be amended the session after that. But in the meantime, I'm going to vote to do something so that we can keep our young people here in Maine and in rural Maine.

The SPEAKER: The Chair recognizes the Representative from Bangor, Representative Goode.

Representative **GOODE**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I apologize for rising a second time, but this issue is obviously very pressing. I also rise to take advantage of an opportunity that I do not have often and that is to quote the Maine Hospital Association's testimony in opposition to LD 1333. The Maine Hospital Association, in their testimony, stated an employer would be allowed to offer one pricing structure for medical providers within a reasonable driving distance and a better pricing structure for providers outside that driving distance. There appeared to be no distances that would be disallowable, except for emergency services in this bill.

I also want to rise because I do represent a larger community in the state. When I was born, I was also born in Washington County, I was born in Calais, and I have also gotten similar emails and messages from folks in the medical community that the Representative from Hallowell has gotten and the Representative from Eagle Lake has gotten, that are very clear that hospitals in the state, in rural areas, will take a big hit. I am respectful of the Representative from Newport's comments about amending the bill in the future and I want to remind members of this body this bill could be amended today and remind members of the body that these are the types of things that should have been discussed in our committee but were not. It is unfortunate that we were not able to have that discussion.

I also want to remind members of this body that folks who live in rural Maine, in Penobscot County or Aroostook County, Washington County, regardless of their age, according to the bill as amended by the other body, will see a large rating increase based on geography. The bill, as it comes from the other body, would allow geography to be used on a 1.5:1 basis beyond the 3:1 basis. So it is stacked on top of the expanded rating on the basis of age, which could go to 3:1 next year. For example, before applying the family membership rate factor, which isn't specified in the bill, if the lowest rate were $100 a month then the highest rate, based on age plus geography, after the rating bands go to 5:1 could be $650 a month. So it is a double hit on folks who live in rural Maine. It is clear that some hospitals will be devastated. I just want to remind members of the body that many of the amendments that we're considering today, including this one, could have been discussed in committee, similar to LD 1, similar to the budget, and that nearly two weeks ago on Friday I was told that we shouldn't work on this in committee together because some of us already had our minds made up, and I want to just highlight the fact that this and a number of amendments are being put forward today by folks who are typically skeptical of these proposals in an attempt to find common ground. So I thank you for your time and thank you for letting me speak a second time. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Freeport, Representative Webster.

Representative **WEBSTER**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. Let me be more serious this time and answer with my thoughts for my good friend, the Representative from Newport, regarding the loss of young people in Maine.

Not too long ago when we were closing one of the supplemental budgets, we had a group of young men and women come and talk with us, Doctors for Maine's Future, and in addition to talking with them in the Appropriations Committee, Mr. Speaker, I also went down to the Visitor's Center and spent some time talking with them. I talked to them about what attracted them home. We asked them that in Appropriations as well. Many of them were from rural Maine. What were their aspirations? What was it that drew them back? What did they want to do? They talked about rebuilding or building their communities. They talked about their love of rural Maine. They talked about going away and getting medical training and becoming doctors and then going back to rural Maine for jobs.

Mr. Speaker, I have, because of my colleagues who know far more than me regarding this issue, I have very serious concerns that balance out that need to do something. Just don't do something, do the right thing, know that it's the right thing.

Mr. Speaker, if in fact hospitals decline in those areas of the state, those brilliant young men and women with hopes and aspirations for Maine will not be able to get jobs, and if they're not there, then other businesses will not move to those areas because businesses rely on quality of life. That's what brings businesses to Maine and we have wonderful quality of life. But without medical care, what business is seriously going to think about moving to an area?

I hear the concern and the frustration of my colleague and of others. I am concerned that what we might do today and the impact it will have, like so many other things that are actually in the budget that we're dealing with, are going to have such adverse impacts that we're not going to be able to unwind it quickly and that there will be damage done.

Mr. Speaker, why can't we find out the details of the questions that I asked about Vermont and that were asked several days ago about the impact and the rating bands? There are so many questions and a week or two of research and data and allowing experts to speak to those issues for us is not going to make that much difference, but doing it without knowing what we're doing may well have an impact that will take us time to unwind.

I am concerned about the rural part of the state as well as the area of the state that I represent because, I've said this before, I believe I was sent here by the voters of Freeport, but once I came here I was a Representative of the State of Maine, and so I'm here not just to advocate for my part of the state but for all parts of the state, and I think we can do that together. This is a misguided headlong rush to do things that people have been frustrated to want to do for quite some time. Men and Women of the House, stop and think what you're doing. Thank you, Mr. Speaker.

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

Representative **DRISCOLL**: Thank you, Mr. Speaker. Mr. Speaker, and Ladies and Gentlemen of the House that are left. It has been a very interesting and stimulating debate. I didn't really plan on speaking, although being somebody that has worked in health care for two or three decades, I guess I thought I could just add a few comments.

Some of you noticed that I wasn't here this morning. Actually, my dad who is a retired teacher here in Maine from Washington County, which I was proud to grow up in Washington County. It's where a lot of my fellow colleagues who ended up moving to the southern part of the state because of the lack of jobs, that great movement has been going on for decades. It's not anything new and we continue to try to improve that situation here in the Legislature as best as we can and will continue that as time goes on until we get it right, and some day we will.

I have been taking care of my dad for the past three months. He was seriously ill, although he didn't know it, near death on a couple of different occasions, and he was fortunate. He had, from serving in the Legislature, he had an insurance policy that

had really good coverage, coverage an emergency room nurse and somebody that's worked in a hospital all of their life would want everybody to have, the coverage that we all have or those of us who decided to take the coverage that's offered to us – we all have. And why wouldn't we want everybody to have that kind of coverage?

Health insurance for individuals in this state, you know, it's not a Democratic or a Republican issue, it's an issue that we should all strive to allow everybody to have, to have the same access of care that we all have. I couldn't believe when some of the bills were coming in for my father, although it said "This is not a bill," when you looked at it, you kind of couldn't believe your eyes and you were wondering, well gee, if this comes back at me and it's not all paid, how in the heck am I going to pay for this? And you're essentially in the lap of the insurance industry, and isn't that where we're heading?

You know, there are going to be losers and winners with this bill that's before us, and I'm afraid of the folks that I take care of in the emergency room. It's an urban emergency room and I see a lot of folks that are uninsured, and I feel I am going to be seeing a lot of folks that, apparently there's a changed package or whatever before the Appropriations Committee by the Chief Executive, and that's going to have a major impact on folks who currently are on MaineCare. They're not going to be on MaineCare soon and how are we going to cover those people and how are we going to take care of their health care needs? Or are we just going to put them down the corridor? Are we going to put them, you know, where we don't have to see them?

A lot of the folks that I see in the emergency room are in the middle of the night and people don't understand their situation and they don't see what their needs are, but there is somebody there to care for them. We need to take care of everybody in this state and I don't think the bill that's before us, I don't think it is taking care of everybody in this state, I don't think it's been looked at appropriately. It seems like we've been pushing a lot of stuff through committee here too just to get done.

Well, a bill of this immense proportion that's going to have an impact on so many people in this state, and, from my perspective, this is going to have winners and losers. It's going to mean life for some people, and yes, this bill is going to mean death to some people, and I welcome anybody to come into my emergency room on a weekend when I'm working nights and you can see the people who most of us don't see because we're home in bed comfortable with good insurance, and that's what we should be trying to get for everybody in this state. This bill doesn't get there and we don't need to be rushing through this bill. This bill needs to be vetted and it hasn't been vetted, and I would ask all members of the House to do the right thing and vote against the Indefinite Postponement. Thank you very much.

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

Representative **RUSSELL**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I apologize for rising a second time. It was rather apropos I was listening to the good Representative Fredette talk about folks who have left Washington County for other parts of the country, and as he was speaking a good friend of mine called to tell me that he was in from Fort Lauderdale. He's from Baileyville.

You know, several years ago I sat in the balcony – this was long before I ever served in the House – and it was interesting to watch the House unanimously support a bill that helped allow students to have access to higher education, the Opportunity Maine program. I was part of that and I'm proud to be and many of the House here are defiant supporters of it, and I can't say thank you enough for folks that care deeply about the young folks.

The problem that I've heard though is that often we talk about young people, we talk about the generation that needs help, the two generations, my generation and the millennial, and I just don't hear anybody listening. I don't hear people listening when young people say we want affordable health care, we want jobs in this state, and here's how we'd like to move forward to do that. We've put a number of ideas forward today and I think this one is really important for rural Maine and it is certainly important for young people who want to be able to afford insurance in rural Maine, because not every young person wants to live in the big city contrary to popular belief. It's beautiful, it's lovely. I love living there myself.

So I would just say that, you know, I heard that we could pass an amendment in the next session, so we should wait to do that. What are we waiting for? This is a prescriptive change, a very prescriptive change that will impact rural communities in a positive way. I wasn't elected to wait. I wasn't elected to sit on my laurels and not listen to the vast majority of folks who are weighing in on this, and if young people were actually listened to, maybe we could come to some conclusions. And maybe this isn't the final solution.

But I've got to tell you, all I see are a bunch of people still duking it out over the '60s, still fighting the same wars. It's left, it's right, it's Republican, it's Democratic. You know, our generation doesn't want that. We want solutions. We want to work together. Like Representative Cain said it best the other day, we do our best work when we work together.

I've reached across the aisle in the majority, in the minority, because I really don't care where the idea comes from. I don't think my generation or the millennial generation really cares where the idea comes from. We need some big ideas, we need some little ideas. Right now this is a little idea, this is a way to protect something that is already very, very good, and to preserve what's great, and let's see some changes that the folks across the aisle are presenting. That's great, but let's preserve what's already good before we jump too far.

Again, I would love to work with folks to build a better solution, a positive solution, and I've got to tell you partisanship works for a lot of people, but my generation and the generation behind me are kind of done with it, we're kind of over it. What we want are solutions. I'm going to defer so that we can actually go home tonight because I have some friends back home who I haven't seen in a very long time, who are in town for one night, and I'd love to see them because all of my friends are deciding that Fort Lauderdale is great and I'm getting left behind.

I don't want to leave this state because I love this state. My generations go back to the 1700s, they may go back to the 1600s, but I can only confirm the 1700s. I remember the crank phone. I had it growing up. I came to this body as an average citizen with thousands and thousands and thousands of signatures so that we could make our state better, and that's what young people want. They came here and they said we want to make the world a better place, and I am asking if you're going to talk about young people, stop talking and start listening.

The SPEAKER: The Chair recognizes the Representative from Sanford, Representative Boland.

Representative **BOLAND**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise against this motion to Indefinitely Postpone and I just wanted to say that it's sad to me when it's presented in terms of young and old and different parts of the state and that sort of thing, but I guess that's really what we have.

My two children are fairly young. Neither of them is 30 yet and I'm just really proud of them. One is here, one is in Alaska. They are living their lives very well, in totally different styles I must say, and they are proud of me to be in the Legislature and all. But I just can't imagine their ever taking a vote that would hurt me, that would leave me destitute for health care because perhaps I didn't have the means to get to the location that the insurance company wanted me to get to, whether at this age or at a much more advanced age.

I just feel like I know it's hard to break with a plan to be solid in a certain position. I've been there with the Democrats before and I have on occasion disappointed them with a vote a different way. I think probably we all have or will over time. This would be an appropriate place to do that because you know the integrity that we promise the people when we run for office, sometimes it can feel like it's kind of compromised by this emotional discomfort that falls over us when we're trying, wanting to do the right thing so much. You know, there's something that you just really want to do but something else is being asked of you, and it takes time to sort that out and think that through. But we all like to think of ourselves as leaders and independent and having a clear voice, and sometimes that voice has to be against some of your best friends, a different opinion. Sometimes our best friends, we're not totally in agreement with. Sometimes they do things that we wouldn't agree with, and I can't help but feel bad for folks that might be in that position today because it's a difficult position to be in.

I appreciate the enthusiasm of which folks in the majority seize the majority and I appreciate the energy so many of our young, new majority members have brought to the House and enthusiasm to get things done and do new things. But there still is something to be said for all the work that's gone before and all the years that people have struggled to try to get something fair delivered to the people of Maine and worked it out. This has been a day that we celebrate people who have worked in the Legislature many years before happily returning here and remembering the good work that they did. We stand on their shoulders and so much of what's gone before is really not worth throwing out, but certainly a tradition of caring is not worth throwing out, a tradition of one generation looking after another.

I escorted my husband through his cancer and final illness and death and I live in southern Maine and we could access the hospitals of Portland and Dover and Boston and get the best care. I had two young children at the time. It wasn't easy and I had a small business. It wasn't easy to do. I had to call on my mother, my aunt, to try to cover and those were distances, some of them, that just really weren't that far for me. I can't imagine people struggling in rural Maine, trying to do the same thing and cover even greater distances with the burden of all the care and worry that they have. But that's what, apparently with this vote, we're willing to subject them to. So I'd just like to ask to think a little longer on what is about to happen here, what we are about to subject our friends and loved ones in rural Maine, our friends and loved ones who may be in rural Maine at some point, to those who have such hope for the future also in rural Maine with our doctors being happy to start going there. They have hospitals that have been established, the places that have excellent jobs to offer our young people and the comfort to offer our old people.

Yesterday there was an elderly woman, probably in her 80s, from Sanford, someone I hadn't met before, one of my constituents who was up here with AARP, and she wanted to see me and a note was sent and I went out to see her. She was just sitting looking so sad and so perplexed, and she said, "What am I going to do? I can't afford more expense." And with that, she just started weeping. She said, "I have a very small fixed income." Are we going to ask people like this to travel to Boston to get their care perhaps? Even Portland seems like a stretch. Are we going to just carelessly say figure it out? We all have resources and friends, Mr. Speaker, and most of us can access people who can give us help, but when you get to a certain point when you're alone and you're older, maybe you're not so old, maybe you're young and maybe your family is just very compromised between the work and poor income for one reason or another, and they just can't get where they want to go and see their hospitals around them closed.

I'd just like to say you know there may be some good things that come out of some of the changes that have happened in the health care that we have before us now, but maybe there are some things there that everybody knows isn't good, everybody, and I think it's sad to see consumer representation be tossed away. It's sad to see the oversight be tossed out that we had for efficiency and quality in health care be tossed out, and I'm really sorry that we can't get a chance to see what it would be like if we're going to do this to find out what this random state Vermont has to offer as long as we're experimenting with things. But I think the bottom-line is people have done a lot of work, they care a lot, everybody here cares a lot. They are mostly, I think, kindhearted people in this House, but if we don't let this amendment be heard and voted on that's clearly not kindhearted by anyone.

I'm afraid, as in other cases we see and at the federal level and maybe here also, in other states, that Maine has been found to be kind of a cheap date. We've been bought by the insurance industry perhaps, easy enough somehow to get us together in a way and save things and vote for things that we never really would if we were sitting around the kitchen table with a bunch of friends. We wouldn't say, gee, that's a good idea. There is such huge influence here by big business, big lobbies.

I was pretty sad to see the Health Systems Advisory Council get shot down. This is the fifth year I've been struggling to get a new member on there and it finally passed, and as soon as I knew it, it was decided that we didn't need oversight or input or good ideas at all. But anyway, there are lots of good ideas in this House, lots of good people, and I understand the weight of having to try to think about being true to your majority, but then what about being true to your family and those who count on you to be kind to them and to be there for them? I just ask that in this particular instance, at the very least, we not take away from people the hope of hospitals in the rural areas and the hope of being able to reach them when we're in need. Thank you.

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

Representative **LOVEJOY**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I shouldn't say it, but I will try to be brief. At this point, I had spoken out when we considered this bill about my concerns, what it would do to northern and rural Maine. I still have those concerns and Representative Martin, working for his constituents in northern Maine, has put forward an amendment.

We've heard a lot about the division between northern Maine and southern Maine, or the two Maines if you will. I would urge everyone in rural and northern Maine to think about this amendment because it's an attempt to protect your constituents, not mine. Mine are in the southern Maine. We'll see a drop in the cost of our insurance. But Representative Martin has put forward an amendment to try and protect your constituents if you're from northern and rural Maine. I think that's worthy of your consideration. Thank you.

The SPEAKER: The Chair recognizes the Representative from Lewiston, Representative Carey.

Representative **CAREY**: Thank you, Mr. Speaker. I want to thank the Representative from Newport for the debate. I will speak, this is something that with everyone else I expect in the House touches some basic principles and some life experiences, and I will speak to that later when we talk about the broader bill. I'm going to focus here on what I understand to be a very technical amendment. I'm reading from the existing posture of the bill before us which includes Senate Amendment "H" and I'm going to paraphrase a little bit to be brief.

The only part that's different, the part that would change, as I understand it, is a carrier offering a renew in a manage care plan may provide incentives to members to use designated providers based on cost and quality, but may not require members to use designated providers of health care services.

The only thing in this debate that I have to rely upon to understand what the intent of that language is, is in the article that I read in the newspaper this morning. The article includes, in part, says in part, "This bill says that if I want to go to Franklin Memorial, my insurance has to cover it," Saviello said. "My insurance company might say if I go to Central Maine Medical Center, they will pay my deductible, but I can still go to Franklin Memorial if I want to." Saviello said the bill allows insurers to offer incentives for patients to travel but does not force them to do so.

I understand that that's the intent behind the language in the Senate Amendment. The Senate Amendment says manage care plan, it doesn't say insurance company as I understand from what the explanation of the intent was. This bill strikes that. This is technical. I don't understand why anyone would vote against a technical change that clarifies the intent.

To speak to something that was brought up before in committee about whether or not certain members had pre-existing expectations about how they would vote, I do expect that I will vote on a bill that I'm very uncomfortable with, but I will vote to clean it up to clarify what I understand the intent to be and I ask anyone in the majority to dissuade me of that if I am incorrect. Thank you.

The SPEAKER: The Chair recognizes the Representative from Eagle Lake, Representative Martin.

Representative **MARTIN**: Thank you, Mr. Speaker. Mr. Speaker, Members of this body. The only thing this does, and I repeat again, is deal with the geographic and so that insurance carriers would not be able, in their policy, to say you have to go somewhere else and we'll only pay, and if you go locally there will be an expense. This is what this does.

I'm not playing around with anything else in the bill, because what I've done with this portion of it is deal with, if you read the amendment that I've offered, it does everything that Senate Amendment "H" does, except that this amendment offering adds the current law dealing with geographic access standards. That's all that I'm doing and I plead with you to deal and vote on that question and on no other question or anything else that you've heard for the last hour, because that is really what we're trying and focusing on right now, and so I urge you not to vote for the motion to Indefinitely Postpone.

The SPEAKER: The Chair recognizes the Representative from Saco, Representative Valentino.

Representative **VALENTINO**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise today to speak only on the motion that is on the floor, not on the amendment, not on any bill. It has been a very interesting debate, but I have been sitting here cleaning my desk and I've been organizing and cleaning as you all know.

The first thing that I came across, I thought maybe I will push my button and stand up and talk on the motion, and I said, no, and I'm filing things away. This was our view, a casino bill is a great idea, but it's five years too late. This is a bill that I had put in five years ago. I kept listening every single year, I've been here seven years. "Linda, wait. Linda, wait. Linda, wait. We'll change that bill, we'll fix that bill, we'll do something else." Five years later, we've never done a thing on it because I waited and I listened at the time.

Then the next bill I came across made me push the button and that was the bill, An Act to Exempt from the Sales Tax Meal Provided at Retirement Facilities. Three years, now, we waited. We waited, we passed tax reform. We waited. We're going to tweak that bill once tax reform goes through, we're going to change that bill. We're going to take care of this. Three years later, it's still sitting on my desk and we're trying to do it because we never did it when we had the opportunity in tax reform.

So I am speaking only to this motion and I understand the good Representative from Newport, who says we can fix this later, let's get the bill passed, because it's exactly what we said on tax reform. Let's get it passed and we can tweak it and we never did it. Now is the time to tweak this bill if we are going to tweak it. Let's put this simple fix on now. Let's not wait like we waited on all the other bills and maybe later you'll be sitting here in six or seven years from now and saying, you know, we should have tweaked it because we never ever got another opportunity.

So I just am speaking on the motion and urging you to vote against the Indefinite Postponement and let's take a vote on this amendment. Do we want to tweak it or don't we want to tweak it, and if we're going to, let's do it now because I'm telling you, three years, five years goes by awfully fast when you're trying to push something and it just doesn't get through. I just think that today is the day. Thank you.

The SPEAKER: The Chair recognizes the Representative from Garland, Representative Wintle.

Representative **WINTLE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise to speak to Amendment "F" to the Committee Amendment "A" to HP 979, LD 1333, Bill "An Act To Modify Rating Practices for Individual and Small Group Health Plans and To Encourage Value-based Purchasing of Health Care Services."

I want to speak something of truth. I have very close friends in Caribou, Maine. I was stationed up there in the United States Air Force. The current postmaster of Caribou, Maine, is a personal friend of mine. His name is Greg Paul. His wife Berdina has multiple sclerosis. Berdina's daughter has Type I diabetes, something I am very familiar with because my wife has Type I diabetes, and I remember how sad I felt when I knew they had to drive nearly a whole day to go to Bangor to be attended to. When the next generation came along, I saw the little girl in a wheelchair.

We need to take care of rural Maine. God bless southern Maine. I'm glad you have the money, we don't. We can't afford your MaineCare. We need the hospitals there.

My daughter Sarah, who I love with my soul, was born in Cary Memorial Hospital. She couldn't even be born on the Air Force base. The Federal Government ceilings were falling in on that base. She was born, thank god, in Cary Memorial Hospital.

Any person in this House that cares enough for northern Maine, do what's right, press that red button. I'm not fooling when I say, follow Fred's light. It needs to be red this afternoon. Thank you, Mr. Speaker.

The SPEAKER: A roll call has been ordered. The pending question before the House is Indefinite Postponement of House Amendment "F" (H-235) to Committee Amendment "A" (H-186). All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 41

YEA - Ayotte, Beaulieu, Bennett, Bickford, Black, Burns DC, Burns DR, Cebra, Celli, Chase, Clark T, Cotta, Crafts, Cray, Crockett, Curtis, Cushing, Davis, Dow, Dunphy, Edgecomb, Espling, Fitts, Fitzpatrick, Flood, Fossel, Foster, Fredette, Gifford, Gillway, Guerin, Hamper, Harmon, Harvell, Johnson D, Johnson P, Keschl, Knight, Libby, Long, Maker, Malaby, McClellan, McFadden, McKane, Morissette, Moulton, Nass, Newendyke, O'Connor, Olsen, Parker, Parry, Picchiotti, Plummer, Prescott, Richardson D, Richardson W, Rioux, Rosen, Sanderson, Sarty, Sirocki, Strang Burgess, Tilton, Timberlake, Turner, Volk, Waterhouse, Weaver, Willette A, Willette M, Winsor, Wood, Mr. Speaker.

NAY - Beaudoin, Beavers, Beck, Beliveau, Berry, Blodgett, Boland, Bolduc, Bryant, Cain, Carey, Casavant, Chapman, Chipman, Clark H, Clarke, Cornell du Houx, Dill J, Dion, Driscoll, Duchesne, Eves, Flemings, Gilbert, Goode, Graham, Hanley, Harlow, Haskell, Hayes, Herbig, Hinck, Hogan, Hunt, Innes Walsh, Kent, Kruger, Kumiega, Lajoie, Longstaff, Lovejoy, Luchini, MacDonald, Maloney, Martin, Mazurek, McCabe, Morrison, Nelson, O'Brien, Peoples, Peterson, Pilon, Priest, Rankin, Rochelo, Rotundo, Russell, Sanborn, Shaw, Stevens, Stuckey, Theriault, Treat, Tuttle, Valentino, Wagner R, Webster, Welsh, Wintle.

ABSENT - Briggs, Damon, Eberle, Kaenrath, Knapp.

Yes, 75; No, 70; Absent, 5; Vacant, 1; Excused, 0.

75 having voted in the affirmative and 70 voted in the negative, 1 vacancy with 5 being absent, and accordingly **House Amendment "F" (H-235)** to **Committee Amendment "A" (H-186)** was **INDEFINITELY POSTPONED**.

Representative GOODE of Bangor **PRESENTED House Amendment "G" (H-236)** to **Committee Amendment "A" (H-186)**, which was **READ** by the Clerk.

The SPEAKER: The Chair recognizes the Representative from Bangor, Representative Goode.

Representative **GOODE**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I just want to briefly explain this amendment to the best of my abilities. When LD 1333 first came to this body, it had an unlimited rating band based on geography, based on where somebody lives. So that means an insurance company can charge somebody an infinite amount more based on whether they live in rural Maine or a small town or a town with high rates of cancer, as compared to a younger town or a healthier town or a town where they would make more money. Last night in the other body, the other body amended the bill to make it so when we go to a 3:1 rating band or a 4:1 rating band or a 5:1 rating band, on top of that you can be rated an additional 1.5 times more based on where you live. So if you live in Orient or E Township, you can be rated three times more based on where you live, and further out, four times more or five times more, and on top of that be rated 1.5 times more. This bill makes it so that extra 1.5 times is within the 3:1 rating band, not allowing for the extra rating variance. By allowing the geographic 1.5:1 rating to be stacked on top of the age rating and allowing the individual insurer to close its book of business, to add family status as an insurer, we can now raise rates higher than they could have prior to the amendment that the other body adopted. This is true for the small group market as well where family membership, industry or occupation, and participation in a wellness program could be added on an unlimited basis. So I just feel like the other body, changing the language may have sounded good in theory, but I don't think they really got to the intent which was to make it so it was much more of a fair geographic rating band.

Earlier I talked about the discrepancy for northern Maine, Downeast, central Maine in the individual market, and I just want to use this opportunity to remind people about what the Bureau of Insurance has told our committee around rate increases in the small group market. They predicted in the south rates will go down, on average, 3.8%. In the mid-coast, rates will go down, on average, 1.2%. In Downeast, in the small group market, they predict rates will go up 8.8% on average. In the north, small group rates will go up 16.7%. In the north-central, rates will go up 5.7%. I present this amendment in hopes of fixing that problem and making it more fair for people based on where they live.

Finally, I want to remind you the Senate Amendment "H" removes geographic area from the bill and would have allowed it be used—well basically that people in rural Maine will still see big rate increases because of where they live, because the Senate Amendment allows insurers to use geographic area as a separate additional rating factor of 1.5:1 stacked on top of the expanded rating, on the basis of age we can go to 3:1 next year. So before applying the family membership rate factor, if the lowest rate was $100 a month then the highest rate, when we go to 5:1, could be $650 a month. I think I've outlined this as well as I can at this time.

Maybe the last thing I want to mention is that, from my understanding, historically geography as a factor has not exceeded 1.2:1, so if we still go to 1.5:1, that is a huge difference, much further from where we're at currently in the state, and should seek to deregulate this portion of insurance law in a sufficient way as a good compromise. So I thank you for your time and hope you support this amendment.

Representative CURTIS of Madison moved that **House Amendment "G" (H-236)** to **Committee Amendment "A" (H-186)** be **INDEFINITELY POSTPONED**.

The same Representative **REQUESTED** a roll call on the motion to **INDEFINITELY POSTPONE House Amendment "G" (H-236)** to **Committee Amendment "A" (H-186)**.

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 Hallowell, Representative Treat.

Representative **TREAT**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I oppose the pending motion and support the amendment that it would postpone.

Just to put what the good Representative from Bangor said, Representative Goode, into very concrete terms, let me just give you one example of how the rural areas are getting this double whammy. We've talked about whammy number one, dealing with the travel restrictions being taken away. This is whammy number two, and I will just give you an example. If you stack the 3:1 age difference with the 1:1.5 geographic difference on top of each other, you come out with this result: If you're someone who is 55 or older in Downeast, Maine, then you'll likely see a rate increase of 44%. That's the age rating on top of the geographic rating, putting them together.

You might say, well, that's too bad, but how many people are there anyway in Downeast, Maine, 55 and older who will be impacted by this? The answer would be that 53% of the people who have individual insurance in Downeast, Maine, are in this cohort and would be affected in this way. So that's just one example and we've heard repeatedly that the legislation before us does not raise anyone's rates. It does. The amendment that the motion right now seeks to Indefinitely Postpone would help fix

some of the problems with this. I urge you to support my approach which is to vote no on the pending motion.

The SPEAKER: A roll call has been ordered. The pending question before the House is Indefinite Postponement of House Amendment "G" (H-236) to Committee Amendment "A" (H-186). All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 42

YEA - Ayotte, Beaulieu, Bennett, Bickford, Black, Burns DC, Burns DR, Cebra, Chase, Clark T, Cotta, Crafts, Cray, Crockett, Curtis, Cushing, Davis, Dow, Dunphy, Edgecomb, Espling, Fitts, Fitzpatrick, Flood, Fossel, Foster, Fredette, Gifford, Gillway, Guerin, Hamper, Harmon, Harvell, Johnson D, Johnson P, Keschl, Knight, Libby, Long, Maker, Malaby, McClellan, McFadden, McKane, Morissette, Moulton, Nass, Newendyke, O'Connor, Olsen, Parker, Parry, Picchiotti, Plummer, Prescott, Richardson D, Richardson W, Rioux, Rosen, Sanderson, Sarty, Sirocki, Strang Burgess, Tilton, Timberlake, Turner, Volk, Waterhouse, Weaver, Willette A, Willette M, Winsor, Wood, Mr. Speaker.

NAY - Beaudoin, Beavers, Beck, Beliveau, Berry, Blodgett, Boland, Bolduc, Bryant, Cain, Carey, Casavant, Chapman, Chipman, Clark H, Clarke, Cornell du Houx, Dill J, Dion, Driscoll, Duchesne, Eves, Flemings, Gilbert, Goode, Graham, Hanley, Harlow, Haskell, Hayes, Herbig, Hinck, Hogan, Hunt, Innes Walsh, Kent, Kruger, Kumiega, Lajoie, Longstaff, Lovejoy, Luchini, MacDonald, Maloney, Martin, Mazurek, McCabe, Morrison, Nelson, O'Brien, Peterson, Pilon, Priest, Rankin, Rochelo, Rotundo, Russell, Sanborn, Shaw, Stevens, Stuckey, Theriault, Treat, Tuttle, Valentino, Wagner R, Webster, Welsh.

ABSENT - Briggs, Celli, Damon, Eberle, Kaenrath, Knapp, Peoples, Wintle.

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

74 having voted in the affirmative and 68 voted in the negative, 1 vacancy with 8 being absent, and accordingly **House Amendment "G" (H-236)** to **Committee Amendment "A" (H-186)** was **INDEFINITELY POSTPONED**.

Representative PILON of Saco **PRESENTED House Amendment "H" (H-240)** to **Committee Amendment "A" (H-186)**, which was **READ** by the Clerk.

The SPEAKER: The Chair recognizes the Representative from Saco, Representative Pilon.

Representative **PILON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Recently I read a press release from the Maine GOP that said that the Republican plan was based on a bill I proposed a few years ago, modeled after the Idaho reinsurance risk pool. After four terms up here, it's nice to get some support from the Republicans. Thank you.

Now I'd really like to present a moderate amendment for the majority party to consider. It's an omnibus amendment that adopts much of the Republican plan but addresses some of our biggest concerns. It eliminates an unfair flat tax on all Maine people that funds the reinsurance pool. It replaces it with a rate determined by the Bureau of Insurance after a study of Maine data of the real cost. We ask that the Bureau of Insurance set the rate based on data and research. It maintains the timelines for rating band expansions in the bill, but it also uses reinsurance pool funds to cushion the blow of rate increase, resulting from the increase in community rate bands. It modifies the 1:1.5 rate band ratio from the Senate Amendment to be included within the 1:3 ratio rather than added on, and it puts us in line with the federal law. I hope you will consider these moderate and reasonable changes and vote to accept this amendment. Thank you, Mr. Speaker, and I ask for a roll call.

The same Representative **REQUESTED** a roll call on the motion to **ADOPT House Amendment "H" (H-240)** to **Committee Amendment "A" (H-186)**.

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

Representative CURTIS of Madison moved that **House Amendment "H" (H-240)** to **Committee Amendment "A" (H-186)** be **INDEFINITELY POSTPONED**.

The same Representative **REQUESTED** a roll call on the motion to **INDEFINITELY POSTPONE House Amendment "H" (H-240)** to **Committee Amendment "A" (H-186)**.

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 Skowhegan, Representative McCabe.

Representative **McCABE**: Mr. Speaker, may I pose a question through the Chair?

The SPEAKER: The Representative may pose his question.

Representative **McCABE**: Thank you, Mr. Speaker. I've heard a lot about a tax or a fee and I just wanted some clarification on what that tax might be, and who will actually be paying it and who will not be paying it. Thank you.

The SPEAKER: The Representative from Skowhegan, Representative McCabe, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Orono, Representative Cain.

Representative **CAIN**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. This is the sixth and final amendment that our caucus will be offering today and I stand to oppose the motion to Indefinitely Postpone this amendment in a last ditch effort to come to some compromise. Because if I had had my wish and my preference, these amendments that we're debating today would not have had to come before the House, but would have much rather, by my preference, been considered as part of the committee process on this bill, which less than two weeks ago was worked in committee for the first time. But that didn't happen, so we're left with this process in order to show to our colleagues across the aisle, to the general public, that Democrats have a lot of ideas on insurance

And, in fact, I believe this amendment before us – the reason I oppose the Indefinite Postponement motion – is the most moderate and most reasonable proposal, a proposal that Democrats have maybe supported, in my entire time here in the Maine Legislature.

It adopts much of what is in the Majority Report. The timeline on moving to a 1:3 rating band is kept the same. But to avoid the drastic rate increases that will happen very quickly, we propose to explicitly use the reinsurance pool to cushion those rate hikes, to make the bill better.

And rather than a flat tax, we propose something more thoughtful based on data and research, something that we have not been allowed or able to have done on this bill, to have a reasonable rate set rather than a flat tax that applies across the state on policyholders.

And to continue the responsible proposals in this amendment, we propose to rather than tack on an additional rate hike based on geography, rather that that should be included within the 1:3 band and allowing for geographic difference, but within the cap, within the boundary of the 1:3 band. And to continue the reasonable approach in this amendment, that temporary reinsurance pool that provides the cushion fades away with the implementation of the insurance exchange recognizing that the timeline offered us in the Affordable Care Act, which we still have a lot of work to do to implement, can be met and can be met

within this bill in ways that recognize what the majority amendment tries to do but does it in a way that will not cause the same level of drastic increases.

So perhaps it's appropriate that this amendment come last. Perhaps it's appropriate that this most moderate, most reasonable and most thoughtful amendment come last in our series of amendments today because it will make the bill better, and it is a good idea to fix this bill before it moves forward. So with that, Mr. Speaker, I ask you to join me in voting red on the motion to Indefinitely Postpone. Thank you.

The SPEAKER: The Chair recognizes the Representative from Belfast, Representative Herbig.

Representative **HERBIG**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I am speaking in opposition to the motion to Indefinitely Postpone. I am a popular demographic today. I am a young person that lives in a rural area. I am also a freshman, like many of you. I worked really hard to get elected. I visited over 3,500 doors. I really got to know my district. There are two things I heard about over and over and over again from virtually everyone. The first was people are really disappointed regarding health insurance in this state. It has ruined people's lives, over and over and over again. I myself have health care debt. It is impossible to get a plan in the state as a young person without an incredibly high deductible. Ten thousand dollars, it's absurd. The second thing that I always heard about was that people hate party politics, hate it, almost as much as they hate health insurance companies. And so I want to improve health insurance in this state and I want to leave party politics out of the picture. I really want to vote for this bill because I do think we need changes in the current state of health insurance in Maine.

As I've been here today, there are a few deal breakers for me. Again, I so want to support this. We sat here. There was one amendment on Thursday. There have been six amendments today and they have all been voted to Indefinitely Postpone. I'm new here. Maybe that's how this works, but it seems kind of strange to me that we can't even have a conversation about this. I just needed one of these amendments to just ease my level of discomfort with the uncertainty that we are going into this with, with lack of analysis, and I am concerned about I live in a rural district. I am concerned about people my parents' age. I'm also concerned about my rural hospital. I guess I just ask the body, what is wrong with adequate consumer representation on the insurance board? I ask, what is wrong with preventing discrimination against Mainers that live in rural areas regarding the cost of their health insurance? And I ask, what is wrong with preventing people from being forced to drive 250 miles to receive affordable medical care? Health care is not a partisan issue. I think we can all agree on that. What Mainers really want is compromise and for everyone to work together to come up with the best solution. I think today the people of Maine deserve better than this. Thank you.

The SPEAKER: The Chair recognizes the Representative from Freeport, Representative Webster.

Representative **WEBSTER**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise again seriously. You know, I was talking with someone out in the hall and I said I apologize for being flip about Vermont, but when you ask serious questions over and over again and you don't get answers, you either get angry or you get silly. So I did for a moment.

But this is serious. There have been a number of questions, serious questions, asked that should have been answered in committee. There are a number of serious questions that have been asked, that should have been answered by experts.

In the last several days, I have spoken with an owner of a construction company in Freeport. He has a construction company and employs a number of employees. Several years ago he banded together with other employers and created his own pool for risk management, for his workers' compensation, and he is enthusiastic about the idea of being able to do the same about health insurance through this bill. So he called me and he said, "I really want you to support this bill. It's going to be good for my business. Health insurance is a real problem."

I listened carefully to him. I told him I was skeptical because there has been no analysis of it, but tell me a little bit more about your business and what you do. He told me construction. I said I will get some answers for you or for myself, and I went to the people that I trust on the committee and I said, I told this story, and I said, "What kind of rate with this rating band, how is that going to work for someone that has a construction company?" They said, "Well, we don't know. There are rating bands according to occupation, but we don't know exactly what it will mean for him and for his business." So I spoke with him again today and I left him first a message.

I spoke with the office manager. We had a lengthy conversation because she clearly does their health insurance and she was very knowledgeable, and I spent a good half an hour with her talking about a variety of different components of this bill. Then she said he was not available today. He called me about an hour and a half later. He got out of bed sick. He said, "My office manager tells me that you called up and tried to find out information about the construction company and that you didn't have any answers and there hasn't been an analysis." He said, "This is not the way that I want things to work in Augusta. I want change in health insurance, but this is not how it should be done. If you don't have the analysis, I understand why you might not support this." He was pretty upset.

He said," Before I called you, I called the people that called me and told me to call you. I called the people that told me to lobby you and I asked them what the heck is going on?" He promised to get back to me. He has not called me yet which tells me that someone has not called him back yet. Another question not answered, Mr. Speaker.

You know, I think what really drove it home for him was when I said "Would you as an employer, as a business owner, sign a contract that had technical details in it that you didn't understand?" He stopped and he thought about it for a minute and I jumped in before he answered, and I said, "Would you sign it or would you find a professional, a consultant to review the contract so that you understood what you were getting yourself into?" He said, "You are absolutely right. I would not sign a contract I didn't understand." And I said, "That is what I'm going here. I refuse to sign a contract I don't understand."

So I apologize for making flip before. But I'm frustrated that the members of the committee that worked very hard and attempted to get answers to those questions was unable to get answers in the committee and now we've been unable to get answers here, and this is going to get rammed through and colleagues and friends across the state are going to experience something. I think that gentleman I spoke to and I agree. Don't sign a contract you don't understand. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Bangor, Representative Goode.

Representative **GOODE**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise just to make a few points. I want to thank Representative Pilon for submitting this amendment to LD 1333. The Representative from Skowhegan, Representative McCabe, asked a question about the tax the people who have insurance will be paying to fund the reinsurance pool. I'm still learning new things about this bill,

which gives me heartburn about voting for it. I learned the last couple of days that people who have insurance policies pay $4, $4 to $6 now, per member, per month, and people who are on public plans like the teachers in the state, my mother is a teacher, the municipal employees and group plans like that have to pay the $4 a month. Individual's personal insurance has to pay the $4 a month. It is my understanding that members of this body and state employees do not have to pay that $4 to $6 a month. I am also not sure, I've heard at different times that federal employees also don't have to pay for that. I'm obviously on the state employee health plan. My father works for the Department of Homeland Security and he is obviously a federal employee, and it is not clear to me how some people in some group plans, like teachers or municipal employees, should be paying for this and we seem to have cherry picked ourselves out of paying for it. This is an element that we did not discuss in our committee much because we didn't discuss this bill much at all in committee, so I could be wrong.

I also just wanted to highlight some comments from members of the advocacy community who represent our constituents in our committee, who really didn't get a chance to weigh in on this bill and, I think from what I read in media and publicly, have still not really taken a major position on this bill. These are groups that really care about the cost of health insurance, the cost of health care, and are just really reluctant to take a position on this bill without the lack of facts that this amendment seeks to address. The Maine State Chamber of Commerce said in their recent newsletter, as of this writing there is no clear actuarial analysis of what impact this bill would have on price in either the small group or individual markets, and go on to say because of the many unknowns associated with this bill, the Maine State Chamber has not at this time taken a position.

In the Lewiston *Sun Journal*, Elizabeth Mitchell, who runs the Maine Health Management Coalition, a group of large employers, insurance groups are on there, hospitals are on there, health care providers are on there. Elizabeth Mitchell is quoted saying "I think there may have been support for changes in the initial amendment, but there hasn't been the time to consider them. The process has been such that we were just not informed." She added, "Without a thorough process and without the time to consider the positions of our different constituencies, it's very hard to tell if this bill accomplishes what it was set out to do."

Medical organizations, including the Maine Medical Association, Maine Primary Care Association, American Cancer Society, National Association of Social Workers, American Physical Therapy Association, the American Diabetes Association, all oppose the bill. So I am in support of this amendment. Again, I rise and I want to point out that the type of questions that we're answering in this body today and we're asking in this body today are the types of things that should have been discussed in committee but were not. That is very frustrating. It's very frustrating that we should have discussed them in committee and we should be discussing them on the floor, but it appears that we're not going to discuss them on the floor either. I just feel frustrated about that and it's been, I think, my experience in this body, that we disagree sometimes and that there are world views that members and our constituencies espouse, but we typically spend some time trying to agree first before we disagree. Having spent two weeks, spending a lot of time on this bill, I think that Representative Pilon and others have proposed some types of agreements that we should all be able to support, and I think for myself it's a big leap to be interested in some of these amendments, but I stand before you today willing to compromise and still express my dismay that these things were not worked together in a thoughtful way in our committee. So thank you and I urge you to vote red on this motion.

The SPEAKER: The Chair recognizes the Representative from Standish, Representative Shaw.

Representative **SHAW**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I like to think that I have friends on both sides of the aisle here, and I know I do, and I would also think that being a pretty moderate member of this body that, geez, I'll tell you, there are a lot of things about this bill that people in this body, I believe, just don't understand.

In talking to Representatives from both sides of the aisle, a lot of people don't even realize that the rating bands that we're talking about aren't influenced at all on your health status. That's one thing that I hear over and over. People think that the unhealthier person is going to pay more under this bill.

I like most of this bill actually. Your health status is not affected by the bands. What we're talking about in the bands, the 1:3, the extra 1.5 based on geographic location is based on your age and your geographic location and what you do for work. So I really strongly recommend that people, of all the amendments that came forth, I know I spoke on one somewhat in jest, please take a look at this amendment and look at what it does. It takes the geographic location band, the 1.5, and puts it in the band of 1:3, so based on where you live, you're not going to pay four and a half times what someone else might pay in some other portion of the state.

So it does a couple other things. It puts three members, three out of 11 members on the board that is created under LD 1333, and it says that three of them have to be some sort of a consumer advocate in the field of health, three out of 11. It's not, you know, when we set up boards or people to study issues, in every other aspect of what we do up here, we always include – I'm on Inland Fisheries and Wildlife. Whenever we have a study group or any other committee that we set up to try to study an issue, we always have people from both sides of the hunting issues. We have hunters, we have non-hunters, we have sportsmen, we have lodge owners, but we include everybody. This just puts three consumer advocates from the health industry on the board of 11. That's not unreasonable, folks.

A couple of the other things this amendment does. Maybe I'm wrong, I'm not a health insurance expert, but in the very beginning years of this bill, LD 1333, we're not going to have, the insurance companies aren't going to know who to put into the reinsurance pool. You're not going to see a lot of claims in that first year because of that fact. They don't know who's going to be taking the money from the pool. All this bill does, for a couple of years, it uses some of that money to cushion the effect of anyone's premiums that actually rise in the bill, and then that's phased out, and then it goes right back to how LD 1333 is written. It just uses the money to cushion the effect in the first couple of years, to help people whose premiums increase, and that's it, and then it goes away. So that's not unreasonable either.

I personally don't particularly like partisan politics. If we can't pass any amendment, even if it makes sense in this body, that, to me, is partisan and that, just to me, is just not right. Seriously, I want people to look at this amendment. I didn't get up on any of the other amendments, whether I agreed with them or not, but as a moderate member of this body I urge you to look at this one and please consider voting for it. We would have to vote red because we have an Indefinite Postponement up here. Take a look at it. I think it's a very good amendment. It was put forth by the Representative from Saco, who originally put in the idea of the reinsurance pool a few years ago. He knows this stuff. Believe me, I've been questioning him all day about it. Thank you, Mr. Speaker. I would urge you to go red on this.

It's not a big change to what we're doing with LD 1333, a consumer advocate, three out of 11. It uses some of the money at the beginning to offset some of the people's premiums who will actually go up under the bill, and they are out there. Based on your age, what you do for work and your location, some people will pay more. I understand the theory that they're going to base the rating bands 3:1, they're going to base that on the 1, the cheapest plan. So the insurance companies won't be able to charge you more than three times what the cheapest person in your group's age would be. I understand that the theory is that that number is going to be reduced substantially through the bill and I agree with that. But there are some people out there based on age and occupation and where they live, whose premiums are going to go up, and the part of this amendment that I really like is they're going to use some of the money from the pool that's not really going to be used for the reinsurance aspect in the first year or so anyway and help offset their premium increase. So I urge you to go red on this, and thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from North Yarmouth, Representative Graham.

Representative **GRAHAM**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I realize it's getting late. I really feel it's important that I stand in opposition to Indefinite Postponement of this amendment and I speak in strong support of my good colleague from Saco's amendment.

Ladies and Gentlemen, I am a pediatric nurse practitioner. I've spent my entire adult life caring for children and their families. My father was a surgeon for well over 40 years in Bangor, where he provided care selflessly for a very long time, while his five kids at home didn't see him very often because he was so busy.

As you recall, I mentioned previously that he was paid with crabmeat, quilts and sometimes lobster. When I said I wanted to be in the Maine House of Representatives, he said "How can you leave direct care?" I said, "Dad, I will be providing care in a different way." I didn't realize it would be so soon that I would be speaking to this and how important it is that we recognize that this bill affects people. This bill affects how we care for our neighbors, our family, our friends.

I really, one thing I must say is many people have asked me as a freshman legislator, how's it going up there? I say I absolutely love it, and the reason I love it is because we've worked on compromise time and time again, that at the committee level and here in the House, we've worked on compromise and we've worked together, we've listened to one another, and sadly I think we're not anymore and we're not working for compromise.

Good Representative Pilon's amendment makes this bill better. It takes Republicans' ideas that are good ideas and the Democrats' ideas that are good ideas and makes this bill better. I urge you to vote against Indefinite Postponement and I urge you to support this amendment for the people of Maine, so that we can care for the people of Maine as best as we can. And remember, friends, the leading cause of personal bankruptcy in this country is because of health care costs. This bill will not help people. We will have a sicker state and a poorer state if this bill passes. I thank you very much, Mr. Speaker.

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

Representative **McCABE**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I am not interested in prolonging this debate. I just rise with some uneasiness in my stomach. I think about this tax, and correct me if I'm wrong, because it seems like what we're doing is we're going to be taxing people but not taxing ourselves.

I never ask people to do anything that I wouldn't do and I also often ask my employees, does it pass the straight-face test? I have to be honest. I have a hard time thinking this passes the straight-face test, that we're actually going to charge people a tax but we're not going to pay that tax. And please, correct me if I'm wrong.

That being said, I know a little bit about tax. I know something about taxing people. I was reminded during the campaign that I taxed babies. A flyer went out in my district and it referenced the baby tax. So I ask you folks today, what is this tax? Who are we taxing now? Are we taxing babies? Are we taxing mothers? Are we taxing fathers? I sure think we're taxing grandmothers. So just ask yourself that question.

The SPEAKER: The Chair recognizes the Representative from Hallowell, Representative Treat.

Representative **TREAT**: Thank you, Mr. Speaker. In response to that question which may have been rhetorical, it very specifically is a baby tax. If you have a baby on your health policy that baby will be taxed. So it's per person per head, anyone who has health insurance basically, with some few exceptions including the Legislature, which also makes me uncomfortable. It very much is that.

The SPEAKER: A roll call has been ordered. The pending question before the House is Indefinite Postponement of House Amendment "H" (H-240) to Committee Amendment "A" (H-186). All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 43

YEA - Ayotte, Beaulieu, Bennett, Bickford, Black, Burns DC, Burns DR, Cebra, Celli, Chase, Clark T, Cotta, Crafts, Cray, Crockett, Curtis, Cushing, Davis, Dow, Dunphy, Edgecomb, Espling, Fitts, Fitzpatrick, Flood, Fossel, Foster, Fredette, Gifford, Gillway, Guerin, Hamper, Harmon, Harvell, Johnson D, Johnson P, Keschl, Knight, Libby, Long, Maker, Malaby, McClellan, McFadden, McKane, Morissette, Moulton, Nass, Newendyke, O'Connor, Olsen, Parker, Parry, Picchiotti, Plummer, Prescott, Richardson D, Richardson W, Rioux, Rosen, Sanderson, Sarty, Sirocki, Strang Burgess, Tilton, Timberlake, Turner, Volk, Waterhouse, Weaver, Willette A, Willette M, Winsor, Wintle, Wood, Mr. Speaker.

NAY - Beaudoin, Beavers, Beck, Beliveau, Berry, Blodgett, Boland, Bolduc, Bryant, Cain, Carey, Casavant, Chapman, Chipman, Clark H, Clarke, Cornell du Houx, Dill J, Dion, Driscoll, Duchesne, Eves, Flemings, Gilbert, Goode, Graham, Hanley, Harlow, Haskell, Hayes, Herbig, Hinck, Hogan, Hunt, Innes Walsh, Kaenrath, Kent, Kruger, Kumiega, Lajoie, Longstaff, Lovejoy, Luchini, MacDonald, Maloney, Martin, Mazurek, McCabe, Morrison, Nelson, O'Brien, Peoples, Peterson, Pilon, Priest, Rankin, Rochelo, Rotundo, Russell, Sanborn, Shaw, Stevens, Stuckey, Theriault, Treat, Tuttle, Valentino, Wagner R, Webster, Welsh.

ABSENT - Briggs, Damon, Eberle, Knapp.

Yes, 76; No, 70; Absent, 4; Vacant, 1; Excused, 0.

76 having voted in the affirmative and 70 voted in the negative, 1 vacancy with 4 being absent, and accordingly **House Amendment "H" (H-240)** to **Committee Amendment "A" (H-186)** was **INDEFINITELY POSTPONED**.

Subsequently, the House voted to **CONCUR**.

By unanimous consent, all matters having been acted upon were **ORDERED SENT FORTHWITH**.

COMMUNICATIONS

The Following Communication: (H.C. 162)

STATE OF MAINE
CLERK'S OFFICE
2 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0002

May 12, 2011
The Honorable Robert W. Nutting
Speaker of the House
2 State House Station
Augusta, Maine 04333
Dear Speaker Nutting:
Pursuant to Joint Rule 310, the Committee on Energy, Utilities and Technology has approved the request by the sponsor, Senator Thibodeau of Waldo, to report the following "Leave to Withdraw":

L.D. 1455 An Act To Create Efficiencies in State Government by Transferring the Duties of the Public Advocate to the Office of the Attorney General

Sincerely,
S/Heather J.R. Priest
Clerk of the House

READ and with accompanying papers **ORDERED PLACED ON FILE**.

CONSENT CALENDAR
First Day

In accordance with House Rule 519, the following items appeared on the Consent Calendar for the First Day:

(H.P. 875) (L.D. 1177) Bill "An Act To Make Minor Changes to Municipal Health Inspection Activities" Committee on **HEALTH AND HUMAN SERVICES** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-238)**

(H.P. 955) (L.D. 1303) Bill "An Act To Increase the Fee Paid to a Funeral Home To Transport a Body at the Request of the State Medical Examiner" Committee on **HEALTH AND HUMAN SERVICES** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-239)**

There being no objections, the above items were ordered to appear on the Consent Calendar tomorrow under the listing of Second Day.

ENACTORS
Acts

An Act To Modify Rating Practices for Individual and Small Group Health Plans and To Encourage Value-based Purchasing of Health Care Services

(H.P. 979) (L.D. 1333)
(S. "H" S-96 and S. "I" S-99 to C. "A" H-186)

Was reported by the Committee on **Engrossed Bills** as truly and strictly engrossed.

On motion of Representative CURTIS of Madison, was **SET ASIDE**.

The same Representative **REQUESTED** a roll call on **PASSAGE TO BE ENACTED**.

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 Portland, Representative Haskell.

Representative **HASKELL**: Thank you very much, Mr. Speaker. I got this corsage because I've been around awhile, they said today, and it became obvious to me early on that presenting an amendment would have reached the same fate as all of the other amendments did today. But I do want to say something on the record today and suggest to folks that they think about this as they go forward.

In this bill, there is an assessment, or a fee or a tax or whatever it is you want to call it, of $48 or $72, somewhere between $4 and $6 that are levied on every private insurance policy in the state to fund the individual reinsurance pool. This includes costs for small group pay-ins, big group plans, self-insurance plans, despite the fact that they are not sending members to the pool, so the rate decreases because the pool will isolate those high costs.

In its current form, this LD specifically exempts the self-insured, state employee plan, federal employees, from making contributions to the reinsurance pool. The public sector self-insured plans, like the plan for school employees and town and city employees, are subject to a contribution and private sector plans, like Wal-Mart employees and their families, are subject to the funding pool and, I think, other examples of self-insured like BIW. All of these plans are subject to contribution except state and federal employees, which includes the members of this body and the other body. And I am not prepared to go home and tell my constituents that they are all going to pay $4 or $6 on their insurance plan because of the work that we've done here today and I, on the other hand, am not going to have to pay that.

So knowing my rules, I won't provide you with any props, but here on my desk I've got my $6 that I'm going to send back to the state because I don't think I ought to be exempt from something I'm imposing on people in my district. Thank you.

The SPEAKER: The Chair recognizes the Representative from Bowdoinham, Representative Berry.

Representative **BERRY**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. As the minority lead on the Taxation Committee, and one of only four minority members on that entire committee, working with a great, tripartisan team, I wish to speak today also about the taxes that are contained in this final version of LD 1333. Today, we were offered a chance to address this tax, but it was rejected.

More than a century ago – a truly great Republican Supreme Court Justice, by the name of Oliver Wendell Holmes, Jr., said this: "Taxes are what we pay for civilized society, including the chance to insure."

I could not agree more. We may not like them, but taxes are not always a bad thing. Without taxes, we would have no schools, no roads, no public safety, no general welfare, no public lands, no national security, and as Holmes suggested, no true insurance.

But when taxes are raised for any purpose – including, in Holmes' words and in this case today – "the chance to insure" – we must all take this matter very seriously, we of all people.

Our constituents and our Constitution expect us to weigh seriously any tax, including the health insurance premium tax contained in this bill, which, by the way, is a per member per month amount, so it adds up and I want to take us through some of that math.

It does sadden me that this issue has become partisan. I have great respect for everyone in this chamber, and I can not – for the life of me – understand why we would want to vote in favor of a huge tax and yet exempt ourselves from that very tax.

I realize there are those here who may wish to call this tax an assessment. I've been known to call a tax an assessment myself – especially when I was voting for it. But as my friends from across the aisle have reminded me at those moments – if it walks like a duck, and talks like a duck, let's not duck the facts. It's a tax.

Even with the limitations that may be imposed on this tax today, that are imposed on this final version because we have concurred, this bill would levy a tax on Maine working families of as much as $43 million per year, or up to $288 per year for a family of four. Two-hundred and eighty-eight dollars per year for a family of four.

This tax is unfair to many businesses, is regressive, and is hypocritical.

This new, $43 million tax is unfair because if approved today, the tax will fall on many group payers, many Maine businesses such as LL Bean, Unum, and Wal-Mart, and many, many small businesses, in each of our districts, as well. Yet it will provide these payers and their employees no benefit – no benefit – in return. The benefits go to cover payers on the individual market, not the employees or owners of those businesses.

This new, $43 million tax is regressive because it is flat. A family of four making $15,000 per year, working hard, making minimum wage perhaps, will pay as much as $288 per year. That same tax of $288 per year would be applied to wealthier families of four.

Yet according to Maine Revenue Services, it is the bottom 20% of our income earners who pay – by far – the highest effective, combined state and local tax rate. A flat tax is unfair.

Finally, this new, $43 million tax is hypocritical. It is hypocritical because if we vote to enact this bill today, we will be levying a tax of up to $6 per member per month, up to $72 per member per year, up to $288 per year for a family of four – yet we will be exempting ourselves, as legislators, from that very tax.

Mr. Speaker, do we really want to rush forward today to impose a tax of up to $43 million per year on Maine people – a tax that will fall disproportionately on the shoulders of working families? Do we really want to impose this premium tax of up to $72 on working families, per person, and yet exempt ourselves from that tax?

I do not. I know at least half of us here do not. The taxes we in this Chamber impose, we should impose also on ourselves.

If we are plunging ahead today with this tax, Mr. Speaker, if we are heading like lemmings for a cliff and providing parachutes only to ourselves, and not to others – then I have no doubt that our actions will be judged poorly by the good people of this great State. If we change direction, turn away from the cliff, and reconsider, we may still take actions that will stand the test of time and popular opinion.

Mr. Speaker, I urge us all in this Chamber to vote against this new $43 million tax, and against the pending motion.

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

Representative **SANBORN**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. LD 1333 is a bad bill. You have heard many of the reasons through the discussions of the amendments offered us today.

If we are to decrease the cost of health insurance, we must decrease the costs of health care. Decreasing the costs of health care means access to health care for everyone. It means maximizing prevention of acute and chronic illness. It means seeing a health care provider who knows you and who you trust. It means treating patients in their communities. It means providing the right care at the right time and the right place. It means practicing evidence based medicine and implementing best practices with consistency for everyone. It means ending health care disparities. It means paying for the outcomes we want, not for the volume of visits or procedures provided.

These are all addressed in the Affordable Care Act. LD 1333 does none of these and increases health care disparities. LD 1333 is a health insurance bill written by the insurance industry and has nothing to do with health care or decreasing health care costs, and is certainly not health care reform. Please take a stand with me and vote against LD 1333. Thank you.

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

Representative **BRYANT**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I just heard Representative Dr. Sanborn say this is a bad bill, this is bad medicine for the State of Maine. I rise in opposition to the motion, as many members of this House have laid out in the last few hours why LD 1333 is a bad bill.

The bill presented to me is still poison, which hasn't come back in any better position, in my opinion. This is bad medicine for the State of Maine. Again, I urge members of the body to vote against this pending motion, against bad medicine for the present and future members of the great State of Maine.

The SPEAKER: The Chair recognizes the Representative from Lewiston, Representative Carey.

Representative **CAREY**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. When I graduated from college I returned to Maine at the age of 21 and worked two jobs. I worked with a local contractor from my small community building houses. We started at near the crack of dawn and I would leave in early afternoon to go across four rural towns to go to my alma mater where I coached the girl's soccer team. I was making $8 an hour, the coaching job was a volunteer one, and I couldn't really afford, I thought, health care. It cost $212 a month as I recall. I was living at home, $8 an hour wasn't enough to do otherwise, and I had to have health care because that was my mother's only requirement. It was a high deductible plan.

I imagine I'm back at that time, back on one of those buses going to a town halfway across the state, a couple of hours away, filled with girls on the soccer team going to take the field, and when they get there, the other team's not there. In this body, when the other team doesn't take the field, we don't win by forfeit. My team showed up today. We don't have the majority. We don't expect to win every, or maybe many, debates. But we expect, I expect, that we're going to have a debate on the merits, on logic and with the passion that we bring to it.

The Representative from Newport spoke eloquently to what drives him on this issue. We may be able to find common ground, we may not. But we should have a debate. We don't have the majority and the majority, on a majority bill, can ram it through – and I accept that. I don't respect that.

I am reminded on the debate two years ago on the highway budget. It was after April so it was two-thirds, we needed both parties, and many people in this chamber will remember that night. We were here very late. And a friend and colleague on the other side said he didn't have to vote for that bill, except to benefit his communities, but he didn't have to vote for it because he was the loyal opposition.

Well I am now in the minority and reject the loyal opposition, the idea of the loyal opposition. My community sent me here to fight for them and they sent me here expecting that I would have the judgment and the willingness to work on behalf of the people of Maine. I hope we continue to do that, which, other than this example, we have done that. I have experienced that in this session. I hope that that continues after tonight. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Saco, Representative Pilon.

Representative **PILON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Let's not be fooled. We're talking about $4 and $6 per member right now. It's not going to stay the same. You know, this is a new plan, this is

a new insurance plan that has not had experienced any losses, and once this plan starts to mature a little bit and starts to realize some claims, the rates are going to go up. Once the rates go up, those $4 and $6 per member costs are going to start to go up. So we're only taking about $4 and $6 per member right now, but give this plan a little bit more time, give it a little bit more time to experience some losses, let the insurance companies experience some lost ratios, and the $4 and $6 is going to seem like a bargain.

After that, then we're really going to see where the rubber meets the road. This is not about $4 and $6. This is going to be like $20, $25. We're not buying, this is not $4 or $6, because what happens here is, as you remember for all those that have read the bill, the company pays the first $7,500 worth of loss or claims and then they reinsure after that, so all those losses or all those claims go to the reinsurer, so the company has to pay premiums for the reinsurance.

So as the claims go up, when those claims start to go up, the reinsurance premiums are going to start to go up. It's going to start to get expensive to keep this reinsurance going, and that's kind of what happened in Massachusetts. The reinsurance premiums started to get expensive and the program started to unravel. Now I hope that's not the experience here in Maine, but that's how a reinsurance program works. So let's not be lulled into a false sense of security. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Boothbay, Representative Macdonald.

Representative **MacDONALD**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I ask you at this late hour to look up at the board that we have in front of us and to look at what it says. This bill is to modify the rating practices for the individual and small group health insurance marketplace. This is one of the most honest titles that I think I've ever seen for a bill. It is an honest title.

The one thing it doesn't tell us is modify how. We've seen from the information that is in this bill that it's going to modify, the rating practices are going to be modified in such a way that older and more rural and people with more risky occupations are going to be paying more money. That's what this bill does.

I'm sure that some of us are going to go out of here and say we're dealing with health insurance reform. Well, that's the reform. That's the change. It's right there in green on our board. I am sure that some people are going to say, well, this bill also includes purchases for out of state insurance. That, to me, is a phantom, Ladies and Gentlemen. It's not going to go into effect until 2014. By that time the Affordable Care Act will go into effect with the same ability for us to get out of state insurance, expect that the Affordable Care Act has multiple provisions for consumer protection and fair business practices and grievance procedures within it that this bill does not have.

I submit to you that you will not see out of state insurance being written under this bill. It's a phantom that's a part of this bill. Be honest. This is a bill about modifying rating practices and it's modifying them the wrong way, Mr. Speaker, and for that reason, because we were not able to reach any compromise on any of the issues we brought forward, I will be voting no on final enactment.

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

Representative **STUCKEY**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I actually agree with what the good Representative from Newcastle said when he first introduced the bill. He said the choice here was really pretty simple, and I think the choice is. The choice is between deregulating and trusting our health care system to the profit motive of the free market, and some folks want that. Some of the rest of us would prefer a public universal access single-payor system that puts people before profits. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Eagle Lake, Representative Martin.

Representative **MARTIN**: Thank you, Mr. Speaker. Mr. Speaker, Members of this body. Under our process, a bill that requires expenditures goes to the Appropriations Table after being enacted. I was more than happy for that process to continue in the normal fashion. But before I came in to take my seat, I was informed that the Appropriations Committee was going to meet and it was going to suspend the rule so it could immediately go to the Chief Executive. This is a violation of the process and I object to it strenuously.

This piece of legislation has a total tax on Maine people of $29 million to a maximum of $35 million a year, with no thought being given to the impact. And I was told don't worry about it, you can vote against it, it will be an 8-5 vote and we'll suspend it from the table, you don't even need to show up. If this is the beginning – if this is the beginning, let me just say it's going to be a tough two months on the Appropriations Committee.

This bill does not have an emergency. It will not take effect until 90 days after we adjourn. And I can only suspect what the motives are, but I'm not going to question them here tonight because I can't prove it. But if I could, I would. I urge you, every single member of my caucus, to object to the suspension of the rules to send it forward to the other body tonight, and let's start, if that's the game, let's play it because I know how.

The SPEAKER: The Chair recognizes the Representative from Thomaston, Representative Kruger.

Representative **KRUGER**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I wasn't planning on speaking. I have an appreciation of levity, of brevity, but the silence of the majority is deafening. And really, I know, everybody knows how this is going to go, but I really didn't want to leave that silence completely un-responded to.

There is a lot I don't understand, a lot I wasn't supposed to understand. But what I do understand, a lot of that I don't like. But the thing that I'm really going to have a tough time with going home is the idea that this body, that members of this body are exempt from a tax that we are applying to almost everybody else. I think that's reprehensible and I do not know how I'm going to explain it to my constituents. Thank you, Mr. Speaker.

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

Representative **LOVEJOY**: Thank you, Mr. Speaker. It has been an interesting day in the House to say the least. We talk in this state about business. I want to talk about business for a minute. There isn't a business in this state or probably in this country that would make a $35 million gamble without gathering information, and if you're a businessman, think about that. Think if you would do a gamble on $35 million without checking it out first, because that's what you're asking.

Secondly, today we had an amendment that looked at putting consumers on this group and we're not going to do that. So this group is going to oversee this, is made up of insurance companies and their folks. Now if you're going to put the fox in charge of the henhouse, you're going to put insurance companies that drafted this bill without consumers involved, including Anthem that some people like to demonize, myself included, you're going to put them in charge. And all I ask is if you believe they have our best interests involved rather than their profits, go for it.

The SPEAKER: The Chair recognizes the Representative from Winthrop, Representative Flood.

Representative **FLOOD**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I don't pretend to know much about insurance so I won't be speaking to you about any enactment vote, but I did want to respond to my friend, the Representative from Eagle Lake, regarding the process that we might be following. And I wanted to be sure that people in this body knew that we needed to consider different options as we go forward with a bill, and we are considering different options as to how to go forward with it and the process that gets it through full process. We are considering things, but we haven't made any finite judgment and I'm sorry if the Representative from Eagle Lake felt that was the case. That's something we probably will talk about after enactment, hopefully tonight, but I did want to be sure that you knew we are going to respect the process as best we can and I appreciate his comment and I wanted to thank him for it.

The SPEAKER: The Chair recognizes the Representative from Hallowell, Representative Treat.

Representative **TREAT**: Mr. Speaker, may I pose a question through the Chair?

The SPEAKER: The Representative may pose her question.

Representative **TREAT**: Thank you very much, Mr. Speaker. My question is I am confused by the discussion we've just had relating to whether or not this bill would be exempted from the Appropriations Table. So my question is could we get an answer to that question before the final vote here, because that would concern me greatly.

As was pointed out by the Representative from Eagle Lake, this is not an emergency bill, the provisions don't go into effect for 90 days and there are many provisions of it that don't go into effect for two or three years, so there is absolutely no hurry for it. It's really a fairly extraordinary thing to exempt something from the Appropriations Table unless it is something that really has just like minimal cost that needs to be done right away. That's my past experience.

I have never served on that Committee, but I have served in this Legislature for a long time and you are always on tenterhooks every time you had a bill that has some kind of cost to it. Because you get it all the way through the committee, you get it all the way through the Legislature, but then it does have to go to the Appropriations Committee that looks at do we have the money to fund it and what does it cost and what are the implications. I would be deeply concerned if a bill of this importance involving the amount of money that it involves were to be summarily exempted from the Appropriations table. So I hope we can get an answer from somebody, I guess in the majority, who is in a position to tell us, before we vote on this bill, whether the intention is to do exactly that. Thank you.

The SPEAKER: The Representative from Hallowell, Representative Treat, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Warren, Representative Richardson.

Representative **RICHARDSON**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. LD 1333 as amended is a long asked for fix to our insurance market. We have looked at a wide array of proposals introduced over the last several years. We have crafted this piece of legislation that takes concepts from previous bills, and from both sides of the aisle. We've reviewed the models implemented in other states, and we've constructed a program that we believe will address the core, structural problems that have resulted in some of the highest health insurance costs in the nation. This bill will allow Mainers more choice, inject competition into our market, reduce premiums, and protect our most vulnerable from denial or excessive premiums. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Palermo, Representative Harmon.

Representative **HARMON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise before you tonight as being a longtime resident of Maine. I went to college for 10 years, worked in New Hampshire for three years where rates were low. We came back in 2003, my wife and I, we moved to Palermo. All these years when we moved back to Maine, we had a 50% increase in our health care costs. Why is that? Because we almost have a centralized planning system here in Maine and almost one or two health insurance companies, we don't have competition. We have very minute competition here in this state.

The accusations have been made that this bill is going to make a sicker state and a poorer state. The accusation has been made that insurance companies are going to be in charge. Wrong. This bill puts the consumer in charge. It puts families in charge. It puts small farmers in charge. It's too bad because plans like this have been used in dozens of states with significantly lower costs than our state, and not once have I heard someone bring up where plans like these have been used and are being used successfully in many cases.

All plans have their errors. All plans are subject to change and we try to do that for the better. But Mainers, in general, from what I have heard on my campaign, is they want change, and this is positive change. It is pro consumer, it is pro family. That's what I hear from my people.

A couple of nights ago I ran into Mr. Reitchel in my community, a family of three. He came up to me and said "Thank you. We finally have change. I'm going to have options. I can purchase some insurance in the year 2014 out of state, perhaps it will be cheaper." He thinks it's going to be cheaper. I do too, looking at the economics of this bill, but we really need to look. I mean I haven't heard one positive thing.

There are positive things in this bill. How can we say not letting Maine residents to purchase health insurance outside our state is wrong? For years we've kept up the status quo and all I hear is we want to keep the status quo. We've had a failed centralized planning system here in the state that it was tried and now we want to keep the status quo. Wrong. This is a pro family bill. It's a pro consumer bill. I'm glad that it's here and I'm glad that this is going to be a historic day for Mainers. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Newcastle, Representative McKane.

Representative **McKANE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. A couple of things about this bill. It comes from the other body as an amended bipartisan bill, and I want to thank members of the minority party from the other end of the hall who supported this bill. I have been here listening, absorbing. I know the other side would have liked more back and forth, but it was time to just listen and now it's time to respond to some of the things. I think you've gotten the answers over the past three weeks on a lot of these issues.

The issue on legislators not paying this $4 per month fee, that will be addressed. That will be addressed, mark my words. We will be addressing that. I totally agree with you on that. We're not going to stop this process and amend this bill now, go back there, be out of concurrence, back and forth, but we will address that.

I've heard a lot as I've listened over the past few days as we've been debating this bill about a number of things. I've heard

about the process. The process is rushed. The process that I've been involved in for this bill at this moment has taken seven years. That's when I started advocating for this bill. It started long before that too. We knew – and I say we, I'm talking about my constituents, including the businesses, families – that the status quo wasn't working. So this is what we proposed, essentially the same thing that was proposed when I first came here seven years ago. Yes, there are some differences but all the concepts are the same. It's been a long process and its current process has been three weeks. There's been plenty of time to go over this.

I've heard that the changes to community rating are going to hurt those living in rural Maine and older Mainers. I disagree, especially when you look at other states that have no community rating, none at all, 100:1 rating bands for geography, for age, and they are all paying less than we are in Maine. We're the most regulated insurance market in the country and the prices we pay for premiums show it and our constituents are not fools, they know it too. I don't know about you, I have not received on email saying do not vote for this other than organizations of the usual suspects – Consumers for Affordable Health Care, and so forth and so on – and I guess they are the consumers group that is supposed to be involved with those changes to the board. I would not recommend that.

I've also heard that this bill was written by the insurance companies and that that's who we listened to, to create this bill. The insurance companies? Patently false, I'm sorry, that is not true. We listened to our constituents. We've been listening to them for years, and again, I heard it before I ran seven years ago. That's one of the reasons I did run seven years ago, people complaining about the health insurance costs in this state. Why don't we do anything? Why do they want Anthem to have a monopoly? Why don't they want Anthem to have some competition? I don't know, I'd say. I do not know, I can't answer that, but I'm going to see if I can change it. Seven years, it looks like we might be getting there. No, I've listened to the people in my district who have been begging and pleading for this, and I know they've been in your districts too. I know they have. We've heard it.

These changes that we're making, in my way, are not enough. I would have gone further. Had it just been up to me, I would have gone further. I would have dropped the community rating bands in some areas and I would have put them into effect sooner. But I will say cooler heads prevailed and this is a very gentle, easy bill. This doesn't even get to 3:1 rating bands until 2014. That's a long ways off. I know my constituents want things to happen faster than that. We don't allow out of state insurance until 2014. That's a long ways off. They want things happening faster, but it looks like it's best to go slowly, ease in, and this will do it. This will work.

This is not going to work as fast as some of us would like to see. There won't be any shocks to the marketplace. We bring ourselves up to what the Affordable Care Act says we can go to by 2014, what Washington, ObamaCare, has said we can go to by 2014, and that's not a very dramatic bill considering that a lot of states have, again, no community rating at all.

I would love to see more members from the other side. I'm pretty assured of how the vote is going to go watching the amendments and listening to what I've been hearing. I know your constituents want you to be on this side with us, but so be it. It's time that the status quo ends. Tonight's the night. Thank you very much, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Eagle Lake, Representative Martin.

Representative **MARTIN**: Mr. Speaker, may I pose a question through the Chair?

The SPEAKER: The Representative may pose his question.

Representative **MARTIN**: Having just received the information, the total cost to this budget this year is $200,000. I would inquire as to where that money will be coming from.

The SPEAKER: The Representative from Eagle Lake, Representative Martin, has posed a question through the Chair to anyone who may care to respond.

A roll call has been ordered. The pending question before the House is Passage to be Enacted. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 44

YEA - Ayotte, Beaulieu, Bennett, Bickford, Black, Burns DC, Burns DR, Cebra, Celli, Chase, Clark T, Cotta, Crafts, Cray, Crockett, Curtis, Cushing, Davis, Dow, Dunphy, Edgecomb, Espling, Fitts, Fitzpatrick, Flood, Fossel, Foster, Fredette, Gifford, Gillway, Guerin, Hamper, Hanley, Harmon, Harvell, Johnson D, Johnson P, Keschl, Knight, Libby, Long, Maker, Malaby, McClellan, McFadden, McKane, Morissette, Moulton, Nass, Newendyke, O'Connor, Olsen, Parker, Parry, Picchiotti, Plummer, Prescott, Richardson D, Richardson W, Rioux, Rosen, Sanderson, Sarty, Shaw, Sirocki, Strang Burgess, Tilton, Timberlake, Turner, Volk, Waterhouse, Weaver, Willette A, Willette M, Winsor, Wintle, Wood, Mr. Speaker.

NAY - Beaudoin, Beavers, Beck, Beliveau, Berry, Blodgett, Boland, Bolduc, Bryant, Cain, Carey, Casavant, Chapman, Chipman, Clark H, Clarke, Cornell du Houx, Dill J, Dion, Driscoll, Duchesne, Eves, Flemings, Gilbert, Goode, Graham, Harlow, Haskell, Hayes, Herbig, Hinck, Hogan, Hunt, Innes Walsh, Kaenrath, Kent, Kruger, Kumiega, Lajoie, Longstaff, Lovejoy, Luchini, MacDonald, Maloney, Martin, Mazurek, McCabe, Morrison, Nelson, O'Brien, Peoples, Peterson, Pilon, Priest, Rankin, Rochelo, Rotundo, Russell, Sanborn, Stevens, Stuckey, Theriault, Treat, Tuttle, Valentino, Wagner R, Webster, Welsh.

ABSENT - Briggs, Damon, Eberle, Knapp.

Yes, 78; No, 68; Absent, 4; Vacant, 1; Excused, 0.

78 having voted in the affirmative and 68 voted in the negative, 1 vacancy with 4 being absent, the Bill was **PASSED TO BE ENACTED**, signed by the Speaker and sent to the Senate.

The SPEAKER: The Chair recognizes the Representative from Eagle Lake, Representative Martin.

Representative **MARTIN**: I object, Mr. Speaker.

Representative MARTIN of Eagle Lake **OBJECTED** to sending all matters **FORTHWITH**.

The SPEAKER: The Representative from Eagle Lake, Representative Martin, objects. Objection noted.

On motion of Representative RICHARDSON of Warren, the House adjourned at 7:40 p.m., until 10:00 a.m., Monday, May 16, 2011, pursuant to the Joint Order (S.P. 503).