

MAINE STATE LEGISLATURE

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LEGISLATIVE RECORD
OF THE
One Hundred And Seventeenth Legislature
OF THE
State Of Maine

VOLUME V

FIRST REGULAR SESSION

Senate

June 19, 1995 to June 30, 1995

FIRST CONFIRMATION SESSION

September 14, 1995

FIRST SPECIAL SESSION

House of Representatives

November 28, 1995 to November 30, 1995

Senate

November 28, 1995 to November 30, 1995

The Bill, as Amended, TOMORROW ASSIGNED FOR SECOND READING.

The Chair laid before the Senate the fourth Tabled and Today Assigned matter:

SENATE REPORTS from the Committee on BUSINESS AND ECONOMIC DEVELOPMENT on Bill "An Act to Provide Greater Access to Health Care"

S.P. 343 L.D. 948

Majority - Ought to Pass as Amended by Committee Amendment "A" (S-279). (8 members)

Minority - Ought to Pass as Amended by Committee Amendment "B" (S-280). (4 members)

Tabled - June 16, 1995, by Senator KIEFFER of Aroostook.

Pending - ACCEPTANCE OF EITHER REPORT.

(In Senate, June 16, 1995, Reports READ.)

Senator GOLDTHWAIT of Hancock moved that the Senate ACCEPT the Majority OUGHT TO PASS AS AMENDED BY COMMITTEE AMENDMENT "A" (S-279) Report.

THE PRESIDENT: The Chair recognizes the Senator from Hancock, Senator Goldthwait.

Senator GOLDTHWAIT: Thank you, Mr. President, Ladies and Gentlemen of the Senate. This is a bill that many people had an unfortunate acquaintance with at the last go-round. It apparently went through quite an ordeal getting here and getting passed. We think that the majority report, this year, represents a better bill and I would like to explain to you a few reasons why. Currently, Maine's nursing law does not adequately, or accurately, define professional nurses that have advanced education, or the full range of health care services that these nurses are educated and qualified to provide. The majority Committee report would correct this situation. Four categories of nurses with advanced education are included. They are certified nurse practitioners, certified nurse mid-wives, certified clinical nurse specialists, and certified nurse anesthetists. The majority Committee report establishes the criteria for approval as an Advanced Practice Registered Nurse. The two most important criteria are successful completion of an advanced education program, for most areas of specialization that is a master's degree, and holding a national certification credential. A nurse who is currently approved by the Board of Nursing as an Advanced Practice Nurse is grandfathered. The majority Committee report also defines Advanced Practice Registered Nursing, consistent with the services that advanced practice nurses provide today, and national standards of

practice. The law specifically states that advanced practice registered nursing includes consultation with, and referral to, medical and other health care providers, when required by the health care needs of clients. L.D. 948 continues current practice in this State for the prescription of drugs, it also allows a nurse who is currently approved by advanced practice to continue to practice in an arrangement identical to what is required under Maine law today. Finally, the majority Committee report creates the Joint Practice Council on Advanced Practice Registered Nursing, consisting of the chairs of the Board of Nursing, the Board of Licensure and Medicine, the Board of Osteopathic Licensure, the Board of Commissioners of the Professional Pharmacy, and an Advanced Practice Registered Nurse who is a member of the Board of Nursing, and one member of the public. The Council will make recommendations to the Board of Nursing on the prescription practice of advanced practice registered nurses, and other matters regarding the practice of advanced practice registered nurses as it considers appropriate.

The current Maine nursing law, as it relates to advanced practice registered nurses, has failed to keep pace with the advanced education that these nurses have been receiving. Maine's law has been behind the curve on these evolving areas of health care services. Enactment of the majority Committee report would place Maine in line with 20 or so other states that have similar laws, and allow advanced practice registered nurses to practice in a less restrictive fashion than Maine's current law. I would like to add two comments on what this bill isn't. It is not an effort to expand the scope of practice of registered nursing with additional education. They are merely going to be enabled to continue to practice as they do now, without having to have a pre-arranged arrangement with a physician as a back-up. These women are well-trained. I say women because the large majority of nurse practitioners are now, though they certainly don't have to be. These people are extremely well trained and there is no reason why they have to have a pre-arranged collaboration with a physician in order to do what they have been trained to do. As you will notice, we have not called this bill the Independent Nurse Practice Act, and that is for a good reason. No one in the health care profession practices independently. We all interact. We all consult. We all refer. We all turn to each other for advice. We all refer our patients to different specialists within the health care team. Advanced practice nurses would be no different. They would simply make their consultations and referrals the way all other members of the health care team do now, which is to pick up the phone and ask another practitioner to see that person. Thank you.

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

Senator PENDEXTER: Thank you, Mr. President, Men and Women of the Senate. As you know, I am a pediatric nurse practitioner, and have practiced as such since 1972. I guess if this bill passes then I can call myself an advanced practice nurse. However, it's too hot to get into too much debate, but let me break it down to the real issue. The real issue is we are talking about four categories of nurses in the

bill, however, only one, which is a nurse practitioner category is the one that really needs to be debated in this bill. I have a major disagreement with my nursing colleagues. Those of you who were around last session remember the scenario around this issue, and it wasn't pretty. It's probably one of the worst debates I have ever been involved in. I hope we don't get to that level again this year. In the spirit of trying to work better together, I did meet with some of the nurses in the coalition who are supporting independent practice, and it is independent practice, let's call it what it is. We met several times in the course of the winter to see if we could come up with a united voice because it would be nice if, as nurses, we could all come together in one voice and ask for the same thing. When all was said and done, and after we had several meetings, it was obvious that we would not agree on this one issue, and that is deleting paragraph 2B in the Nurse Practice Act. As it stands now in statute, nurse practitioners, because it is in statute right now, in paragraph 2B of the Nurse Practice Act, it clearly states that when we do medical diagnosis and treatment, we must do so under the delegation of a physician. Committee Report "A" deletes the whole paragraph and just not address how we practice. I propose to say to you that I philosophically disagree with that and I have some deep concerns about legislating out a link between nurse practitioners and physicians. I don't care how we do it. I supported it being as flexible as it can be, but when you have nurses who are, indeed, practicing medicine, which is what happens when I practice in the office I work in, and I diagnose ear infections and pneumonias and bronchitises and everything else, and I whip out my prescription pad and write out a prescription, I am practicing medicine. That is a medical act. There is nothing wrong with my doing that because I have obtained the skills with which I can physically assess and come to the conclusions that I come to. But that is medical diagnosis and it is very very different from nursing in general.

This is not a debate about how good we are and how qualified we are. I happen to believe I am very good at what I do. But, on any given day, I know that I am going to need some help and it would be irresponsible of me, as it would be irresponsible of you, to say, "Joan, you can go out there and hang up your shingle and do what you can do within your scope of practice because we trust you and we know you won't go beyond that." Maybe that's fine, but I just disagree because I am going to need some help. On any given day I will have a situation that I am going to need some physician connection, or some physician advice, because I am not a physician. Scope of practice you can talk about all day. You could line ten of us up and we would all have different scopes of practice. It can't be defined. It's basically a term you use but you can't really define it because all it means is that within what I know I can do for this particular patient, that's my scope of practice. I think it's a misused word that people hang their hat on, but it doesn't really mean a whole lot. Even the consumer who comes before me has no clue what my scope of practice is and how far I can go and how effective I can be. That is an arrangement that I have mutually agreed to with a physician that I have. He, or she, knows me. We have worked together. We have talked together. We

have mutually agreed to how we would work it out. But, I can be very independent over here and do whatever it is that I can do, without physician oversight. I have practiced thirty miles away from my physician. I can do that now, but I think that as we sit here and we define public policy on how nurse practitioners are going to practice, I truly believe that we are taking a very dangerous route when we say we will legislate out a connection with medicine.

I asked my friends on the other side of the issue, because they would say to me, well of course we are responsible and of course we will make collaborative agreements, and so I would say to them then what's the issue? What is the matter with putting it in legislation? Basically, the answer was we don't want to be told we have to do it. It's a turf fight, to a point. I'm kind of amused because we are seeing a lot of turf fights around here, and these aren't the last ones we're going to see, but you know, nurses have turf fights of their own, and I will give you two examples. They don't like it when someone infringes on their profession. I'll give you two examples, very quickly. There's a movement now in some school districts to employ EMT's to do school nursing. Nurses go bananas when they hear about that, because they will argue the same argument I am arguing right now, these people are not trained, they don't have the scope of knowledge that we have and on and on and on, the same argument. The second example, a lot of hospitals are going through restructuring. We hear the outcry from the nurses that they feel they are being moved out, they are being replaced by less professionally trained people to take care of patients. People are infringing on their profession too, and they don't like it. Yet, when they come before us with a bill that, in my opinion, infringes on the medical profession that's okay because they feel that what they are doing is nursing. It's very clear to me that diagnosing and treating is what medicine is all about. That is practicing medicine and nurse practitioners can do some of that, and that's not the argument, but the argument is are we going to legislate out that there has to be a connection agreed to, so that when these professionals do go out of practice, we know that when they do need some help that they will have made that arrangement so that that consumer is taken care of immediately.

So, I ask you to vote against Report A, because I think it is setting a dangerous precedent. We should be working together. We should be supporting team work. We ought not to be fighting with each other. There's enough health care needs for everybody, and we should all be working together. So, I'm going to vote against the motion on the floor, because I want to work with the medical profession. We need to work together as a team. Thank you.

THE PRESIDENT: The Chair recognizes the Senator from Hancock, Senator Goldthwait.

Senator GOLDTHWAIT: Thank you, Mr. President, Men and Women of the Senate. If I could address just a few of the points made. One of the major problems with trying to write collaboration into this bill is that it's difficult to define, and if the suggestion is that all advanced practice nurses must collaborate with a physician in a pre-arranged relationship, the

physician never quite knows when he, or she, has incurred a liability or not. In a situation as is common now with, for instance, a general practitioner and a cardiologist, they have no pre-arranged collaborative relationship. If your family practice doctor sees you in the office and thinks you need the skills of a dermatologist, or cardiologist or whatever, he simply calls the person he is accustomed to contacting, and makes the arrangements for that to happen. There is no reason why that can't happen between advanced practice nurses and other practitioners, be they physicians or other members of the health care team. In fact, one of the advanced practice nurse groups, the licensed clinical nurse specialist, is already working in a totally autonomous situation. So, the liability situation and the anxiety that that causes for physicians, was one of the reasons why we deleted it from this year's bill.

Regarding the issue of whether this is a turf battle or not, I would just like to read a bit from the Association of American Retired Persons Legislative News from May of this year. It's under the heading of "Turf Battles". It says, "As training and technology improve, it becomes increasingly difficult for health care professionals to agree on the appropriate limitations for each others services. AARP is reluctant to enter these turf battles, but sometimes, in the best interest of consumers, we do so. We are supporting L.D. 948, which would give more latitude to certain highly skilled nurses." Thank you.

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

Senator PENDEXTER: Thank you, Mr. President, Men and Women of the Senate. It is not at all difficult to define collaboration. It clearly states, if you define it correctly, that it's only when you do medical acts, when you do a medical diagnosis and treat. Nurse anesthetists don't have prescriptive writing privileges, so it's not an issue for them. They will always have to collaborate. They administer narcotics. Mid-level practitioners don't have the authority from the DEA to administer schedule two drugs, so they are always going to have to collaborate, because they can't prescribe the very drugs that they have to administer. Clinical nurse specialists do nursing. They don't do medical diagnosis. They don't have prescriptive writing privileges. So it's not an issue for them. Nurse mid-wives, by their very national mandate, have to be connected with a physician. So, really, the only thing you are left with is the nurse practitioner, which is what I stated in the first place. Because it is the nurse practitioner who basically does the primary care piece, which is diagnosing and treating.

There's an argument about the fact that when you put everybody under the collaboration umbrella, that these other specialties have a problem. It clearly states that only when you do a medical act, period. If you're not doing a medical act you can be out there on your own, doing whatever you want. There's an inference made to physicians pick up the phone and call other physicians. I guess I just want to briefly say that when I need help, it's not outside my pediatric specialty, it's very much within my

primary care pediatric specialty, and usually the person I need is a pediatrician, because it's a judgement scenario, pretty much. I don't use scope of practice, I use a judgement call if I have a really sick kid or whatever. If you have a heart murmur, it's obvious that you are going to be sent to the cardiologist. That's easy. We can all do that. It's within the scenario of my pediatric practice. It's things like medication questions. You know, when I first started practicing, in 1972, we only had three medications to treat ear infections with. We have about fifteen now. When you have a kid before you who has been there three or four times and has been treated with this and been treated with that, those are the kinds of questions I have. I have a kid that I think I'm probably on the right track, but I just need to touch base with somebody, just to make sure I'm okay, because I feel a little leery about sending him home without picking up the phone and calling the physician. That's not a specialty question, men and women of the Senate, that's a question within my own practice. When my pediatrician that I collaborate with picks up the phone, it's because it's outside his pediatric specialty. He doesn't call other pediatricians to ask pediatric questions. He calls the neurosurgeon because he has a kid with seizures that he can't manage, or he calls the cardiologist because he's got a kid who has got a serious cardiac scenario. Pediatricians refer to other specialties, but within their pediatric specialty they manage the total scope of the need of anybody. I can't do that because I don't have that depth of knowledge. So, what I am trying to explain to you, and I hope you understand what I am trying to say, is that when I have questions, or when I need to pick up the phone and call a physician, it's usually, and it always is, within the pediatric primary care scenario.

So, I find if we have practitioners out there, practicing without connections, and they have a medication question, who are they going to call? They might ring a physician's phone, but he or she is not going to answer it because the minute they do, they become liable. The reason why we don't have a liability problem with Report A is because the physicians aren't there. They are not going to be there. Any physician who is going to listen to their legal advice is not going to pick up the phone, or is not going to collaborate with anybody they don't know. When you define collaboration, or that unusual connection, correctly, there is not a liability problem because physicians don't mind being liable, they just want to make sure that in statute it is stated correctly, so they know if they are or not. When it's ambiguous and they don't know, then we have a problem. We don't have a liability problem now, because in statute now, under delegation, physicians know that they are liable, and they don't have a problem with that. They just want to know that they are or are not. I just remind you again to really, in the spirit of providing consumer safety, I hope that you will continue to keep in statute some kind of a connection, as loose and flexible as it can be, so that we can all work together meeting the health care needs of our citizens. Thank you.

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

Senator **AMERO**: Thank you, Mr. President, Ladies and Gentlemen of the Senate. My opposition to the pending motion is by no means an indication of disrespect for nurses in advanced practice. I do, however, very strongly believe that nurse practitioners should not be practicing without a pre-arranged relationship with a physician. I also strongly believe that such a relationship is essential to the health care needs and interests of Maine patients. Nurses in advanced practice are trained to work with physicians, they are not trained to work independently. They are also not trained to provide the full range of primary care for patients. The majority proposal would set up a two-tier system. It's a two-step system for patients, whereby all patients, except for the most healthy ones, would need to be referred to a physician. This means the patient would have to pay for at least two visits, instead of one. That increases cost. It just isn't good public health policy, I don't believe it's good for the patients of the State of Maine to have nurse practitioners with limited education and training, taking care of patients without any pre-arranged physician relationship. I urge you to oppose the majority report. Mr. President, when the vote is taken, I ask for the yeas and the nays.

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

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

Senator **MCCORMICK**: Thank you, Mr. President. I think we got up for the roll call just to stand up and get a little air. Men and Women of the Senate, I do not believe we choose to legislate the kind of relationship that health care providers have anywhere else, except in the nursing statute. When I first got elected to this body the burning issue that I heard, as I went door-to-door, was independent practice for occupational therapists. As we know, occupational therapists, doctors, osteopaths, all kinds of different providers, have relationships with each other in which they collaborate constantly. Whether it is within their scope of practice or not. Whether it is something that one primary care physician knows a little bit more about than another, they meet in an office corridor. That happens. It happens and we, the people, we, the future patients of the world, are protected by our boards of medicine, our boards of nursing, our boards of occupational therapy, whose one primary duty is to protect us. So, if a practitioner is not doing that, they can be sanctioned. This bill is much tighter than the bill last year. It has very tight educational standards. Nurses in advanced practice, who want to practice in the fashion described in this bill, must be masters degree educated, or the equivalent. This bill is tighter vis a vis liability. Last year we went down a very, very complicated road that we never returned from in terms of liability and created a very complicated relationship called collaboration that was not defined and ultimately caused the demise of this bill. This year it is cleaner, it is tighter, each party has their liability responsibilities and must carry their own liability insurance, and we have put into this bill an oversight committee to watch and

see how it goes. Let's not forget health care costs. I believe that this legislation will have a downward pressure on health care costs by introducing some market forces that have not been at work up to this date. This is a straightforward, simpler version than the bill we saw before us, and which actually passed this body and the other body last year. I urge your yes vote to the majority ought to pass report.

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

Senator **RUHLIN**: Thank you, Mr. President. I was wondering if any member of the Committee, or any other Senator associated with this bill, could inform me as to whether or not the bill has in it a process, or establishes a process, for board certification to maintain, establish, and oversee the professional qualifications and guidelines for this particular practice of medicine?

THE PRESIDENT: The Senator from Penobscot, Senator Ruhlin, has posed a question through the Chair to any Senator who may care to respond. The Chair recognizes the Senator from Hancock, Senator Goldthwait.

Senator **GOLDTHWAIT**: Thank you, Mr. President. I believe the answer to the good Senator from Penobscot, Senator Ruhlin's, question is that that aspect is covered in a variety of ways. Given that we are talking about four tracks of nursing, each one has a scope of practice and a set of national standards. Each one has rulemaking that is allowed or engaged in by the State of Maine, overseen by the board. In this bill there is also the creation of a Joint Council on Advance Practice Nursing, which includes, as I mentioned earlier, someone from the Boards of Nursing, Medicine, Osteopathy, Pharmacology, and a public member and an advance practice nurse practitioner as well. That joint council would provide input to the Board of Nursing in the generation of rulemaking that would manage the aspects of education and training that the Senator queried.

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

Senator **PENDEXTER**: Thank you, Mr. President, Men and Women of the Senate. I just want to briefly comment on a few comments made by the Senator from Kennebec. I just want to keep reminding you that we legislate only for when nurse practitioners are doing medical acts, period. The bill before you actually is looser than the bill of last session, and let me explain why. Nurses have varying ways they can become nurses. We have two-year nurses, three-year nurses, four-year nurses. We have masters level prepared. You can become a nurse practitioner by having taken a certificate program. Or you can go through the masters level program. However, when all is said and done, the Board of Nursing does decide whether we are duly a Registered Nurse, whether we have duly attended an accredited nurse practitioner program, and that we are duly certified. Those three scenarios happen, however, we all got to those scenarios different ways. You might have somebody who had only two years of nursing and a certificate

program, which is four months of classroom, period, and some clinical experience. Or on the other end you might have a masters prepared nurse practitioner. So, it's very hard to know what you have before you. There's varying levels of preparation, and therefore varying levels of perhaps how we can all function. What bothers me the most about the bill this time, at least last session you had to have three years of experience behind you before you could be independent. There's no such provision in this bill. You could theoretically have a masters prepared nurse, and I looked at that curriculum. When you are a nurse practitioner you practice very differently, so your education as a nurse practitioner becomes very clinically focused, because what you are doing as a nurse practitioner is you are labeling people with diagnosis. When you are a nurse over here, you are taking care of patients who already have that diagnosis made. So, to get into the mindset of your total nurse preparation over here, where the diagnosis have all been made for you and you just sort of do the nursing process piece, you have to now, all of a sudden, develop some very sharp skills, and some very different ways of thinking about how you are going to practice clinically, because now you are making the diagnosis. I will tell you, I have twenty-three years of experience, and I'm good at my clinical skills, but I have a lot of experience. I don't care what you say, you don't learn that in a classroom, you learn it by practicing, and you learn it because you are taught it with the physicians you associate with. Now, as you look at the masters program, you talk about two years but you really are only talking about four semesters of sixteen weeks apiece. In each semester there is one course which requires you ninety hours of clinical experience. So you take ninety hours times four, and that comes out to three hundred and sixty hours of clinical training, which is basically forty-five days. So, now we are going to have nurse practitioners out there, diagnosing and treating, who really have only had forty-five days of clinical preparation on how to be clinical and how to diagnose, versus physicians who go through four years of med school, and I do mean four years, they don't have semesters here and there, they go year round. Then they practice for three years to hone in on their skills. That's how complicated primary care is, men and women of the Senate, it's not easy. It's a very complicated process. How can you even imagine sending out a nurse practitioner with forty-five days of training, to go out there on her own? That really concerns me, and that is the bill before you. At least last session that nurse practitioner at least had to collaborate, or be supervised, or had to have some type of supervision for three years before he or she would be able to be independent. So, we really have a bill before us that is much looser than the bill of last session.

I bring you back to one of the thoughts I shared with you earlier. The very nurses I met with over the winter said to me, of course we're going to collaborate. Nobody responsible would go out there without having made that connection. So, I would say to them, what's the big deal? So, I say to you, maybe the big deal is we should legislate for those nurses who won't go out there and make that connection. I ask you to vote against the motion before you. Thank you.

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

Senator McCORMICK: Thank you, Mr. President. About qualifications, first of all, the majority report that you have before you, requires a national certification credential, and that credential requires for nurses in advanced practice to have a masters degree. Now, I must disagree with the Senator from Cumberland, Senator Pendexter, because, for instance, in our very own state, the Orono Nurse Practitioner program requires over 700 clinic hours, of clinical practice, with either one-on-one, or one-on-two supervision. So, I don't know where the forty-five days comes from. What we are seeing in Maine, in terms of training, is very clinically oriented, very well supervised training. I would like to go back to something that the good Senator said about the practice of medicine. Are our nurses practicing nursing, or are they practicing medicine? Well, the definition of what the practice of medicine is has changed over the last fifty years. It used to be, men and women of the Senate, that giving a hypodermic needle was practicing medicine. It used to be that inserting an I.V., or taking a blood pressure, was practicing medicine. The definitions have changed. Now, doing all those things, I think you or I, if we went to a hospital, would be quite surprised if the doctor did any of those things. It is still practicing medicine, but it is also practicing nursing. The current statute, if we do not change it, puts us all in jeopardy. The current statute says that a doctor may delegate anything to a nurse practitioner. We have had stories, the Committee last year heard stories, of inappropriate delegation in surgery. Advance practice nurses should practice nursing within the scope of their practice. It is very well defined. The re-write of the nursing statute, which is long overdue, defines it very well and I urge you to remember that the practice of medicine has changed. Nurses practice nursing, and doctors practice medicine. Diagnosis is also a part of the practice of nursing, that is in the scope of practice. They are professionals, they are providers that talk all the time. Since we are legislating, in the majority report, referral and consultation with other health care providers, that then will guide the Board of Nursing and nurses in advance practice who do not do that, and do not live up to those standards will be sanctioned for our protection. Thank you.

THE PRESIDENT: The Senator from Hancock, Senator Goldthwait, requested and received leave of the Senate to speak a fourth time. The Chair recognizes the Senator from Hancock, Senator Goldthwait.

Senator GOLDTHWAIT: Thank you, Mr. President, Men and Women of the Senate. I will be brief. I just wanted to mention the issue of cost came up earlier, that the back-up provided by physicians is not a courtesy service. I know that two years ago, I'm not sure how current this information is, the clinic in Portland paid a \$35,000 fee per year to a physician to provide that service. That physician, I am sure, warranted that fee for taking on the responsibility of providing that back-up, and yet it does add significantly to the cost of the patient care in that sort of an arrangement. In Aroostook

County now, there are four advanced practice nurses who are wanting to open a clinic for under-served people in that county. They are waiting on passage of the majority report of this bill to do that. So, this is not a hypothetical situation. This is reality. The last point that I want to make is that as much as I wish we were, we are not on the cutting edge of what is happening with this profession in the United States. We are one of a number of states moving toward this type of practice arrangement. We are by no means the first. There are approximately twenty other states that have arrangements in which advance practice nurses practice more autonomously than they do in Maine. In at least six of those states they practice with full autonomy. So, it's not like we are out there in front, taking some sort of public risk. This is happening in other states. It's working well. It's improving access. It's decreasing health care costs. I urge you to support the majority report. Thank you.

THE PRESIDENT: The pending question before the Senate is the motion by Senator **GOLDTHWAIT** of Hancock that the Senate **ACCEPT** the Majority **OUGHT TO PASS AS AMENDED BY COMMITTEE AMENDMENT "A" (S-279)** Report.

A vote of Yes will be in favor of **ACCEPTANCE**.

A vote of No will be opposed.

Is the Senate ready for the question?

The Doorkeepers will secure the Chamber.

The Secretary will call the Roll.

ROLL CALL

YEAS: Senators: BUSTIN, CIANCHETTE, CLEVELAND, ESTY, FAIRCLOTH, FERGUSON, GOLDTHWAIT, HARRIMAN, LAWRENCE, LONGLEY, LORD, MCCORMICK, MICHAUD, MILLS, O'DEA, PARADIS, PINGREE, RAND, RUHLIN

NAYS: Senators: ABROMSON, AMERO, BEGLEY, BENOIT, BERUBE, CAREY, CARPENTER, CASSIDY, HALL, HANLEY, HATHAWAY, KIEFFER, PENDEXTER, SMALL, STEVENS, and the PRESIDENT, Senator BUTLAND

19 Senators having voted in the affirmative and 16 Senators having voted in the negative, the motion by Senator **GOLDTHWAIT** of Hancock to **ACCEPT** the Majority **OUGHT TO PASS AS AMENDED BY COMMITTEE AMENDMENT "A" (S-279)** Report, **PREVAILED**.

The Bill **READ ONCE**.

Committee Amendment "A" (S-279) **READ** and **ADOPTED**.

The Bill, as Amended, **TOMORROW ASSIGNED FOR SECOND READING**.

The Chair laid before the Senate the fifth Tabled and Today Assigned matter:

HOUSE REPORTS from the Committee on **APPROPRIATIONS AND FINANCIAL AFFAIRS** on Bill "An Act to Reduce the Legislative Budget" H.P. 500 L.D. 681

Majority - **Ought Not to Pass**. (7 members)

Minority - **Ought to Pass as Amended by Committee Amendment "A" (H-346)**. (6 members)

Tabled - June 16, 1995, by Senator **KIEFFER** of Arrostook.

Pending - the motion by Senator **HANLEY** of Oxford to **ACCEPT** the Minority **OUGHT TO PASS AS AMENDED** Report, in **NON-CONCURRENCE**.

(In House, June 15, 1995, the Majority **OUGHT NOT TO PASS** Report **READ** and **ACCEPTED**.)

(In Senate, June 16, 1995, Reports **READ**.)

On motion by Senator **AMERO** of Cumberland, Tabled, pending the motion by Senator **HANLEY** of Oxford to **ACCEPT** the Minority **OUGHT TO PASS AS AMENDED** Report in **NON-CONCURRENCE**.

The Chair laid before the Senate the sixth Tabled and Today Assigned matter:

HOUSE REPORTS from the Committee on **LABOR** on Bill "An Act to Repeal Laws Regarding Minimum Wages on Construction Projects" H.P. 673 L.D. 924

Majority - **Ought Not to Pass**. (8 members)

Minority - **Ought to Pass as Amended by Committee Amendment "A" (H-381)**. (5 members)

Tabled - June 16, 1995, by Senator **KIEFFER** of Arrostook.

Pending - **ACCEPTANCE OF EITHER REPORT**.

(In House, June 15, 1995, the Majority **OUGHT NOT TO PASS** Report **READ** and **ACCEPTED**.)

(In Senate, June 16, 1995, Reports **READ**.)