

# MAINE STATE LEGISLATURE

The following document is provided by the  
**LAW AND LEGISLATIVE DIGITAL LIBRARY**  
at the Maine State Law and Legislative Reference Library  
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied  
(searchable text may contain some errors and/or omissions)

# LEGISLATIVE RECORD

OF THE

**One Hundred And Fifteenth Legislature**

OF THE

**State Of Maine**

**VOLUME IV**

**FIRST REGULAR SESSION**

Senate  
May 22, 1991 to July 10, 1991

Index

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

HOUSE REPORTS - from the Committee on HUMAN RESOURCES on Bill "An Act to Exempt Substance Abuse and Psychiatric Patients from the Prohibition against Smoking in Hospitals"

H.P. 333 L.D. 463

Majority - Ought Not to Pass.

Minority - Ought to Pass as Amended by Committee Amendment "A" (H-483)

Tabled - June 11, 1991, by Senator CLARK of Cumberland

Pending - ACCEPTANCE OF EITHER REPORT

(In Senate, June 11, 1991, Reports READ.)

(In House, June 10, 1991, the Minority OUGHT TO PASS AS AMENDED Report READ and ACCEPTED and the Bill PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (H-483).)

Senator CONLEY of Cumberland moved to ACCEPT the Majority OUGHT NOT TO PASS Report in NON-CONCURRENCE.

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

Senator CONLEY: Thank you Mr. President. Ladies and Gentlemen of the Senate. This Bill represents the only Bill which the three Senators from this Body which serve on the Human Resources Committee did not agree on in reference to the issue of smoking. As you can see from looking at the Bill, it's a fairly simple Bill, and the good Senator from Penobscot, Senator Bost feels strongly, and I can not say I do not share some of his concerns that people who are committed to psychiatric wards, or in substance abuse units have the opportunity to be allowed to smoke cigarettes in these places, and God knows these people have enough problems without having to have their ability to have a cigarette taken away from them. However, I agreed with the good Senator from Cumberland, Senator Gill as well, as the majority of the Committee, that we ought not to be telling hospitals that they should have to set up designated smoking areas for such patients. My philosophy, and I hope, although it's not consistent always, I hope it was consistent in dealing with the smoking issues, that I did not feel we should be telling businesses what they should do in reference to smoking, in other words, we should not be prohibiting it in restaurants, and ma and pa stores, and pool halls, and other businesses. And likewise, I think we should not intrude into the affairs of a hospital, and mandate that they allow smoking, or create smoking areas for any patients or anyone else. It's my belief, and I believe that it is true, that they now have the ability, the authority to set up such smoking areas should they wish to. And, apparently, and the reason we have the Bill, they have chosen not to. I don't know what their reasons are for not allowing such areas, but I do not feel that I should second guess them or that I should pass a law that would require them to set up such areas. So, for those reasons, myself and others on the Committee

felt this law was not in the best interest of citizens of the State. Thank you Mr. President.

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

Senator BOST: Thank you Mr. President. Ladies and Gentlemen of the Senate. I urge you to reject the pending motion before you so that we can go on to pass the Minority Ought to Pass Report on this Bill. Actually, the good Senator from Cumberland, Senator Conley, gave you a number of compelling reasons to vote for the Minority Report. We won't go into all of them at this point, but as far as I'm concerned, it's an issue of fairness, plain and simple. We made an exception two years ago for the Augusta Mental Health Institute and the Bangor Mental Health Institute. I believe Senator Brannigan sponsored the Bill to enable those institutions to be allowed that exemption, and this Bill would do nothing more than achieve a level of parity. Local hospitals operate on a voluntary self-admission basis. People who need treatment for much more serious problems often times will resist an admission, certainly a self-admission, if there is some secondary issue such as a ban on smoking. Psychiatrists will acknowledge that the issue of smoking areas is a problem for many patients, many of whom smoke, but they are often reluctant to challenge their fellow physicians on hospital policy boards, certainly they're outnumbered, but they are also reluctant to be placed in a position to be appearing to be advocating for a cancer causing substance. Now, some physicians also cite, and it was an issue that we discussed in committee, the liability issue as a reason for denial of access. I would pose the question, are physicians any less liable if a patient chooses to ignore treatment for lack of a designated smoking area, or inflict injury upon him or herself or others? I think the answer to that is rather clear. There have been instances, and the Committee was furnished with those, I won't go into all of them, where patients did receive, did have a note from their physician, and the hospital ignored the law. That's certainly not the intent of this Legislature. I'm certain, particularly if we're to remain consistent as the good Senator from Cumberland would have us do, certainly if we're going to remain consistent with regard to smoking policy in this State. Is a person with mental illness who needs the bed supposed to take that bed and then file a lawsuit? I think not. Now, there's a scarcity of beds already. A patient who smokes cannot opt for a bed in a ward that has a smoking room. People in crisis cannot wait. They have crossed that threshold, literally. The patients and the staff in these wards have blamed us, and I've talked with a number of them, for not being consistent in the law that we passed two years ago with regard to AMHI and BMHI. We made the exceptions for those two institutions because we knew the patients in psychiatric hospitals did not need the additional stress that would be associated with a ban on smoking or not having access to smoking. It is important that we fully recognize when we're talking about the dangers of smoking within this context, that people on psychiatric wards with long term mental illness are often taking numerous psychotic medications for their mental illness, and those psychotropic medications have a number of side effects, among them often times that will shorten their life span, effect short and long term memory, effect the ability to work and drive, restrict them

from alcohol, make them incontinent, effect their appetites in extreme ways and also effect their muscle control. Now whether voluntarily or involuntarily individuals who are prescribed such a medication in order to maintain the mental health, the known side effects of these drugs I believe are preferable to the possibility of a psychotic episode. I don't believe individuals in this situation are terribly focused on ambient smoke. We have, as Senator Conley from Cumberland indicated, turned down all other smoking restrictive legislation that has come before us this session, and I fully recognize that this is a proactive piece of legislation but we made a mistake by omission two years ago and it would be ironic that we not take particular pains to protect those who can least advocate for themselves. If a patient is at risk with a lighted substance, such as a cigarette, the physician under this Bill can prescribe against the smoking. I would want to add one other thing by way of example, the advocate for the mentally ill, as well as Maine Advocacy Services, appeared before the Committee during that long afternoon where we heard the various smoking Bills, and presented to the Committee some rather alarming testimony in support of this measure, and I would quote ever so briefly from the testimony that was provided the Human Resources Committee. They indicated that the Maine Advocacy Services were representing a man, three pack a day smoker, who was not permitted to smoke on the admissions unit. He was transferred to the forensics unit because of his behavior where he was also not allowed to smoke. His behavioral problems escalated to the point where he was placed in a five point restraint twenty-two hours a day. And it goes on and on and on. They are also representing, currently, five women on the admissions unit who were not allowed to go to the designated smoking area, one resident told the advocacy services that she came to BMHI because she knew she needed help, that she was basically under control. The first thing the staff did was take away their cigarettes. Within a short period of time she was begging on her knees to be allowed to smoke. She described her behavior as "freaking out". Not only was she refused, the clinical director refused the advocates request to prescribe nicotine gum so that she could get some relief. They have witnessed many other instances of this type. So I would urge this Chamber to vote on the side of fairness and equity, and turn aside the pending motion by the good Senator from Cumberland so we may go on to pass this Bill. Thank you.

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

**Senator GILL:** Thank you Mr. President. Ladies and Gentlemen of the Senate. I would ask you to go along with the Majority Report and vote Ought Not To Pass. If we did, in fact, pass this Bill today, we would have a very large inconsistency in the policies that this Legislature has allowed the hospitals to develop. We as a Legislature passed a Bill saying no smoking in hospitals. Hospitals have developed a policy whereby they will provide an area if they choose, but most of them have decided that smoking in a hospital is not for the benefit of the patients in the hospital. We've heard today a number of things. We've heard that there is an inconsistency between the AMHI and BMHI situation, and I would maintain that the state has a right to rule on facilities that come within its jurisdiction. We feel comfortable in

doing that a lot of times. If the facility belongs to the state we feel comfortable in ruling for that facility. But, here we get into hospitals who are community hospitals who serve the public out there who have Boards who run the hospitals, and they have developed policies that say no smoking in their facilities. We have the ability in the existing law that allows a physician to write an order for a patient if the patient is in distress because he can't or she can't smoke, and that exists today. The reason we have this Bill before us today at all is because a hospital disregarded the option that was available for the doctor to write the prescription, or write the order, and used the cigarette as a tool, a behavior modification tool with a patient. Now, that was improper. The hospital in that case should be chastised for doing that, because that was not the intent of the law at all. The law does exist for physicians to write orders for patients who they feel it's necessary and it would be a real hardship. I've spoken to many physicians. I've spoken to physicians who have taken care of people who have long term cancer. Oncologists who say, and I've asked them, would you deprive that patient from smoking if they indeed had lung cancer and were smoking all their lives, and one physician said no. By my telling that patient not to smoke is not going to extend his life at all. A patient is dying with lung cancer so I'm not going to change that. That doctor has a right to order that that patient be allowed to smoke. So, I found it interesting that the good Senator from Penobscot, Senator Bost, talked about, and I must say with authority, talked about medication and how medication effects people who are being withdrawn from whatever, and you know nicotine is also a drug, and the interaction with nicotine with other medication is being given and could really be detrimental for the patient who is being withdrawn. I think that we've got consistency here, I feel bad for the patient who was in the hospital that disregarded the law, but I don't think we should put another law in for that one case. So I would ask you to go with the Ought Not to Pass Report.

**THE PRESIDENT:** The Chair recognizes the Senator from Androscoggin, Senator Gauvreau.

**Senator GAUVREAU:** Thank you Mr. President. Ladies and Gentlemen of the Senate. I rise today in opposition to the pending motion and would urge you to follow the wisdom of our good colleague from Penobscot, Senator Bost, in rejecting the Majority Report in order that we can go on and accept the Minority Ought To Pass As Amended Report. As you may recall, I had the honor of serving as the Senate Chair of the Joint Standing Committee on Human Resources over the past several years, and this issue was certainly in the forefront, and we heard, and I understand the Committee this year has heard, extensive testimony from consumers, from families, from providers in terms of the appropriateness of allowing some limited smoking to occur in hospitals, and perhaps more appropriately in this case, in the psychiatric wards of our hospitals. I would like to add two issues, or bring to the Senate, two considerations in this debate. As you recall, during the 114th Legislature, well, 113th, the hospitals came in with legislation eluded to by the good Senator from Cumberland, Senator Gill, which mandated that no smoking occur in hospitals. I opposed that legislation at that time and I felt that it really

limited the flexibility in our hospitals to fashion germane and relevant smoking policies for all the population. At the time, I think the Legislature succumbed to a broad movement to prohibit smoking in a number environs. Certainly I support generally limiting smoking, however, there have to be reasonable exceptions, and I think the Senator from Penobscot, Senator Bost, brought those to our attention. So, it seems to me in this case, what we are really doing is finessing and addressing a problem, which frankly was present at the time we adopted the broad prohibition on smoking in hospitals. It has remained to this day, and many of us can attest to that by the phone calls, and by the letters which we have received from the families and consumers. And that is why I, in fact, am a cosponsor on legislation which is before the Body this afternoon. The second point I want to bring to your attention, and which was not discussed by the prior speakers, is the movement afoot in our state for community based services for patients in need of psychiatric services. As you recall, the State of Maine is currently under a consent decree, Bates versus Glover, which requires during the next five years we substantially move the population of acute care mental patients from AMHI and BMHI into our community. We are going to have to develop a community response, frankly, in our community hospitals. That will be a difficult task. On other days we will discuss financing and quality assurance issues. Today we'll discuss the issue of smoking. It seems to me that if we have decided that we do allow in AMHI and BMHI for patients in appropriate circumstances, as we shift that population to our community hospitals, we should maintain the same policy, it just makes good sense. It seems to me to do otherwise is to perpetuate problems which currently exist, and which make it, quite frankly, even more difficult to go about the task of shifting our population from AMHI and BMHI into the community. So, for this reason as well as the reasons announced by the good Senator from Penobscot, Senator Bost, I would urge this Body to reject the Majority Report this afternoon. Thank you.

**THE PRESIDENT:** The Chair recognizes the Senator from Androscoggin, Senator Cleveland.

Senator **CLEVELAND:** Thank you Mr. President. Ladies and Gentlemen of the Senate. I rise to support the good Senator from Penobscot, Senator Bost, and the good Senator from Androscoggin, Senator Gauvreau. I think this clearly is an issue of fairness and justice for those individuals who suffer from emotional mental illness. Clearly, those individuals, when they find themselves in a point of crisis in their life, either voluntarily or involuntarily, are admitted to a psychiatric ward in a hospital. They are dealing with enough issues in their life not to have to try to deal with the issue that's most difficult for those people who smoke and are trying to stop themselves. To now have to take on the additional burden of cold turkey trying to have to stop smoking while they're getting their treatment. This will effect only those hospitals that have substance abuse and psychiatric wards, not other hospitals. It affects only a small portion of those, many of them already have facilities for this and we've noted a need for this and exempted our own public institutions at AMHI and BMHI. It seems to me to be a reasonable request from those people,

frankly, who are least able to advocate for themselves. If we can't keep those individuals in mind to try to meet this really small need, I think we're missing the point of our service here, and I hope that you would defeat the motion from the good Senator from Cumberland, Senator Conley.

**THE PRESIDENT:** The Chair recognizes the Senator from Aroostook, Senator Collins.

Senator **COLLINS:** Thank you Mr. President. Ladies and Gentlemen of the Senate. I don't pretend to have any of the credentials that those that have spoken before have with relation to substance abuse care, but I do have some interest in the idea that we ought to have a smoke free environment where we deal with people who are sick. And it seems to me that this is a dramatic step backward from where we were a few years ago when we passed legislation that said in effect, thou shalt not smoke in hospitals. And it seems to me at that time we did carve out an exception which is still available, and in my hospital it is used that provides for the doctor to make an exception for his patient. Now it's been suggested that substance abuse patients are moving into the so-called general hospitals or the community based hospitals, and that is true. It seems to me that makes it even more important that we continue to operate those hospitals as smoke-free environments. If we provide with this exception a device that limits that, we then make those hospitals no longer smoke-free. I'm indeed disappointed that this is progressing in the manner that it is, and I think that it is a mistake. The Legislature has been extremely cautious this time relating to smoking Bills, and I can understand that, because we don't all share my personal views, which as I've said before is the result of being a confirmed smoker that got over it in a dramatic fashion some years ago down at the institution of higher learning. Never the less, hospitals remain the symbol of health care in our country, and it seems to me that we ought to continue to make that a symbol free from smoke. So, I hope that you will support the motion of Ought Not To Pass from the good Senator from Cumberland, Senator Conley, and not make this exemption to the system.

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

Senator **MATTHEWS:** Thank you Mr. President. Ladies and Gentlemen of the Senate. There are two important points here that I want to remind the Body to think about, and both of them come from the good Senator from Cumberland, Senator Gill. First of all, I would urge you to support the Majority Ought Not To Pass Report. The first important point is, we should not be telling our hospitals what they should and should not do. That is an important point to remember in this debate. We have left that decision appropriately to the hospitals to decide and set up smoking policies. The second issue I am concerned about is the debate this afternoon. It has not really gotten to one important part of the Bill, and that is the differentiation between psych and substance abuse. I can only talk about the substance abuse side from programs in hospitals. I have to tell you that for those that are feeling inclined to support this Bill, that as the good Senator from Cumberland, Senator Gill mentioned, the cigarettes and nicotine is a drug, and if we pass this

legislation today for the psych and substance abuse programs in effect you will have a public policy saying on the one hand we want you to start to deal with substance abuse issues and alcohol abuse and all these kinds of things, and get treatment, but on the other hand we will by the Legislature and by public policy, and decree in Augusta, we will condone you to smoke, and the problem with that not only is it addicting, but when you talk about the drugs that take more of our friends, neighbors and loved ones then you must look at nicotine as the number one health issue in this country. One of the strongest forms of addiction in this country. I share that because it is important to remember that issue before we vote today. With all due respect, I think the sponsors of the Bill have had some good things at heart, but I really urge the Body to think about the parameters of this legislation today, and I will leave you with this. We are not the only state that has involved itself in the smoking issue. Other states have. In the state of Minnesota, the psych and substance abuse hospitals have gone smoke free. What they have found is, that as the good Senator from Cumberland, Senator Gill has mentioned, those positions that are actively doing what they should be doing, and being concerned about their patients providing the nicotine gum. Providing the kinds of alternatives and education of smoking. What they are finding is, that the initial out cry has now come down, and people are beginning to realize that our hospitals are there to provide health care, and they should be the place where you don't have to run into second hand smoke. In Minnesota, with a little bit of time, this issue has gone down in its initial uproar, and I don't think we have given the State of Maine and the hospital a real chance to work this thing out on a local level. It really raises some very big health questions here to. I urge the Body to think on this one very carefully.

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

Senator **TITCOMB:** Thank you Mr. President. Ladies and Gentlemen of the Senate. I rise to speak on this issue as a once smoker, now non smoker. I can speak from personal experience that it is not easy to quit. And very frankly, for some people, especially people in the state of psychiatric crisis, that can be the final crisis that breaks the camel's back. I would hope that today, as we deal with this issue, that we not legislate ourselves into another corner. We sometimes do this. We should not forget that there are human people behind the Bills that we legislate. In fact, this could be the crisis on the crisis that makes it so that some people refuse to go to get psychiatric help when, in fact, they truly need it. I would ask you to support the Senator from Penobscot, Senator Bost. Thank you.

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

Senator **BRANNIGAN:** Thank you Mr. President. Ladies and Gentlemen of the Senate. I am also a former addicted smoker, and I am glad not to be anymore. One of the things that it has taught me in my life is, it has made me realize how powerful addiction is. I also make my life work by working with people inflicted by severe mental illness. The issue of being able to be requiring someone to begin to quit at a time when they are in psychiatric crisis

is a very serious one. I want to second what has been said by many Senators here this afternoon, that this Bill is a wise Bill, as was the one that Senator Bustin from Kennebec sponsored, and I cosponsored, which allowed certain smoking areas in our state institutions. It is true by what Senator Gauvreau from Androscoggin said, that we will be having more institutions in our communities where commitments are made who will be placed in psychiatric settings where they don't wish to be. I think it is very important that we pass this Bill to give the balance we need in this policy, and I urge you to vote against the pending motion and to go with the legislation. Thank you.

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

Senator **GILL:** Thank you Mr. President. Ladies and Gentlemen of the Senate. I will be very brief. I just want to say that we have the option now. The person that knows the patient the best is the physician that takes care of that patient. That physician presently has the opportunity to write and order if he finds it detrimental to that patient. He may write an order that says that patient may smoke. That is presently available to us. I have a concern about patients also, but I think to change the law that is existing and working in the health care facilities is the wrong approach to take. We have the availability of having the physician write an order for that patient, if the physician feels so inclined, and the patient is having a crisis. It is there. Thank you.

**THE PRESIDENT:** The Chair recognizes the Senator from Knox, Senator Brawn.

Senator **BRAWN:** Thank you Mr. President. Ladies and Gentlemen of the Senate. I did not intend to rise on this issue. Hearing the talking as a member of the American Cancer Society, and one of the people on the Governor's Commission on Smoking and Health, we have debated these issues. We did pass a law. We don't need to pass this law. I ask you to vote the Ought Not To Pass Report from the good Senator from Cumberland, Senator Conley. I hope that we will keep moving forward. Thank you.

**THE PRESIDENT:** The Chair recognizes the Senator from Androscoggin, Senator Cleveland.

Senator **CLEVELAND:** Thank you Mr. President. Ladies and Gentlemen of the Senate. I rise to make comments on two suggestions that were made earlier. One is, why are we regulating hospitals on this particular issue? The fact of the matter is, we do regulate them through our Certificate of Need process by allowing what services can and cannot be operated by regulating their operating funds. We, to a large extent, the state can dictate where these services are available. Psychiatric crisis centers are available in only a handful of institutions in this state. They are not like pizzarias. If you don't like the service in one, you can go across the street to another and get your service there. Since we limit the availability of where these services can be provided, I think it is appropriate that this legislature also consider the needs of the individuals who will use those institutions. We have limited where they will be, and who can provide those services. I think it is preview to do that.

Secondly I think we should take into consideration, certainly smoking is something that we don't encourage. It is clear the harm that smoking does. We cannot proceed without recognizing the needs of the individuals personal crises at that time. This is not an opportunity to make everybody sin free and pure. You are dealing with other major issues in their life. Lets let them deal with one issue at a time, and then encourage them to deal with the smoking issue. Lets not pile every issue on them constantly all at the same time and say you must deal with them all, you have no choice. That is unfair, and I hope that once again you would defeat the good Senator from Cumberland, Senator Conley's motion. Thank you.

**THE PRESIDENT:** The pending question before the Senate is the motion by Senator CONLEY of Cumberland to ACCEPT the Majority OUGHT NOT TO PASS Report in NON-CONCURRENCE.

The Chair ordered a Division.

Will all those in favor of the motion by Senator CONLEY of Cumberland to ACCEPT the Majority OUGHT NOT TO PASS Report in NON-CONCURRENCE, please rise in their places and remain standing until counted.

Will all those opposed please rise in their places and remain standing until counted.

8 Senators having in the affirmative and 24 Senators having voted in the negative, the motion of Senator CONLEY of Cumberland to ACCEPT the Majority OUGHT NOT TO PASS Report in NON-CONCURRENCE, FAILED.

The Minority OUGHT TO PASS AS AMENDED Report was ACCEPTED, in concurrence.

The Bill READ ONCE.

Committee Amendment "A" (H-483) READ and ADOPTED, in concurrence.

Which was, under suspension of the Rules, READ A SECOND TIME, and PASSED TO BE ENGROSSED, as Amended, in concurrence.

Under suspension of the Rules, ordered sent forthwith to the Engrossing Department.

---

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

HOUSE REPORTS - from the Committee on JUDICIARY on Bill "An Act to Provide Good Cause Basis for Extending the Notice of Claim Period"  
H.P. 943 L.D. 1365

Majority - Ought to Pass as Amended by Committee Amendment "A" (H-586)

Minority - Ought to Pass as Amended by Committee Amendment "B" (H-587)

Tabled - June 11, 1991, by Senator CLARK of Cumberland

Pending - ACCEPTANCE OF EITHER REPORT

(In Senate, June 11, 1991, Reports READ.)

(In House, June 10, 1991, the Minority OUGHT TO PASS AS AMENDED BY COMMITTEE AMENDMENT "B" (H-587) Report READ and ACCEPTED and the Bill PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "B" (H-587).)

The Minority OUGHT TO PASS AS AMENDED Report was ACCEPTED, in concurrence.

The Bill READ ONCE.

Committee Amendment "B" (H-587) READ and ADOPTED, in concurrence.

Which was, under suspension of the Rules, READ A SECOND TIME, and PASSED TO BE ENGROSSED, as Amended, in concurrence.

Under suspension of the Rules, ordered sent forthwith to the Engrossing Department.

---

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

HOUSE REPORTS - from the Committee on LABOR on Bill "An Act to Protect the Public from Unsafe Industrial and Commercial Facilities"  
H.P. 258 L.D. 349

Majority - Ought to Pass as Amended by Committee Amendment "A" (H-590)

Minority - Ought Not to Pass.

Tabled - June 11, 1991, by Senator CLARK of Cumberland

Pending - ACCEPTANCE OF EITHER REPORT

(In Senate, June 11, 1991, Reports READ.)

(In House, June 10, 1991, the Majority OUGHT TO PASS AS AMENDED Report READ and ACCEPTED and the Bill PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (H-590).)

Senator ESTY of Cumberland moved to ACCEPT the Majority OUGHT TO PASS AS AMENDED Report, in concurrence.

**THE PRESIDENT:** The Chair recognizes the Senator from York, Senator Carpenter.

Senator CARPENTER: Thank you Mr. President. Ladies and Gentlemen of the Senate. It comes as no surprise that I rise to urge that the you not support the Majority Ought To Pass As Amended Report. The goal of this Bill's safe manufacturing facilities is already addressed through strict regulations. Manufacturing facilities subject to the requirements of this Bill are regulated by a wide range of