Senate Legislative Record

One Hundred and Twenty-Seventh Legislature

State of Maine

Daily Edition

First Regular Session
beginning December 3, 2014

beginning at Page 1

10 Senators having voted in the affirmative and 25 Senators having voted in the negative, the motion by Senator **VOLK** of Cumberland to **ACCEPT** the Minority **OUGHT TO PASS AS AMENDED BY COMMITTEE AMENDMENT "B" (H-217)** Report, in **NON-CONCURRENCE**, **FAILED**.

The Majority **OUGHT TO PASS AS AMENDED BY COMMITTEE AMENDMENT "A" (H-216)** Report **ACCEPTED**, in concurrence.

READ ONCE.

Committee Amendment "A" (H-216) **READ** and **ADOPTED**, in concurrence.

Under suspension of the Rules, **READ A SECOND TIME** and **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (H-216)**, in concurrence.

The Chair laid before the Senate the following Tabled and Later Assigned (6/3/15) matter:

HOUSE REPORTS - from the Committee on **STATE AND LOCAL GOVERNMENT** on Bill "An Act To Protect Taxpayers by Regulating Personal Services Contracts"

H.P. 800 L.D. 1166

Majority - **Ought to Pass as Amended by Committee Amendment "A" (H-170)** (7 members)

Minority - **Ought Not to Pass** (6 members)

Tabled - June 3, 2015, by Senator **CUSHING** of Penobscot

Pending - motion by same Senator to **RECONSIDER** whereby the Senate **FAILED** to **ACCEPT** the Minority **OUGHT NOT TO PASS** Report, in **NON-CONCURRENCE**

(In House, May 21, 2015, the Majority **OUGHT TO PASS AS AMENDED** Report **READ** and **ACCEPTED** and the Bill **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (H-170)**.)

(In Senate, June 3, 2015, motion by Senator **WHITTEMORE** of Somerset to **ACCEPT** the Minority **OUGHT NOT TO PASS** Report, in **NON-CONCURRENCE**, **FAILED**.)

Senator **CUSHING** of Penobscot requested and received leave of the Senate to withdraw his motion to **RECONSIDER** whereby the Senate **FAILED** to **ACCEPT** the Minority **OUGHT NOT TO PASS** Report, in **NON-CONCURRENCE**.

The Majority **OUGHT TO PASS AS AMENDED** Report **ACCEPTED**, in concurrence.

READ ONCE.

Committee Amendment "A" (H-170) **READ** and **ADOPTED**, in concurrence.

Under suspension of the Rules, **READ A SECOND TIME** and **PASSED TO BE ENGROSSED AS AMENDED**, in concurrence.

The Chair laid before the Senate the following Tabled and Later Assigned (6/4/15) matter:

HOUSE REPORT - from the Committee on **VETERANS AND LEGAL AFFAIRS** on Bill "An Act Regarding the Sale of Hard Cider"

H.P. 429 L.D. 616

Report - **Ought to Pass as Amended by Committee Amendment "A" (H-265)**

Tabled - June 4, 2015, by Senator **CYRWAY** of Kennebec

Pending - **ACCEPTANCE OF REPORT**, in concurrence

(In House, June 3, 2015, Report **READ** and **ACCEPTED** and Bill **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (H-265)**.)

(In Senate, June 4, 2015, Report **READ**.)

Report **ACCEPTED**, in concurrence.

READ ONCE.

Committee Amendment "A" (H-265) **READ**.

On motion by Senator **CYRWAY** of Kennebec, Senate Amendment "A" (S-195) to Committee Amendment "A" (H-265) **READ** and **ADOPTED**.

Committee Amendment "A" (H-265) as Amended by Senate Amendment "A" (S-195) thereto, **ADOPTED**, in **NON-CONCURRENCE**.

Under suspension of the Rules, **READ A SECOND TIME** and **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (H-265) AS AMENDED BY SENATE AMENDMENT "A" (S-195)** thereto, in **NON-CONCURRENCE**.

Sent down for concurrence.

The Chair laid before the Senate the following Tabled and Later Assigned (6/4/15) matter:

SENATE REPORTS - from the Committee on **LABOR, COMMERCE, RESEARCH AND ECONOMIC DEVELOPMENT** on Bill "An Act Regarding Advanced Practice Registered Nurse Requirements"

S.P. 342 L.D. 970

Majority - **Ought Not to Pass** (12 members)

Minority - **Ought to Pass as Amended by Committee Amendment "A" (S-176)** (1 member)

Tabled - June 4, 2015, by Senator **VOLK** of Cumberland

Pending - **ACCEPTANCE OF EITHER REPORT**

(In Senate, June 4, 2015, Reports **READ**.)

Senator **CUSHING** of Penobscot moved the Senate **ACCEPT** the Minority **OUGHT TO PASS AS AMENDED** Report.

THE PRESIDENT PRO TEMPORE: The Chair recognizes the Senator from Cumberland, Senator Diamond.

Senator **DIAMOND**: Thank you, Mr. President. Ladies and gentlemen of the Senate, I'm probably the only one here, but could somebody explain what we're doing at this moment with this 12-1 report?

THE PRESIDENT PRO TEMPORE: The Senator from Penobscot has moved the Minority Report and we are voting on the Minority Report. The Chair recognizes the Senator from Cumberland, Senator Volk.

Senator **VOLK**: Thank you, Mr. President. I rise in opposition to the pending motion, the Minority Report on L.D. 970. This was a very large bill that my committee was asked to consider this year. We had several concerns. One of the concerns that we had is that it would allow CRNAs to go ahead without any supervision once they'd graduated from school. When you look at the training of an anesthesiologist compared to the training of a CRNA you see that they have about half the amount of education and I think it was maybe around one-third of the number of hours that they work in their field before receiving their licenses. I had a lot of concerns about that. I will acknowledge that in some of the rural hospitals, where they maybe don't even do a whole lot of surgeries and they transfer planned major surgeries elsewhere, that a lot of times they don't have an anesthesiologist right there on staff to oversee these CRNAs. What happens when that's the case is that the surgeon would actually be the one to sign off on the orders of the CRNA. At the hearing we heard from a lot of the nurse anesthetists but when it came time for our consideration in between the hearing and the work session my committee heard overwhelmingly, and actually even at the hearing, an unusual number, I'm just remembering now, of doctors showed up. Typically, my experience over the last five years on LCRED is that doctors don't tend to show up for things. It's a big deal for them to take a day off from work. A lot of times I think that they expect that their message will be conveyed either by the lobbyists or by their board of licensure or some other entity, so they don't show up. Actually, at this particular hearing there were a lot. That said volumes in my mind. Not only that, they stayed throughout and that was highly unusual. Just to give you an idea. Previously, the Lyme Disease bill, like I said, we didn't hear from any of the infectious disease doctors, all of whom were opposed to it, if you looked at your sheet, that probably nobody read. They didn't come to the hearing. The anesthesiologists showed up at this hearing and expressed their dismay that they would be cut out of oversight.

I just want to read a little bit from one in particular, who's a member of the Maine Society of Anesthesiologists, the American Society of Anesthesiologists, and he said, "A key element to the democratic process is the ability to bring forth ideas, concepts, and concerns for consideration by the legislative process and the citizen community that it represents. However, with that privilege comes the responsibility that such actions are taken in the overall best interest of the community that is served by the Legislature. Legislation is often complex," and this legislation was complex. I believe the bill itself is about six pages long. "Time consuming, requires resources from multiple sources, may significantly impact multiple groups, both short-term and long-term, and carries the risk of unintended consequences. The need of legislation in the medical environment has five elements: protection of the public, protection of the individual, quality of care, access to care, and cost. Anesthesiology is the practice of medicine. Every anesthesiologist in Maine has been to medical school, has done a residency in anesthesiology, is likely board certified or equivalent or board eligible, and is accountable to either of the medical boards of licensure. However, many professions use extenders. These are individuals like CRNAs who work in the anesthesia care team under the medical direction of a physician. The legal profession has similar extenders, the paralegals, who are under the direction of an attorney. L.D. 970, and even the amendment, removes that oversight and accountability by the physician for the actions of the CRNA. Protection of the individual: the overwhelming majority of patients expect a physician to be part of their anesthesia care. Indeed, some are more afraid of the anesthesia than the surgical procedure." I think anyone who's ever had surgery has had to acknowledge that. With the prospect of being put under by anesthesia comes the prospect of not waking up again. Even though you know that that is extraordinarily unlikely and extraordinarily unusual, you do have that little bit of nervousness until you, yourself, wake up or your beloved family member wakes up. I know my daughter is going to be having her wisdom teeth out in a few weeks and I will be very nervous until she wakes up. "Several nursing schools are now awarding doctorates so that the nurse practitioner can legitimately call themselves doctor. Fortunately, the State has a Truth and Transparency Act which helps protect patients from being confused as to the actual status of their anesthesia care providers. That designation may not be read, especially by patients who are compromised either by their medical condition or disability, such as poor vision from cataracts. L.D. 970 would remove the medical direction by a physician, something that the patient may not suspect or be aware of, especially in the turmoil that may surround medical emergencies. Quality of care: the practice of anesthesia has undergone dramatic changes and has expanded from the traditional perception of the squeezing of the bag in the operating room to the more recent developments of the perioperative or surgical home. Anesthesiology includes both the technical or procedural skills, which are usually easier to document, as well as cognitive skills which may actually have a profound, long term impact on outcomes but are more difficult to quantify. Data has shown that the anesthesia care team, the physician lead team which may include other anesthesia providers such as resident physicians, CRNAs, anesthesia assistants, cardiovascular and anesthesia technicians, does provide the optimal care on multiple fronts. Each group brings its own unique skills and strengths to the patient's anesthesia care, often producing a symbiotic relationship where the whole is greater than the sum of its individual components."

One of the things that I remember hearing from a lot of these physicians is the fact that they have great respect for the CRNAs with whom they work, but they do know that, from time to time, they will come across something that these nurses have missed

because they're not trained the same way that doctors are trained to take in the entire global picture of that patient and the potential for interactions. They are trained very narrowly in their scope of practice whereas doctors are trained in the practice of medicine entirely and then they devote themselves to a particular scope of practice, for which they receive all sorts of on-going education. Many of them shared stories where they were able to call attention to something a nurse had missed. That is why they preferred to be the ones that have the oversight, even if that only means a signature on a piece of paper.

He talks about access to care and access to care is something that, of course, we are very concerned about in the state of Maine. One of the things that was testified is that there doesn't seem to be an issue with access to care regarding anesthesiology. I don't think that that really passed the test. Cost of care: L.D. 970 gives nurse anesthetists unlimited scope to order tests and other diagnostic procedures, including imaging and cardiac evaluations. One of the things it also does is it gives them the ability to not only order those tests but to also interpret those tests. Again, this is something that they may be trained to do it in a narrow way but they are not trained to do it in the same way that doctors are.

Passage of this bill, in my opinion, nullifies the value of someone who goes through a 14 year process to achieve their knowledge and their title as compared to someone who goes through a 6 or 7 year process. I urge you to oppose the pending motion. Thank you.

THE PRESIDENT PRO TEMPORE: The Chair recognizes the Senator from York, Senator Dutremble.

Senator **DUTREMBLE**: Thank you, Mr. President. Ladies and gentlemen of the Senate, I rise in support of the pending motion. Make no doubt about it, this is about territorial issues between doctors and nurses. In 1988, when I began my journey to become a paramedic, we had the same issues that came up. "You'll never be able to do this in the field." "You'll never be able to be aseptic." "It's impossible without us being there watching you to do this." Well, today we do it and they don't even want us to call them. We interpret 12-leads and we make decisions based in the field whether that person's going to your local hospital or whether they are going to a cardiac care center. That's not done by a physician. It's done by an emergency medical technician that has two years of training. This, ladies and gentlemen, I assure you can be done and I assure you they will, and are trained to the level. Spectrum Anesthesiology Group had one of their physician anesthesiologist speak at the hearing. His testimony was distracting because he made some very aggressive and purely untrue statements, in my opinion. He said that the only thing a nurse anesthetist can do is independently start an IV. He spoke of regional pain procedures, where providers are one millimeter away from disaster. What he didn't explain well was the both nurse anesthetists and physician anesthesiologists are trained to use ultrasound to perform these regional pain procedures. Both providers use ultrasound guided techniques. Both providers can see within one millimeter threshold of disaster the exact location of the needle. No one does this blindly. Mercy Hospital in Portland, Maine, the place where, if there is an emergency C section happening during the middle of the night, it's a nurse anesthetist that deals with the mother and the unborn baby that's in danger of losing their life from complications of pregnancy and the childbirth. The nurse anesthetist, a CRNA, is alone in the building and the sole provider who puts that patient to sleep. We should ask the physician anesthesiologist, the person of the Maine Society of Anesthesiologists, the Spectrum Anesthesiology Group that covers Mercy Hospital, where they are when the call comes in for that stat case. I know where they are. They're in their warm, cozy bed at home; in Yarmouth, in Falmouth, in Cumberland, in Cape Elizabeth, and wherever else they live. They are not inside Mercy Hospital in Portland, Maine. When they arrive, more often than not, the baby has been delivered, the surgeon is closing the abdomen, and the nurse anesthetist is getting ready to start waking the patient up from her completed C section. This is not in rural Maine, this is in Portland, Maine. It's a practice of convenience, that's all it is. When there's a Code Blue at Mercy Four River who responds and runs that code? The nurse does. When there's a rapid response for a patient in trouble at Mercy, who manages it? The nurse anesthetist does. When a baby is born and has respiratory distress, or has myocardial aspiration, who manages it while they are doing the intubation? You guessed it. The nurse does. Let's be clear. If a physician anesthesiologist is in the building, supervising a nurse, doing an orthopedic procedure, or something to do with the baby in destress, what happens? The physician comes in to the case where the nurse is and takes over the care of that anesthetic so the nurse can respond to other calls of neonatal distress. Is that just starting an IV? I would say not.

One night there was a rapid response for a patient who was going into CHF after a total joint procedure. This was at 11 o'clock, 23:00 hours. The woman needed a chest x-ray and an EKG, treponemal levels, BNP levels, and Lasix. The nurse anesthetist could hear fluid in her lungs, could see the peripheral edema, and carried out, personally, what needed to be done because we don't have prescriptive authority. The nurse anesthetist called the hospital at State Street, told him what the lab work was, drew the lab work, and waited for his okay. It was explained to him that the patient needed a chest x-ray and EKG and other procedures. The hospital said "You're said doing everything I would do. Write these orders down and I will sign them for you." Why the delay? They could have just done it to begin with and the doctor agreed with them.

Here we are trying to keep up with the advance practice consensus models, well established and accepted in other states. That is what is best for the people of Maine and to have CRNAs be attached professionally and lied about what nurse anesthetists do was, and is, disheartening. The President of the Maine Society of Anesthesiologists said that if one of his family members was having surgery he would want a physician present, but yet if your sister of wife was having a baby emergency at Mercy Hospital he feels comfortable being in his warm and cozy bed. I personally know how all the nurse anesthetists helped teach me and my paramedic colleagues when we were going to school. They were the ones in the front lines with us, teaching us how to put in breathing tubes, intubations, saving lives, and the skills that it took for us to be successful in the field. I have personally observed operating room procedures where the anesthesiologist was present only momentarily to let the CRNA do the job. Yes, indeed, in Maine physician anesthesiologists do the open heart procedures. Unfortunately, a nurse anesthetist practicing in Maine cannot be on the heart team. However there is a nurse on a heart team in another state in this country for five years and all the patients did well while they were attending on that heart team. There is one person I know that has personally

done anesthesia for hearts. That is fine that the anesthesiologist wants to do that here, but don't let them understate what a nurse anesthetist can do and what they are capable of doing and doing carefully. Don't discredit the fact that studies show, time and time again, that there is no difference in outcome if anesthesia is given by a physician anesthesiologist or a certified registered nurse anesthetist. Don't cloud that statement. They are trained, well trained, very safely. This bill will not change how they practice and what they do in a day-in and day-out situation. I would urge you to support the pending motion. Thank you.

THE PRESIDENT PRO TEMPORE: The Chair recognizes the Senator from Penobscot, Senator Cushing.

Senator **CUSHING**: Thank you, Mr. President. Ladies and gentlemen of the Senate, I give my apologies for creating somewhat of a confusing situation here. The Minority Report, which I offered, was offered in an effort to correct an error that I was not able to address in the committee process and I have an amendment in the event that this report is successful that I desire to add. I appreciate your latitude in allowing me to explain that. I feel if it had been presented the committee report would look a lot different and more balanced than it does now. I'll speak to that at another point.

This legislation, Mr. President, that is being considered by this Body will address some of the most pressing healthcare needs in Maine and the nation: the cost of care and access to care, particularly in rural Maine. I'd like to point out that during this process we in the Labor, Commerce, Research and Economic Development Committee have had a number of areas that relate to healthcare on various levels. They have been, many times, complex. I want to offer my thanks to both the anesthesiologists and those representing the nursing community as to respectful and how thoughtful they were in bringing forward both their advocacy and their debate over the concerns on this issue. It is very helpful to us when we can sit down as citizen legislators and have the opportunity to learn from people on both sides of an issue in a manner that allows us to better comprehend this very challenging debate that we're faced with here today.

I want to set a couple of points before you for your consideration. As I indicated in my comments, this really is not about, in my opinion, a tremendous battle. There is certainly an advocacy within the nursing community for the opportunity to provide a greater level of healthcare than they may be able to in the current situation. They are providing many of these services, but they are providing them with the requirement of direct supervision of the doctor or physician. However, it is not always an anesthesiologist who is in a position to do that. Many times it is an attending surgeon or an ER doctor or someone who is there, who is signing off on issues that they may not be as fully aware of or sensitive to because of the demands of their role in the surgical suite or the emergency rooms. I'd like you to reflect on that and reflect on the fact that these nurses have worked on a national level to establish standards throughout the U.S. Part of this is to address their desire to have consistency of services when they are trying to attract other APRNs to practice in Maine or perhaps to allow some of these people to have the flexibility when they travel to other states that may have reciprocal agreements.

To me, Mr. President, this is a matter of advancing the discussion of healthcare. For a state like Maine, we're look at many of our rural hospitals that are struggling, not because they don't care or that they don't want to have the full range of services, but because, in some cases, the people who come to them, through the variety of nurse professions that are addressed in this bill, are willing to locate and become parts of communities where they've had challenges in getting full-time anesthesiologists to reside in those communities. That's not in any way to disrespect the doctors, but it's a reality of the world that we're living in now.

I want to point out that any hospital still has the opportunity, under this bill as presented, to establish their own policies as to the guidelines for oversight and involvement of different levels of healthcare professionals. This does not mandate that hospitals that are not comfortable with this, or that are fully staffed with the level of support that they feel they need in the anesthesia suite, that they can't choose, internally, their own policies. It does provide options for those who may have a need. There is much more I could say on this subject, Mr. President, but if I have addressed things to this level appropriately I will sit down and save my time in case someone else has something that I'd like to add to. If I feel anything is missing I will risk the chance to get up once again and speak. Thank you, sir.

THE PRESIDENT PRO TEMPORE: The Chair recognizes the Senator from Cumberland, Senator Volk.

Senator **VOLK**: Thank you, Mr. President. Regarding some of the comments made by my colleague from York County, at Mercy Hospital those CRNAs are overseen by a surgeon. There is a doctor present. I guarantee you that there is someone who is performing that emergency C section and that person would be a doctor, a surgeon, someone who is highly trained and skilled, someone who actually probably rotated through anesthesiology at some point in their medical training. There is that level of oversight at all times and the physicians that we heard overwhelmingly expressed to us, and it was the opinion of almost all the members of the LCRED Committee, that the care team model continue to be the safest model for patients and that there was no need to change it. Thank you.

THE PRESIDENT PRO TEMPORE: The Chair recognizes the Senator from Oxford, Senator Patrick.

Senator **PATRICK**: Thank you, Mr. President. Ladies and gentlemen of the Senate, colleagues and friends, I stand before you being on the 12 on the 12-1 report, but I will say the reason I was on the 12 side is because the scope of practice issues can be very contentious and the reason that I was on the Ought Not to Pass Report is, at the time, I believed that what the Advanced Practice Registered Nurse and anesthetists were looking for was way too broad. I have been one who has consistently, and will always, gone on the side of increasing ones' scope of practice. In dealing with the Senator from Penobscot, he was able to go beyond the normal when we voted this bill out and continued to work and was willing to offer an amendment that I believe will even narrow the scope a little bit more, which, if that happens, in order to get to that point, you have to defeat this motion. I'm actually going to be going against my committee vote to allow us to make some small, incremental, scope of practice changes to this profession. Thank you, Mr. President.

THE PRESIDENT PRO TEMPORE: The Chair recognizes the Senator from Penobscot, Senator Gratwick.

Senator **GRATWICK**: Thank you very much, Mr. President. Ladies and gentlemen of the Senate, I rise just very briefly. It has been a very interesting afternoon. We've discussed many different ways in which medical practices is slowly changing. I think none of us have any doubt that medical practice has been changing over the last 50 years. It's going to change a lot more. Many more people are knowledgeable about it. I think that my litmus test for all these bills is: how does it affect the patient? I think that's what we always have to come back to. It's not particularly relevant how it affects the professional society or how it affects this self-important person versus the other. What's it affect going to be on the patient? This is an instance in which I think the Majority Ought Not to Pass is still the appropriate way to go because the real question is: how does it affect the patient? You are the patient and would you rather have a highly skilled anesthesiologist or a medium skilled. The answer, mostly, is that you would rather have a highly skilled anesthesiologist for those instances when things go wrong. To answer the question of the good Senator from York: what happens if you're out on the road, if you are at home, if it's an accident, would you rather have a highly skilled emergency provider, as we have here, or nobody? Most assuredly you'd rather have a highly skilled provider. That is an advance that society has made so many more people are treated, but there still is a hierarchy and there is no question that those people are the anesthesiologist who've had many years of experience or more experience and see more untoward events than those who are lesser trained. I basically reject the idea that this is a territorial issue, a turf issue, an issue preserving my income versus your income. I just think that professional groups, and I speak with conviction and passion on this, are in favor of very rigorous standards because they have sworn to uphold this care for patients. I think that these decisions are best made by professional societies. I think scope of practices are going to be changing over time and these are best made away from this legislative environment. They are much better made by negotiations with those groups. I urge people to stick to the Majority Ought Not to Pass. Thank you, Mr. President.

THE PRESIDENT PRO TEMPORE: The pending question before the Senate is the motion by the Senator from Penobscot, Senator Cushing to Accept the Minority Ought to Pass as Amended Report. A Roll Call has been ordered. Is the Senate ready for the question?

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

The Doorkeepers secured the Chamber.

The Secretary opened the vote.

ROLL CALL (#160)

YEAS: Senators: BRAKEY, CUSHING, CYRWAY, DAVIS, DILL, DUTREMBLE, EDGECOMB, HAMPER, JOHNSON, KATZ, MILLETT, MIRAMANT, PATRICK, ROSEN, SAVIELLO, VALENTINO, WHITTEMORE, WILLETTE

NAYS: Senators: ALFOND, BAKER, BREEN, BURNS, COLLINS, DIAMOND, GERZOFSKY, GRATWICK, HASKELL, HILL, LANGLEY, LIBBY, MCCORMICK, THIBODEAU, VOLK, WOODSOME, THE PRESIDENT PRO TEMPORE - GARRETT P. MASON

18 Senators having voted in the affirmative and 17 Senators having voted in the negative, the motion by Senator **CUSHING** of Penobscot to **ACCEPT** the Minority **OUGHT TO PASS AS AMENDED** Report **PREVAILED**.

READ ONCE.

Committee Amendment "A" (S-176) **READ**.

On motion by Senator **CUSHING** of Penobscot, Senate Amendment "A" (S-211) to Committee Amendment "A" (S-176) **READ**.

THE PRESIDENT PRO TEMPORE: The Chair recognizes the Senator from Penobscot, Senator Cushing.

Senator **CUSHING**: Thank you, Mr. President. Ladies and gentlemen of the Senate, I appreciate the indulgence of this Body to allow us to get to the point where I can add the amendment. The amendment is very simply an extension of the oversight period, for at least 24 months under the supervision of a licensed physician or supervising nurse practitioner or requires employment by a clinic or hospital that has a medical director who is a licensed physician. This would be related to the licensed independent practitioner or a certified nurse practitioner. Thank you, Mr. President.

THE PRESIDENT PRO TEMPORE: The Chair recognizes the Senator from Cumberland, Senator Volk.

Senator **VOLK**: Thank you, Mr. President. I just want to point out that the amendment does nothing to change the oversight for CRNAs. It does not narrow the scope of practice and they would be able to, all nurse practitioners, prescribe and interpret broadly, yet they are not broadly trained. They have not gone to medical school. My suggestion, if they want to go to medical school, would be to go to medical school so that they could be doctors. Furthermore, I would like to request a roll call.

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

THE PRESIDENT PRO TEMPORE: The Chair recognizes the Senator from Penobscot, Senator Cushing.

Senator **CUSHING**: Thank you, Mr. President. Ladies and gentlemen of the Senate, I rise today in clarification on a couple of the items in regards to the amendment. I recognize that this issue still concerns some people, but the matter of oversight was one brought up in the committee and I have tried to respectfully address that matter with the amendment I have presented before you. I would also like to note that ultimately the issue we're talking about here, under this legislation, would give CRNAs independent practice, eliminating outdated regulations. The

issues that we have spoken of in relationship to the coverage in certain rural areas will be appropriately addressed, in my opinion, by moving forward in this manner. I thank you for your indulgence in what has been a complex discussion.

THE PRESIDENT PRO TEMPORE: The pending question before the Senate is the motion by the Senator from Penobscot, Senator Cushing to Adopt Senate Amendment "A" (S-211) to Committee Amendment "A" (S-176). A Roll Call has been ordered. Is the Senate ready for the question?

The Doorkeepers secured the Chamber.

The Secretary opened the vote.

ROLL CALL (#161)

YEAS: Senators: BRAKEY, BURNS, COLLINS, CUSHING, CYRWAY, DAVIS, DILL, DUTREMBLE, EDGECOMB, HAMPER, JOHNSON, MILLETT, MIRAMANT, PATRICK, ROSEN, SAVIELLO, VALENTINO, WHITTEMORE, WILLETTE

NAYS: Senators: ALFOND, BAKER, BREEN, DIAMOND, GERZOFSKY, GRATWICK, HASKELL, HILL, KATZ, LANGLEY, LIBBY, MCCORMICK, THIBODEAU, VOLK, WOODSOME, THE PRESIDENT PRO TEMPORE - GARRETT P. MASON

19 Senators having voted in the affirmative and 16 Senators having voted in the negative, the motion by Senator **CUSHING** of Penobscot to **ADOPT** Senate Amendment "A" (S-211) to Committee Amendment "A" (S-176) **PREVAILED**.

Committee Amendment "A" (S-176) as Amended by Senate Amendment "A" (S-211) thereto, **ADOPTED**.

Under suspension of the Rules, **READ A SECOND TIME** and **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (S-176) AS AMENDED BY SENATE AMENDMENT "A" (S-211)** thereto.

Sent down for concurrence.

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

Off Record Remarks

On motion by Senator **CUSHING** of Penobscot, **ADJOURNED** to Tuesday, June 9, 2015, at 10:00 in the morning.