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House of Representatives
One Hundred and Twenty-Fifth Legislature
State of Maine

Daily Edition

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(H.P. 718) (L.D. 974) Bill "An Act To Revise the Laws on Tournament Games" Committee on **VETERANS AND LEGAL AFFAIRS** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-179)**

(H.P. 742) (L.D. 1006) Bill "An Act To Provide a Remedy to Property Owners When a Tenant Defaults on a Lease" (EMERGENCY) Committee on **VETERANS AND LEGAL AFFAIRS** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-180)**

(H.P. 803) (L.D. 1068) Bill "An Act To Protect the Privacy of Maine Residents under the Driver's License Laws" Committee on **TRANSPORTATION** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-177)**

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

CONSENT CALENDAR

Second Day

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

(H.P. 471) (L.D. 641) Bill "An Act To Allow a Portion of Snowmobile Registration Fees To Be Used for the Repair of Trail-grooming Equipment"

(H.P. 13) (L.D. 21) Bill "An Act To Exempt from the Sales Tax Meals Provided at Retirement Facilities" (C. "A" H-166)

(H.P. 20) (L.D. 28) Resolve, To Improve Access to Employment Opportunities for Persons with Intellectual Disabilities and Autistic Disorders (EMERGENCY) (C. "A" H-139)

(H.P. 54) (L.D. 66) Bill "An Act To Amend the Laws Governing the Capital Reserve Funds of the Maine Educational Loan Authority" (EMERGENCY) (C. "A" H-149)

(H.P. 88) (L.D. 106) Resolve, Regarding Legislative Review of Portions of Chapter 101: Maine Unified Special Education Regulation Birth to Age Twenty, a Major Substantive Rule of the Department of Education (EMERGENCY) (C. "A" H-148)

(H.P. 91) (L.D. 109) Resolve, To Establish the Commission To Study the Promotion and Expansion of the Maine Maple Sugar Industry (EMERGENCY) (C. "A" H-159)

(H.P. 120) (L.D. 138) Bill "An Act To Allow a Nonresident Notary Public or Justice of the Peace To Perform a Single Wedding Ceremony" (C. "A" H-134)

(H.P. 187) (L.D. 234) Bill "An Act To Provide a Sales Tax Exemption to Commercial Horticulturists" (C. "A" H-153)

(H.P. 284) (L.D. 358) Bill "An Act To Exempt from the Income Tax Military Death Payments and Employment-based Retirement Income of Persons Who Are 65 Years of Age or Older" (C. "A" H-136)

(H.P. 316) (L.D. 390) Resolve, To Implement Certain Recommendations of the Governor's Task Force on Expanding Access to Oral Health Care for Maine People (C. "A" H-170)

(H.P. 349) (L.D. 456) Bill "An Act To Create a Temporary Disability Parking Permit" (C. "A" H-145)

(H.P. 394) (L.D. 501) Bill "An Act To Provide an Option To Register with the Selective Service System When Obtaining a Driver's License" (C. "A" H-157)

(H.P. 421) (L.D. 538) Bill "An Act To Assist the Commercial Fishing Safety Council" (C. "A" H-168)

(H.P. 514) (L.D. 718) Bill "An Act Regarding the Milk Handling Fee" (C. "A" H-162)

(H.P. 566) (L.D. 759) Bill "An Act To Increase Efficiency and Effectiveness in the Licensing of Certain Health and Human Services Providers" (C. "A" H-171)

(H.P. 608) (L.D. 812) Bill "An Act To Allow Municipalities the Option To Subsidize Publicly Owned Bus Stops through Advertising" (C. "A" H-169)

(H.P. 648) (L.D. 881) Bill "An Act To Amend Certain Insurance Provisions Relating to Variable Annuity Death Benefits and Multiple Employer Trusts" (C. "A" H-158)

(H.P. 690) (L.D. 930) Bill "An Act To Clarify Maine's Phaseout of the 'Deca' Mixture of Polybrominated Diphenyl Ethers" (C. "A" H-152)

(H.P. 719) (L.D. 975) Bill "An Act To Require Certification of Private Applicators of General Use Pesticides" (C. "A" H-163)

(H.P. 727) (L.D. 983) Bill "An Act To Amend the Maine Limited Liability Company Act" (EMERGENCY) (C. "A" H-135)

(H.P. 808) (L.D. 1073) Bill "An Act To Require Defibrillators in All Health Club Gyms" (C. "A" H-172)

(H.P. 919) (L.D. 1228) Bill "An Act To Streamline the Liquor Licensing Reporting Procedure" (C. "A" H-137)

No objections having been noted at the end of the Second Legislative Day, the House Papers were **PASSED TO BE ENGROSSED** or **PASSED TO BE ENGROSSED as Amended** and sent for concurrence.

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

UNFINISHED BUSINESS

The following matter, in the consideration of which the House was engaged at the time of adjournment Tuesday, May 3, 2011, had preference in the Orders of the Day and continued with such preference until disposed of as provided by House Rule 502.

Bill "An Act Regarding Labor Contracts for Public Works Projects"

(S.P. 378) (L.D. 1257)

- In Senate, **REFERRED** to the Committee on **STATE AND LOCAL GOVERNMENT**.

TABLED - April 28, 2011 (Till Later Today) by Representative TUTTLE of Sanford.

PENDING - REFERENCE IN CONCURRENCE.

Subsequently, the Bill was **REFERRED** to the Committee on **STATE AND LOCAL GOVERNMENT**, in concurrence.

REPORTS OF COMMITTEE

Divided Report

Majority Report of the Committee on **INSURANCE AND FINANCIAL SERVICES** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-186)** on Bill "An Act To Modify Rating Practices for Individual and Small Group Health Plans and To Encourage Value-based Purchasing of Health Care Services"

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

Signed:

Senators:

WHITTEMORE of Somerset

SNOWE-MELLO of Androscoggin

Representatives:

RICHARDSON of Warren

FITZPATRICK of Houlton

McKANE of Newcastle

MORISSETTE of Winslow

PICCHIOTTI of Fairfield

Minority Report of the same Committee reporting **Ought Not to Pass** on same Bill.

Signed:
 Senator:
 BRANNIGAN of Cumberland

Representatives:
 BEAUDOIN of Biddeford
 BECK of Waterville
 GOODE of Bangor
 MORRISON of South Portland
 TREAT of Hallowell

READ.

The SPEAKER: The Chair recognizes the Representative from Orono, Representative Cain.

Representative CAIN: Thank you, Mr. Speaker. Mr. Speaker, Joint Rule 310, in part, reads: "Except for Leave to Withdraw, the committee shall vote on all recommendations to be included in reports on a bill during a work session on that bill. When the committee recommendation is not unanimous, a minority report or reports are required. Except as provided in subsection 5, minority committee reports must be voted on at the same work session as the majority report on that bill. Notwithstanding subsection 5, a committee vote to report a bill out favorably must be taken based on written language before the committee at that time or on a motion describing the content of the report. After a committee vote, no substantive change may be made in the committee report unless motions to reconsider and to amend the report are approved at a committee work session. All reports on any legislative document must be submitted to the Legislature at the same time."

Mr. Speaker, since a motion to Reconsider was not made on this bill when major substantive changes were made to the amendment by any member of the Majority Report, who are the only people who can ask for that motion to Reconsider, I would ask the Chair for a ruling on whether Joint Rule 310 has been violated. Thank you, Mr. Speaker.

Representative CAIN of Orono asked the Chair to rule if Committee Amendment "A" (H-186) was in compliance with Joint Rule 310.

The SPEAKER: The Representative from Orono, Representative Cain, has requested a ruling from the Chair. Rule 310, section 2, of the Joint Rules deals with substantive changes to committee reports. The original intent of those voting on the Majority Report were not fully met in the first draft of the amendment. Some alterations were required to bring that amendment into compliance with other areas of the law. Although the changes made to the Committee Amendment on LD 1333 affected several pages of the bill, the mere fact that multiple sections were altered does not meet the definition of the word substantive as used in Joint Rule 310. With respect to House Amendment 186, the Chair finds that the amendment is in compliance with Joint Rule 310.

Subsequently, the Chair **RULED** that Committee Amendment "A" (H-186) was in compliance with Joint Rule 310.

Representative RICHARDSON of Warren moved that the House **ACCEPT** the Majority Ought to Pass as Amended Report.

The same Representative **REQUESTED** a roll call on the motion to **ACCEPT** the Majority Ought to Pass as Amended Report.

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

Representative TREAT: Thank you very much, Mr. Speaker. Mr. Speaker, Men and Women of the House. I am opposed to the pending motion and I ask you to join me in voting no on the

Majority Report of LD 1333. I am reminded today of the hard sell some used car salesmen are famous for. There's this sweet little cream-puff used car, I have actually seen this car, it's got a few miles on it, but doesn't it look sweet on the lot? It's Spring in Maine, so we can be whimsical, and I can think about something different from my boring four-wheel drive Forester. So let's make that sweet little car a two-seat convertible, because we can dream.

So the first thing the savvy salesman does is get you behind the wheel of that sweet little car, the wind's in your hair. You want it. You need it and you need it now. So you go right to the deal. What about comparison shopping? Investigating under the hood? What about the research you were going to do in Consumer Reports on the maintenance record for this little model? No, you need to have it now, or someone else will scoop up this once-in-a-lifetime deal. So you plunk down your money and you drive off the lot in a hurry. And all goes well until the wheels fall off.

LD 1333 is that car, and the way the Majority of the Insurance and Financial Services Committee handled the committee process is that negotiation. LD 1333 was rushed off the lot so fast that the bondo patching wasn't even dry. And unfortunately, the consequences of this bad deal won't merely affect one ripped-off car consumer, but every insurance purchaser in the State of Maine.

LD 1333 promises a lot, but it can't deliver on its promises, and in the process a lot of people, especially in rural Maine, will lose the insurance they have because they simply won't be able to afford the price increases.

Sure, some people will get a price break. According to the Bureau of Insurance, the scheme in LD 1333 will lower the statewide average cost of health insurance by 3%. If you are a young, healthy guy in Southern Maine, your rates could go down much more than that. But if you live in Central, Eastern or Northern Maine, watch out – especially if you are middle-aged, 48 years old and older. And that, friends, is a lot of us, myself included, because Maine is the state with the oldest population anywhere in the country.

Just how much will your insurance go up? According to the Bureau of Insurance, a memo that we received after the committee vote, the changes next year will result in the following: 14.9% of the individual market will see an average rate increase of 29.9% – 29.9%; 42% of the individual market will receive a premium increase of some amount; the average age of the policyholders who will see rate hikes is 48; Maine people living in the North will experience an average of a 19% rate increase; Maine people living Downeast will experience a 22% rate increase; Maine people who want to keep the insurance policy they have right now are allowed to do so, but the Bureau of Insurance warns us they could see price increases as high as 170% – 170% over the next three years.

By the way, these rate hikes are based on a 3:1 ratio between the lowest allowable rate and the highest rate that LD 1333 begins in the year 2012, not the more drastic 4:1 and 5:1 ratios the bill plans for 2014 and beyond. But, hey, those are already illegal under federal law, starting in 2014, so maybe we just shouldn't worry about it. Oh, and by the way, these increases don't account for the \$48 per head annual tax that would be \$292 for a family of four on anyone who buys health insurance. So the big promise in this bill of more affordable health insurance just isn't going to pan out. Did I mention, by the way, that the bill allows insurance to charge an infinite amount more, not 1:3, 1:4, 1:5, whatever rating bands. It's confusing, so let's just get rid of all the rating bands for increases based on your occupation and increases based solely on where you live.

So what else would this bill do? Health tracking. It allows the insurance companies to identify the people it wants to fill out a special health status questionnaire so the insurance company can track their claims separately. Combined with changes in the law that allow insurers to change prior authorization conditions whenever they want, opening the door to huge abuses and claims denials for cancer patients and others with high medical costs, it promises you can get the care you need, but it isn't going to deliver.

Mandates. Although the proponents of 1333 say the bill keeps all mandates, such as pregnancy coverage, chiropractic, mental health services, it actually allows businesses to band together and offer insurance that doesn't include the mandates.

Making health care inaccessible. Insurers could make you drive from Fort Kent to Kittery to get your weekly cancer treatments, and if that isn't an imposition on someone going through chemotherapy, I don't know what is.

It gets rid of health planning and costs and quality initiatives. Apparently, the theory is that these aren't needed because the freed-up marketplace will police itself and medical costs and insurance costs will just go down. Right.

All of these promises are then backed up with out-of-date, irrelevant data. There is a lot to be said for a properly designed reinsurance program. In fact, we passed one a couple of years ago but couldn't agree on the funding mechanism. Unfortunately, LD 1333 bases the level of the health care tax and the premium assessment, which is in addition to the health care tax I mentioned, but it might be needed, it bases this level on data from Idaho where the medical costs are more than \$2,000 less per person than the medical costs here in Maine. Now let me remind you there is actually a link between medical costs and the cost of health insurance. Health insurance pays for medical costs, so it's a relevant factor what the medical costs are that you're basing your assumptions on when you calculate the data. But we don't have that data. It hasn't been done yet.

The Majority Report on LD 1333 just isn't ready for prime time. We all agree the double-digit increases in health insurance premiums are unsustainable for our businesses and our families. But LD 1333 picks winners and losers. It lowers the rates for some at the expense of many. It pits north against south, the young against the middle-aged. It imposes a new tax on health policies without doing the math about how much money is going to be needed. It will delay access to health care treatment. Working together, we could have come up with a thoughtful, Maine-based plan to lower health care costs and insurance premiums. This isn't that plan, and I ask you to oppose the Majority Report.

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

Representative GOODE: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise to oppose the pending motion and ask members of this body, what's the rush? Before we vote on this I just want to highlight a couple aspects of this bill that would give me significant heartburn, before voting on it. I want to highlight Rule 850, which is repealed in this bill, which makes it that so insurance companies can tell a citizen of any part of this state that it is up to the insurance company to decide where they go for their care, not just in this state but, from my understanding, anywhere. So we can tell somebody in Wytopitlock who gets cancer that they have to drive to Boston whenever they need their treatment because an insurance company says so.

My understanding is there is also an infinite geographical accessibility rating band in this bill. So if you live, if you are a young, healthy man who lives in Bangor, you can charge one

rate. If you are an older, sicker person who lives in Wytopitlock, you get charged a huge rate at the insurance company's discretion.

I also want to just draw members' attention to a document that came across our desks. We got this document this morning about conflicts between LD 1333 and federal law. We have reviewed this document twice in our committee since we voted on it on Friday and this document has changed a number of times, but there is still significant misunderstanding and confusion around whether this bill is in compliance with federal law. On the first page of the bill I read sections that say noncompliant by exempting regional insurers from external review law. In fact, the first section on the piece of paper that we have says noncompliant by exempting regional insurer policies from almost all of Maine's laws referenced. On the second page, there is even a statement that says disputes may surface due to the use of health questionnaires for reinsurance purposes. I do not feel comfortable voting on a bill where the best guidance we have gotten, on whether it is compliant with HIPAA and federal law, is disputes may surface.

I also want to bring members' attention to the parts of the bill that require insurance companies to have some sort of questionnaire or assessment that people fill out based on their health status. Without knowing what that questionnaire is and giving insurance companies that type of power, it does not make me feel good. This morning we all got an email that included a list of over 1,200 small business owners in our state that are opposed to this bill. I would think that members of this body would make sure that they have read the bill and know what's in it, when 1,200 business owners have emailed, have been listed in an email to us against this bill.

Another portion of the bill I don't totally understand is this issue of book of business. I don't feel comfortable in discussing it on the floor, but it sounds like a scheme to me and I do not feel comfortable voting on these types of bills without knowing from experts what this stuff means.

Lastly, I think everybody in this room understands that we have problems with insurance and problems with health care in our state and our country, but I think those problems have multiple prongs. Health care is a three-headed monster. There are problems with access, cost, and quality, and this bill explicitly gets rid of the State Health Plan and the Advisory Council on Health Systems Development, which seems to be the areas where there is the most, I think, bipartisan support around health care reform. I have not gotten a sufficient answer about why those portions of our health plan in this state are just thrown out.

Lastly, just in terms of the process, I checked last night when I got home at 9:30. The bill was not online last night and I think we can all read a bill and understand it and try our hardest, but to not have members of the public get an opportunity to see that bill, and I've been getting emails saying "What's in this bill? I'd like to know," it just really worries me that we're voting less than 24 hours after this bill was even put online.

I was also told in committee when we voted on it last Friday that we need to rush this through because nobody thinks that I'll vote for anything, and if we work on it in committee, we'll just come to this space to begin with. I confess that this is not a type of proposal that I am sympathetic to, but it seems out of line with the history of this body to start with the assumption that we will disagree and I feel like this body has consistently tried to agree first, and if we disagree, we disagree. But to start with the assumption that we will disagree seems very, very difficult. So those are all the comments I feel prepared to make now. I encourage you to vote against the pending motion. Thank you for your patience.

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

Representative **MORRISON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I, too, oppose the pending motion before us for a couple of reasons. I'm going to bring us up 30,000 feet here and talk about the big picture. This pits the healthy against the sick. This pits the people who live in the north versus the people who live in the south. This hurts small businesses. I run a small business. I understand the ramifications of this bill and I am opposed to this bill, not only as a businessman but as a legislator before you today.

Another, really, piece that gives me heartburn is that it wipes out and gets rid of the State Health Plan and the ACHSD. That program was put in place for strategies to bring down long-term costs of health care and we should keep that in place for that reason. We need to think long-term, not short-term.

This also implements a \$4 tax per member, per month. I don't want to vote on anything that increases taxes during this economic time that we're facing today. Another thing that puzzles me the most, I guess, out of this whole thing is LD 1 has gone through a great process taking slow times. Why can't we do the same for LD 1333? LD 1 has had plenty of public hearings, plenty of thought. This bill hasn't. That's another reason why I am voting against this bill today.

The geographic impacts are another piece that gives me extreme heartburn because if I have an elderly person in the north who is sick and needs care in the south, they'll have to drive a long ways or long distances to get that care and I don't think that's fair to them. If there is a healthy, young person in the south who their rate is a lot lower than the person who is sick and elderly in the north, that's not fair. This bill is not fair and that's why I am voting against this. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Hudson, Representative Duchesne.

Representative **DUCHESNE**: Thank you, Mr. Speaker, and forgive my confusion. I suddenly find myself in the Majority. I haven't read the bill. I beg your pardon, I'm skimming it right now, but honestly I didn't get past the first sentence. It appears that the bill allows insurance companies to vary their rates by geographic area. Now personally I believe insurance companies are going to lower rates in my district north of Bangor, but I also believe in the tooth fairy.

An orange handout was given to me on my desk, which was a letter from the Representative from Hallowell, Representative Treat, to the committee analyst asking for assistance in getting information that was requested during the April 29th work session, about comparisons to the Affordable Care Act, communications with the Attorney General and the Department of Health and Human Services, and especially a Bureau of Insurance review of high-risk pools, funding reserves, etcetera. I see Representative Treat asked for information that was of particular interest to me, and that is the question about repealing Maine's law and how that might squeeze those of us who are geographically advantaged by living north of Route 2. Frankly, it's god's country north of Route 2 and I do believe the supreme being can afford the premiums. I'm not sure the rest of us can. The last thing I need is one more reason from people in the north to move south. I'd like my neighbors to stick around.

Frankly, I am out of my depth in debating this issue because I know so little about it. I just want to know if the committee received and reviewed the materials that were asked for on April 29th, during that work session, before reaching this Majority decision. I am not posing a question through the Chair. I am just asking if the information leak into the debate somewhere. My question, again, did the Bureau of Insurance provide the

information the committee requested at the April 29th work session? I will be listening to the answers as I go back to reading the bill. Thank you, Mr. Speaker.

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

Representative **CASAVANT**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Earlier today the minister asked us to think about the common good for the people of Maine and I think that's really, really important here. What does it mean by the common good? I think in the health insurance industry we have to consider that not all of us are blessed with good health, that because of particular genes and not lifestyle we have certain problems, whether it's diabetes or cancer or heart disease or whatever it happens to be

My problem at this moment is not having the ability to know that my vote is going to be affecting the common good of everybody in the State of Maine. How is it going to affect my mother? How is it going to affect my father? How is it going to affect me or my neighbors? We don't know that because there hasn't been good data provided, because there hasn't been enough investigation. So I caution you. Before you vote on this particular issue, think about the common good. What will be the reaction, what will be the impact of your particular vote? Thank you.

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

Representative **GRAHAM**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise in strong opposition to this bill, LD 1333. I ask each and every one of my colleagues to ask the individuals who serve as doctor of the day what they think of this bill. I will tell you that not a single doctor or health care provider will support this bill. This bill would destroy the doctor-patient relationship or, in my case, the nurse practitioner-patient relationship, and hand all decision-making over to insurance company bureaucrats.

Here is a conversation a doctor could have with her patient if this bill is passed: "Mrs. Smith, I'm sorry to tell you that you have breast cancer. You will now have to call your insurance company to find out if they will pay for your care, where they will let you get your care, and whether they will cover your care fully. Your prognosis depends on whether you can afford the care you need. Also, I should let you know that you may be at risk of personal bankruptcy whether your treatment is successful or not."

My father was a surgeon for over 40 years in Bangor. He retired earlier than he had planned to care for my mom who was in declining health. Dad was nudged more quickly towards retirement when he started receiving phone calls from Indiana, California, New York, asking if the surgery that was planned for Joe Brown was necessary to remove polyps from Mr. Brown's colon that could be cancerous. When he was told that Mrs. St. Clair, a widow of a weir fisherman from Calais, couldn't stay one extra night in the hospital to recuperate from her mastectomy, he slapped down the receiver and asked "Who is the doctor here?" This came from one of the most calmest, most gentle men I have ever known. When his patients couldn't pay, he was paid with a handmade quilt, fresh picked crabmeat, or, if we his family were lucky, lobster.

Maine has worked to become one of the healthiest states in the country over the past 10 to 20 years. This has been accomplished by the work of many committed individuals from public health, nursing, medicine, hospital organizations, health policy, and, yes, the insurance industry. The goal of affordable, accessible, quality health care is in our grasp. This bill will make care unaffordable, inaccessible, and does not improve quality in any way, shape, form or manner. If you want the man or woman

who is sitting in a cubicle in an office in Indiana or New Jersey to decide what type of care you or your child or your parent should receive, then go ahead, vote for this bill. I ask my colleagues on both sides of the aisle to really, really think about this vote. Do we want Maine to be the healthiest state in the nation? Or do we want Maine to be the sickest and poorest state in the country? That is what I believe this bill will do and I ask you to follow my lead and vote no on this bill. Thank you, Mr. Speaker.

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

Representative **McKANE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I only wish the policies of guaranteed issue, community rating, Dirigo, could have received half the scrutiny that this bill has received over the years, the concepts that are in this bill. But before I go on, I just want to address a few things that have been said.

This bill retains guaranteed issue. No change to guaranteed issue. You cannot be denied, okay? It does not allow you to be charged more because of your health status. If you get sick, if you happen to fall into the guaranteed access plan you're not even going to know it. It doesn't allow insurers to charge more for that. That's important to remember because that's not what I'm hearing.

It does not allow insurers to impose the unreasonable travel restrictions, but it will let insurers offer incentives that can save consumers thousands. We've got an average deductible amount here of it's over \$5,000. If the insurer was willing to waive that amount if you drove a couple hours for treatment, there are some people that might want to save that money. They wouldn't have to, but they might want to take up on that incentive. We have disallowed that incentive for years and consumers want that option. It's only an option. It's their choice. They don't have to travel.

The changes to community rating bring us into compliance with the Affordable Care Act. Nationally they're going to 3:1. We're still at 1.5:1. We're going to 3:1, but not until 2014, and after that we only go to 5:1 if federal law allows us to, if the Affordable Care Act allows us to. So we're not doing something that's way off the charts here and you can also keep your own doctor. There is nothing in this about saying you can't keep your doctor or go to your same hospital.

You know, most of us have been here before. We have been here, we have debated all of the issues that are in this bill. We've heard them, we've discussed them, debated them, worked them, voted on them, and we haven't been able to get any movement in the changes in our health care law for all the time I've been here. I came in the 122nd and I have seen just asking for little changes to community rating. We haven't been able to get it. It's taken a federal law to get changes in Maine's community rating law. We all knew these reforms were coming and many of the reforms in the past that we've put forward were a heck of a lot more dramatic and would have been put into effect a lot sooner than the changes that are in this bill. This is a very kind, gentle compromise of what has been proposed in the past.

What has been proposed in the past has been a complete elimination of community rating, what has been proposed in the past has been a complete elimination of guaranteed issue, and this is a good compromise that has been shown to work in a state with similar demographics and it's been shown in theory to work. Well, 35 other states have a high-risk mechanism and they keep them and they're working. Their rates are a lot lower than ours are. If you're a 60 year old in Idaho paying the same amount as a 20 year old in Maine, if that doesn't say we should do something I don't know what will.

The consumer protections that have been put in place here known as community rating and guaranteed issue have done exactly the opposite. What is a consumer protection? It's to keep us from getting ripped off. Well, if you look at what we're paying in Maine, highest in the country compared to anyone else, those consumer protections have failed.

Some here in this room want a single-payor plan, whether it is a federal plan or a state plan. I understand that. I don't believe in that method, but I appreciate where you're coming from. The whole issue is very frustrating – what we've been paying, what we've been hearing from our constituents. But the bottom line is any single-payor plan is not going to come into effect this year or next year or the year after that. It's way out in the future.

Until that time, should we keep denying Maine people the reforms that they need? They have been begging for these reforms. Should we keep protecting the Anthem monopoly? And I don't have anything against Anthem, per se, but they are the only ones who can survive in this overregulated market. Why do we want to protect the Anthem monopoly? That's what we've been doing as long as I've been up here. Why should we deny Maine people the choices that they demand? Our constituents have demanded these choices. They want to be able to buy out of state. We don't move to the out-of-state insurance plan until 2014. That will allow us to stabilize our market and it will also put us in compliance with the Affordable Care Act.

You all will have to explain to your constituents why you voted against this bill, those of you who choose to do so. But this is not as dramatic as other plans, but it will put Maine on the road to normalcy. We are out of the norm here in this state. This will start to turn us around, it will not require anyone to travel for health care, it doesn't terminate your health insurance if you get sick. It doesn't charge you more if you get sick, and it doesn't limit the plan you can get if you are in the guaranteed access plan. You won't even know you're in the guaranteed access plan unless you want to find out.

Here's what it will do: It will get more people into the private insurance market, especially young families. It will help create a better business climate. We've all been trying very hard in a bipartisan manner to put Maine on the road to a better business climate. This is one of the top three reasons, the cost of health insurance in the State of Maine, that businesses cite for being difficult to do business in this state. This bill will keep fewer people from going into medical bankruptcy. It is a problem, particularly in this state. This will mean more money saved by families to do whatever they want to do with it, instead of sending it to insurance companies for policies that they never even get to use because the deductibles are so high. How about if they keep that money and send a kid to college or buy a better car? The alternative is the status quo and it isn't working. It's hard to believe that anyone thinks it has been working. There are no secrets in this legislation. We've gone through this language line by line. It is time to pass this health insurance reform. Our constituents demand it. Thank you, Mr. Speaker.

The SPEAKER: The Chair will pause debate just for a second to acknowledge the fact that the Representative from Warren, Representative Richardson, requested a roll call. The Chair skipped over that part. In order for the Chair to order a roll call, it must have the expressed desire of one-fifth of the members present. All those desiring a roll call, please signify by raising your hands. A sufficient number having requested a roll call, a roll call is in order.

A roll call having been previously requested on the motion to **ACCEPT the Majority Ought to Pass as Amended Report** was ordered.

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

By unanimous consent, all matters having been acted upon were **ORDERED SENT FORTHWITH** with the exception of matters being held.

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

Representative **PILON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Let's all agree that insurance is confusing, let alone health insurance, and as Representative Duchesne said, how many of us have read this bill? There was one version, then there was a second version, and I think there was a third version. I think we had a public hearing on the first version and then we had maybe a language review on the second version, and maybe another language review on the third version. But I don't think we had any public vetting on the third or second version, and that's what is lacking here. This has not been vetted. There has not been a lot of vetting or the public has not been engaged in this bill. I had to find the bill from a lobbyist. I didn't even know this bill was out there until I started to receive some emails from some of my constituents. But that's another subject

Let's talk about the bill. Let's talk about what's in the bill. Geographic location. They are going to underwrite for geographic location area, family membership, age, and smoking status. The one that bothers me is family membership. That's a new one for me. Family membership, what does that mean? If I have somebody in my family that is a little suspect, a little different, they could rate me as somebody that's coming into the plan because I have somebody that's a little odd in my family? I don't know. So that's an issue for me. That's a new underwriting criteria that I have never seen before. I've seen geographic area, age, and smoking status.

The other thing that I saw in the bill that I'm not sure about is the effective date. Is it 1/1/14 or is it 7/1/12? I don't believe, Mr. Speaker, that if it's 7/1/12 they are going to be able to put this thing together and get it up and running by 7/1/12. That's another logistics problem.

Pre-existing conditions; it appears to me that this bill has a pre-existing conditions clause, so if somebody applies to the program, they have to wait a year before they are eligible for coverage. So what do they do? They have to buy a short-term policy. Are short-term policies going to be available? If they are, how affordable are short-term policies going to be? Again, vetting, we need the ability to vet this. We need the ability to find the answers to pre-existing conditions.

Underwriting criteria; when is this bill actually going to be effective? Is there a basic plan? Now Representative McKane said that this bill was modeled out of the Idaho program, which is somewhat successful, and in Idaho, they have a basic plan, a standard plan, a catastrophic A plan and a catastrophic B plan. Are we going to offer one, two, three, four, are we going to offer four plans or are we just going to offer a basic plan? Don't know. We've never vetted this. So again, unanswered questions, q & a. We need a q & a period. We need a q & a not only for this body and the other body, but the public needs to know what we're buying here. Is this democracy at its best? That's my question, Mr. Speaker. Is this democracy at its best? Are we engaging the public? No, I don't think we are. We need to engage the public, we need to engage all the stakeholders here, and we are not doing that. So, Mr. Speaker, I encourage you to help us engage

the public, perhaps table this until a later time so that we can all engage everyone, vet this bill so we know what we're buying. The devil is in the details. Thank you, Mr. Speaker. I urge you everyone, Ought Not to Pass. Thank you.

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

Representative **MacDONALD**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I've taken a look at this as we speak. The first time that any of us had an opportunity to look at this bill started at around 10 o'clock last night on the web. That's where it's available. That's the only form it's available in and I'm looking at it right now and I'm having a hard time getting through.

As we debate this, it's a principle of mine that I won't vote on anything that I don't understand or have not read. I would urge all of us to keep in mind what is called the precautionary principle, that in life and in science and in medicine and in politics, if you don't understand, if you don't know, if you've not had the opportunity, then the only thing you can do is vote no.

This is an 18,000 word document that we've just got a hold of. We cannot possibly understand the ramifications of this bill in the time that we have, and I, for one, am not willing to trust even my caucus members who are on the committee with the substance of this bill. It's too complicated. It's too far-reaching. We have not had the time to understand it and vet it and then act on it in the best interest of the people of the State of Maine.

I proudly sit on the Marine Resources Committee, under the able House chairmanship of Representative Windol Weaver. I can tell you that we have taken more time caring for the clams and the clam flats of the State of Maine than we are taking now taking care of the people of the State of Maine with this bill. I urge you, do not vote for this bill now because it is being rushed through, it's intemperate and inappropriate.

I'm going to vote no, Mr. Speaker, and I urge you, like the preceding speaker, to try to find a way to take the poison out of this process and give us the time to really look at this bill. There may be pieces of it that I could support, but I'm looking for them right now. This is not the time for it to be looking for them; it's not the time for any of you to be looking for them. I urge a no vote and I ask that we find a way to bring this to a more temperate resolution because I'm afraid that if this is pushed through the way it is now, it is going to poison the rest of our session, Mr. Speaker. Thank you for this opportunity to speak.

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

Representative **CAREY**: I don't serve on the Insurance and Financial Services Committee, along with most of the members here, so I'd like to ask a question through the Chair.

The SPEAKER: The Representative may pose his question.

Representative **CAREY**: Thank you. The Representative from Newcastle previously made the point that this bill has been debated in previous sessions and claimed that this is more moderate than previous proposals. The word compromise was used to describe the bill and the process that brought us here today, so I ask someone from the Majority of the committee to explain what compromises were made to the substance of the bill through the committee process, to bring it here to help us inform how we should make our votes.

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

Representative **TREAT**: Thank you, Mr. Speaker. In response to that question from the good Representative from Lewiston, Representative Carey, we only had one work session

on this bill. It was on this past Friday. The hearing was on Wednesday on the three and a half page bill. We were handed a 25 page amendment at that time. We got to the work session. There was a different bill with changes in it. I think there may have been compromise that went on amongst the people that wrote that amendment, but it did not involve any of the minority members of the committee.

At that work session, we got through about 10 or 11 bills, most of which we killed because they were related subject matter, and it was the interest of the sponsor of this bill to include a lot of that subject matter in his bill so we all went along with that. Then it was time to talk about the bill and the Senate Chair asked for us to recess for two and a half hours. I objected. It was only 10:30 in the morning. I didn't understand why we were recessing when the day was ahead of us and we had a lot to do, including walking through the bill that we had just been handed, which was 29 pages long, and understanding what was in it.

We never did walk through that bill on that Friday. We walked through a three page pink sheet that summarized some of the provisions, and we were allowed to ask questions on that. I asked a series of questions which I subsequently tried to put into written form, and that's what you see on the orange letter that the Representative from Hudson, Representative Duchesne, mentioned in his general question to the floor. The Bureau of Insurance was not in attendance at the one work session. There was nobody there from the Bureau of Insurance and I don't even think from the department, I'm not sure. We did have testimony on the bill from the department. It involved pretty much like one paragraph that said we think that health reform is really important; we generally are in favor of things that make health insurance less expensive. And the commissioner actually said, please don't ask me any technical questions about this bill because I am not the person who knows the answers.

If you read the orange sheet you will see that there were a lot of specific questions that were asked about how this would affect the rates of different people in Maine, questions about the geographic changes, many of those things. We did not get answers to any of those questions. We asked to table the bill until we could get some answers to those questions so we could understand what it was we were voting on, so that we could know whether or not there was a different plan that we might want to compromise on. We were told very clearly that the intention was to vote it that day. We could ask as many questions as we wanted, but nobody was there to answer them. Only the committee analyst, who did the best she could.

So we proceeded to the vote. The chairs were very specifically asked by the Representative from Waterville, Representative Beck, if they would be willing to take out certain provisions of the bill that seem to be the least well thought out and cause the most concern to those of us in the Minority. The good Representative from Waterville was told flat out, absolutely not. We had a meeting of the chairs and leads, where I engaged in a discussion with my colleagues from the other body, both the Chair and the good Senator from Portland, Senator Brannigan, where he commented, we hadn't actually had a time to read the bill that we are being asked to vote on. I was then told by the Senate Chair that he had not read the bill either, but that I should not be concerned because some very smart people wrote it. I'm not joking. We went back into the committee; there were some other side meetings that went on between Majority members of the committee and the lobby and the chairs. We proceeded to vote. Some of us made statements about our concern and then we had the vote.

After the vote, the good Representative from Newcastle said that we shouldn't really be concerned about it and the fact that

we had a bunch of papers dumped on our desk about two inches tall that purported to try to answer to some of the questions we had. They basically were reports from previous years or from other states, and obviously we couldn't read them in the time available anyway, even if they were relevant or to know if they were relevant, but we were told by that good Representative that we had the weekend to read through that material. Of course, the fact that it was after the vote is sort of a problem.

We then came to this Wednesday. Oh, that was yesterday. Yesterday we went in for final language review and because I try to adhere to the rules of the House, I'm not going to wave around what was handed to us, but it's a 45-page document that consists of handwritten notes in the margin, cross outs on pretty much every page, underlining of things that were already underlined, underlining some things that weren't underlined. We did get a chance to walk through that. It was supposed to be final language review. I understand the Speaker has already ruled that the Joint Rules were complied with, even though this amendment was substantially different. It dramatically changed a high-risk pool to a reinsurance plan. It made it better. That's good. I'm glad that our questions must have prompted some concern on the part of those pushing this amendment to go back to the drawing board on at least one piece of it. But that's not compromise, that's not how you compromise and come up with a good plan.

But to answer your question and to answer the question of the good Representative from Hudson, Representative Duchesne, you know we did get some information from the Bureau of Insurance. Most of it was emailed to us on Tuesday night. Well, you know to some of us. And that information was actually out of date on Wednesday because one of the questions related to what is consistent with federal law and what isn't, and on Wednesday we were told, well some things that weren't consistent now are, but we can't really tell you which ones or how much they are.

I saw my email today. At 10:08 am, there was a revised fact sheet from the Bureau of Insurance, which I haven't had a chance to read, obviously, it's under this pile of papers, which goes through what is in violation of federal law and what isn't. I believe there still are things that are in violation, but, you know, that's a quick read. So, to me, that's not compromise. That's not how you get to compromise. It is so radically different from my experience on LD 1 and that committee certainly was dealing with controversial things. I, too, am not used to a process like this. I don't think it's a good process for the people of Maine. It certainly did not involve compromise.

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

Representative SANBORN: Thank you, Mr. Speaker. Mr. Speaker, access to medical care, whether preventative care, acute care or ongoing care of a chronic health problem, should not be about profit or cost. As a family doctor I never decided whether or not to see a patient based on their ability to pay. The patient, however, may have chosen not to come to my office because they knew they could not pay the bill, even if I assured them I would not charge. I can't help but think of a long-term patient of mine named Alice. Alice was never very healthy and she had a fairly tragic life. I first started seeing her during a pregnancy and she delivered a healthy baby boy named Dustin, but at a few months of age, Dustin died of a SIDS staph. Alice, needless to say, was devastated, and as a parent myself I will never understand how someone moves on from this, but she did. She had no choice.

Alice and her husband both smoked. Alice suffered from asthma, hypertension, high cholesterol, obesity, and atrial

fibrillation. She went on to have a ruptured aortic aneurysm, which she surprisingly survived. Alice clearly needed access to health care. Although both she and her husband worked when I first met them, she had a menial factory job and he provided personal care for disabled individuals, they eventually had no health insurance. Before I left practice, Alice, who is now about 45 years old, would call with symptoms of her heart racing or shortness of breath, and I would say, Alice, I need to see you, you need to come to the office, and she would say that she couldn't afford the visit, and I would tell her to come in anyway. She was always so thankful and grateful, but I could also sense her embarrassment at being there and not being able to offer payment. This should not happen in the State of Maine. This should not happen in the United States of America. People should not be begging for health care or embarrassed to seek health care or suffering from no care.

Alice would have fit, and I have to categorize this because this is as best I understand it as I can't claim I completely understand this bill as it was presented so late and it lacked vetting of all stakeholders. I know the Representative from Newcastle believes that everyone has heard these arguments over and over, but I completely disagree. I haven't heard them over and over; the new people in the House this year could not possibly have heard them over and over. But I believe that Alice, age wise, health wise, community wise, would have had to have paid a very high rate of insurance, and I believe the insurance company would have the right to drop her if she was too costly. I will end where I started and say that access to medical care should not be based on cost or profit and certainly not insurance company profit. Please do not support LD 1333. Thank you.

The SPEAKER: The Chair recognizes the Representative from Buckfield, Representative Hayes.

Representative HAYES: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. In my short tenure as a legislator, one of the things that I learned fairly quickly is that good policy generally withstands good process, and although the amendment that is before us and the Committee Report has been described as kinder and gentler, I will tell you that I can't accept that assessment without having had the time to read and understand the contents. If in fact it is kinder and gentler, then it would withstand the process of that scrutiny.

I have heard some claim that the components of the bill have been debated often over the years. Echoing a comment made by my colleague from Gorham, 50 of us, 50 of our colleagues are sitting here for the first time. I would suggest that you do not all serve on the Insurance and Financial Services Committee and therefore have not had the benefit of a specific dialogue and discussion around the components of this bill. We are being asked to trust.

Well, I'm a parent of three young adult children. When my children insist on having an answer before I'm ready to give it, I tell them the answer is no. I have an option. I can do yes or no, or I can do maybe, but I need time to process. When they insist on the answer, the answer they get is no. That's the only option available to me on this bill at this time because I cannot defend a yes vote, because I do not understand the contents of the bill and I was not elected to trust others. My constituents elected me to trust me, so that I have the opportunity to read and analyze the contents of the decisions I'm being asked to make. I would ask for time. I would like to make a deliberative decision on the policy components of this bill. I am compelled to vote no because I am being denied that time. That is the choice we have. We can give ourselves the time and if in fact this is good policy, it will withstand the rigors of good process. Thank you.

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

Representative LOVEJOY: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I don't serve on the committee, I don't work in insurance, so I've tried to take a look at this and figure out what made sense to me. Well, age. I looked at the census. What counties are the oldest counties? Lincoln, Piscataquis, Knox, Hancock, Aroostook. Those would suffer a little bit more because they will have higher rates based on the age in their communities. Which counties are the youngest? York, Cumberland, Androscoggin. Looking at that it told me that this bill is better for southern Maine than for northern Maine. I looked at health care costs and there have been studies done that show that health care costs, hospital bills and everything are much higher in northern Maine for some of the same procedures. Sometimes two to three times higher, all right? Based on this bill that's going to hurt northern Maine and benefit southern Maine.

I tried to think to the next level. What's the result on economic development? If I am a business owner looking at where I'm going to locate my business, am I going to locate where the insurance costs are higher, where the medical costs are higher, where the population is older? Or am I going to locate in southern Maine where I have a younger population, I have lower insurance costs for my employees, where I know that the medical care costs less? I looked at this and I thought, you know, this could be really good for my area. It really could. So that's one thing that I have to take in mind. But then when I sit back and I look and I say what's good for the State of Maine, not for Cumberland County, and based on that, I have to tell you I oppose the current motion because it will divide the state even more and it will hamper the economic development of northern Maine even greater than it does now. So I urge all of you to think about not just your area. If I did that, I'd be voting for this bill. I urge you to vote based on what's best for the entire State of Maine. I am not against health care reform by any means and Anthem is not one of my favorite companies. As a matter of fact, they rank up there on a different list. So I would ask you to vote against the current motion. Thank you.

The SPEAKER: The Chair recognizes the Representative from Cape Elizabeth, Representative Dill.

Representative DILL: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I am no expert on health insurance and, unfortunately, in the past several weeks I have become, however, somewhat acquainted with partisan politics and I have also been talking to a lot of constituents in my district. I can tell you that what I hear from people is that they want us to solve problems, and health insurance and the skyrocketing costs of health care is not a partisan problem. Whether you are a Democrat or a Republican, your health insurance is too expensive, you don't get enough preventative care, the cost of health care is rising. This vote is going to come down party line and our constituents are going to be frustrated and they are going to look to some nonpartisan organization for a sense of who's right and who's wrong. But unfortunately, nonpartisan groups such as the Maine Health Management Coalition, which represents public and private businesses and doctors, has withheld judgment because, in their words, there may have been some support for changes in the initial amendment, but there hasn't been time to consider that. The process has been such that we just were not informed. Without a thorough process and without the time to consider the positions of different constituencies, it's very hard to tell if this bill accomplishes what it sets out to do. So I think we're making a big mistake and I urge you to oppose the motion.

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

Representative **McCABE**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise today in opposition to the pending motion. I have some reservations about this bill. Back last week, I first became aware of this issue and I sent an email to some local doctors in my community. One of them actually serves on the board at the hospital.

I have a great deal of pride in Skowhegan and the businesses in Skowhegan. I also have pride in the fair, but I think of things like Gifford's Ice Cream. I also think of New Balance Shoe. I think of Carrier Chipping. You know, many of these businesses are the reason I'm here, and the reason I'm here is because I have that community pride, I am not afraid to listen to people, and I'm definitely not afraid to ask questions.

So when this bill first came up, I sent an email because I didn't understand this bill, but I knew that some doctors in the field would understand this bill and I also understood that the hospital, the hospital that is located in Skowhegan just 20 miles away from much larger hospitals in Waterville, would understand this bill. So the responses were a little bit of confusion but also some concern. So that was last weekend, that was when I was home. This week the bill has changed twice, so I've not had much opportunity to ask those questions. So this weekend I hope to have the opportunity to ask those questions and figure out what the concerns or what the support for this bill might be.

During this process, I have also had the opportunity to ask some insurance folks in my district what they felt about the bill, and they were supportive. So I also weighed those thoughts, but I am also concerned just at the speed that this bill has moved and also that there is still more questions and answers out there in regards to this bill. So I ask folks to follow my light and vote against the pending motion.

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

Representative **SHAW**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I, too, would appreciate some more time trying to understand some parts of this bill. Some parts of the bill I do agree with and in fact have voted in favor of in the past, including allowing Maine residents to buy insurance from out of state. At the time, the topic was to allow people to buy insurance from other New England states. So I would like to pose a question through the Chair if I may.

The SPEAKER: The Representative may pose his question.

Representative **SHAW**: I noticed in this bill that we would be allowed to buy insurance from other New England states, except for Vermont, and I was wondering why we have excluded Vermont from one state where we could purchase insurance from out of state. Thank you, Mr. Speaker.

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

Representative **RICHARDSON**: I believe that the reason we excluded Vermont was they are going to a whole different system than we presently have. They would not have anything to do with a competitive insurance market for the State of Maine.

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

Representative **BRYANT**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I think it is a sad day in this Legislature. In this body, who are we, what is our soul? We can spend more time on whoopie pies and vetting whoopie pies than we can on such an important issue. I have 40 pages here on my desk which I don't totally understand, and I can't go to one

of my 16 committees and get a refresher in order to speak intelligently and tell my people back home what's going on. This is a sad day in this Legislature that we would send this through and tell them that it is more important that we debate whoopie pies, vet whoopie pies, than it is to debate such an important issue. Thank you, Mr. Speaker, Men and Women of the House.

The SPEAKER: The Chair recognizes the Representative from Deer Isle, Representative Kumiega.

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

The SPEAKER: The Representative may pose his question.

Representative **KUMIEGA**: I wonder if any member can tell me what all the underwriting factors are that could increase premiums, who determines and applies those factors, and how they would affect, say, a hypothetical constituent, for example, a self-employed, 50 year old fisherman living on an offshore island with a family history of heart disease.

The SPEAKER: The Representative from Deer Isle, Representative Kumiega, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Portland, Representative Russell.

Representative **RUSSELL**: Thank you, Mr. Speaker. May I possibly pose a question through the Chair?

The SPEAKER: The Representative may pose her question.

Representative **RUSSELL**: Thank you. I'm just a little concerned. I am a young person, so in theory I would benefit greatly from this. I am healthy, I live in the southern part of the state. I guess I'm just concerned about why proponents are proposing rates for older people that are five times higher than younger people, and if folks could answer that and give me some background data on why that's important for Maine to do, that would be very helpful in allowing me to make a decision.

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

Representative **WEBSTER**: Thank you, Mr. Speaker. Mr. Speaker, I don't have an answer to those questions. I actually have a question myself. Unfortunately, the other questions have not been answered.

Men and Women of the House, I was called by a number of people and also received a number of emails. Most emails were asking me questions or opposing the legislation, but I did receive a call from a person I know who runs a business. If I were allowed to I would hold up my pink sheet here, but that would be a prop and that's not appropriate.

I was given a message that someone had called me and I called them back and I had a very good conversation with them. They were extolling the benefits of this bill. They talked about their problems with Workers Comp and that that has been quite improved and they still have problems with health insurance for their business, and I was very sympathetic to that concern. I used to run a small business and had employees and I understand the challenges of maintaining health care and health insurance for people who work for you. He was extolling the benefits of it and I said I was a little puzzled because it had been changed several times and I wondered if he had read the bill. He said, "No, but I heard about it." So I did a little digging. I asked members of the committee that represent, that I have faith in, to tell me how the bill would impact his business because he runs a construction company.

One of the things he had been talking about was how Workers Comp rates used to be high and out of control because of injuries and because construction is a somewhat dangerous or high-risk business. The answer was "That's a great question, but

we have not had analysis of that so we don't know." So my question is has there been and because of this I also would say I've been trying to read the bill as it is now, the amended version, trying to understand what unlimited rates are, because apparently insurance companies are now going to be able to charge unlimited rates based on industry.

So I'm trying to understand how I can address the questions of my constituent. How are unlimited rates going to impact construction if in fact other areas such as logging, fishing, farming have tended to be high and construction is equally or somewhat equivalent in its risk factor? I wonder whether my constituent who called me has just encouraged me to buy that little two-seater that the wheels are going to fall off. I can't find the answer. This is not the way to run a bill or to run a business. Thank you.

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

Representative **MARTIN**: Thank you, Mr. Speaker. Mr. Speaker, Members of the House. I, like everyone else, have not much opportunity to read the bill, and as I heard, or I should say the lack of responses to the questions being posed, I suspect that members of the majority party haven't read the bill either.

There is one portion of the bill, however, I had an interest, and it is something in which I was involved in a number of years and I would think the people from Houlton, Presque Isle, Caribou, Machias, Rumford, Norway should have an interest, that this bill, in part, does away with a rule in which I was involved in putting in. It is part of the rules today and this bill pretty much takes care of that. Let me give you the history because I think it's important for you, for those of you who represent those areas.

We had a business in Aroostook County who was insured by a company and in it they had a proviso that the company reserves the right to take their employees to any hospital that they wanted to in the state. And so when they came to me, those patients came to me, we were successful in putting a provision into the rules and into the law which deals with the question of distance. This does away with it. And so if you live in Houlton, you live in Fort Kent, you live in Caribou, insurance carriers will now tell you because it's cheaper, you go to Bangor, and how you get there, we don't care. For those of you who represent those communities, go home this weekend and talk to the people at the hospital, and I know that some of these people who represent those areas aren't even listening right now because they are now committed to voting blindly for a bill that no one has read.

I know a little bit about politics. I have been around politics, I teach politics, and I know what's going on. No problem with that. But those of you who represent Machias, for those of you who represent rural Maine, this bill, as is presently drafted, is a disaster to those people. Forgetting the rest of it, because I haven't read it like the rest of you, I suggest you clearly understand that message which I'm leaving you today. And I think it's unfortunate because those people who are poor, those that are elderly, will not have the means to get to Bangor or Portland or Lewiston. Read what it does. The rule that we established a number of years ago to prevent that from happening, in order to prevent insurance companies from doing what they were doing at the time is being dealt with in an inappropriate way.

Now from a political point of view, for those of you who represent those places, vote for the bill. I urge you, I plead with you to vote for it because I will be happy to go to your communities. I will go to Houlton, I will go to Machias, I will go to Norway, I will go to Caribou and go to Presque Isle, and have regional meetings to discuss your vote.

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

Representative **HARLOW**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I just wanted to briefly rise to say that I agree with the good Representative from Boothbay, Representative MacDonald. It seems to make sense to allow us time to read every bill, regardless of size, but particularly a lengthy one so that we can make an educated decision for the people we represent. I thought we were sent here to represent our constituents and the people of Maine, not to vote blindly on anything because we are being told it's okay. I cannot support a bill simply because I am told I should. Thank you, Mr. Speaker.

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

Representative **MALONEY**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I am a new member of this body, but it is already clear from my voting record that I am proud to be a moderate and I consider every bill on its merits. I do not have the opportunity to decide whether or not I support this bill because I have been given less than 24 hours to read major changes to our insurance legislation. That is wrong.

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

Representative **HINCK**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I currently oppose the motion on the floor. I think what we're doing here is buying a pig in the poke. I first heard that expression a number of years ago. One of my first jobs was as a buyer and booker for movie theaters and the year that I started, the studio, I think it was Columbia, came out with a movie and they weren't going to screen it for the first time ever before we were supposed to buy it representing the theaters. It threw the whole process into confusion. I kept hearing that term over and over again. A pig in the poke, a pig in the poke. The movie, by the way, starred Al Pacino. He had never had an unsuccessful movie in his career, so some of the theaters stepped up and said we'll buy it, we'll buy the pig in the poke. The movie was "Bobby Deerfield." You may never have heard of it. It flopped. It flopped. That's what we have in front of us now is a pig in the poke, and I can't understand how we got here.

But I did think today in the debate some things might be clarified. What's interesting, anybody listening to the debate wouldn't buy the pig. The reason is everyone that's been debating has been pointing out the problems with it. There is actually an attractive part for my district. If you come to my district you might come to watch a moot court at the Maine Law School, that's in my district. Or you might come to see the Sea Dogs, that's in my district. But the reason why most people who don't live there come to my district is because Maine Med is in my district and Mercy is in my district. The one provision I learned about here today suggests maybe I should buy the pig because I just have to go five blocks to Maine Med. It's the people that don't live near Maine Med that are going to be punished. I know something about my constituents, though it will surprise people. I will not have a problem voting against this because my constituents believe in one Maine. They will support the idea that we don't punish people just because they don't live near Maine Med. So I feel like I can vote against this, support the people of rural Maine and not end up in trouble with my constituents.

One last thing, I went looking for explanations of how we might have gotten here, and I ended finding the platform of what is now the Majority Party here and it included some principles that might shed some light. One of them suggests that this bill here today dishonors the platform. That platform reads, from the

Maine Republican Party platform, pass a read the bill act to ensure clarity and eliminate the corruption. That was in there. We weren't given that opportunity today. It's remarkable. However, there is a little insight in another provision. It said, again, the Maine Republican Party platform, it reads clarify that health care is not a right. That's what this bill is probably about. We're clarifying to the people of Maine that health care is not a right. Is that really what we want to do? I'm voting no.

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

Representative WINTLE: Thank you, Mr. Speaker. I stand to enjoy the delicious irony that I am enjoying at this moment. Every word that I've heard from this floor, I remember very clearly on a Sunday morning when I heard the word deemed, that something had passed, and that everybody in the United States of America was asking exactly the same question. Has anybody read this document? It was fatter than the one that we're challenged with today. I apologize to my loved friends on the left. I truly do. Please remember that on that Sunday morning when those people deemed that a vote had occurred when it had not, that that was no longer right either. We will do what's right, each of us. We will do what's right. Thank you, Mr. Speaker.

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

ROLL CALL NO. 29

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

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

ABSENT - Celli, Flood, Hanley.

Yes, 76; No, 72; Absent, 3; Excused, 0.

76 having voted in the affirmative and 72 voted in the negative, with 3 being absent, and accordingly the Majority Ought to Pass as Amended Report was ACCEPTED.

The Bill was READ ONCE. Committee Amendment "A" (H-186) was READ by the Clerk.

Representative BECK of Waterville PRESENTED House Amendment "A" (H-191) to Committee Amendment "A" (H-186), which was READ by the Clerk.

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

Representative BECK: Thank you very much, Mr. Speaker, and Members of the House, thank you for your patience after a long day. I will be as brief as possible. I do present a floor

amendment. Vote this amendment and the recently adopted report on LD 1333. They both include historic insurance market reforms. My floor amendment allows underwriting and a 3:1 band but keeps geography within this band. I'm sure there was some concern from those who represent rural areas about having unlimited underwriting based on geography. This amendment allows a limit based on geography. It's good for rural Maine and good for market reforms and unlike the Majority Report, recently adopted, the underwriting is restricted to federal law and waits for federal subsidies from the ACA to assist those Mainers whose premiums will increase. I think the good Representative from Newcastle, Representative McKane, would agree that more flexible underwriting will reduce rates for some. But make no mistake, more flexible underwriting will increase rates for others.

The amendment includes as well the, for some reason we can't call is a risk pool anymore, but it includes the so-called gap plan, but it makes two important changes. I'm not sure if members are even aware on what they just voted. This reinsurance pool, this new plan will have an 11 member board with no specific membership for consumer advocates. As just accepted, the board would include five members appointed by the insurance industry. My amendment simply asks only just for three consumer advocates to be on this board, and very importantly, and this was probably the point of disagreement most with the good House Chair, Representative Richardson, my amendment calls for the superintendent of insurance, whoever that may be, to conduct a Maine-specific actuarial study and then report back in the second session before setting this new assessment or this new tax. Because it will be a major substantive rule, there will be public comment, public hearing, plenty of lobbying, and a public vote.

This amendment still allows the captive insurance market, it still allows out of state insurance sales. It does restore the Maine State Health Plan and the Advisory Council on Health Systems Development, two groups that I know it's been said were eliminated, I don't think, with much discussion or much rationale. I think the truth is, Mr. Speaker, that insurance regulatory reform will not reduce costs enough. We need these plans, these tools to find ways to reduce health care costs, reward quality, and reduce utilization. This amendment is a very bold offer for market reforms and I really think this is the moment that this effort can become bipartisan, that we can reach across the aisle and fix our market and protect insurance customers. Please support this floor amendment. The Majority Report simply goes too far, Mr. Speaker, and I do believe, respectfully, it will be a source of regret if not amended today. Thank you, Mr. Speaker.

Representative RICHARDSON of Warren moved that House Amendment "A" (H-191) to Committee Amendment "A" (H-186) be INDEFINITELY POSTPONED.

The same Representative REQUESTED a roll call on the motion to INDEFINITELY POSTPONE House Amendment "A" (H-191) to Committee Amendment "A" (H-186).

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

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

Representative TREAT: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I urge that you do support the pending amendment and vote against the motion to Indefinitely Postpone it so we can go on to support what actually would be a compromise, to go back to an earlier theme of our discussion here today.

During the time that we were able to discuss this in the committee, a number of members who supported the Majority Report that has just been adopted made comments to the effect

that this has all been debated a million times before, nobody is going to change their mind, why do we even need to talk about it or apparently read what we're doing today. I think people have pointed out that 50 members of this body were not actually here even a few months ago, much less over the last 10 years, but let's set that aside. There actually has been significant change, not only in the membership of this Legislature but in the landscape of health care access and insurance over the last two years. Love it or hate it, the Affordable Care Act is a piece of that change, and one of the things that the Affordable Care Act does is it sets as a maximum the 3:1 differential between highest insurance costs and lowest insurance costs as a federal rule for everybody. Now Maine is way below that right now. The federal law doesn't mandate that Maine go up to that 3:1, but it does say that we can.

Now in my earlier comments I read off some numbers that show that there will be dramatic increases in premiums for a number of people in the State of Maine, people concentrated in rural areas, in certain occupations, etcetera, and we've discussed that at great length already here today. What the Affordable Care Act provides for us is a cushion that will help people whose rates would go up under this new system. The Affordable Care Act provides for subsidies, very significant subsidies that are based on what percentage of your income you would have to pay to pay the premiums that are offered in the insurance that will be offered in the future. That subsidy could be quite significant. So if it turns out that you are one of those people, because of your age or because of where you live or because of the job you have, if you are one of those people whose rates will go up, the Affordable Care Act will help make sure that you have additional money in the form of a tax break to pay the bill. So instead of seeing your rate go so high that you will have to drop your insurance, you'll be able to pay for it. But there's a very significant difference from a vote on a similar bill, actually there really was no similar bill. We've had lots of different bills. This puts all kinds of things all together. It's kind of a kitchen soup, kitchen sink kind of bill. But it is a very significant difference.

The other thing that's different is that that law will create an even playing field. So one of the issues that comes up for states when you try to fix everything within your own state, whether it's experimentation that's being proposed in the state of Vermont, or whether it's the proposal here today in LD 1333, but one of the problems you have is that you are trying to fix something in one state which really has relevance and is affected by things going on in every state. One of the biggest differences now is that federal law has created a platform which means that we won't have the same kind of jockeying from state to state, and it does have the effect of bringing Maine up to where some states are. It has more of an effect of bringing other states down closer to the kinds of rules that Maine already had around guaranteed issue and the rest. So that is a very good reason, for me, as someone who has been concerned about the impact of changes to the rating bands, to support this amendment.

The other thing about this amendment that I really like and I appreciate so much that Representative Beck of Waterville went to the effort to do this in the short timeframe that we had, is what he does in the reinsurance high-risk pool. Earlier today a member of our committee said "You guys don't understand. This doesn't get rid of guaranteed issue. It creates this whole new mechanism. It will be there for you when you need it." That's only going to be true if the money in that fund is adequate to pay. If it's not adequate then there are only two things that can happen: Either the taxes that pay for it will go up or the benefits that are provided will go down. In Idaho, which this is based on, they have lifetime caps, annual caps, large deductibles, all of

those things. So it matters greatly what that fee is set at, whether it's based on Idaho data, whether it's based on Maine data. It matters greatly that the questions I asked on Friday are answered, such as how many people will be covered by this pool? Who are they? What are their medical expenses? Do we have any estimates on that?

What Representative Beck's amendment does is it says instead of picking a number out of the air based on Idaho, since we have time to implement this anyway, why don't we go to the people who are experts – that would be the Bureau of Insurance – who does this all the time? We certainly have done it with past proposals not identical to this. Why don't we ask them what's the best number to pick to make sure that this fund is solvent and that we aren't constantly going up and down raising money or changing the insurance rules to change benefits? It seems kind of sensible. So that's why I'm supporting it. That's why I strongly urge that you vote no on the pending motion, which is to deep six this so that we can go on to improve the piece of legislation before us today. Thank you.

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

Representative **GOODE**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I simply rise to support Representative Beck's amendment and just state for the record that this amendment represents a lot of proposals that I'm typically skeptical to, but I support them today in an effort to do damage control and make this bill better for consumers and give the process for adopting some of these proposals more thought. So I thank you and urge you all to support Representative Beck's amendment.

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

Representative **GRAHAM**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I, too, rise in support of Representative Beck's amendment. Health care should not be a partisan issue. Representative Beck has put forth a compromise that will work, where we will listen to one another, work with one another and improve our health care system in Maine. This is not a national plan, this is a Maine plan. I urge you to support the amendment and vote no on Indefinite Postponement.

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

Representative **McKANE**: Thank you, Mr. Speaker. I am in favor of the pending motion. This amendment would lessen and delay the impact of this legislation that our constituents have been begging us for. The 5:1 rating bands, you know, there is another way to look at those. These would allow much, much cheaper rates for healthier individuals and right now we can't have that. If the highest cost policy issued is \$1,200, right now the cheapest policy you can buy is \$800. Under the 5:1, it would be a lot cheaper. It would be around \$240 a month. But changing to 3:1 would still force those healthy people to pay too much. I am also against the change to the board of directors. This bill has been carefully crafted, it dovetails into the Affordable Care Act, and I appreciate your support of the motion.

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

Representative **BECK**: Thank you, Mr. Speaker. The good Representative from Newcastle, Representative McKane, mentioned that the proposed floor amendment would not allow cheaper insurance for healthier people. It was my understanding that LD 1333 would not allow underwriting based on health status.

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

Representative RUSSELL: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I keep being told that the people demand that we pass the bill that we just passed and that we set back and roll back our health care provisions and our insurance provisions that have been there, that have made us a model state.

It's interesting, Mr. Speaker. As I walked through the halls of the State House, I saw countless people who had taken time off from their busy schedules to be here because they believed that the process was better, could be better. I heard people demand that we actually listen to the people, and I want to commend the good Representative from Waterville, Representative Beck, and I want to commend the good members of the committee who thought about the people when they put this amendment together.

I'm a little concerned that the rain has made us forget. It's sunshine and transparency that are fundamental to our democracy. I fear that we have forgotten that people are the citizens of this state and not the corporations. Let us remember that at the heart of our state is heart, it is soul, and that that which you do to the least of me, you do to me. I do not support the current motion and I believe that there are many members of this state right now who are demanding that we vote no. Thank you, Mr. Speaker.

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

Representative BERRY: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I, too, have heard it said today more than once that some folks have been begging for these reforms.

I've heard from one person, one business owner this morning, who asked that I vote in favor of LD 1333. I heard from 12,000 small businesses this morning who asked that I vote against it. When I responded and gave some information to the one small business owner that I did hear from, he changed his mind.

Mr. Speaker, I have heard from no elderly Mainers or older Mainers who want to see their rates five times higher than that of younger Mainers. I have heard from no hardworking Mainers, people who work with their hands in farming and foresting and wood hauling, fishing, lobstering, who want their rates to be higher.

I would ask, not through the Chair, but in case someone is out there that might answer some of the questions that have been asked today, whether any Maine citizens, not representing insurance companies, have come before the committee of jurisdiction and have asked that those measures be adopted. And if the answer is no or if there is no answer, then I would ask that all of us here in this chamber vote down the pending motion so that we can adopt the amendment that's been offered and make this bill a slightly better one. Thank you, Mr. Speaker.

The SPEAKER: A roll call has been ordered. The pending question before the House is Indefinite Postponement of House Amendment "A" (H-191) to Committee Amendment "A" (H-186). All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 30

YEA - Ayotte, Beaulieu, Bennett, Bickford, Black, Burns DC, Burns DR, Cebra, Chase, Clark T, Cotta, Crafts, Cray, Crockett, Curtis, Cushing, Damon, Davis, Dow, Dunphy, Edgecomb, Espling, Fitts, Fitzpatrick, Fossil, Foster, Fredette, Gifford, Gillway, Guerin, Hamper, Harmon, Harvell, Johnson D, Johnson P, Keschl, Knapp, Knight, Libby, Long, Maker, McClellan, McFadden, McKane, Morissette, Moulton, Nass, Newendyke, O'Connor, Olsen, Parker, Parry, Picchiotti, Plummer,

Prescott, Richardson D, Richardson W, Rioux, Rosen, Sanderson, Sarty, Sirocki, Strang Burgess, Tilton, Timberlake, Turner, Volk, Waterhouse, Weaver, Willette A, Willette M, Winsor, Wintle, Wood, Mr. Speaker.

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

ABSENT - Bolduc, Celli, Flood, Hanley, Malaby.

Yes, 75; No, 71; Absent, 5; Excused, 0.

75 having voted in the affirmative and 71 voted in the negative, with 5 being absent, and accordingly **House Amendment "A" (H-191) to Committee Amendment "A" (H-186) was INDEFINITELY POSTPONED.**

Subsequently, **Committee Amendment "A" (H-186) was ADOPTED.**

Representative MARTIN of Eagle Lake **OBJECTED** to suspending the rules in order to give the Bill its **SECOND READING WITHOUT REFERENCE** to the Committee on Bills in the **Second Reading.**

Representative CURTIS of Madison **REQUESTED** a roll call on the motion to suspend the rules in order to give the Bill its **SECOND READING WITHOUT REFERENCE** to the Committee on Bills in the **Second Reading.**

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

Subsequently, Representative CURTIS of Madison **WITHDREW** his request for a roll call.

Subsequently, the Bill was assigned for **SECOND READING** Tuesday, May 10, 2011.

ENACTORS

Emergency Measure

An Act To Promote Further Stability within the Workers' Compensation System by Extending the Number of Terms That May Be Served on the Maine Employers' Mutual Insurance Company Board of Directors

(H.P. 267) (L.D. 334)

(C. "A" H-102)

Reported by the Committee on **Engrossed Bills** as truly and strictly engrossed. This being an emergency measure, a two-thirds vote of all the members elected to the House being necessary, a total was taken. 133 voted in favor of the same and 0 against, and accordingly the Bill was **PASSED TO BE ENACTED**, signed by the Speaker and sent to the Senate.

Acts

An Act To Make Technical Changes to Aquaculture Laws

(H.P. 270) (L.D. 337)

(C. "A" H-106)

An Act To Create the Maine Fishery Infrastructure Tax Credit Program

(S.P. 125) (L.D. 421)

(C. "A" S-42)

An Act To Clarify the Role of the Public Advocate