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Legislative Record
House of Representatives
One Hundred and Twenty-Third Legislature
State of Maine

Volume III

First Special Session

April 1, 2008 - April 18, 2008

Appendix
House Legislative Sentiments
Index

Pages 1358-2163

An Act To Establish a Uniform Building and Energy Code
(H.P. 1619) (L.D. 2257)
(H. "B" H-1005 to C. "A" H-983)

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

On motion of Representative TARDY of Newport, was **SET ASIDE**.

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

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

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

ROLL CALL NO. 407

YEA - Adams, Babbidge, Barstow, Beaudette, Beaudoin, Beaulieu, Berry, Berube, Blanchard, Bliss, Boland, Brautigam, Briggs, Bryant, Burns, Canavan, Carter, Casavant, Cleary, Connor, Conover, Craven, Crockett, Dill, Driscoll, Duchesne, Dunn, Eaton, Eberle, Faircloth, Farrington, Fisher, Flood, Gerzofsky, Grose, Hanley S, Harlow, Haskell, Hayes, Hill, Hinck, Hogan, Jackson, Jones, Kaenrath, Koffman, Lundeen, MacDonald, Makas, Marley, Mazurek, Miller, Mills, Miramant, Nass, Norton, Pendleton, Peoples, Percy, Perry, Pieh, Pilon, Pingree, Piotti, Pratt, Priest, Rand, Rector, Richardson W, Rines, Samson, Savage, Saviello, Schatz, Silsby, Simpson, Sirois, Smith N, Sutherland, Treat, Trinward, Tuttle, Valentino, Wagner, Walker, Watson, Webster, Weddell, Wheeler, Woodbury, Mr. Speaker.

NAY - Annis, Austin, Ayotte, Browne W, Campbell, Cebra, Chase, Clark, Cotta, Cray, Crosthwaite, Curtis, Duprey, Edgecomb, Finch, Finley, Fitts, Fletcher, Gifford, Giles, Gould, Greeley, Hamper, Jacobsen, Johnson, Joy, Knight, Lansley, Lewin, Marean, McFadden, McKane, McLeod, Millett, Moore, Muse, Patrick, Pinkham, Plummer, Prescott, Richardson D, Robinson, Rosen, Sarty, Strang Burgess, Sykes, Tardy, Thibodeau, Thomas, Tibbetts, Vaughan, Weaver.

ABSENT - Blanchette, Cain, Carey, Emery, Fischer, McDonough, Pineau, Theriault.

Yes, 91; No, 52; Absent, 8; Excused, 0.

91 having voted in the affirmative and 52 voted in the negative, with 8 being absent, and accordingly the Bill was **PASSED TO BE ENACTED**, signed by the Speaker and sent to the Senate.

Acts

An Act To Increase Public Confidence in Government by Expanding Public Disclosure

(S.P. 838) (L.D. 2178)
(H. "E" H-959 to C. "A" S-523)

Reported by the Committee on **Engrossed Bills** as truly and strictly engrossed, **PASSED TO BE ENACTED**, signed by the Speaker and sent to the Senate.

ORDERS

On motion of Representative PERRY of Calais, the following Joint Order: (H.P. 1682)

ORDERED, the Senate concurring, that Bill, "An Act To Implement the Recommendations of the Working Group To Study the Effectiveness and Timeliness of Early Identification and Intervention for Children with Hearing Loss in Maine," H.P.1655, L.D. 2295, and all its accompanying papers, be recalled from the Governor's desk to the House.

READ and PASSED.
Sent for concurrence.

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

UNFINISHED BUSINESS

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

HOUSE DIVIDED REPORT - Report "A" (6) **Ought to Pass as Amended by Committee Amendment "A" (H-914)** - Report "B" (5) **Ought Not to Pass** - Report "C" (1) **Ought to Pass as Amended by Committee Amendment "B" (H-915)** - Committee on **INSURANCE AND FINANCIAL SERVICES** on Bill "An Act To Continue Maine's Leadership in Covering the Uninsured" (H.P. 1608) (L.D. 2247)

TABLED - April 8, 2008 (Till Later Today) by Representative PINGREE of North Haven.

PENDING - Motion of Representative CROCKETT of Augusta to **ACCEPT** Report "A" **OUGHT TO PASS AS AMENDED**.

The **SPEAKER**: The Chair recognizes the Representative from Falmouth, Representative Brautigam.

Representative **BRAUTIGAM**: Thank you Mr. Speaker. Mr. Speaker, Men and Women of the House. I am very pleased and proud to have been part of a large group, including the Majority Leader, numerous stakeholders, members of the committee, others who have been participating in this effort to provide coverage to those people who are working hard, a little bit above the Medicaid limits, they have an income, they are trying to work their way up to prosperity and it has been an honor and privilege to be part of that effort to ensure the continuity, the continuation of that coverage for these people. Dirigo has been a great success. For the people who have been covered by Dirigo, 11,000 people are getting health insurance coverage that they would not have otherwise had, 11,000 working Maine people, subsidized at various levels, to allow them to step up out of poverty or out of the dire circumstances of earning less than \$15,000 a year, where the majority of the subsidized Dirigo members are, work their way up. We have all received numerous communications from the members of Dirigo and how it has made a huge difference in their lives—saving lives.

Despite Maine's efforts, we received a report last week estimating that 500 Mainers died in the last six years as a result of not having insurance. We must continue this effort for those people and for the rest of the market, because we well know what happens when people do not have insurance: Their costs increase, their medical condition worsens, they show up at the emergency room, they get the most expensive kind of health care and the cost gets shifted, as a hidden tax, to every other consumer and purchaser of health care and health insurance, whether it is other individuals in the individual market or the BIWs and the Unums and the Hannafords. All of those people, all of those payers benefit from Dirigo. It we did not have Dirigo, there would be repercussions across the insurance market as people struggle to pay for their care and cost shifting occurs, driving up premiums for everybody else.

This bill also has substantial market reforms, and for those people who are interested in expanding the rating bands and allowing a foothold for more competition in the State of Maine, this bill does that. This bill has a reinsurance mechanism, combined with the rating bands, and it is the only proposal before

this body that will hold harmless the people at the high end, those people who have been paying into the insurance market for all their lives, it holds them harmless from an increase, but promises a reduction at the lower end of up to 40 percent of premiums to bring those young, healthy people into the market. This is the proposal that will strengthen competition in Maine. Thank you, Mr. Speaker; I will end at that.

The SPEAKER: The Chair recognizes the Representative from Oakland, Representative Conover.

Representative **CONOVER**: Thank you Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. For those of you who laughed at working families getting access to health care, I would like you to hear from a woman—I will not say last names for purpose of confidentiality, even though this is public record—Beatrice B, who says that "I want to tell you that DirigoChoice saved my life." Do you think it is a laughing matter to her? She describes that in testimony that came before our committee, how she did not otherwise have access to health care, she had no coverage, and she says:

"I want to tell you that DirigoChoice saved my life. Under DirigoChoice diagnostics screening services are covered in full, meaning no co-pays and deductibles for these services, so I could receive a screening colonoscopy. Because of this important test, my doctor discovered that I had colon cancer, which could be treated before it was too late. If it had not been for Dirigo, I would not have received the care I needed to find this problem in time. Now my prognosis is good, I am very grateful."

There are many of these stories that we received, I have some in my hand. We received, some of us, a document that I cannot show you because it is against the rules to show props here at the House, but it was very heavy, an inch full, double sided, last year when some of us talked about this double sided, single spaced testimony of people, hardworking Maine people, small business who often we hear we want to support seeing that they are our backbone of our economy, who testified the effect of what the Dirigo program has done for them. So I don't think it is a laughing matter at all. I think health care and access to it is very important.

For those of you who are interested in market reform, would you support market reform that saved over \$100 million over the last three years, as well as save people's lives? Market reform that offers truly accessible, truly guaranteed, comprehensive health care on a sliding scale fee, a sliding scale basis that is there when people need it. If so, then you should support DirigoChoice and the measure before us. Dirigo provides comprehensive coverage and encourages prevention, which we know is a good investment for today and tomorrow, saving both lives and dollars. Dirigo offers our working families a meaningful choice, as opposed to some of the bad choices on the market with sky-high deductibles or exclusionary plans that serve only to restrict access and utilization of care and, in the long run, drive up medical debt. Our families want health security that protects both their health and their assets. They are tired of paying more for less or nothing, and Dirigo is unique in the market in combining guaranteed issue with no preexisting conditions, no medical exclusions or waiting periods with guaranteed renewal, and offering this on an affordable sliding scale basis. No other plan out there combines elements in this way.

Ladies and Gentlemen of the House, we have a national health care crisis. The crisis we are facing in Maine is not unique. We have 47 million Americans without health insurance; this is wrong. Our hardworking Mainers and Americans deserve better. Here in Maine, we have showed great leadership, and in the national ranking, Maine is in the top five in both access and

quality. I am going to repeat that for those listening who may wish to report on this: Maine ranks in the top five in both access and quality in the nation. DirigoChoice has been an important element to that formula of our success. Can we do better; yes, we wish to and, yes, I hope we will have the will to in this body today and tomorrow. If you look at this measure carefully and consider it in the national context, we see at the federal level, our Chief Executive of our country offering an economic stimulus package, broad based, not targeted, billions of dollars just kind of going out there. Here in Maine, we have an opportunity to support our small businesses in a targeted way in support of something that is very important to our small businesses by allowing them to have, many that have not been able to before, access to health care for them and their employees, often very small mom-and-pop shops, to continue enabling them to recruit good employees, to have their employees getting to work every day, to being productive as the backbone of the economy. So this is an opportunity to make a difference in the economic condition of our state by investing in our small businesses. There are 800 small businesses—and I know there was a handout that just came around of the towns in Maine and the number of people on Dirigo, many of which are our constituents—800 small businesses. The rest of the folks, it is based on income on a sliding scale fee. Eighty percent of the people in our state that are not covered, 80 percent of these are working people. This is not a handout. Dirigo is a hand up for the hardworking Maine people and the hardworking small businesses; I want to be very clear about that.

I would like to talk a little bit about the funding. You know, there has been a huge communications campaign out against any state that is trying to enact any successful health care reform in this country, and Maine is not unique in having faced this. I would like to talk a bit about some things that were in the original Dirigo legislation that may have made it more difficult and challenging or this program, that has succeeded despite these challenges. I would like to talk about the fact that Anthem, up until this year and one of the things I am very happy about this bill now is that we have DirigoChoice in the hands of a nonprofit, Harvard Pilgrim, which is known for its excellence in quality across the country, but originally, up until this session, it has been in the hands of a for-profit company. We had people testify in our committee, over and over again, on two issues that have hindered the success, made it more difficult for the program to succeed more. First of all, I think that the good Representative from Newport has said over and over again: Putting DirigoChoice in the hands of Anthem was basically putting the fox in charge of the henhouse. We had people come before our committee, testifying over and over again that they would call to get information about DirigoChoice, and there would be the bait in switch, so they would call and get redirected elsewhere. Also, we had people come before us saying, where is the marketing, and there is logic to that. If we had the product in the hands of a company who was competing against a product, and in trusting them, they had a conflict of interest in order to market the program. Secondly, there was not a no-pass-through provision, which means that the for-profit insurance company did not have to pass the costs onto the consumers, but chose to. I think and hope that in future, we can work towards legislation that has no pass-through to protect the consumers and I hope we will.

I would like to talk about the savings offset payment, because there has been a lot of misinformation out there about that, and I actually am someone that thinks it has been a good thing for the following reasons: We all talk about cost containment and the need to contain costs in the health care delivery system. The savings offset payment has been the provision, with the Dirigo

program, that has linked cost containment and outcomes and, without it, we are not going to have that now, so I wanted to talk a little bit about the stop. I think there is something to capturing the savings that are achieved from investing in preventive care. We know that preventive care saves lives and dollars and capturing the savings. What has not been as widely reported on, Ladies and Gentlemen of the House, is the for-profit carrier decided that they wanted to build into the premiums, the rates, the cost, and then pocket the savings that were achieved as well. So if there is anything controversial about the savings offset payment, it should be that the insurance companies decided they wanted to fight and pocket the savings that were the Maine people's millions of dollars. So I will miss the savings offset payment because I think it was important to cost containment and showing us all how preventive care saves lives and dollars in the long run.

I want to talk about, with regard to funding, the sharers' responsibility. There is no magic pill to solve our health care crisis; it is going to take a cocktail of medicines. What I see, what often happens and is continuing to happen and I hope that in the future we have the political will to make happen, is that instead of having all of the financing for everything going onto the backs of consumers, that we have some shared responsibilities and the subsidizing in the insurance industry to pay for the claims that they should be assuming the risk for, we should instead have them, the hospitals, do the whole health care delivery system. Everybody has to be a part of this solution; it can't happen unless there is shared responsibility. So individual responsibility, should I take care of my health and get my preventive screenings? Yes. Are the physicians part of this, do they want to make sure we get our preventive care and treat us well like they always do? Yes. Are the hospitals part of this, do they need to pay their fair share? Does the insurance industry need to contribute their part? Yes, everyone along the chain needs to share responsibility if we are going to meet this crisis.

I want you to know that some have said this is compromise legislation, and it is, and want to compromise further. I want to let you know that there are some on in the committee that felt that this was a compromise. There are some of us that realize and recognize that it is important to compromise, but also are concerned about the market reform provisions. I would rather have the money going into growing Dirigo Health, expanding care, we all would. We understand the political reality that we have two bodies in this House, not just one, we understand that the other body is more conservative and they have a different point of view, but I want to let you know that there are some that already feel like we have compromised, and I ask those who are returning to please keep a careful eye on the market reforms. I ask for transparency, I ask for careful monitoring of the rates of the people who have chronic conditions that are currently in the individual market, with Anthem being allowed to close their book of business, that we monitor their rates, their deductibles, their exclusions benefits and coverage and monitor their timely transition to other coverage.

The difference between this and other bills that we are going to see that makes it easier for me to compromise, or not easy at all but, is that there have been some distinct policy levelers built into this bill that are not in the other market reform bills, to try to prevent the older, sicker more rural, more hazardous industries from having their rates increasing. I hope we monitor those provisions, but that really is key. Folks, there is market reform in here that concerns me, but I see that there is a distinct attempt in working with actuaries to hold harmless the 45, 50, 55, 60, 65 year olds that are not federally eligible for federal health care systems. I still have concerns, but that is the difference. I want you to understand this. For us that have a hard time with these

market reforms, that is still hard, but this is why this bill is different. There has been distinct efforts for people that know to try to prevent harm in this. Do I want transparency; do I want that to be verified, am I just going to trust that? No. I want us to monitor this in the future very carefully with the Bureau of Insurance, the committee of jurisdiction, and I ask that to take place. So I hope you will stand by me in supporting health care for working Maine families, I don't at all think it is funny when people have gotten health care to laugh about the success of people getting health care that needed it when it saved their lives, and I ask us to please diligently focus on the importance of this legislation. Thank you, Men and Women of the House.

Representative SIMPSON of Auburn assumed the Chair.
The House was called to order by the Speaker Pro Tem.

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

Representative **PILON**: Thank you, Madam Speaker. I do commend the Insurance Committee for all their hard work on LD 2247. Having served on the Insurance Committee in the 122nd Session, I know how hard it is to move good legislation through committee, and it is a good piece of legislation; however, there are some issues from my perspective. LD 2247 does have underwriting criteria, for example, a geographic area is one of their underwriting criteria that an insurance company will be able to use as an underwriting factor. So that means that people from up north, for example, in the northern part of the state, the insurance company may be able to use that as an underwriting factor when it comes time to underwrite them or increase their premium, for example, because they are in an unfavorable geographic location. So that is something that people up north may want to consider when they vote for this bill. This is a on page 2, line number 23 and 24. Also, another underwriting criteria is age, but that is a typical underwriting factor.

LD 2247, in Fiscal Year '09, we are looking to spend \$58 million, we are cycling roughly 13,000 people through the program, and, again, is that good use of taxpayers money in this tight fiscal year? In Fiscal Year 2010, we are going to be looking to spend almost \$62 million. What I have not heard from these discussions is what our market plan is. I have not heard, from Harvard Pilgrim, how we are going to enhance the participant level in this program. This \$58 million in Fiscal Year '09, and Fiscal Year '10, \$ 62 million, is just for status quo. I would feel a little bit better when it comes times to vote if I had an idea as to what the Harvard Pilgrim's marketing program is to enhance this program, but I have not heard that and I am very distressed by this. Thank you very much, Madam Speaker.

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

Representative **McKANE**: Thank you, Madam Speaker. Madam Speaker, Ladies and Gentlemen of the House. I have to agree with much of what my good Chair said: We do a serious problem here in the state and we need to address it.

In response to the Representative from Oakland, I can tell you another matter that is not a laughing matter and that is the cost of health insurance in this state. It is far above almost every other state and it is unnecessary. I do want to thank the sponsors and supporters of this legislation for finally acknowledging the problems with Maine's community ratings laws and the hint of market reform that is contained in this bill. It has taken years to get this far but, unfortunately, it is not far enough, even with this little bit of reform, we will still be one of the

most regulated health insurance industries in the country. We are only timidly tiptoeing back. And ironically, in the past, we have been so bold with Dirigo, and in the early 1990's with those drastic regulations in community rating and guaranteed issue, which by the way have caused us to lose about 60,000 members who were in our insurance pool individual market.

LD 2247 is entitled "An Act to Continue Maine's Leadership in Covering the Uninsured." I don't know if they is really accurate. We are leaders all right, but it is basically an expanding Medicaid. That is the reason we have a low uninsured population, and I am not sure if that is something we should be proud of. If it is, should we become leaders in other government subsidy programs, food stamps? I don't think so. I don't think people want to be on food stamps, I don't think they want to be on a medical subsidy program or medical welfare. So after years of work and debate, we have a deal put before us: We'll give you this tiny bit of health insurance reform, if you give us two new taxes to support Dirigo. Madam Speaker, I submit that this is not the best way to legislate. I sincerely hope this is not the best we can do. Each idea should be brought forward on its own; Dirigo and whatever funding mechanism in one bill and insurance reform in the other. There is hope, we do have more legislation coming, but let's look at Dirigo. There has never been enough money, and so far we have gone through about \$164 million, including taxpayer and member dollars, and there has never been enough.

In the first year, Dirigo claimed to have saved \$233 million and that is what they wanted to get through the SOP. That seemed a little unrealistic to a lot of people, so they cut that down to \$133 million, and then after the rate hearing they were allowed \$44 million, which was still a stretch. They were saying that they saved that \$233 million after spending \$53 million, if you can figure that one out. In fact, every year, the amount asked for by Dirigo through the SOP has been cut at least in half, but in this new bill there will be no hearing for the new tax on claims that is contained in this bill. And, once again, large out of state corporations will not be subject to this tax, as they weren't subject to it with the SOP. All of the big box stores will not be subject to this tax, but Maine's small businesses will be subject to this tax. Interestingly, the third party administrator, the Maine state employees' health insurance, Anthem, they will be subject to the tax and I can't imagine that that won't be passed on to our state employees' health care, but for some reason there is no fiscal note. Maine state government, by the way, is one of the places that our monopoly carrier, Anthem, makes a lot of its profits, but there is another new tax contained with this bill, a \$0.50 tax on cigarettes is said to be a deterrent, also. The higher we raise the tax on cigarettes, the less we are going to smoke. Well, does that work the same on the tax on paid claims? Are we trying to get less people involved with health insurance? The two just don't seem to jive, they contradict each other. But I have never understood the whole premises behind Dirigo that a tax on health insurance would somehow make health insurance cheaper for everybody else.

There was a man in Damariscotta, many years ago—I don't know where he came from—he swept the streets for free, and he did a pretty good job at it. One July, when traffic got really busy, he thought he would upgrade his job a little bit and he got out to the middle of an intersection and tried to direct traffic. Well, he couldn't do this. He shouldn't have moved up to this new job. He held up traffic in all directions and made matters worse and, eventually, he was ignored. The folks on the sidewalk simply watched him with curiosity and pity. This man, who was known as Hap, thought he was directing traffic, just as Maine thinks it is a leader in insuring the uninsured. The rest of the country is watching us with curiosity and pity. Madam Speaker, I request a

roll call, please. Thank you.

Representative MCKANE of Newcastle **REQUESTED** a roll call on the motion to **ACCEPT** Report "A" **Ought To Pass as Amended**.

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

The **SPEAKER PRO TEM**: The Chair recognizes the Representative from Augusta, Representative Crockett.

Representative **CROCKETT**: Thank you, Madam Speaker. Madam Speaker, Ladies and Gentlemen of the House. I am very proud of the hard work that our committee did during this past session to try to come up with something to help Maine citizens. In the end, our committee was divided, but I think that this bill, it does not only provide one avenue of relief. One of the areas that it will address is the replacement of the savings offset payment. I feel strongly that the savings offset payment needs to be replaced and that the proposal for a surcharge of 1.8 percent on paid claims is a fairer and more transparent means of financing. The SOP has been a serious distraction to a well-meaning attempt to improve our situation in Maine and needs to be changed. With this change, we will take the money that is currently paid to lawyers to fight over the SOP and take the time the agency spends in dealing with the lawsuits, and devote both this time and this money to more constructive pursuits, such as covering more people with the Dirigo Choice product. As the good Representative from Oakland said, our committee, all of our committee members received a pack at last session with over 80 pages, two-sided, of emails from people all across this state that were in support of Dirigo, telling us what Dirigo had done for them. I find it interesting that some people can laugh at a situation such as that.

I received an email from a lady that told me why she and her family depend on Dirigo. I called her to chat with her and to find out how she feels about Dirigo and why it was so important to her family. She told me that her husband is a woodsman and has been all his life. They have two young children under the age of five. They have family coverage through Dirigo and feel extremely thankful. If the program is eliminated, they would be without health care. They cannot afford the premium for a family policy elsewhere. They pay \$409 a month for Dirigo and are able to make the payments on time. They do not want and they do not need MaineCare. Dirigo Choice is a step in the right direction. She asked me to remember how Dirigo helps all the tradesmen, small business owners and their families, because they finally have affordable health care coverage. She told me that she and her husband raised their children in a healthy environment and they work hard to pay for health care, and they only ask that the premiums remain affordable for a family of four trying to make ends meet.

She also told me about her parents: They are 63 years old, and her father sells real estate and has no health insurance because he can't afford the premiums and the Dirigo enrollment is closed. They are going without preventive care and she is very concerned that while they are waiting to turn old enough for Medicare, they are neglecting necessary preventive care. I think these are a couple of examples of why we need to do what we can to assure that the good, hardworking people in Maine have Dirigo available to them.

Another part of this bill, the establishment of the Reinsurance Association to improve the individual market and the changes in the community rating bands are a good compromise. I hope that some young people will come back into the market, as I believe that all individuals need to be covered with some insurance product. Maine cannot solve its health insurance problem without getting more people insured. Without health insurance, waiting

too long for care and ending up receiving the highest cost, health insurance is not what we want and this is simply shifting the burden to the commercial carriers, which is one of the reasons that our insurance premiums are high. This is not a perfect bill. Very few proposals reforming health care are perfect, but this is a practical bill. It will enact modest reforms. These are important steps towards the next round of reforms, while we wait for our new President and new federal changes. Please vote in support of this LD. Thank you.

The **SPEAKER PRO TEM**: The Chair recognizes the Representative from Falmouth, Representative Savage.

Representative **SAVAGE**: Thank you, Madam Chair, Ladies and Gentlemen of the House. I did have my notes today, thank goodness. I believe that LD 2247 is a well-intended, well thought out, but inherently flawed bill. The problem with Dirigo Choice health insurance from the beginning has been the costly funding; I think most of us know that. To date, no method has been found to fund this program without putting undue cost on the backs of businesses and individual policyholders. This bill wisely eliminates the controversial savings offset payment, which nobody seemed to like, and replaces it with a 1.8 percent assessment on claims, which is a better idea. I believe this is a better method for raising funds, but does not solve the heart of the problem, which is funding Dirigo Choice without placing undue costs on other policyholders in the state. Somebody has to pay for this.

The bill also makes a small stab at market reform by broadening the community-rating band by a small margin. The rating band is what gives insurance companies the ability to properly rate a risk and it alone, along with guaranteed issue, is what drove many health insurance companies from Maine when it enacted in the 1990's. However, this bill does not broaden the band enough, in my view, to bring the companies back. We should remember that the idea behind creating DirigoChoice in the first place was to bring insurance to the 120,000 Maine people who are uninsured, certainly a noble undertaking, but it simply did not happen. Of the current 13,000 or so, which is a far cry from 120,000, now under DirigoChoice, close to half had insurance previously and switched to Dirigo, they were not uninsured. So only around 7,000 to 8,000 previously uninsured, or underinsured, are currently under the program which is now capped due to lack of funds. That is less than 1/10th of the uninsured in Maine, but at a total cost of around \$160 million to date. I do not advocate in any way throwing those currently insured under Dirigo out into the street, but Maine is in a crisis situation and I believe we need to try a new direction. We need to go further in the direction of market reforms to bring competition back to Maine, which I believe will lower the premiums for everyone, including lowering the costs of subsidizing Dirigo Choice. In other words, if DirigoChoice is to survive and if we are going to go with this, we certainly have to put through the market reforms that are needed that are going to bring down the costs of subsidizing this program. Thank you.

The **SPEAKER PRO TEM**: The Chair recognizes the Representative from Mount Vernon, Representative Jones.

Representative **JONES**: Thank you, Madam Speaker. Madam Speaker, Ladies and Gentlemen of the House. I rise in support of LD 2247 as written. As many of you have heard me speak before, I have spent 24 years of my professional life working for public health in Maine and trying to improve the health of Maine citizens. There is a major piece of public health language in this bill and that is the piece that raises the funds to help support the Dirigo insurance program through increasing the tax on tobacco and tobacco products that we have not been taxing in the past. We know, from the research in public health,

that for every dollar that you raise on tobacco, 2 percent of the total population of our children will not take up smoking. That is a major policy, public health promotion effort, and I strongly support raising funds for supporting health insurance programs in this way. Thank you.

The **SPEAKER PRO TEM**: The Chair recognizes the Representative from Millinocket, Representative Clark.

Representative **CLARK**: Thank you, Madam Speaker. Madam Speaker, Men and Women of the House. I really didn't have any intention of speaking on this bill until the snickers and the sly remarks came across and really put the hair on the back of my neck to stand up. You have to bear with me a little bit. A little history: In 2003, as you know, we changed employers where I work. They had what they called a carve out, from 2003 to 1992, 900 employees were retired, loss of medical insurance. From 2003 on, whenever those employees who are working now retire, they have no medical insurance when they retire. Do I like the Dirigo health plan? Yes, I do. Do I like the way it is funded? No, I don't. But I can tell you one thing right now, I am not going home to tell the people I represent I am going to cut their legs out again, when their legs were cut out here a few years ago. Can you imagine, when you are 65 and a half, still working in a paper mill because you can't retire because you can't afford the medical insurance? You want to go home and tell your people that? They live all around me—Millinocket and East Millinocket, Medway, Lincoln, Lee, Sherman, Island Falls—you name it; they all worked in those paper mills. They want some help.

When I was at mass on Sunday at St. Martin's, my wife and I sat down in the pew. On each side of us, that is all we heard before we left: Don't take it away, give us a chance, we lost too much. Yes, it is easy to come down here and vote yes on everything, on the red light, but what is the solution at the end of the day? To go home and tell your people you voted red? That is not the answer. Our answer is we have Dirigo, we need to fix it, it is not perfect, we have to move on, and I am not one going home to tell my people I am going to take anymore away from them that they already lost. They have lost too much in our area and they cannot afford to lose anymore. Thank you very much, Mr. Speaker.

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

Representative **TREAT**: Thank you, Madam Speaker. Madam Speaker, Men and Women of the House. I think the good Representative from Millinocket has really hit the nail on the head, if I may say so, because he answers a concern that is repeatedly raised: Where are all of these people that didn't have health insurance that are now getting it, isn't this program just reinsuring people that already had it? Well that is a key focus—key focus—of this legislation and it is important to do it. Someone who has been laid off, who then gets insurance, are you saying well that person shouldn't have insurance, Dirigo isn't any good because it is not insuring someone who never had insurance? No, that is not what it is all about. Fifty-eight percent of the people on Dirigo right now were either uninsured or underinsured. Well, those are people, who are they? Well, they are paying a whole lot of money for some insurance that, when they go to use it, doesn't cover anything. Is that what we want to preserve? No. Dirigo is here to help those people as well, as well as all of the folks who have never had insurance, as well as the small business people who may have insurance now for their employees, but the prices have gone up so much that they are going to drop it. They turn to Dirigo. Is that an unfortunate thing that Dirigo is covering these people who are employed by a small business that is now competitive because it can provide health insurance that it previously could not? Of course not, that is

exactly what Dirigo is all about.

I am supporting this Committee Amendment, and I supported it in committee because it is a very good piece of legislation. Not only will it maintain coverage for the over 14,000 people currently on Dirigo, and has covered more than that over the years, but it also provides for sustainable funding of this program. I think it is very important that the Representative from Saco, Representative Pilon, said where is the marketing plan, you can't have a marketing plan unless you put a program on a path to have sustainable funding. Why would you go out and market a program that the Legislature refuses to fund? That is nonsensical. The sensible thing is to figure out a funding package for it and then you have a partner; in this case we have a partner, Harvard Pilgrim, who is very motivated about this. They will market this plan, I am sure they will. They are motivated to do it, they want to be in Maine, they want to be part of marketplace, and if we pass this legislation we will have sustainable funding. The replacement of the savings offset payment, it made great intellectual sense: Capture the savings, use it to fund the program. But something that sometimes is intellectually really valid in practice turns out to be something that is quite difficult to implement and, in this case it is something that had an up and down cycle, the money isn't available to the agency on a consistent basis, it encourages litigation, and it encourages money spent on litigation instead of other things like providing greater access to health care, so it makes sense to replace that. And what are we replacing it with, something that pretty much addresses the same payers, but does it at a lower level, and that is a benefit for businesses and others that are paying for this fee as well.

The other thing that this bill does and I think it is very important, is that it does provide for market reform. This is really the only market reform bill that provides market reform in a way that carries out the medical standard, the Hippocratic Oath which is first do no harm. This is the only market reform bill before this Legislature that does that. It is the only market reform bill supported by AARP and advocates for the disabled and women. Why, because, first, it does no harm. The market reforms in this bill will drop the insurance costs of people who are 30 to 40 years old by 16 percent—as my mother with her quaint expressions would say, that is nothing to be sneezed at, Sharon, that is pretty good—and for people under 30 by 40 percent. Why is that significant? Well, of course, we want young people to have health insurance, we want them to be safe, we don't want them going to emergency rooms, we want them to take employment that doesn't provide health insurance but provide a good pay. But we also want them in the market because, under insurance schemes, the more people in the market that are healthier will help to subsidize the rates for those who are less healthy, and those would be people like me who are over 50, unfortunately. So this is a piece of legislation that addresses all aspects: It addresses sustainable funding, it addresses market reform, it is very smart legislation, it changes the market place in a way that increases competition, it levels the playing field, not by putting all of the benefits in one part of the market, but sharing it out so that all companies that seek to participate in Maine's market will benefit. This is good legislation, it is what we can do now with the funding that we have available to us, I strongly urge you to support the pending motion, the Majority Ought to Pass as Amended Report. Thank you.

The SPEAKER PRO TEM: The Chair recognizes the Representative from Warren, Representative Richardson.

Representative **RICHARDSON**: Thank you, Madam Speaker. Madam Speaker, Men and Women of the House. I rise just to make a few comments on the bill before us, 2247. On

Sunday, I just happened to be googling Dirigo Health, and I understood that there was a new webpage, but I guess, unfortunately, or fortunately, I ran into the old one. And it defines Dirigo Health, on this webpage, as a state government initiative to provide all citizens—let me repeat the word all—with affordable health care coverage. LD 2247 comes nowhere close to providing all citizens with affordable coverage.

In my district of 8,500 people, we have enrollment, according to what came through today and what came a few weeks ago, there has been a drop of about 20 folks, but somewhere around 170 people. And here we are with LD 2247 and to be perfectly blunt, I believe this is a new funding package to keep what we have. The other sad news is to find that DirigoChoice is presently closed in the individual market. Ladies and Gentlemen, this is something that is needed, this is not the mechanism to do it, and I hope that you will vote with me nay on this particular motion. Thank you.

The SPEAKER PRO TEM: The Chair recognizes the Representative from Waterville, Representative Canavan.

Representative **CANAVAN**: Thank you, Madam Speaker. Madam Speaker, Men and Women of the House. My purpose in speaking today isn't to argue the merits of market reform, because to put it bluntly, I think it would take more than any single piece of legislation to fully remedy our health care system, and I am not referring now only the problems that we in Maine are experiencing. I am talking about our national health care crisis. The suggestion here today, on so many other occasions when we talk about health care in this body, is that Maine stands alone in experiencing problems with its health care system. Well, that is not true. According to a recent study published in the Journal of Health Affairs, the United States ranks dead last among 19 industrialized nations on preventing deaths by assuring access to effective health care—19th, the greatest country in the world. The study further states that thousands of lives a year could be saved if the US performance equals the top ranked countries on effective health care measures. In a nutshell, what that means is that when folks have access to good health care, fewer preventable deaths occur.

So how does Maine fair with respect to assuring access to health care to its people? Something that we often overlook is that, despite the problems we as a state share with the rest of the country in one important respect, Maine is leading the way nationwide, because the record shows that last year Maine was one of only four states in the nation in which the number of people with access to health care actually increased. In 46 other states, the number of insured declined, despite all of their so-called efforts at market reform out there. And the evidence showed that Maine's success is attributed to a large part to the enactment of DirigoChoice, because before Dirigo was established, Maine had the highest number uninsured in New England, but with the advent of DirigoChoice, we have turned that around so that we now have the distinction of having the smallest percentage of uninsured here. But I think we can just forget statistics for a moment and ask the question, who are the beneficiaries of DirigoChoice? If you look at the list of small businesses and sole proprietors signed onto Dirigo, you'll see they are located in every single corner of the state, in every single House and Senate district. The emails I have gotten from constituents, who are consumers of DirigoChoice which, by the way, are not programmed, but individual detailed personal stories describe their family and business circumstances, some of the health problems they and their families have experienced and how they have been helped by Dirigo and how grateful they are to have the security of knowing that they and their family members and employees will have access to health care when

they need it.

In a country where more and more citizens are finding coverage unaffordable, and where too many people are being forced to declare bankruptcy, even, because of medical bills, in contrast, we here in Maine are reversing the tide of the uninsured and I don't think that is a small accomplishment. So I am supporting this bill, not so much for the market reforms it contains and the promises held out because of those reforms, which may well have merit by the way, but more because the bill provides a sustainable funding mechanism which will allow DirigoChoice to continue to offer affordable health care to the thousands of Maine people across the state who now rely on it for coverage. So as I see it, voting for this bill is not just fulfilling a legislative responsibility or duty, it is a moral obligation that I owe to the families in my district, as well as the families of Mainers all across the state who have been well served by DirigoChoice, and who, in many cases, have found it to be literally a lifesaver, so I would ask you to support Report A of this bill. Thank you.

The SPEAKER PRO TEM: The Chair recognizes the Representative from Columbia, Representative Tibbetts.

Representative **TIBBETTS**: Thank you, Madam Speaker. Madam Speaker, Ladies and Gentlemen of the House. I am sure that the 86 constituents that I have in the nine towns I represent would be very proud that we are going to pass a bill to raise the cigarette tax \$0.50 a pack so that they can enjoy Dirigo Health. Thank you, Madam Speaker.

The Speaker resumed the Chair.
The House was called to order by the Speaker.

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

ROLL CALL NO. 408

YEA - Adams, Ayotte, Babbidge, Barstow, Beaudoin, Berry, Blanchard, Bliss, Boland, Brautigam, Briggs, Bryant, Burns, Cain, Campbell, Canavan, Carey, Carter, Casavant, Clark, Connor, Conover, Craven, Crockett, Dill, Driscoll, Duchesne, Dunn, Eaton, Eberle, Faircloth, Farrington, Fischer, Fisher, Gerzofsky, Harlow, Haskell, Hill, Hinck, Hogan, Jackson, Jones, Kaenrath, Koffman, Lundeen, MacDonald, Makas, Marley, Mazurek, Miller, Mills, Miramant, Norton, Patrick, Pendleton, Peoples, Percy, Perry, Pieh, Pingree, Piotti, Pratt, Priest, Rand, Rines, Schatz, Silsby, Simpson, Sirois, Smith N, Sutherland, Theriault, Treat, Trinward, Tuttle, Valentino, Wagner, Watson, Webster, Weddell, Wheeler, Mr. Speaker.

NAY - Annis, Austin, Beaudette, Browne W, Cebra, Chase, Cleary, Cotta, Cray, Crosthwaite, Curtis, Duprey, Edgecomb, Finch, Finley, Fitts, Fletcher, Flood, Gifford, Giles, Gould, Greeley, Grose, Hamper, Hanley S, Hayes, Johnson, Joy, Knight, Lansley, Lewin, Marean, McDonough, McFadden, McKane, McLeod, Millett, Moore, Muse, Nass, Pinkham, Plummer, Prescott, Rector, Richardson D, Richardson W, Robinson, Rosen, Samson, Sarty, Savage, Saviello, Strang Burgess, Sykes, Tardy, Thibodeau, Thomas, Tibbetts, Vaughan, Walker, Weaver, Woodbury.

ABSENT - Beaulieu, Berube, Blanchette, Emery, Jacobsen, Pilon, Pineau.

Yes, 82; No, 62; Absent, 7; Excused, 0.

82 having voted in the affirmative and 62 voted in the negative, with 7 being absent, and accordingly Report "A" **Ought To Pass as Amended** was **ACCEPTED**.

The Bill was **READ ONCE**. **Committee Amendment "A" (H-914)** was **READ** by the Clerk.

On motion of Representative PINGREE of North Haven, **TABLED** pending **ADOPTION of Committee Amendment "A" (H-914)** and later today assigned.

The Chair laid before the House the following item which was **TABLED** earlier in today's session:

HOUSE DIVIDED REPORT - Report "A" (6) **Ought to Pass as Amended by Committee Amendment "A" (H-914)** - Report "B" (5) **Ought Not to Pass** - Report "C" (1) **Ought to Pass as Amended by Committee Amendment "B" (H-915)** - Committee on **INSURANCE AND FINANCIAL SERVICES** on Bill "An Act To Continue Maine's Leadership in Covering the Uninsured"

(H.P. 1608) (L.D. 2247)

Which was **TABLED** by Representative PINGREE of North Haven pending **ADOPTION of Committee Amendment "A" (H-914)**.

Representative BRAUTIGAM of Falmouth **PRESENTED House Amendment "B" (H-1013)** to **Committee Amendment "A" (H-914)**, which was **READ** by the Clerk.

The SPEAKER: The Chair recognizes the Representative from Falmouth, Representative Brautigam.

Representative **BRAUTIGAM**: Thank you Mr. Speaker. Mr. Speaker, Men and Women of the House. This amendment removes the tobacco funding from the bill and it is pretty self-explanatory and there are other funding sources that can be used for this program. We can talk about those later, but that is what this amendment does to strip out the tobacco-funding portion of the bill. Thank you very much. I appreciate you following my light.

Representative PINGREE of North Haven **REQUESTED** a roll call on the motion to **ADOPT House Amendment "B" (H-1013)** to **Committee Amendment "A" (H-914)**.

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

The SPEAKER: A roll call has been ordered. The pending question before the House is Adoption of House Amendment "B" (H-1013) to Committee Amendment "A" (H-914). All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 409

YEA - Adams, Annis, Ayotte, Babbidge, Barstow, Beaudette, Beaudoin, Beaulieu, Berry, Blanchard, Bliss, Boland, Brautigam, Briggs, Browne W, Bryant, Burns, Cain, Campbell, Canavan, Carey, Carter, Clark, Cleary, Connor, Conover, Craven, Cray, Crockett, Driscoll, Duchesne, Dunn, Eaton, Faircloth, Farrington, Fischer, Fisher, Fletcher, Flood, Gerzofsky, Giles, Hanley S, Harlow, Haskell, Hayes, Hill, Hinck, Hogan, Jackson, Johnson, Joy, Kaenrath, Koffman, Lundeen, MacDonald, Makas, Marean, Marley, Mazurek, McDonough, Miller, Millett, Mills, Miramant, Patrick, Pendleton, Peoples, Percy, Perry, Pieh, Pingree, Piotti, Plummer, Pratt, Priest, Rand, Richardson D, Samson, Schatz, Simpson, Sirois, Smith N, Sutherland, Sykes, Theriault, Thomas, Treat, Trinward, Tuttle, Valentino, Wagner, Watson, Webster, Weddell, Wheeler, Mr. Speaker.

NAY - Austin, Berube, Casavant, Cebra, Chase, Cotta, Crosthwaite, Curtis, Duprey, Edgecomb, Finch, Finley, Fitts, Gifford, Gould, Grose, Hamper, Jacobsen, Jones, Knight, Lansley, Lewin, McFadden, McKane, McLeod, Muse, Nass, Pinkham, Prescott, Rector, Robinson, Rosen, Sarty, Savage, Saviello, Silsby, Strang Burgess, Tardy, Thibodeau, Tibbetts, Walker, Weaver, Woodbury.

ABSENT - Blanchette, Dill, Eberle, Emery, Greeley, Moore, Norton, Pilon, Pineau, Richardson W, Rines, Vaughan.

Yes, 96; No, 43; Absent, 12; Excused, 0.

96 having voted in the affirmative and 43 voted in the negative, with 12 being absent, and accordingly **House Amendment "B" (H-1013) to Committee Amendment "A" (H-914)** was **ADOPTED**.

Representative **BRAUTIGAM** of Falmouth **PRESENTED House Amendment "C" (H-1014) to Committee Amendment "A" (H-914)**, which was **READ** by the Clerk.

The **SPEAKER**: The Chair recognizes the Representative from Falmouth, Representative Brautigam.

Representative **BRAUTIGAM**: Thank you Mr. Speaker. Mr. Speaker, Men and Women of the House. This amendment restores funding to the Dirigo program and the reinsurance package included in this bill. It leaves the assessment piece at 1.8 percent, as it was in the original bill, and it adds funding from an assessment on beer and wine, an assessment on syrup for the making of soda, and an assessment that comes from a transfer of temporary excess in the Fund for Healthy Maine, an assessment on loose tobacco, which is going to be equalized to the tax rate with regular cigarettes, an assessment that comes from taxing certain tobacco on a wait basis versus an ad valorem basis. These assessments and taxes can bring Dirigo the point it can continue to function, as it had been in the same amount of funding in the original bill. There are a lot of nexuses, or links, between these different items and our public health policy of promoting good health, and I hope the body will support this source of funding for Dirigo and keep Dirigo going in the right direction and continue to fund the program we discussed this morning and the reinsurance program. Thank you very much, and I hope you will follow my light.

The **SPEAKER**: The Chair recognizes the Representative from Mount Vernon, Representative Jones.

Representative **JONES**: Thank you Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I spoke on the health care issue earlier in support of it, strongly advocating for the tobacco tax that was attached on that bill. This amendment removes some of the tobacco tax from the support of this health care issue. It also taps into the Fund for Healthy Maine, which is a major public health program that addresses tobacco use, tries to reduce tobacco use and address our leading health care cost of cancer and heart disease and diabetes. I strongly encourage us to think about the importance of public health programs and the importance of health care programs. I strongly support rights to access to health care, but I also, as a public health professional, strongly support the public's right to access, to policies and programs that will assure their health and reduce our health care costs. These programs have been proven to reduce tobacco use in our youth, who are seniors in high school, from 24 percent to 15 percent. Taking money from this fund and putting it to pay for our health care costs is not a wise decision.

You need to know that, as legislators, you are powerful advocates for the health of our public. If you go to a school of public health today, the leading thing they teach you is if you want to improve public health, make policy change. We are also taught that 80 percent of your health is made from programs and policies that protect your health. Ten percent is due to medical care. What I see us doing here is taking money from something that contributes to 80 to 90 percent of your health and putting it into something that contributes to 10 percent of your health. I strongly support health insurance for everyone in this state, but I also strongly support access to public health programs. That is why I am not going to support this amendment. Thank you.

Representative **THOMAS** of Ripley **REQUESTED** a roll call on the motion to **ADOPT House Amendment "C" (H-1014) to Committee Amendment "A" (H-914)**.

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

The **SPEAKER**: A roll call has been ordered. The pending question before the House is Adoption of House Amendment "C" (H-1014) to Committee Amendment "A" (H-914). All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 410

YEA - Adams, Babbidge, Barstow, Beaudoin, Berry, Blanchard, Bliss, Boland, Brautigam, Briggs, Bryant, Burns, Cain, Campbell, Canavan, Carey, Carter, Clark, Connor, Conover, Crockett, Dill, Driscoll, Duchesne, Dunn, Eaton, Eberle, Faircloth, Farrington, Gerzofsky, Harlow, Haskell, Hill, Hinck, Hogan, Jackson, Koffman, Lundeen, MacDonald, Makas, Marley, Mazurek, Miller, Mills, Miramant, Norton, Pendleton, Peoples, Percy, Perry, Pieh, Pingree, Piotti, Pratt, Priest, Rand, Schatz, Simpson, Sirois, Smith N, Sutherland, Theriault, Treat, Trinward, Tuttle, Valentino, Wagner, Watson, Webster, Weddell, Wheeler, Mr. Speaker.

NAY - Annis, Austin, Ayotte, Beaudette, Beaulieu, Berube, Browne W, Casavant, Cebra, Chase, Cleary, Cotta, Cray, Crosthwaite, Curtis, Duprey, Edgecomb, Finch, Finley, Fisher, Fitts, Fletcher, Flood, Gifford, Giles, Gould, Greeley, Grose, Hamper, Hanley S, Hayes, Jacobsen, Johnson, Jones, Joy, Kaenrath, Knight, Lansley, Lewin, Marean, McDonough, McFadden, McKane, McLeod, Millett, Muse, Nass, Pinkham, Plummer, Prescott, Rector, Richardson D, Robinson, Rosen, Samson, Sarty, Savage, Saviello, Silsby, Strang Burgess, Sykes, Tardy, Thibodeau, Thomas, Tibbetts, Vaughan, Walker, Weaver, Woodbury.

ABSENT - Blanchette, Craven, Emery, Fischer, Moore, Patrick, Pilon, Pineau, Richardson W, Rines.

Yes, 72; No, 69; Absent, 10; Excused, 0.

72 having voted in the affirmative and 69 voted in the negative, with 10 being absent, and accordingly **House Amendment "C" (H-1014) to Committee Amendment "A" (H-914)** was **ADOPTED**.

Representative **WALKER** of Lincolnville **PRESENTED House Amendment "A" (H-1012) to Committee Amendment "A" (H-914)**, which was **READ** by the Clerk.

The **SPEAKER**: The Chair recognizes the Representative from Lincolnville, Representative Walker.

Representative **WALKER**: Thank you Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. We have been speaking an awful lot about health insurance recently and, I think, we can all agree that health insurance is way too expensive. There have been a lot of disagreements as to what the causes of that are. My amendment actually offers people and Mainers an opportunity to choose to buy their health insurance either in the individual or the small group market outside of the state. I think choice is always a good thing. If you are not happy with the expensive premiums that we have in Maine, why not have the opportunity to buy from a selected number of states, both in New England and in the Mid-Atlantic Region, where you know, especially if you are a younger Mainer, that you can buy a health insurance policy that costs half as what it costs in Maine. My amendment puts together a number of states, including Connecticut, Massachusetts, New Hampshire, Rhode Island, Vermont, Delaware, Maryland, New Jersey, New York, Pennsylvania, and the District of Columbia. Mr. Speaker, it is an opportunity to buy more inexpensive health insurance, it is one of the major problems we have here in the state, it is a major problem for individuals and industry, and I would ask your support and ask you to vote green on this amendment. Thank you, Mr. Speaker.

Representative BRAUTIGAM of Falmouth moved that **House Amendment "A" (H-1012) to Committee Amendment "A" (H-914) be INDEFINITELY POSTPONED.**

The same Representative **REQUESTED** a roll call on the motion to **INDEFINITELY POSTPONE House Amendment "A" (H-1012) to Committee Amendment "A" (H-914).**

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 Falmouth, Representative Brautigam.

Representative **BRAUTIGAM:** Thank you Mr. Speaker. Mr. Speaker, Men and Women of the House. I know this amendment is offered in a constructive spirit, and I want to address the reasons why our committee has repeatedly taken this issue off and rejected it at the behest of the insurance carriers in Maine and of the Bureau of Insurance.

This would allow insurance carriers in other states to sell their product in Maine without complying with the provisions of Maine law that are now observed by Maine insurance carriers. I know it is very tempting to look at another state and to see one, single isolated quote of an insurance premium and to jump to the conclusion that everyone in that state pays that number. Well, in reality, what you are getting when you see those quotes from other states is you are getting a base rate quote. In many cases, sometimes as many as 30 percent of the cases, the people in the other state are not being offered any premium, they are not being offered a policy at all, and when they are being offered a policy at all, that low quote is not what they are being offered, but because of various conditions that are allowed under their state law, they are getting a higher quote or a quote with lower benefits. So be wary of the temptation to compare premiums in one state with another state, if you don't know whether, in fact, that other state is going to actually offer that policy to your constituents.

This bill is, in essence, a cherry picking bill. It is a bill that allows another insurance company to come into the State of Maine, to find the healthiest people, the best risks, offer them a policy, and anybody else who has any kind of medical condition, a family member with any kind of medical condition—asthma, allergies even in some cases—medical conditions in their history that the carrier from another state would be allowed to decline them coverage. Now just think about what that will do to the risk pool here in Maine: All the healthy risks getting insured out of state, the unhealthy risk staying here. It is going to cause a death spiral throughout the whole state. The insurance carriers that provide insurance in this state oppose this; the Bureau of Insurance opposes it. I know it is well intended, but it would wreak havoc on our already overburdened insurance market in the State of Maine by filtering off all the healthy risks to other states. I hope you will follow my light. Thank you.

The **SPEAKER:** The Chair recognizes the Representative from Lincolnville, Representative Walker.

Representative **WALKER:** Thank you Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I have to disagree with my honorable friend from Falmouth. You cannot buy health insurance from a company unless that company is in one of these eight or nine states that meets the reserve requirements that the State of Maine requires. You also will get a disclosure from the state, which will tell you what the difference is in the insurance policy that your purchased, how that is different from what is offered here in Maine. I don't see this as a cherry picking opportunity, I see this as an opportunity for Mainers to get affordable health insurance, and I would ask you to support the motion. Thank you.

The **SPEAKER:** A roll call has been ordered. The pending question before the House is Indefinite Postponement House

Amendment "A" (H-1012) to Committee Amendment "A" (H-914). All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 411

YEA - Adams, Babbidge, Barstow, Beaudette, Beaudoin, Berry, Blanchard, Boland, Brautigam, Briggs, Bryant, Burns, Cain, Campbell, Canavan, Carey, Carter, Casavant, Clark, Cleary, Connor, Conover, Craven, Crockett, Dill, Driscoll, Duchesne, Dunn, Eaton, Eberle, Faircloth, Farrington, Finch, Fischer, Fisher, Gerzofsky, Grose, Hanley S, Harlow, Haskell, Hill, Hinck, Hogan, Jackson, Jones, Kaenrath, Koffman, Lundeen, MacDonald, Makas, Marley, Mazurek, Miller, Mills, Miramant, Norton, Patrick, Pendleton, Peoples, Percy, Perry, Pieh, Pingree, Piotti, Pratt, Priest, Rand, Samson, Schatz, Silsby, Simpson, Sirois, Smith N, Sutherland, Theriault, Treat, Trinward, Tuttle, Valentino, Wagner, Watson, Webster, Weddell, Wheeler, Woodbury, Mr. Speaker.

NAY - Annis, Austin, Ayotte, Beaulieu, Berube, Browne W, Cebra, Chase, Cotta, Cray, Crosthwaite, Curtis, Duprey, Edgecomb, Finley, Fitts, Fletcher, Flood, Gifford, Giles, Gould, Greeley, Hamper, Hayes, Jacobsen, Johnson, Joy, Knight, Lansley, Lewin, Marean, McDonough, McFadden, McKane, McLeod, Millett, Muse, Nass, Pinkham, Plummer, Prescott, Rector, Richardson D, Robinson, Rosen, Sarty, Savage, Saviello, Strang Burgess, Sykes, Tardy, Thibodeau, Thomas, Vaughan, Walker, Weaver.

ABSENT - Blanchette, Bliss, Emery, Moore, Pilon, Pineau, Richardson W, Rines, Tibbetts.

Yes, 86; No, 56; Absent, 9; Excused, 0.

86 having voted in the affirmative and 56 voted in the negative, with 9 being absent, and accordingly **House Amendment "A" (H-1012) to Committee Amendment "A" (H-914) was INDEFINITELY POSTPONED.**

Committee Amendment "A" (H-914) as Amended by House Amendments "B" (H-1013) and "C" (H-1014) thereto was ADOPTED.

Under suspension of the rules, the Bill was given its **SECOND READING WITHOUT REFERENCE** to the Committee on **Bills in the Second Reading.**

Representative **TARDY** of Newport **REQUESTED** a roll call on **PASSAGE TO BE ENGROSSED as Amended by Committee Amendment "A" (H-914) as Amended by House Amendments "B" (H-1013) and "C" (H-1014) thereto.**

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

The **SPEAKER:** A roll call has been ordered. The pending question before the House is Passage to be Engrossed as Amended by Committee Amendment "A" (H-914) as Amended by House Amendments "B" (H-1013) and "C" (H-1014) thereto. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 412

YEA - Adams, Babbidge, Barstow, Beaudoin, Berry, Blanchard, Bliss, Boland, Brautigam, Briggs, Bryant, Burns, Cain, Campbell, Canavan, Carey, Carter, Clark, Connor, Conover, Craven, Crockett, Dill, Driscoll, Duchesne, Dunn, Eaton, Eberle, Faircloth, Farrington, Fisher, Gerzofsky, Harlow, Haskell, Hill, Hinck, Hogan, Jackson, Kaenrath, Koffman, Lundeen, MacDonald, Makas, Marley, Mazurek, Miller, Mills, Miramant, Norton, Patrick, Pendleton, Peoples, Percy, Perry, Pieh, Pingree, Piotti, Pratt, Priest, Rand, Schatz, Simpson, Sirois, Smith N, Sutherland, Theriault, Treat, Trinward, Tuttle, Valentino, Wagner, Watson, Webster, Weddell, Wheeler, Mr. Speaker.

NAY - Annis, Austin, Ayotte, Beaudette, Beaulieu, Berube, Browne W, Casavant, Cebra, Chase, Cleary, Cotta, Cray, Crosthwaite, Curtis, Duprey, Edgecomb, Finch, Finley, Fischer, Fitts, Fletcher, Flood, Gifford, Giles, Gould, Greeley, Grose,

Hamper, Hanley S, Hayes, Jacobsen, Johnson, Jones, Joy, Knight, Lansley, Lewin, Marean, McDonough, McFadden, McKane, McLeod, Millett, Muse, Nass, Pinkham, Plummer, Prescott, Rector, Richardson D, Robinson, Rosen, Samson, Sarty, Savage, Saviello, Silsby, Strang Burgess, Sykes, Tardy, Thibodeau, Thomas, Tibbetts, Vaughan, Walker, Weaver, Woodbury.

ABSENT - Blanchette, Emery, Moore, Pilon, Pineau, Richardson W, Rines.

Yes, 76; No, 68; Absent, 7; Excused, 0.

76 having voted in the affirmative and 68 voted in the negative, with 7 being absent, and accordingly the Bill was **PASSED TO BE ENGROSSED as Amended by Committee Amendment "A" (H-914) as Amended by House Amendments "B" (H-1013) and "C" (H-1014) thereto and sent for concurrence. ORDERED SENT FORTHWITH.**

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 yesterday, had preference in the Orders of the Day and continued with such preference until disposed of as provided by House Rule 502.

HOUSE DIVIDED REPORT - Majority (12) **Ought to Pass as Amended by Committee Amendment "A" (H-989)** - Minority (1) **Ought to Pass as Amended by Committee Amendment "B" (H-990)** - Committee on **CRIMINAL JUSTICE AND PUBLIC SAFETY** on Bill "An Act To Better Coordinate and Reduce the Cost of the Delivery of State and County Correctional Services"

(H.P. 1466) (L.D. 2080)

TABLED - April 11, 2008 (Till Later Today) by Representative GERZOFSKY of Brunswick.

PENDING - Motion of same Representative to **ACCEPT** the Majority **UGHT TO PASS AS AMENDED** Report.

The SPEAKER: The Chair recognizes the Representative from Brunswick, Representative Gerzofsky.

Representative **GERZOFSKY**: Thank you Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Thank you for letting me get up and speak on this very important matter. I would like to start off by talking about Government 101, the part that goes Governors get to propose and Legislatures get to dispose. Today, we are going to dispose of a very important matter that I thank our Governor for bringing forward, even though maybe a little harshly.

This bill, more than almost any bill I have seen in this House, has had an absolute thorough, venting, and open process for over a year. This started a year ago, when we were facing an overcrowded Department of Corrections problem, and during those hearings Criminal Justice found that we are in a little bit of a mess, that we had space available that we couldn't use, we had a prison system that was overloaded and it wasn't making any sense. So the Chief Executive made a bold statement of taking over county jails, and the counties, to their credit, stood back and said not for free, and they started coming up with their own legislation and by the time we came in to start our session in January, we had three bills come in front of our committee: one from the Department of Corrections, the Chief Executive's bill; one from the counties, and one from the committee. We listened to them in open public hearing, and we strongly suggested that they get together and try and come up with one bill, because we are one state and we don't need 15 different systems like we had, one would do, to see how they could get together and compromise and work out their problems, and then come back

and report to the Committee of Oversight. That is what happened.

All through the winter months, the counties, the county commissioners, the county sheriffs, the Department of Corrections, MMA got involved after awhile because the municipalities were involved, the Governor's Office, came in front of our committee, a committee that is made up of members from one end of the spectrum to the other. We have one member that has 22 years as county commissioner; we have another member that not only was the mayor of Bangor, sits on the Town Council currently, but was also a county treasurer for seven years. We had a member of the committee that actually worked for the Department of Corrections at a high level and understood how the Department of Corrections worked. We had a committee that really understood the issues because we had been working on them so long, so when the counties would come in and sit at the head table, right next to the state, the Department of Corrections, with the MMA sitting there with them and the sheriffs, all on the same page, all coming up with the same conclusions. It was government at its finest. It was showing that we could sit down and compromise and work out our issues. It wasn't taken from the committee and put in a subcommittee to deal with, from Appropriations or any place else, there was no savings booked. This was done the old-fashioned way, the process worked. The Committee of Oversight did its job, we asked the tough questions, we studied it, we spent hundreds of hours going line by line. You see a lot of that on your desk today; we have been flooding you with information so that you will have the correct information. We have been calling it the real deal, so there wasn't any false information out there or old information. We wanted you to be current in your votes today. You see, up in the balcony, a fair contingent of county sheriffs, county commissioners, MMA, the state Department of Corrections, and people from the Governor's Office.

You will hear my committee speak on the floor today. This is a 12-1 Report. We went over this line by line, week after week. As a matter of fact, I thought at one point this past winter, you'd get tired of hearing me stand here at the end of every session saying Criminal Justice and Public Safety will be meeting today in our committee room going over jail consolidation. Anybody who would like to come up and know what is going on is free to come up, we welcome you and, actually, some of you did. Some of the members of this body came up to hear what was going to go on and they were pleased with what they heard, because what they heard were different parts of state government working out issues for the benefit of the taxpayer.

Jails and prisons have one priority, one number one job: When a judge sends an inmate to jail or the Department of Corrections, to prison, the number one priority is to keep them locked up. Their number two priority is to keep them from coming back after they have served their sentence, trying to work with programming to help them with their recidivism rates, so they keep them down, and Maine is one of the lowest states in the country for recidivism, people coming back into the system. But one of its other priorities is trying to do it at a low cost to the taxpayers, and we have found with 16 different systems that weren't talking to each other, that didn't have a great line of communication, there were some great things going on in Kennebec County that York County never heard of. There were some good things going on in one part of the state, and the other part of the state would scratch its head and wonder how come they weren't having such good results. So when we started working on this, those were the issues that we worked on: How do we better communicate, how do we set up a system in the State of Maine that makes sense, because the system that we