

MAINE STATE LEGISLATURE

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

VOLUME II

FIRST REGULAR SESSION

House of Representatives
May 24, 1995 to June 30, 1995

expressed a desire for a roll call, a roll call was ordered.

On motion of Representative ROWE of Portland, tabled pending passage to be engrossed as amended and later today assigned. (Roll Call Ordered)

Resolve, Establishing the Task Force on Alcoholic Beverage Sales (EMERGENCY) (H.P. 1075) (L.D. 1514) (Governor's Bill) (C. "A" H-477)
 TABLED - June 23, 1995 (Till Later Today) by Representative HICHBORN of Lagrange.
 PENDING - Final Passage.

On motion of Representative GAMACHE of Lewiston, rules were suspended for the purpose of reconsideration.

On further motion of the same Representative, the House reconsidered its action whereby L.D. 1514 was passed to be engrossed.

On further motion of the same Representative, under suspension of the rules, the House reconsidered its action whereby Committee Amendment "A" (H-477) was adopted.

The same Representative presented House Amendment "A" (H-614) to Committee Amendment "A" (H-477) which was read by the Clerk.

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

Representative GAMACHE: Mr. Speaker, Men and Women of the House: The purpose of this amendment is to correct a minor error in the bill itself. The bill L.D. 1514 is a Governor's proposal to establish a study group to look into the liquor business of the state. As written, the bill calls for the appointment of committee members by the House and Senate Chairs of the committee. This it turns out is against the rules or are not in compliance of the Rules of the House and Senate. The amendment changes this so that the Speaker and President of the Senate are restored their proper roles. Thank you.

House Amendment "A" (H-614) to Committee Amendment "A" (H-477) was adopted.

Committee Amendment "A" (H-477) as amended by House Amendment "A" (H-614) thereto was adopted.

The Bill was passed to be engrossed as amended by Committee Amendment "A" (H-477) as amended by House Amendment "A" (H-614) thereto in non-concurrence and sent up for concurrence.

The following items were taken up out of order by unanimous consent:

SENATE PAPERS

Ought to Pass as Amended

Report of the Committee on Banking and Insurance reporting "Ought to Pass" as amended by Committee Amendment "A" (S-240) on Bill "An Act to Extend the Final Determination of a Fresh Start Policy Year Status" (S.P. 299) (L.D. 838)

Came from the Senate with the Report read and the Bill and accompanying papers indefinitely postponed.

Report was read and the Bill and all accompanying papers were indefinitely postponed in concurrence.

Non-Concurrent Matter

Resolve, Authorizing Glen Greenhalgh to Sue the State of Maine and the Department of Human Services (H.P. 786) (L.D. 1103) on which the Minority "Ought to Pass" as amended Report of the Committee on Legal

and Veterans Affairs was read and accepted and the Bill passed to be engrossed as amended by Committee Amendment "A" (H-355) in the House on June 23, 1995.

Came from the Senate with the Majority "Ought Not to Pass" Report of the Committee on Legal and Veterans Affairs read and accepted in non-concurrence.

On motion of Representative BAILEY of Township 27, the House voted to Adhere.

Non-Concurrent Matter

Bill "An Act Concerning the Kennebec Water District" (H.P. 937) (L.D. 1326) which was passed to be engrossed as amended by Committee Amendment "A" (H-527) in the House on June 20, 1995.

Came from the Senate passed to be engrossed as amended by Committee Amendment "A" (H-527) as amended by Senate Amendment "A" (S-313) thereto in non-concurrence.

The House voted to Recede and Concur.

Non-Concurrent Matter

Resolve, to Require the Brookton Elementary School to be Used as a Community Center for Northern Washington County (H.P. 1131) (L.D. 1576) which was passed to be engrossed as amended by House Amendment "A" (H-559) in the House on June 22, 1995.

Came from the Senate passed to be engrossed as amended by House Amendment "A" (H-559) as amended by Senate Amendment "A" (S-321) thereto in non-concurrence.

The House voted to Recede and Concur.

By unanimous consent, all matters having been acted upon were ordered sent forthwith.

SENATE PAPERS

Non-Concurrent Matter

Bill "An Act to Modify the Licensure Act for Substance Abuse Counselors" (H.P. 1008) (L.D. 1419) which was passed to be engrossed as amended by Committee Amendment "A" (H-427) as amended by House Amendment "A" (H-583) thereto in the House on June 22, 1995.

Came from the Senate passed to be engrossed as amended by Committee Amendment "A" (H-427) as amended by Senate Amendment "A" (S-326) and House Amendment "A" (H-583) thereto in non-concurrence.

On motion of Representative ROWE of Portland, the House voted to Recede and Concur.

SENATE PAPERS

Divided Report

Majority Report of the Committee on Business and Economic Development reporting "Ought to Pass" as amended by Committee Amendment "A" (S-279) on Bill "An Act to Provide Greater Access to Health Care" (S.P. 343) (L.D. 948)

Signed:

Senators:

HARRIMAN of Cumberland
 CIANCHETTE of Somerset
 GOLDTHWAIT of Hancock
 ROWE of Portland
 BRENNAN of Portland
 CAMERON of Rumford
 DAVIDSON of Brunswick

Representatives:

KONTOS of Windham

Minority Report of the same Committee reporting "Ought to Pass" as amended by Committee Amendment "B" (S-280) on same Bill.

Signed:

Representatives: BIRNEY of Paris
LIBBY of Kennebunk
POVICH of Ellsworth
REED of Dexter

Was read.

Representative ROWE of Portland moved that the House accept the Majority "Ought to Pass" as amended Report.

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

Representative ROWE: Thank you Mr. Speaker, Colleagues of the House: Maine's current nursing law does not adequately or accurately define professional nurses that have advanced education. Current law allows nurses who are approved for advanced practice to perform certain medical diagnosis or prescriptions of medication only when those services are delegated in writing by a licensed physician. The law does not define the full range of health care services that advanced professional nurses are educated and qualified to provide.

The Majority Report on L.D. 948 will correct this situation. The Majority Report includes four categories of registered nurses with advanced education. They are certified nurse practitioner, certified nurse midwife, certified clinical nurse specialist and certified nurse anesthetist. The Majority Report establishes the criteria for approval as an advanced practice registered nurse. Two important criteria are, number one, successful completion of an advanced education program and for all specialties, but one, that is a master's degree. Number two, it includes the national certification credential. Additionally as I am sure you know, the other body amended the Majority Report to require that an advanced practice registered nurse practice for at least two years under the supervision of a licensed physician or as an employee of a hospital or clinic who has a licensed physician as a medical director. After the two year period, advanced practice nurses can practice without the continuous supervision of a physician. The members on the Majority Report in this body support the two year supervision requirement.

The Majority Report creates the Joint Practice Council on Advanced Practice Registered Nursing. The council consists of the Chairs of the Board of Nursing, the Board of Licensure in Medicine, the Board of Osteopathic Licensure, the Pharmacy Board, 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 prescription practice, as well as other matters that it considers appropriate. I know that you have been lobbied hard on this bill. I am sure you have heard of the Majority Report. You have heard about the differences between the levels of education of physicians and advanced practice nurses. You have heard that if we pass the Majority Report it will lead to duplication of medical services and increase costs. The truth of the matter is that advanced practice nurses do not have the same training as physicians. They are not physicians and they do not profess to be.

Rather they are educated and trained to practice within the scope of an advanced practice nursing specialty area. That scope involves preventative and primary health care. The truth is that most preventative and primary health care does not require the extensive specialization that characterizes physician education today. Just as with other health care providers, advanced practice nurses do not operate in isolation. They consult with or refer to other health care providers when required by the clients needs. This is required by their standards of practice. It is also specifically required by the Majority Report itself. The same type of public safeguards exist for advanced practice nurses as for physicians who exceed their scope of practice or commit malpractice.

Advanced practice nurses carry malpractice liability insurance just as physicians do. Advanced practice nurses are highly motivated and pay scrupulous attention to the care they deliver and to ensure that they confine their practice to their scope of education and training. Advanced practice nurses recognize that the best health care delivery system is fully integrated with many different types of practitioners performing different services in a number of settings. Advanced practice nurses do not wish to remove themselves from this integrated setting. They simply wish to perform those advanced nursing functions for which they have been trained, without having to seek permission from members of another profession. In some instances advanced practice nurses may work without the supervision of a physician diagnosing and treating patients within their scope of practice. In other cases they will work under the same type of formal agreement with physicians that currently exist. Some advanced practice nurses prefer this type of arrangement. The advanced practice nurses I have encountered practice their specialties with great professionalism.

My daughter was delivered by a certified nurse midwife in Portland. All four of my children have received primary care from pediatric nurse practitioners and they have received excellent care. Regarding duplication of medical services, there should be no more duplication when an advanced practice nurse refers a patient to a physician then presently exists when the general practice physician refers a patient to a specialist. Specialists routinely reorder tests. Of all the bills that came before my committee this session, I consider this to be the most important. That is because I believe this bill has the potential to dramatically improve the lives of the citizens of this state, especially the lives of our children.

Recently a woman who moved to Bangor from Canada earlier this year testified before our committee on another bill, she testified that when she arrived in Bangor she had a tough time finding a pediatrician who would take her children as new patients. She testified that only one pediatrician in the Bangor area was accepting new patients and those slots were restricted to private pay patients. Pediatricians limit the size of medicaid patient loads that they accept. I understand the reasoning for that. Medicaid reimbursement rates are low. I believe strongly that this bill can help that situation. I firmly believe that passage of the bill will increase the number of advanced practice nurses in this state. I certainly know that it will allow advanced nurses to practice within the full scope of their

education and ability. With more advanced practice nurses providing preventative and primary health care, aggregate health care costs will be reduced. Statistics show that preventative care is the most cost efficient type of health care.

I think we all know that. That is what advanced practice nurses do. They provide preventative and primary health care. Men and women of the House, advanced practice nurses understand the limits of their practice and they also understand that they are but one player in the health care continuum. They value their relationship with physicians just as they do with other health care colleagues. Their intent is not to displace anyone in the health care system. They simply want to practice as fully vested partners in that system. I strongly advocate giving them that opportunity. I thank you very much for listening and I strongly request your support of the pending motion. Thank you.

The SPEAKER: The Chair recognizes the Representative from Ellsworth, Representative Povich.

Representative POVICH: Mr. Speaker, Men and Women of the House: I cannot imagine any more emotional subject than this advanced nurse practitioners bill, L.D. 948, which is, An Act to Provide Greater Access to Health Care.

On a personal level, I have the utmost respect for the work these professionals perform. One of my closest political volunteers is a nurse in advanced practice. The Maine Nurses Association endorsed my campaign and helped me in many ways. It would be natural for me to have no difficulty voting for the original bill unamended, but I did have tremendous difficulty supporting the concept of free unregulated independent practice for nurses in advanced practice and for any professional. A physician whose very clients depend upon their practices in matters of life and death. The most beneficial and cost effective means of delivering care is for nurses and physicians to work together, not in isolation. I believe that nurse practitioners should not practice without some prearranged relationship with a physician, not a micro-managed relationship, but a general relationship with a physician. This relationship is essential, I believe, to the continuing quality health care interests of Maine patients.

Yes, it is a profound belief that in these matters we can never be too certain. We must provide for redundancy. We are not right 100 percent of the time, but in this case it is too serious if we are wrong. We must look to our peers and to our mentors to guide us even when we are absolutely positively certain of a diagnosis. Who is to benefit? The people who depend upon this care. Let's hang the turf battles and the squabbles and hang the foolish pride, we are dealing with people who are dealing with life and death matters. I would urge you to vote against the motion so we can go to the amendment which in turn establishes an independent practice for advanced nurse practitioners, but with a physicians relationship. Thank you very much.

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

Representative LEMKE: Mr. Speaker, Men and Women of the House: For about 20 years I have worked at an educational institution, one of the major components of which, is the education of nurses. I will not pretend at all to be an expert on this issue, I do think I have some understanding and empathy of the

issues involved. Having said that, this is not a perfect bill, but I see this as a major step forward. It is something that has been needed for a long time. I urge you to support the pending motion.

The SPEAKER: The Chair recognizes the Representative from Township 27, Representative Bailey.

Representative BAILEY: Mr. Speaker, Ladies and Gentlemen of the House: My health care provider is a nurse practitioner. I consulted with her last year when this bill was before us and I consulted with her again this year. She feels that there needs to be some collaboration between physicians and nurse practitioners. I urge you to defeat the present motion so you can accept the Minority "Ought to Pass". Thank you.

The SPEAKER: The Chair recognizes the Representative from Paris, Representative Birney.

Representative BIRNEY: Thank you Mr. Speaker, Distinguished members of this House: If you accept the Majority Report, we will be among only six other states that permit independent practice of nurse practitioners. It has been mentioned that they have a master's degree level education. I need to remind you that only about 40 percent of them have an associate RN with continued education program, which is based over nine months, but it is approximately 360 hours total at 45 days.

Committee Report "B", which I support, also defines the Nurse Practice Law. It sets up a collaborative situation with a physician. I know we went round and round last year on collaboration and the liability. The collaboration clause in Report "B" takes care of the liability issue. It has been mentioned here that there are national standards. There are no national governmental standards for nursing. The standards that are talked about are the Nursing Association's standards. Also, midwives are mentioned in delivering babies. I have to tell you that Majority Report "A" does not exempt a midwife from collaboration. They must collaborate. I am telling you that all nurses collaborate.

One of the proponents of this bill who was a nurse, I happened to ask her, I said, I would think that any good nurse would want to have some sort of a relationship with a doctor so that if she was in trouble with a patient she could pick the phone up and call for help. The answer was any good nurse would, but we don't want to be told we have to do it. Folks, the law protects the people from those people that would go ahead and not call a doctor. There are people out there I'm sure in every profession that do not practice necessarily on the utmost professional manner. Basically Majority Report "A" does not take care of this issue. I ask you to defeat the pending motion so that we can go on to pass the Minority Report. Thank you.

The SPEAKER: The Chair recognizes the Representative from Dexter, Representative Reed.

Representative REED: Mr. Speaker, Ladies and Gentlemen of the House: I rise to urge you to vote against the Majority "Ought to Pass" on L.D. 948. This bill would allow the unsupervised practice of medicine by a nurse practitioner. Their training does not give them the skills needed to diagnose and treat medical problems. There are side effects and there are complications. It is hard enough for a physician with at least 11 years of training to do a good job, so you cannot expect quality care from

those who have had much less training than that in a different curriculum agenda.

They will tell you that advanced nurse practitioners will fill the need in rural areas where doctors do not wish to live. There is no evidence that nurse practitioners will be in unserved areas in any greater amount than physicians. My one concern is about the concept of collaboration. Collaboration, in my opinion, implies a mutual cooperation agreement between physicians and nurse practitioners. In the current legal climate in medicine, my concern is that if there were to be a pour out after a nurse contacted a physician by telephone, if the physician might be implicated in the process having never seen the patient. They have removed the word collaboration because they are afraid it would confuse the people in the legislature.

I am actually quite surprised that nurse practitioners would like to be fully responsible for some of the decision making. Nurse practitioners have been trying to practice nursing, not medicine. Why should they be allowed to hang out a shingle to practice medicine with only seven years training when a doctor has to have 11 or 12? We are a citizen's legislature and it is our job to protect the citizens. I do not feel this bill would protect the citizens in proper medical care.

I don't feel that we are qualified to tell our medical profession how they should practice. I think the concept of advanced nurse practice is a good one, but this bill needs more work. I am not sure, I have served on this committee three terms, I think we have massaged this bill maybe three times or at least twice. I don't think it is perfect yet. I think it still needs some more work. I hope you will vote against the Majority Report and accept the Minority Report. Mr. Speaker, when the vote is taken I request the yeas and nays. Thank you.

Representative REED of Dexter requested a roll call on the motion to accept the Majority "Ought to Pass" as amended Report.

The SPEAKER: A roll call has been requested. For the Chair to order a roll call it must have the expressed desire of more than one-fifth of members present and voting. All those in favor will vote yes; those opposed will vote no.

A vote of the House was taken and more than one-fifth of the members present and voting having expressed a desire for a roll call, a roll call was ordered.

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

Representative CAMERON: Mr. Speaker, Ladies and Gentlemen of the House: You have heard comments about the fact that we are looking to allow nurses to practice medicine that are not properly trained. If you recall within the past three weeks, we passed a bill in this House to reduce the years of training for primary care physicians by two years. To me that was a major, major change. It went through this House with virtually no debate. We are not, by any stretch of the imagination, saying that nurses practice medicine. They are not qualified to practice medicine. None of us on the Majority Report will tell you they are qualified to practice medicine. They are clearly not qualified to practice medicine.

When we hear testimony about this issue, in my mind, it is a smoke screen, because what we heard was we are going to be allowing people who are trained to

do nursing, we are going to allow them to practice medicine. The issue in my mind, ladies and gentlemen, is not medicine versus nursing. The issue is allowing highly trained professionals that are residents of this state to practice to the fullest extent of their education. You have heard that only 40 percent of the nurse practitioners have master's degrees, that figure is very close to accurate, but that is really irrelevant because those who don't have master's degrees, except in the case of the midwives, just simply won't qualify to do what we are asking them to be allowed to do. If they don't have the master's degree education, they will not be allowed to practice. It is very simple.

As far as the nurse midwives are concerned, there is a national standard that requires a relationship with a higher level professionals. I think for very obvious reasons. You have also heard that it is unsafe for the public to have nurses practicing that don't have a collaborative relationship. Interestingly enough, as we heard testimony the same people that supported collaboration, were the same people who opposed it last year, the very same people. Collaboration last year was used as an excuse, in my mind, that liability would be an issue by our definition of collaboration. The present definition of collaboration effectively makes no change in the nurses ability to practice.

You have also heard there is an issue of rural access and to some degree that is true, but I also think that it will provide access to some of the inner cities. It is urban access as well as rural access. We are simply asking that these nurses who are highly trained professionals be allowed to practice to the full extent of their education. We heard a long debate over scope of practice. I remind you, ladies and gentlemen, that nurses in advanced practice are the only health professionals that even attempt to define their scope of practice in the law. No other professional has that limited definition in the law, only this one that we have tried to do.

Scope of practice is certainly the issue that I think we ought to be concentrating on, because scope of practice is related to an individual's ability to provide service. An individual's ability to provide service is related to their education. Please don't be misled when you hear that some of these people are going to be practicing with associates degrees, that simply is not true. They will not qualify as the bill is presently written. You may also hear and I would like to diffuse the issue before it comes onto the floor. I haven't heard it yet this morning.

You may also hear that there is no point in doing this because we don't have a third party payer system in this state so therefore, it won't allow nurses to be paid, so therefore it is a waste of time to do it. We can do it right now. There is nothing in the law that prohibits insurance companies or medicaid from paying these people. What is happening right now is that these practices are taking place. The physician is being paid by the insurance and medicaid at the higher rate and gives the nurse a little piece of it and keeps the rest and never sees the patient, unless the nurse determines that this individual needs more help than their training can provide. That is the very simple of what we are going to do and it is a matter of trust.

I heard in the testimony basically that you can't trust nurses because they will go beyond their

ability. I don't think there is a day that we don't pick up a newspaper and hear about a doctor or an intern in a hospital that made a mistake. They went to far. They did something wrong. These are extremely unfortunate cases. They also think that we have a health care system in this country second to none and we need more access for those who can't afford it. This, in my mind, will provide it. This will provide increased access to preventive medicine, which we all know is the least expensive way to go.

I have heard all kinds of figures on percentages and somewhere between 60 to 80 percent of the procedures will take place in a primary care office can be handled by a nurse practitioner that is trained at the level we are talking about. That doesn't mean, necessarily, that this nurse practitioner can handle 60 to 80 percent of the diseases. There is a clear distinction there. What I am saying is, you get more people that who come to a doctor's office with a cold, than you do people come to the doctor's office with cancer, thank God. I apologize for using that analogy, but I think it is an important distinction that we understand that nearly 80 percent of the items or ailments that an individual comes to a primary care office with can be handled by an advanced practice trained nurse.

We make no claim that they can practice medicine. They can't practice medicine. I would ask you, ladies and gentlemen, to support this effort. We are not letting people go out and willy nilly and practice whatever they want on whomever they want. We are trying to increase access. We are trying to keep costs under control. To me this is health care reform in its finest. We don't force anybody to do anything. A nurse that wants to can continue to practice the way she wants. We are not forcing anybody in the public, like in an HMO, to go to an individual that can go to this nurse practitioner or if they want to go to a doctor, they still have that option. We are not looking at a huge cost to the state or any other government agency.

As a matter of fact, we hope and I would be a fool to stand here and tell, but we hope and we have a lot of faith that this will actually drive costs down. I think all of you know around the State of Maine we have a real serious issue with primary care access. This we hope and we believe will reduce some of that concern. I urge you to support the pending motion and I thank you in advance for your support.

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

Representative LUMBRA: Mr. Speaker, Ladies and Gentlemen of the House: It has been said that this Majority Report does not allow nurse practitioners to practice medicine. Well, ladies and gentlemen, when you are independently diagnosing and independently treating with prescriptions medical diseases, I call that practicing medicine.

We have been also told that this could perhaps keep costs under control. Well, ladies and gentlemen, we have already heard that there is no mandated insurance reimbursement for this so obviously we will probably see that down the road if this bill should pass. Let me just tell you when a nurse practitioner sees somebody and she feels it is beyond her scope of practice and yet all ties have been cut to the physician, what do you think is going to happen. It won't be a simple phone call. It will be either a referral to a physician, which is an additional cost or it will be an emergency room

visit, which is a significant additional cost. I can't see that this would save money for the patient in any way. I can see that it has a great potential of increasing cost. The other thing is we have heard that we need to provide greater access in rural areas. The way we can decide if this would do that is to go and they say hindsight is twenty-twenty, lets look and see what has happened in other states.

In Oregon in 1979, they gave nurse practitioners independent prescription authority. The reason they did that was to provide greater access for health care in rural parts of there state. In 1991, they did a study to see if that had been accomplished and guess what, it had not. The nurse practitioners were largely located in the urban centers. This bill does not address that and it doesn't give direction to push nurse practitioners into the rural areas. Ladies and gentlemen, I think that this is practicing medicine. It is not insurance reimbursable. It does, I think, increase the potential for cost. I would urge you to vote against this pending motion. Thank you.

The SPEAKER: The Chair recognizes the Representative from Paris, Representative Birney.

Representative BIRNEY: Distinguished Members of the House: It was mentioned earlier that only master's degree level nurses can practice. I think you need to read the bill. I find that no where in the Report "A". I will read to you the education requirements from Committee Amendment "A", the Majority Report. Education, has successfully completed a formal education program that is acceptable to the board in an advanced nursing specialty area. Right now acceptance to the board is a two-year associate's degree, RN was the second level, as I mentioned which is covered over a nine month period.

Also, it was mentioned about the bill that we just passed to reduce physicians education by two years. Folks, we didn't reduce the level of education. This program was for exceptionally brilliant people. They have to complete all of their studies and do an extra year of residency while they are doing it. It takes a year off from the medical school, but they still have to complete all those studies which would be inclusive in that year and it adds another year of residency. We are not reducing the criteria of education. We are saying if you can do it in lesser time, then go ahead. Another thing that I wanted to mention is the collaboration issue. Last year there was a major liability issue around collaboration. This year the way Committee Amendment "B" is written takes care of that.

In closing, I just want to quote to you from the well respected Edmund S. Muskie Institute of Public Affairs. "Some states allow nurse practitioners to work independently of or in collaboration with physicians, rather than under physicians supervision, as is the case in Maine. Although independent practice is permitted in states, the reality in Maine and elsewhere is that more and more primary care providers are joining in networks, group practices and integrated systems. Therefore, a collaborative model in which physicians and nurse practitioners work together and, in which, is arguably more effective and more cost effective than independent practice and is the most practical role." Folks, that is from the Muskie Institute whom we all respect. Thank you.

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

Representative ROWE: Mr. Speaker, Men and Women of the House: I hope this doesn't go on too much longer. I felt there was a couple of things I wanted to comment on about what has been said. First of all, you have heard that there is going to be, again I address this, duplication of a test of exams and there will be additional costs if we go with the Majority Report. I just don't see how you can think that. As you know when you go to a physician now, if your physician is an internist, general practitioner, or family practitioner, refers you to a specialist, whether it be a urologist or whatever, often test are conducted again, that is routine. Sometimes they are not. If they are diagnostic tests and they are clear, they are not conducted, but the physical exams are conducted again.

If a nurse practitioner refers a patient to a physician and they will, when it is not within their scope of practice to treat the patient, they will refer. I don't see how you can say that there is going to be any additional costs or any more cost involved than when a general practice physician refers a patient to a specialist. The other issue is about reimbursement. Medicaid reimburses in full for services provided by certain type of advanced nurse practitioners. Medicare is available as federally mandated. There may be a reason you want to vote against this Majority Report, but I hope it is not because you feel that the nurse practitioners are not going to be reimbursed either through Medicaid or Medicare or third party payer. They will be, but even if they wouldn't, they still want to provide treatment.

The most important thing I think we need to think about today are the children of this state. That is why I am excited about this bill. I am from the City of Portland. We have a lot of children who live in poverty and qualify for Medicaid, but they don't have a pediatrician. They get medical care when it gets acute. Even some Medicaid kids who do have a pediatrician when there is an event that flairs up after hours, they will refer them to the hospital, because the Medicaid reimbursement rates are not high enough to warrant the physician coming in and treating the child. If I thought this was going to reduce the quality of health care, I would be the last one to vote for it. You will have to make up your mind about that.

I would just ask you to think about those children in this state who have no health care today. What most nurse practitioners provide is preventative health care and primary health care. They do well baby checks. They do routine physicals. They check for ear infections and sore throats. These types of things go unheeded often, because you can't access a physician. You end up in the emergency room when the condition becomes so severe that the child can't stand it. If you want to reduce health care costs, I submit this is the way.

I know I am becoming a little passionate about this, but it is because I believe in it so strongly. I don't mean to go overboard. As I said before, of all the bills and we had 90 bills before our committee, this is the one that I think is the most important and will do the most for the citizens of this state. I strongly urge you to support it. Thank you.

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

Representative LIBBY: Mr. Speaker, Men and Women of the House: The direction in management of care cannot be abrogated to non-physicians no matter how willing they are to assume their responsibilities. While non-physicians health professionals are able to perform more important patient care functions, they do not have the diagnostic and treatment education, training and experience as physicians.

The most productive and cost effective way to deliver quality health care lies in physicians and nurses in advanced practice working together to meet patients health needs with physician's directions on medical acts. It has been stated in the past there are only six states permitting independent practice by nurse practitioners. The physician's direction should be maintained to ensure patients receive the safest and best quality care available. Physicians have at least 11 years of training in patient diagnostic and therapeutic. In contrast, APN's have a minimum of two years of the associate degree nurse, plus a a nine month certificate program and a maximum of six years in training after high school for a nurse with a master's degree. It has been stated in the past that only 40 percent of these people have a master's degree.

You have heard about the scope of practice. The scope of practice can vary as wide as it is long. It will differ from one APN to another. When they hang their shingles out how in heaven's name are the patients suppose to know what range that particular APN happens to have and their ability or scope of practice. The argument that APNs will serve rural areas is questionable. There is no evidence that nurses in advanced practice will practice in rural areas. In fact, studies show that APNs are no more likely to study in rural areas than physicians. The question is would APNs leave their established home in the area they are familiar with. Would their children who are used to their school and their friends move to rural areas? Their husbands are probably located close to their work so there would be no incentive for them to move.

FAME, which you all know about, already has a program to entice doctors to rural areas. They offer from 50 to 100 percent reimbursement for the doctor's schooling. Even with that the doctors are not standing in line to take advantage of this program. The basic problem with this bill is what happens if the APN encounter a problem through wrong diagnostic or treatment when they do not have collaboration with a doctor to fall back on. Patients deserve physicians direction in the art of science of medicine, diagnostic, treatment and prescriptions. I strongly urge you to vote against the Majority "Ought to Pass" Report. Thank you.

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

Representative SAXL: Mr. Speaker, Men and Women of the House: I stand and urge you to defeat the Majority "Ought to Pass" motion and move onto accept the Minority Report. My good friend from Portland, Representative Rowe, stood up and passionately told you why he cared so deeply about this piece of legislation and I accept his basic premise that we want to provide health care services to the poor, inferred, children and the elderly. I accept my good Representative Cameron's hope that this is going to create a more affordability on health care.

I ask this body, does affordability of health care mean that our poorest citizens don't deserve the quality of health care as our wealthier citizens? Does it mean that currently the practice of nurse practitioners can't reach out to the poorest communities and to the people in the inner city? I represent Portland west end and there are a lot of poor people in my community and there are two health clinics, one at the Riche School and one at the Maine Medical Center. Both of these health clinics are staffed largely by nurse practitioners and physician's assistants. I think that is great, but I tell you what, although these people merely practice on their own, they do work in coordination and collaboration with a primary care physicians. It is working in Portland's west end. People are getting the health care they need from these clinics and I think it is important to recognize that nurse practitioners working in collaboration with primary care physicians means good health care for all of Maine's citizens.

I also want to touch on the point that Representative Rowe mentioned about the issue of duplication of services. He makes an excellent point. Currently there are some duplications of services in health care, but as we move to health care reform, we don't want to encourage that trend. We don't want to encourage duplication of services. If I were a practicing physician and I give something they call a curbside referral, when a nurse practitioner came up and said, "look, I am not sure if this is what I think it is." "Does this sound right?" "Is this within my scope of practice?" "Is this the thing?" I say under this bill when the liability is shifted 100 percent on my shoulders, I can't give you that kind of diagnosis without fully redoing all the work. That is the only way I can insulate myself and the only way I can be professionally responsible.

Yes, this is going to increase or maintain the duplication of services. I think that is a problem. Expanding the role of any health care provider is a serious step. Today we are being asked to extend nurse practitioners the right to practice medicine without physician involvement. The practice of medicine is the right to practice medicine without physician involvement. The practice of medicine is the right to diagnose medicine without physician involvement. The practice of medicine is the right to diagnose and treat patients.

This proposal would allow nurse practitioners to ensue that independently of physician's supervision or collaboration. This is a major change in Maine policy and one that we should reject. I think the poor people in Maine need access to health care should have the access to the same quality of health care that you and I receive today. Please join me in defeating the Majority "Ought to Pass" Report motion and go on to accept the Minority Report.

The SPEAKER: The Chair recognizes the Representative from Hartland, Representative Stedman.

Representative STEDMAN: Mr. Speaker, May I pose a question through the Chair?

The SPEAKER: The Representative may pose his question.

Representative STEDMAN: I had a question for each side of the debate. For the proponents of Committee Amendment "A", what is the objections to collaboration? For the proponents of Committee Amendment "B", does this bill as amended improve the

health care service system in Maine or does it more or less maintain the status quo?

The SPEAKER: The Representative from Hartland, Representative Stedman has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Paris, Representative Birney.

Representative BIRNEY: Thank you Mr. Speaker. I can respond on Committee Amendment "B". It actually improves the services in Maine, because right now the law reads that they have to be supervised by a physician. This collaboration clause that is in Committee Amendment "B" says it removes the concept of supervision and delegation and replaces it with a relationship that recognizes the contribution of each participant in the medical team. Basically a nurse practitioner will be able to go out into rural areas and go into clinics. It is just that she has to have a physician on the other end of the phone if she needs him. They can agree on a relationship rather than a supervision type relationship. It does improve the standards.

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

Representative CAMERON: Mr. Speaker, Ladies and Gentlemen of the House: Could I have the question on the Committee Amendment "A" part restated please?

The SPEAKER: The Chair recognizes the Representative from Hartland, Representative Stedman.

Representative STEDMAN: Thank you Mr. Speaker. The question was what are the objections to collaboration?

The SPEAKER: The Representative from Hartland, Representative Stedman has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Rumford, Representative Cameron.

Representative CAMERON: Mr. Speaker, Ladies and Gentlemen of the House: In response to the question, the objection is the definition and the way collaboration is defined this year it effectively makes no change in the existing situation. We keep hearing this thing about liability. I feel very strongly that it is just a smoke screen.

Nurses in advanced practice carry the same level of insurance coverage as do doctors. The exact same coverage. We all know if a suit comes about they are going to go for the deepest pocket, regardless of the insurance coverage. The fact of the matter is, nurses in advanced practice are covered for the same amount of money as doctors. What is interesting about it is, they pay a lot less for their coverage, because their record of suits is much lower. They get sued far fewer times. We can all put a spin on what that means, that is the way it is. Everyone of us, regardless on which side you are on, can put a spin on it to support their thought.

Our concern about collaboration is the way it is defined. I emphasize that collaboration was there in the last bill and the same people opposed it with collaboration in it. We heard the very same testimony that can't have it with collaboration. Now we heard the testimony that we need collaboration. I want you to bear in mind folks, you have heard the word independent thrown around here very loosely this morning. The word independent doesn't appear in this bill anywhere. It does not talk about independent practice. No health professional practices in a vacuum. There will always be relationships, as well there should be.

The question is the type of relationship. Supervisory under the thumb type of relationship does nobody any good. You have heard there are only six other states that have this. Interestingly enough you didn't hear anything about any problems. Nobody could site problems. I want to emphasize that I said that I hope this improves rural access, but I believe that it will probably improve in a city urban access more. The comment about a lower quality care, I think it is very unfortunate that we make that kind of a comment about our professional nurses in this state. They are highly trained and highly professional. I don't think any of you have ever been in a health care setting where you didn't get quality, professional and courteous care from nurses. I have no intention of having a lower quality level care for the poor people of this state, none whatsoever.

These people are qualified to give high quality care to the level that they are trained. Are they trained doctors? Absolutely not. Are they trained to do some of the things that doctors do? Absolutely. All we are asking is that we be allowed to do that without having that under the thumb relationship. There will always be another relationship with another health professional. There has to be and there always will be. Nobody wants to practice other than that. I ask you again. I don't want to belabor this issue. We have a lot of other work and I hope the debate doesn't go on a long time more. I would very much appreciate your support on the "Ought to Pass" motion. Thank you.

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

Representative DiPIETRO: Mr. Speaker, Ladies and Gentlemen of the House: I hope you have all looked at your calendar today. We have 28 items on it. If we are going to discuss them at this great length which we have today, I think you are all entitled to your speech making, but I think maybe we shouldn't keep repeating ourselves. I would like to move forward if at all possible. We are going to be here until 9 or 10 o'clock this evening and it is a long hard day. If somebody has already stated it, lets just hold it back. Thank you very much.

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

Representative DRISCOLL: Mr. Speaker, Men and Women of the House: I have been blessed with three RNs in my family, my son and my two daughter-in-laws. I have discussed this bill with them. They seem to agree that if you want to become a doctor, then you go to medical school. If you want to become a nurse, you go to nursing school. If you want to get a quick way around going to medical school, then you become a nurse practitioner and take a few courses and then you become a pretty near a doctor. You can work on your own. They feel that if you want to become a doctor, go to medical school. If you want to become a nurse, go to nursing school.

There is a couple of more points I would like to make while I am standing up here. One is that this will tend to reduce quality care. Two is it will tend to undercut wages of doctors who have spent years and years of training. It is going to take them forever to pay back the money that they owe on their training. This is going to create an easy way around going to medical school. It will create

bureaucracy. I ask you to please vote against the "Ought to Pass" motion. Thank you.

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

Representative LIBBY: Mr. Speaker, Men and Women of the House: Nurses in advanced practice are trained to work with physicians. They are not trained to work independently. They are also not trained to provide a full range of primary care for patients. They are trained to provide limited diagnosis and treatment within the framework of a physicians relationship. To go back and address the amount that the nurses pay for the same coverage. They at present pay a smaller amount than the doctors. That is understandable, but you just wait until they are practicing independently and you see what the insurance rate comes to. Thank you.

The SPEAKER: The Chair recognizes the Representative from Fryeburg, Representative True.

Representative TRUE: Thank you Mr. Speaker, Colleagues of the House: I apologize to my good friend from South Portland for speaking, however, it is the first time. I hope he will forgive me. The question I have and I would like to perhaps have someone answer for me, especially those that are against the Majority "Ought to Pass". We have talked about everything that I can think of except the physician's assistant, the PAs. It is my understanding and I think there are a lot of them in the state who have been given a lot of latitude about having to do with health care. Can anyone tell me or compare the physician's assistant with those particular nurses who will obtain a certified nurse practitioner's certification and requiring them to have a master's degree to go on to serve the people? If someone could answer that for me, I would appreciate it. Thank you.

The SPEAKER: The Chair recognizes the Representative from Portland, Representative Rowe. Having spoken twice now requests unanimous consent to address the House a third time. Is there objection? Chair hears no objection, the Representative may proceed.

Representative ROWE: Thank you Mr. Speaker. To respond to the good Representative's question, I honestly don't know the difference in the educational requirements, but I do know that physician's assistants, as I understand, do not have to have master's degrees. Physician's assistants are true physician extenders, they work with the physician and that is what they are trained to do.

I do disagree with the fact it has been stressed that advanced nurse practitioners are not trained to work autonomously. They certainly have the skills and training to do that. I also beg the indulgence of the House. I respect the Representative from South Portland's comment, but to follow up on the other question about collaboration. The reason I don't think this in the "B" report is appropriate it is not only ambiguous, but it requires documentation of collaboration must be available so written documentation and query whether that involves every single physician that an advanced nurse practitioner deals with.

The second issue is, it does not as the good Representative from Rumford said, change the current standard of advance nurse practitioners practicing only under the delegated authority of a licensed physician. I also wanted to point out one thing that may surprise some folks here that in the rules of the

Board of Medicine, physicians can delegate authority to perform tasks that are not routinely within the physician's scope of practice or readily performed by the supervising physician, as long as they have adequate training oversight skills and have referral arrangements in place. You have advanced nurse practitioners working with physicians today performing practices and procedures that physicians themselves do not routinely provide and perhaps is not within their scope of practice. I think this is important to consider.

I take great exception to what the good Representative from Portland said about this providing a different standard of care for the poor. I don't see that at all. If I thought that were the case, I certainly wouldn't get up. I have used nurse practitioners all my life. I intend to continue. I know there is a real problem in the City of Portland. I know the health clinics are not meeting the need. I know that first hand. I would very much appreciate your support. Thank you.

The SPEAKER: The Chair recognizes the Representative from Hampden, Representative PLOWMAN.

Representative PLOWMAN: Mr. Speaker, Men and Women of the House: Briefly, my children and I have both been treated by advanced practice nurses in the pediatric field as well as in the OB GYN field. It is not always, but often, a nurse steps out of the room to discuss the case with the doctor, just to double check. There is going to be collaboration whether formal or informal between the nurses and the doctor. What is not going to happen is there is going to be no fiduciary relationship between that nurse and doctor until there is a suit.

You have heard that malpractice insurance is equal for both and that is true, but two times the malpractice insurance is great. The doctor who collaborates unofficially or officially with the nurse is on the hook in a suit as well as the nurse. Whether they are found to have any participation in contributing to the suit will be determined, but the doctor must still defend himself and he may well be found to have contributed to the cause of the suit. There is nothing in writing that says he is doing business with the nurse. We are not talking about a supervisory position. We are talking about one professional calling another professional for an opinion. That could be done over the phone. That information could be faxed. There is no record in the doctor's files that he even treated the person, but they have been asked to give an opinion. They are stuck in a law suit and you have two deep pockets.

This state does not recognize joint and separate liability. A doctor on the hook for 10 percent of the negligence can still pay 100 percent of his limits into a claim. I just wanted you to be aware of that. Thank you.

The SPEAKER: A roll call has been ordered. The pending question before the House is Majority "Ought to Pass" as amended Report. All those in favor will vote yes; those opposed will vote no.

ROLL CALL NO. 231

YEA - Adams, Ahearne, Barth, Benedikt, Bigl, Bouffard, Brennan, Buck, Bunker, Cameron, Campbell, Chase, Chizmar, Clark, Cloutier, Daggett, Davidson, Desmond, Dexter, DiPietro, Etnier, Farnum, Fisher, Fitzpatrick, Gates, Gerry, Gieringer, Gould, Green, Guerrette, Hartnett, Hatch, Heesch, Johnson, Joseph, Kerr, Kilkelly, Kneeland, Labrecque, Layton, Lemaire, Lemke, Libby JD; Lovett, Madore, Marshall,

Martin, Mayo, McAleve, McElroy, Morrison, Murphy, Nadeau, Nass, O'Gara, O'Neal, Peavey, Pendleton, Perkins, Pinkham, Poirier, Rice, Richardson, Ricker, Rosebush, Rotondi, Rowe, Shiah, Sirois, Stevens, Thompson, Townsend, Treat, Tripp, True, Truman, Tuttle, Tyler, Volenik, Watson, Wheeler, Whitcomb, The Speaker.

NAY - Aikman, Ault, Bailey, Berry, Birney, Carleton, Chartrand, Chick, Clukey, Cross, Damren, Donnelly, Driscoll, Dunn, Gamache, Gooley, Greenlaw, Heino, Hichborn, Jones, K.; Joy, Joyce, Joyner, LaFountain, Lane, Lemont, Libby JL; Lindahl, Look, Lumbra, Luther, Marvin, Meres, Mitchell EH; Mitchell JE; Nickerson, Paul, Plowman, Pouliot, Povich, Reed, G.; Reed, W.; Robichaud, Samsen, Savage, Saxl, J.; Saxl, M.; Simoneau, Spear, Stedman, Stone, Strout, Taylor, Tufts, Underwood, Vigue, Waterhouse, Winglass, Winn, Winsor.

ABSENT - Dore, Jacques, Jones, S.; Keane, Kontos, Ott, Poulin, Yackobitz.

Yes, 83; No, 60; Absent, 8; Excused, 0.

83 having voted in the affirmative and 60 voted in the negative, with 8 being absent, the Majority "Ought to Pass" Report was accepted.

Representative BIRNEY of Paris moved to table one day pending reading of the Bill.

Representative ROWE of Portland requested a division on the motion to table.

A vote of the House was taken. 38 voted in favor of the same and 93 against, subsequently, the motion to table was not accepted.

The Bill was read once. Committee Amendment "A" (S-279) was read by the Clerk.

Representative CARLETON of Wells moved to table until later today pending adoption of Committee Amendment "A" (S-279).

Representative CAMERON of Rumford requested a roll call on the motion to table.

The SPEAKER: A roll call has been requested. For the Chair to order a roll call it must have the expressed desire of more than one-fifth of members present and voting. All those in favor will vote yes; those opposed will vote no.

A vote of the House was taken and more than one-fifth of the members present and voting having expressed a desire for a roll call, a roll call was ordered.

The pending question before the House is the motion to table until later in today's session. All those in favor will vote yes; those opposed will vote no.

ROLL CALL NO. 232

YEA - Ahearne, Aikman, Ault, Bailey, Barth, Berry, Birney, Buck, Bunker, Campbell, Carleton, Chase, Clukey, Cross, Daggett, Damren, Dexter, Donnelly, Dore, Driscoll, Dunn, Etnier, Gamache, Gerry, Gooley, Greenlaw, Guerrette, Hartnett, Hatch, Heino, Hichborn, Joseph, Joy, Joyce, Joyner, Lane, Layton, Lemaire, Lemont, Libby JD; Libby JL; Lindahl, Look, Lumbra, Luther, Madore, Marshall, Martin, Marvin, McElroy, Meres, Mitchell EH; Mitchell JE; Nass, Nickerson, O'Gara, Paul, Peavey, Perkins, Pinkham, Plowman, Poirier, Povich, Reed, G.; Reed, W.; Robichaud, Rotondi, Savage, Saxl, J.; Saxl, M.; Simoneau, Spear, Stedman, Stone, Strout, Taylor, Treat, True, Truman, Tufts, Underwood, Waterhouse, Whitcomb, Winglass, Winn, Winsor.

NAY - Adams, Benedikt, Bigl, Bouffard, Brennan, Cameron, Chartrand, Chick, Chizmar, Clark, Cloutier,

Davidson, Desmond, DiPietro, Farnum, Fisher, Fitzpatrick, Gates, Gieringer, Gould, Green, Heeschen, Johnson, Jones, K.; Kerr, Kilkelly, Kneeland, Labrecque, LaFountain, Lemke, Lovett, Mayo, McAlevey, Morrison, Murphy, Nadeau, O'Neal, Pendleton, Pouliot, Rice, Richardson, Ricker, Rosebush, Rowe, Samson, Shiah, Sirois, Stevens, Thompson, Townsend, Tripp, Tuttle, Tyler, Vigue, Volenik, Watson, Wheeler.

ABSENT - Jacques, Jones, S.; Keane, Kontos, Ott, Poulin, Yackobitz, The Speaker.

Yes, 86; No, 57; Absent, 8; Excused, 0.

86 having voted in the affirmative and 57 voted in the negative, with 8 being absent, the Bill was tabled pending adoption of Committee Amendment "A" (S-279) and later today assigned.

An Act to Repeal the Laws Regarding Consumer Information Pamphlets (H.P. 307) (L.D. 411) (C. "A" H-88)

TABLED - June 23, 1995 (Till Later Today) by Representative HICHBORN of Lagrange.

PENDING - Passage to be Enacted.

Subsequently, passed to be enacted, signed by the Speaker and sent to the Senate. Ordered sent forthwith.

An Act to Make Changes in the Law Establishing the Maine School of Science and Mathematics (H.P. 1035) (L.D. 1454) (C. "A" H-383)

TABLED - June 23, 1995 (Till Later Today) by Representative HICHBORN of Lagrange.

PENDING - Passage to be Enacted.

Subsequently, the Bill was passed to be enacted, signed by the Speaker and sent to the Senate.

By unanimous consent, H.P. 1035, L.D. 1454 having been acted upon was ordered sent forthwith.

HOUSE DIVIDED REPORT - Majority (9) "Ought to Pass" as amended by Committee Amendment "A" (H-515) - Minority (4) "Ought Not to Pass" - Committee on Judiciary on Bill "An Act to Allow the Department of Human Services to Take Protective Custody of Certain Newborn Children" (H.P. 394) (L.D. 529)

TABLED - June 20, 1995 (Till Later Today) by Representative TREAT of Gardiner.

PENDING - Motion of same Representative to accept the Minority "Ought Not to Pass" Report.

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

Representative TREAT: Mr. Speaker, Men and Women of the House: I urge that you accept the pending motion, which as stated is, in fact, the minority of the committee. The three of us in the House that voted against passage of this bill feel very strongly about it and would like to lay it before you so you can have both sides of the issue in front of you.

What this bill does, whether in its original or amended form, is it establishes a presumption that certain children should be taken away from their parents under certain circumstances, even though there is no showing of intent to harm those children. It changes the burden of proof from DHS having to prove that there was harm to the child, to

the parent having to prove that it is right for that parent to keep the child. The bill assumes that once parents have committed that act toward one child, whether it is their own or another, as a state we should be moving in and removing the next child, even if it is 10 years later. Right now DHS must only meet a very minimal standard of proof, which is a preponderance of evidence.

The Department of Human Services did not want this added authority and opposed the bill in the hearing. In their testimony DHS stated that they have all the authority they need already to remove children from their parents and they did not see any need to pass this bill. According to DHS, if the child is in immediate harm that child can be taken into interim care by a law enforcement officer for up to six hours. If the child is in circumstances of jeopardy, the department can prepare a petition for a child protection order and contact a judge for preliminary protection order. We asked the question whether those protection orders are not granted in cases where DHS thought they ought to be. We were told that, in fact, they are granted, especially with newborns, which is the original intent of the bill. Particularly in those cases, they have plenty of authority. They just need to ask for it. This bill really goes too far.

There has been a lot of concern on this floor over a number of bills that have been brought in where people are concerned about DHS's authority as being excessive already. This bill would expand their authority in ways that even DHS doesn't want. I urge that you reject the bill and vote with the pending motion, which is the "Ought Not to Pass" Report.

The SPEAKER: The Chair recognizes the Representative from Hampden, Representative Plowman.

Representative PLOWMAN: Mr. Speaker, Men and Women of the House: This bill was brought to us through the Maine Foster Parents Association and the people who work with the children that DHS removed from the home. The people work to make sure these children are in a safe environment. The bill as it was brought to us fought to greatly increase the number of newborns taken. Many of these children or in some instances, statements are made to foster parents, that is, "Ok, you keep that one, I will have another one." That was very broad when we brought it to the committee and there were a lot of ramifications that were discussed.

The bill through committee deliberations and in the Majority Report fought to limit that. We do want you to know that newborns are at much greater risk, obviously they can't tell anybody and they are very rarely seen by anyone who would recognize that they have been beaten. Sherry Cotton's young newborn comes to mind. What we are looking for is to be able to remove a child at the hospital in the maternity ward before the child goes home and is damaged severely by a parent who has either acted in a manner toward the child that is heinous or abhorrent to society. These words are defined as hatefully or shockingly evil or being so repugnant to stir up antagonism. Tanya Keegas has a lot of child bearing years left. How many of you would give her a newborn to go home with? To me that is abhorrent and heinous behavior toward a child.

The other criteria was that the parent would have been convicted on a Class A or Class B crime against a child. Those are the two criteria that DHS would be asked to come in and take a newborn and then