

# MAINE STATE LEGISLATURE

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LEGISLATIVE COUNCIL  
AUGUST 14, 1989  
REVISED AGENDA

CALL TO ORDER

ROLL CALL

SECRETARY'S REPORT

EXECUTIVE DIRECTOR'S REPORT

Item #1: Approved Step Increases

Item #2: New Hires

Associate Law Librarian (Salary Range 10)

Sue A. White  
Burnt Hills, New York

Research Assistant/OPLA (Salary Range 7)

Paul J. Saucier  
Portland, Maine

Bret A. Preston  
Alfred, Maine

Sr. Programmer/Analyst (Salary Range 9)

Marc D. Martin  
Dover, New Hampshire

Library Assistant Part-Time (Salary Range 2)

Frances Sutphin  
Augusta, Maine

## REPORTS FROM COUNCIL COMMITTEES

### OLD BUSINESS

- Item #1: Adoption of Cost-of-Living Increase for Legislative Employees (Letter from Sally Diamond to Speaker Martin enclosed)

### NEW BUSINESS

- Item #1: Cloture for Second Regular Session  
(Proposal from David Kennedy enclosed)
- Item #2: Request to file an amicus curiae brief in State v. Brown, No. CR-88-966 (Me. Super. Ct., Cum. Cty., July 20, 1989) Note: This is the "Perkins Decision" regarding the recent amendment to the Maine Constitution
- Item #3: Supreme Judicial Court Plan & Design Commission  
(Draft letter from Speaker Martin to Rep. Ruth Foster, Commission Chair)
- Item #4: Request to Appoint a Committee to Study Issues Related to Hospital Closure (Letter from Sen. Theriault)
- Item #5: Notification of Participation of Maine State Police in the New England State Police Administrator's Conference Regional Information Systems Project (Letter from Col. Andrew Demers)
- Item #6: Requests for Introduction of Legislation for First Special Session

### ANNOUNCEMENTS AND REMARKS

### ADJOURNMENT

SARAH C. DIAMOND  
EXECUTIVE DIRECTOR  
OF THE LEGISLATIVE COUNCIL

JOHN H. BAILEY  
INFORMATION SYSTEMS  
DIRECTOR

RICHARD N. SAWYER, JR.  
ADMINISTRATIVE SERVICES  
DIRECTOR



MAINE STATE LEGISLATURE  
OFFICE OF THE EXECUTIVE DIRECTOR  
LEGISLATIVE COUNCIL

EXECUTIVE DIRECTOR'S REPORT

AUGUST 14, 1989

Approved Step Increases

Monique Caron, Law Library Associate, Law and Legislative  
Reference Library, (Salary Range 5), from Step F to Step  
G, effective July 1, 1989.

Joan M. Gagne, Senior Legislative Technician, Office of the  
Revisor, (Salary Range 5), from Step G to Step Q,  
effective August 6, 1989.

The following employee has completed another year of service but is  
at Step G and has not been employed the required length of time  
necessary to advance to Step Q:

Kevin Madigan, Legislative Analyst, Office of Fiscal and  
Program Review

SARAH C. DIAMOND  
EXECUTIVE DIRECTOR  
OF THE LEGISLATIVE COUNCIL

JOHN H. BAILEY  
INFORMATION SYSTEMS  
DIRECTOR

RICHARD N. SAWYER, JR.  
ADMINISTRATIVE SERVICES  
DIRECTOR



MAINE STATE LEGISLATURE  
OFFICE OF THE EXECUTIVE DIRECTOR  
LEGISLATIVE COUNCIL

August 4, 1989

TO: Honorable John L. Martin, Chair  
Legislative Council

FROM: Sally Diamond *Sally*  
Executive Director of the Legislative Council

SUBJECT: Cost-of-Living Increase for Legislative  
Employees

Since the Council's July 19 meeting, all MSEA units have now ratified the proposed changes in the collective bargaining agreement, and the package for Confidential Employees has been assembled. A summary of the package for Confidential Employees is enclosed. Both of these agreements will both be included in legislation to be considered during the First Special Session.

You will recall that the Council tabled this issue on June 29, pending formal ratification of the new contract. If the Council is prepared to take action at its August 14 meeting, provisions for funding for legislative employees could be included in the printed bill.

Dick and I have reviewed the cost estimates we provided to the Council in June to implement the package for legislative employees (\$205,532 in FY 90; \$515,640 in FY 91) and believe these are still sufficient.

Enclosure

PROPOSED COST-OF-LIVING PACKAGE FOR  
CONFIDENTIAL EMPLOYEES

- Cost-of-living increases
  - 3% July 1, 1989
  - 3% April 1, 1990
  - 3% October 1, 1990
  - 3% April 1, 1991
  - 7% July 1, 1991
  - 5% October 1, 1991
- Health Insurance: Increase in State's share of dependent coverage from 50% to 60%
- Child Care: Expansion of income categories up to \$35,000 and increase in level of benefits
- Longevity Bonuses: Increases in bonuses awarded after 15 and 20 years of service

8/4/89

114th LEGISLATURE  
SECOND REGULAR SESSION

PROPOSED SCHEDULE FOR SUBMISSION  
OF LEGISLATION

Wednesday, September 6	Notification mailed
Monday, October 23	Filing deadline for legislators
Thursday, November 2	Screening by Legislative Council
Monday, November 6	Notification of Council action mailed
Tuesday, November 14	Deadline for: <ul style="list-style-type: none"><li>•Submission of complete info for approved bill requests</li><li>•Letters of appeal</li></ul>
Thursday, November 16	Council consideration of appeals and incomplete requests
Friday, December 1	Deadline for receipt of legislation from executive department and agencies
	Deadline for submission of study legislation
Wednesday, January 3	Second Regular Session convenes

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# DRAFT

August 4, 1989

Honorable Ruth Foster, Chair  
Supreme Judicial Court Plan &  
Design Commission  
State House  
Augusta, Maine 04333

Dear Representative Foster:

I am writing on behalf of the Legislative Council regarding the scope of the planning effort related to the proposed location of a court building in Augusta.

We understand that the Commission may have assumed that the planning process which is currently underway under the direction of Michael Wong should not include the State Law Library due to the ambiguity of the language in the Resolve authorizing the Commission's work (Resolves of 1987, Chapter 107).

The purpose of this letter is to formally request that you do include the Law Library in the Commission's planning effort. The Law Library is an important and broadly used resource in Maine, serving not only public and private attorneys in the state, but the general public. As we look to the future, it is clear that the Library's need for space will exceed what can be provided in its current location in the State House. The work of your Commission will have important long range implications for all of state government, and we feel strongly that it presents a unique opportunity to examine the long-range needs of the Law Library as well.

We recognize that the Library's organizational status would need to be addressed at a future time, but feel that the primary objective for the present is ensuring that the plans developed are as comprehensive and forward-looking as possible.

Honorable Ruth Foster, Chair  
Supreme Judicial Court Plan &  
Design Commission  
August 4, 1989  
Page Two

Members of the Council would be happy to meet with you and members of the Court Plan and Design Commission to discuss our request at greater length.

Sincerely,

John L. Martin,  
Chair

cc: David Silsby, Director, State Capitol Commission  
Sally Diamond, Executive Director of the Legislative Council  
Lynn Randall, State Law Librarian

APR 28'88

107

BY GOVERNOR

RESOLVES

## STATE OF MAINE

IN THE YEAR OF OUR LORD  
NINETEEN HUNDRED AND EIGHTY-EIGHT

H.P. 130 - L.D. 159

Resolve, Concerning a Proposed Supreme  
Judicial Court Facility.

Emergency preamble. Whereas, Acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, it is desired to have the Supreme Judicial Court located in its own building in the state capital in Augusta; and

Whereas, it is desired to begin to receive the benefits of such a move at the earliest possible time; and

Whereas, it is desired that an expense of this magnitude be presented to the voters of the State; and

Whereas, a court planner is necessary to develop a building program from which a definitive cost estimate and architectural design can be developed; and

Whereas, it is desired to select the design of the building through a major design competition; and

Whereas, a commission is necessary to oversee planning and design of the new Supreme Judicial Court facility; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the

Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

Supreme Judicial Court to be located in Augusta. Resolved: That at the earliest possible time a building of prestige and dignity which is compatible with the Capitol and Capitol Park shall be constructed within the City of Augusta, except that the building shall not be located on any site within state-owned Capitol Park. This building shall house the courtroom for the Supreme Judicial Court; chambers for all justices of the Supreme Judicial Court, the Chief Justice of the Superior Court and the Chief Judge of the District Court; space for the Administrative Office of the Courts; and a working law library. In determining the library needs, consideration shall be given to the existence of the Law and Legislative Reference Library in the capitol building; and be it further

Project program; planning. Resolved: That work on a project program for the construction of a Supreme Judicial Court in Augusta shall be initiated as soon as possible after the passage of this resolve by a nationally recognized court planner. This planner shall be required to have available in sufficient time to be included in legislation presented to the First Regular Session of the 114th Legislature a cost estimate of sufficient accuracy as to be suitable for a request for funding to cover completely all aspects of the construction of this court facility including adequate parking facilities; and be it further

Design competition. Resolved: That selection of the design for the construction of this court facility shall be by means of a 2-stage design competition with no geographic limitation as to entrants. There shall be affiliated with this design competition in some manner an architect of national stature, as determined by the Supreme Judicial Court Plan and Design Commission. The design competition shall be judged by a subcommittee of 3, 5 or 7 members under the auspices of the commission. The competition shall be planned, organized and administered by the court planner or by some other knowledgeable expert

under the auspices of the Supreme Judicial Court Plan and Design Commission.

All preparation for the design competition that does not require funding shall be completed by November 1989. No funding may be expended for the design competition until the bond issue approving funds for the construction of the court facility is ratified by the voters; and be it further

Commission established. Resolved: That there is established the Supreme Judicial Court Plan and Design Commission.

1. Membership. The commission shall consist of 15 members to be appointed as follows: One member of the Senate appointed by the President of the Senate; one member of the House of Representatives to be appointed by the Speaker of the House of Representatives; one member appointed by the Chief Justice of the Supreme Judicial Court; 6 members to be appointed by the Governor as follows: One of whom shall be a representative of the Garden Club Federation of Maine or the Kennebec Valley Garden Club selected with the advice of those organizations, one of whom shall be a licensed architect selected with the advice of the Maine Chapter of the American Institute of Architects, one of whom shall be a building contractor selected with the advice of Associated General Contractors, one of whom shall be a landscape architect selected with the advice of the Maine Chapter of the American Society of Landscape Architects, one of whom shall be a scholar in an architecturally related discipline selected with the advice of Maine's colleges and universities and one of whom shall be a member of the public; one member of the Capitol Planning Commission appointed by the chairman of that commission; one member of the Maine Arts Commission appointed by the chairman of that commission; one representative of the City of Augusta to be appointed by that city's mayor; one member of the Maine Trial Lawyers Association to be appointed by that group; one member of the Maine Bar Association to be appointed by that group; and one architectural critic from a state newspaper or magazine selected by the Maine Arts Commission. All appointments shall be made no later than 30 days following the effective

SUPREME JUDICIAL COURT PLAN  
AND DESIGN COMMISSION

(ch. 107, Resolves 1987)

Rep. Ruth Foster, Chair

Ellsworth, ME 04605

Sen. Beverly Miner Bustin

Hallowell, ME 04347

Roger L. Conover  
Architectural critic  
The MIT Press  
Engine House  
97 India Street  
Portland, ME 04101  
879-0441

Rep. Beverly Daggett

Augusta, ME 04330

George D. DiMatteo

South Portland, ME 04106

Robert G. Fuller, Jr.  
Maine Bar Association  
Pierce, Atwood, Scribner, Allen, Smith & Lancaster  
77 Winthrop Street  
Augusta, Maine 04330  
622-6311

Hon. Edward S. Godfrey  
Retired Justice, Supreme Judicial Court

Portland, Maine 04103

Edward Heath  
City of Augusta  
16 Cony Street  
Augusta, Maine 04330  
626-2365

Dana J. Leavitt

Portland, ME 04103

Malcolm L. Lyons

Maine Trial Lawyers Association

Pierce, Atwood, Scribner, Allen, Smith & Lancaster

77 Winthrop Street

Augusta, Maine 04330

622-6311

Steven A. Moore

14 Maine Street, Suite 401

Brunswick, ME 04011

729-1636

Jon S. Oxman

Capitol Planning Commission

P.O. Box 190

Auburn, ME 04210

784-4563

Carol DiBacco Rea

Member, Maine Arts Commission

68 Main Street

Auburn, ME 04210

783-9759

Earle Shettleworth, Jr.

55 Capitol Street

State House Station 65

Augusta, ME 04333

289-2132

Elizabeth J. Socec

Augusta, ME 04330

Court Liaison

Justice Elmer Violette

Staff

David S. Silsby, Director, State Capitol Commission

10/21/88

SENATOR RAYNOLD THERIAULT  
DISTRICT 1



State of Maine  
Senate Chamber  
Augusta, Maine 04333

August 4, 1989

Speaker John L. Martin  
Chair, Legislative Council  
State House Station #2  
Augusta, ME 04333

Dear Speaker Martin:

Health care was a major concern of the last legislative session and much has been accomplished to assure quality health care in Maine; but, nevertheless, several hospitals have sustained severe financial losses to the point of closure. The Van Buren Community Hospital is one of these victims.

Cary Medical Center of Caribou has agreed to operate the Van Buren facility as an ambulatory care center and to also acquire and operate the ICF-MR. The Department of Human Services is in the process of granting, if not already granted, a Certificate of Need for the ambulatory care center. The obstacle, however, is the Van Buren Hospital debt of over \$1 million. Cary will not assume the debt which is reasonable and understandable. If some agreement is not reached soon the whole project will fall through and Van Buren will be without a health care facility. Enclosed are specific documents in reference to this situation.

Somewhere and somehow there is a solution to this problem and I feel that we, as a legislative body representing the citizens of Maine, have an obligation to assist in situations such as this. Consequently, we, the undersigned, respectfully petition the Legislative Council to appoint a Committee--perhaps an already existing Joint Standing Committee--to look into the issue of hospital closure and establish a procedure to assist those hospitals in situations such as the one which exists at Van Buren. This needs to be done post haste and in the meantime letters should be written to the Van Buren creditors to inform them of the action and to petition them to not press for collection until the Committee has completed its work.



John L. Martin  
Page 2  
August 4, 1989

This action is meant to assist all hospitals in Maine who are in the same situation and should not be restricted strictly to Van Buren. The future of all the extremely rural hospitals in Maine may very well depend on the action taken by the Legislative Council. We know that all the members of the Council will give this request serious consideration.

Thank you.

Sincerely,



Hilda C Martin  
State Representative



Raynold Theriault  
State Senator

RT/dlw

cc Sen. Dennis L. Dutremble  
Sen. Charles P. Pray  
Sen. Nancy Randall Clark  
Sen. Charles M. Webster  
Sen. Pamela L. Cahill  
Rep. Dan A. Gwadosky  
Rep. Joseph W. Mayo  
Rep. Mary Clark Webster  
Rep. Francis C. Marsano  
Sarah C. Diamond ✓

Enclosures



John R. McKernan, Jr.  
Governor

Rollin Ives  
Commissioner

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333  
July 24, 1989

Mr. Romeo Parent, Chief Executive Officer  
Van Buren Community Hospital  
2 Main Street  
Van Buren, Maine 04785

Dear Romeo,

This correspondence is in response to your letter of June 8, 1989 and in follow up to the meeting held July 6, 1989 concerning Medicaid overpayments made to Van Buren Community Hospital for hospital services provided to individuals eligible for Medicaid.

Your letter indicated your sense of frustration at the Department of Human Services for what appeared to you to be an inability by the Department to reach a decision concerning the forgiveness of an outstanding debt of \$423,679. A decision of this magnitude is not to be made lightly because of the far reaching ramifications not the least of which is the responsibility and legal liability of the State of Maine to administer public funds in accordance with State and federal laws and regulations.

Since 1985 Van Buren Community Hospital has been reimbursed for hospital services prospectively. The prospective reimbursement system was established, by law, in 1983 and has been administered by the Maine Health Care Finance Commission since that time. The system required all payers, including Medicaid, to reimburse Maine hospitals at least biweekly at a rate established by the Commission. The rates are established based on the financial requirement of the hospital. The rate set for Medicaid reimbursement was established to reimburse a hospital for services provided to individuals eligible for Medicaid. Over the years payments to Van Buren Hospital increased even though the volume of Medicaid recipients decreased significantly. This means that when the prospective payments exceed the services provided to Medicaid clients it creates an overpayment and the Department is obligated by law to recoup any overpayment.

As you know, during both the second and third payment year Van Buren was determined to be a disproportionate share facility. This designation allowed the Department to reimburse the greater of Medicaid's fair share of the financial requirements or the Target Amount Ceiling (TAC) established by the Federal Government for inpatient hospital services. Medicaid also reimbursed Van Buren the lower of cost or charges for outpatient hospital services in the second and third payment years.

In addition the Department reimbursed the co-insurance and deductible incurred by individuals eligible for both Medicaid and Medicare.

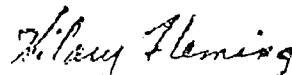
By reimbursing hospitals prospectively based on historical information a final reconciliation must be completed at year end adjusting for actual hospital activity. When this was completed at Van Buren for the second and third payment years it was determined that Van Buren owed the Department \$189,363 for the second payment year and \$234,316 for the third payment year. In reviewing Medicaid charge data for payment year two and three it appears that Medicaid reimbursed Van Buren more than it's fair share of the financial requirements and to ask the Department to forgive the debt of \$423,679 for those years is [requesting the Department to pay more than it was charged, to cover a shortfall from the Medicare program and a shortfall caused by undercharging local residents who are insured by companies other than Blue Cross/Blue Shield and local residents who are self insured.]

Over the past month we have discussed the consequences of requiring Van Buren Community Hospital to repay the Department any overpayments made for hospital services provided in the past. However, considering the above information and Federal and State regulations which require the Federal share of any overpayments made to providers to be repaid in total to the Health care Financing Administration (HCFA), the department is unable to forgive any portion of the Medicaid overpayments made to Van Buren Community Hospital.

I apologize for the delay in the written response to your letter, as I indicated earlier this was not an issue easily resolved.

If you have any questions concerning the above matter please do not hesitate to contact Stephen Allen or me at any time by calling 289-3838. Steve will also be attending your meeting on Wednesday July 26, 1989 and will be available at that time to answer any questions.

Sincerely,



Hilary Fleming  
Assistant Director  
Bureau of Medical Services

cc: John Dickens

# Department of Human Services

State House, Augusta, Maine

(VANBUREN)

Date June 14, 1989

To Helen Zidowecki, Acting Director, Bureau of Health

From John D. Dickens, Director, Division of Project Review

Subject Preliminary Review of a Proposal by Cary Medical Center to Lease the Van Buren Community Hospital Facility and Operate it as an Ambulatory Care Center and also to Acquire and Operate the ICF-MR.

Estimated Capital Costs: \$ -0-

New, 3rd-Year Operating Costs	Ambulatory Care Clinic	\$ 643,000
	ICF/MR	685,000
	Total	<u>\$1,328,000</u>

The Division of Project Review recommends **CONDITIONAL APPROVAL** of this project on a preliminary basis with the following condition:

Van Buren Community Hospital create and fund an escrow account in an amount sufficient to cover 5% of Medicaid reimbursement or cost reimbursement for the ICF/MR's last fiscal year or \$50,000, whichever is less, until the Department makes a determination of whether or not the current owner/operator owes the Department a debt in accordance with 22 MRSa §1714. 475,000

The applicant satisfactorily demonstrates the necessity for an **EMERGENCY REVIEW**, in accordance with the three criteria set forth in Chapter 13 of the CON Procedures Manual. The criteria and the manner in which the applicant meets each are summarized as follows:

1. The need for immediate relief due to disaster, fire, unforeseen safety consideration or other circumstances; Van Buren Community Hospital is ceasing to operate as a health care provider.
2. The serious adverse effect of delay; A standard review would risk an interruption in service. The nine-bed ICF-MR is currently 100% occupied; the Town of Van Buren would be without acute health care services.
3. The lack of substantial change in the facility or services; Cary Medical Center proposes to provide outpatient acute care services and ICF-MR services. Van Buren Community Hospital has discontinued inpatient acute care services.

June 1, 1989

Therefore, the preliminary analysis is to be made available to the applicant as soon as possible.

The following report presents the Division of Project Review's preliminary analysis and recommendations regarding the above-referenced proposal. The information presented in this report is organized in accordance with the determinations required by the Maine Certificate of Need Act.

Staff analysis prepared by: 1) Registered Directly Affected Persons

Rich Linehan  
Health Care Financial Analyst  
Division of Project Review

Eugene Nickerson  
Director, Provider Payments  
Associated Hospital Services of Maine

Robert K. Clarke  
Executive Director  
Maine Health Care Finance Commission

pc: R. Parent, Van Buren Com. Hosp.  
P. Letalien, Ernst & Whinney  
E. Getchell, Med. Care Audit  
S. Allen, Bureau of Med. Srvs.  
C. Beach, AAG/DHS

OHP&D DIVISION OF PROJECT REVIEW

CARY MEDICAL CENTER

LEASE VAN BUREN COMMUNITY HOSPITAL FACILITY  
AND OPERATE ITS AMBULATORY AND ICF-MR

I. Profile of the Applicant

Cary Medical Center is a fully licensed, certified and accredited acute-care hospital located in Caribou, Maine.

Diane Black, Division of Licensing and Certification confirms that the applicant is fully licensed and Medicare certified.

The Division of Project Review (DPR) believes the applicant is fit, willing and able to implement the proposed project at the proper standard of care.

II. Project Description

The applicant states:

"Cary Medical Center would lease the existing building and equipment from the hospital [Van Buren] district. Under Cary's operational umbrella the facility at Van Buren would then provide services for the ICF/MR unit and establish an ambulatory outpatient center with Doctor's or Physician Assistant office for the provision of primary care with the diagnostic capabilities of X-ray and Laboratory services for the Van Buren service area."

DPR DISCUSSION

Cary proposes to acquire the right to operate the ICF-MR service from Van Buren Community Hospital, not the assets such as the physical plant which it intends to lease. Cary further proposes to provide ambulatory care services in the leased facility.

Van Buren Community Hospital continues to exist; it no longer provides health care services. It continues to control its assets, including the physical plant under discussion, and to bear responsibility for any obligations which it has incurred, including financial obligations.

III. Proposed Capital Expenditure and Availability of Capital Financing

There is no capital expenditure. The applicant plans to lease the physical plant from the current owner. The purchase of the nine bed ICF-MR unit is a transfer of ownership of the business, not the facility or other assets. The purchase price of \$1.00 is expensed.

The annual lease expense, which is based on historic costs, is treated as a capital lease in accordance with Generally Accepted Accounting Principles.

IV. Needs to be Met

Van Buren Community Hospital is ceasing operations as a service provider. The Town of Van Buren needs acute care availability. The nine-bed ICF-MR needs ongoing support.

DPR believes the need for the proposed project is demonstrated.

V. Staffing, Financial Feasibility, Economic Feasibility and Financial Requirements

## A. Staffing

The applicant presents the following staffing plan:

		FTE's	Amount	Allocation	
				Clinic	ICF/MR
I.	<u>Plant Operations</u>				
	Maintenance	1.0	\$ 18,000	\$ 9,000	\$ 9,000
	ICF MR approved	.5	7,000		7,000
	Transportation/miscellaneous	.5	7,000	7,000	
II.	<u>Housekeeping</u>				
	Aides	2.0	22,000	11,000	11,000
III.	<u>Laundry</u>				
	Aides	2.5	27,000	2,000	25,000
IV.	<u>Dietary</u>				
	Cook/aides	3.0	33,000		33,000
V.	<u>Radiology</u>				
	Technician	1.2	20,000	20,000	
VI.	<u>Laboratory</u>				
	Technician	2.0	35,000	35,000	
VII.	<u>Clinic</u>				
	Physician	1.0	80,000	80,000	
	Physician assistant	1.0	40,000	40,000	
	RN/LPN	2.0	45,000	45,000	
	Reception	1.0	15,000	15,000	
	Bookkeeper/clerk	1.0	20,000	20,000	
	Secretary	1.0	15,000	15,000	
VIII.	<u>ICF MR</u>				
	Administrator	.5	20,000		20,000
	QMRP	.5	25,000		25,000
	Director of nursing	1.0	25,000		25,000
	Licensed nurses	3.2	70,000		70,000
	CNA's-direct care	11.5	150,000		150,000
	Clerical	.5	7,000		7,000
	Social service/activities	1.5	18,000		18,000
IX.	<u>HIP Program</u>				
	(Grant funded)	1.0	16,000	16,000	
			<u>\$715,000</u>	<u>\$315,000</u>	<u>\$400,000</u>

Current employees of Van Buren Community Hospital are available to fill these positions.

DPR believes the proposed project can be adequately staffed.

#### B. FINANCIAL FEASIBILITY

The applicant presents the following schedule of annual expense and notes:

	<u>ACTUAL</u> <u>1988</u>	<u>SUBMITTED</u> <u>1989</u>	<u>NOTES</u>
Capital Costs	\$48,581	\$50,000	A
Employee Benefits	174,610	135,000	B
Administration	317,829	200,000	C
Plant Operations	58,704	80,000	D
Laundry and Linen	28,023	31,000	E
Housekeeping	31,990	26,000	F
Dietary	115,894	68,000	G
Nursing Administration	77,547		H
Medical Records	10,057		H
Social Service	9,360		H
Acute Care Routine Svcs	178,507		H
ICF MR Routine Services	296,551	350,000	I
Radiology	39,857	26,000	J
Laboratory	137,262	90,000	K
Medical Supplies	0	5,000	L
Pharmacy	29,872	5,000	M
Respiratory	5,335		H
Physical Therapy	794		H
EKG	9,501		H
Clinic/ER	340,356	240,000	N
HIP Program	20,776	22,000	O
	<u>1,931,406</u>	<u>1,328,000</u>	

"NOTES" are presented on the following page.



"NOTES:

- A Lease payment based on estimated historical depreciation expense
- B Reflects projected salary expense of approximately \$715,000 at 19%
- C Reflects estimated incremental administrative costs associated with Van Buren location. Estimate based on industry experience covers such costs as legal, accounting, telephone, billing, supplies,
- D Operation of plant 1989 costs should be revised from \$108,000 down to \$80,000 due to a duplication. The increase from 1988 cost of \$59,000 to \$80,000 is due to increased staffing to accommodate transportation to Cary (1/2 FTE) and the cost associated with the lease of a van. [DPR Note: Above schedule is correct]
- E Inflation [DPR Note: 5.5% inflation factor in accordance with Maine Health Care Finance Commission.]
- F Reduced staffing
- G Reduced meals, reduced staffing and food costs
- H Department eliminated
- I Approved staffing inflated, Social service and Administrator not in 1988 line, (ie Administrator cost was in Administration, Social Service was charged to Social Service department)
- J Reduced staffing and expense due to loss of acute care inpatient
- K Reduced staffing and expense due to loss of acute care inpatient
- L Allowance for outpatient supplies
- M Reduction based on loss of acute care inpatient
- N See detailed staffing previously submitted
- O Grant funded program"

The applicant presents the following information on administrative costs:

DETAIL OF ADMINISTRATION	1988 Amount	5.5% Inflation	Amount Requested	Admin Fee
INFECTION CONTROL SALARY	3,486	3,678		
Supplies	44	46		
Travel	57	60		
FISCAL SERVICES SALARY	29,575	31,202		
CONS MGT SERV	947	999		
AUDITING	12,140	12,808		
SUPPLIES	1,084	1,144		
OTHER	128	135		
TRAVEL	699	737		
DATA PROC SALARIES	7,903	8,338		
OTHER	3,937	4,154		
SOFTWARE	15	16		
REPAIRS	411	434		
OTHER	10,447	11,022	11,000	
TRAVEL	1,277	1,347		
ADMITTING SALARIES	6,222	6,564		
SUPPLIES	290	306		
REPAIRS	30	32		
TRAVEL	60	63		
BILLING SALARY	30,037	31,689		
SUPPLIES	505	533		
REPAIRS	84	89		
OTHER	71	75		
TRAVEL	86	91		
COLLECTION SALARY	147	155		
LEGAL	43	45		
COLLECTION SERVICE	200	211		
OTHER	1,311	1,383		
ADMINISTRATOR SALARY	383	404		
EXEC SEC SAL	12,625	13,319		
CONST MGT SERV/audit	12,027	12,688	10,000	
LEGAL	530	559	10,000	
PURD SERV	45,529	48,033	24,000	
DIRECTORS	6,730	7,100		
OTHER SUPPLIES	538	568	1,000	
POSTAGE	5,041	5,318	6,000	
REPAIRS	566	597	1,000	
LEASES	1,054	1,112	1,000	
INTEREST	5,232	5,520	6,000	
INSURANCE	14,831	15,647	16,000	
MALPRACTICE	29,324	30,937	20,000	
OTHER DIRECT	10,184	10,744		
TRAVEL/education	5,629	5,939	6,000	
WORKMANS COMP	24,042	25,364	20,000	
TELEPHONE	16,845	17,771	18,000	
MATERIAL MGT	10,375	10,946		
OTHER MISC	5,108	5,389		
PHYSICIAN RECRUITMENT			30,000	
MANAGEMENT FEE	0	0		20,000
	317,829	335,310	180,000	20,000
				200,000

Based on information submitted by the applicant, DPR developed the following schedule:

ITEM	COMPARISON OF OPERATING EXPENSES					
	1988			1989		
	HOSPITAL	ICF/MR	TOTAL	HOSPITAL	ICF/MR	TOTAL
Capital	\$ 11,935	\$ 5,222	\$ 17,157	\$ 25,000	\$ 25,000	\$ 50,000
Administration	214,147	66,672	280,819	115,000	85,000	200,000
Plant Oper	55,093	24,107	79,200	40,000	40,000	80,000
Laun/Linen	15,174	23,925	39,099	2,000	29,000	31,000
Housekeeping			0	13,000	13,000	26,000
Dietary	36,331	90,038	126,369		68,000	68,000
Med Supplies	23,985	71,102	95,087	5,000		5,000
Nursing Salaries	270,331	269,657	539,988			0
Education	3,672		3,672			0
Respiratory	5,340		5,340			0
Emergency Room	115,948		115,948			0
Laboratory	147,998		147,998	90,000		90,000
EKG	9,830		9,830			0
Radiology	45,228		45,228	26,000		26,000
Infect Control	4,180		4,180			0
Clinic	1,486		1,486	240,000		240,000
Social Serv	10,548		10,548			0
Developmental	9,945		9,945	22,000		22,000
Medical Library	460		460			0
Quality Assur	7,656		7,656			0
Collections	1,722		1,722			0
Physicians/PA's	295,892		295,892			0
Medical Staff	148		148			0
ICF/MR Staff			0		350,000	350,000
Admitting	7,532		7,532			0
Utiliz'n Rev'w	2,975		2,975			0
Business Office	35,267		35,267			0
Pharmacy	29,872		29,872	5,000		5,000
Employ Benefits			\$ 0	60,000	75,000	\$ 135,000
	<u>\$1,362,623</u>	<u>\$550,723</u>	<u>\$1,913,346</u>	<u>\$643,000</u>	<u>\$685,000</u>	<u>\$1,328,000</u>

Based on historic data and the applicant's assumptions, the costs presented appear reasonable.

22 M.R.S.A. §1714 "An Act to Save Medicaid Funds by Expanding the Ability of the Department of Human Services to recover Funds from Prior Owners of Boarding and Nursing Homes", enables the Department to offset debts owed to it by a previous owner/operator against reimbursement to a new owner/operator. Based upon unaudited Medicaid cost reports both Van Buren and Cary believe the Department owes Van Buren additional reimbursement totaling \$58,764. However, the Department has yet to audit the cost report.

The law states:

2. (The) Transferee (is) liable (an) unless escrow agreement (is) executed prior to sale. Whenever a nursing home or boarding home is transferred after the effective date of this section, the transferee is liable for debts owed to the department by the former provider unless by the time of sale:

A. All debts owed by the former provider to the department have been paid, except as stated in paragraph B;

B. If the indebtedness is the subject of an administrative appeal, an escrow account has been created and funded in an amount sufficient to cover the debt as claimed by the department; or

C. An interim cost report has:

(1) Been filed, an escrow account has been created and funded in an amount sufficient to cover any overpayment identified in such a report; or

(2) Not been filed, an escrow account has been created and funded in an amount sufficient to cover 5% of Medicaid reimbursement or cost reimbursement for the last fiscal year or \$50,000, whichever is less.

DPR recommends the following condition: Van Buren Community Hospital create and fund an escrow account in an amount sufficient to cover 5% of Medicaid reimbursement or cost reimbursement for the ICF/MR's last fiscal year or \$50,000, whichever is less, until the Department makes a determination of whether or not the current owner/operator owes the Department a debt in accordance with 22 MRSA §1714.

DPR believes the project will be financially feasible if this condition is met.

#### C. ECONOMIC FEASIBILITY

The applicant states:

"The new organization, as a result of the Cary Medical Center and Van Buren Community Hospital transition, will mean a net reduction in cost to the Health Care System in the State of Maine. The current financial requirements of the Van Buren Community Hospital is One million three hundred sixty two thousand sixty hundred and twenty three dollars (\$1,362,623) add to this the financial requirements of the ICF/MR nursing unit of five hundred fifty thousand seven hundred and twenty three dollars (\$550,723) and you arrive at the total sum of one million nine hundred thirteen thousand three hundred forty six dollars (\$1,913,346) as noted in the 1988 filed cost reports.

"The new projections for the establishment of an ambulatory outpatient clinic and the continuance of the existing ICF/MR unit will equal one million three hundred twenty eight thousand (\$1,328,000). This is broken down into two figures. The clinic budget will equal six hundred forty three thousand dollars (\$643,000) and the ICF/MR portion of the new proposed budget will be six hundred eighty five thousand dollars (\$685,000) as per attached calculations by Ernst and Whinney. [on file]

"The resulting reduction of five hundred eight five thousand three hundred and forty six dollars (\$585,346) the Health Care System will be beneficial and will mean a net reduction of charges to all payors."

#### DPR Discussion

The net effect of the proposal is a reduction in the overall System-wide Hospital Financial Requirements of \$719,623 and an increase in System-wide ICF-MR costs of \$134,277.

Both changes appear reasonable.

Van Buren Community Hospital has debts and financial obligations which it is more likely to meet if this proposal is approved than if it were disapproved. If the proposal is disapproved, Van Buren Community Hospital not only ceases operations but also ceases receiving revenue. Without the projected revenue, it would be hard pressed to meet any of its financial obligations.

DPR believes the project is economically feasible.

#### D. FINANCIAL REQUIREMENTS

Implementing an ambulatory outpatient service in Van Buren results in an adjustment to Cary Medical Center's financial requirements in accordance with Public Law 579, Chapter 328, and rules and regulations adopted by the Maine Health Care Finance Commission.

DPR recommends that Cary Medical Center's financial requirements be adjusted by \$643,000 as follows:

	Year 1	Year 2	Year 3
Adjustment	\$643,000	-0-	-0-
Operating Expense	\$643,000	\$643,000	\$643,000

#### E. ICF-MR PER DIEM RATE

DPR determines the Medicaid per diem rate for the ICF-MR to be:

$$\$685,000 \div (9 \text{ beds} \times 365 \text{ days} \times 97.4\% \text{ occupancy}) = \underline{\underline{\$214.09}}$$

## VI. Alternatives Considered

DPR identifies three additional alternatives.

The first is the loss of services through Van Buren's closing. This adversely affects the community's access to care, the ICF-MR patient's continued care, and Van Buren's ability to meet its financial obligations.

The second option is the merger of Cary Medical Center and Van Buren Community Hospital. This requires Cary to incur responsibility for Van Buren's indebtedness. John McCormack states that Cary will not jeopardize its financial position in this manner.

The third option is the purchase of the assets by Cary and the retirement of debt by Van Buren with the proceeds of the sale. This option is also unacceptable to Cary due to the increase in its financial obligations which would result.

## VII. Compliance with Rules and Regulations of Local, State and Federal Agencies

Both Cary Medical Center and Van Buren Community Hospital are fully licensed, certified and accredited. The change in operating entity requires a revision of Cary's license to reflect the change.

The facilities are currently in compliance with life/safety codes and zoning requirements. There are no changes in this proposal which effect such compliance.

22 M.R.S.A. §1714 "An Act to Save Medicaid Funds by Expanding the Ability of the Department of Human Services to recover Funds from Prior Owners of Boarding and Nursing Homes", enables the Department to offset debts owed to it by a previous owner/operator against reimbursement to a new owner/operator. As discussed in the "Financial Feasibility" section of this report. DPR believes that the project will be in compliance with this law if Van Buren establishes the referenced escrow account.

## VIII. Relationship to the State Health Plan and Other Related Plans

DPR believes this proposal is consistent with the orderly and economic development of the health care system in Maine.

The reasons for this belief are:

- The project assures the continued availability of needed services to Van Buren;
- The project is less costly to the health care system than the current provision of services;
- The project does not include the replacement of unnecessary services;
- The project maximizes the use of the assets controlled by Van Buren Community Hospital;
- The project enables Van Buren Community Hospital to better meet its financial obligations.

## IX. Relationship to Applicant's Long-Range Plan and Capital Expenditure Plan

Does not apply. There is no capital expenditure.

X. Timely Notice

It is the opinion of DPR that the proposal qualifies for an emergency review.

XI. Findings and Recommendations

Based upon the preceding analysis, the Division of Project Review makes the following findings and recommendations:

1. The applicant is fit, willing and able to implement the proposal at the proper standard of care;
2. The need for the proposed project has been demonstrated;
3. The proposed project can be adequately staffed and will be both financially and economically feasible;
4. The proposal is consistent with the orderly and economic development of the health care system; and
5. Timely notice appears to have been given.

Based upon the findings cited above, the Division of Project Review recommends the CONDITIONAL APPROVAL of this project with the following condition:

Van Buren Community Hospital create and fund an escrow account in an amount sufficient to cover Medicaid reimbursement or cost reimbursement for the ICF/MR's last fiscal year or \$50,000, whichever is less, until the Department makes a determination of whether or not the current owner/operator owes the Department a debt in accordance with 22 MRSA §1714.

ADDENDUM TO PROJECT REVIEW'S PRELIMINARY REVIEW OF A PROPOSAL  
BY CARY MEDICAL CENTER TO LEASE THE VAN BUREN COMMUNITY HOSPITAL  
FACILITY AND OPERATE IT AS AN AMBULATORY CARE CENTER  
AND ALSO TO ACQUIRE AND OPERATE THE ICF-MR.

PRELIMINARY REVIEW POINTS REASSESSED

In Section VI. "Alternatives Considered" of its preliminary analysis the Division of Project Review (DPR) identifies three alternatives to this proposal:

Loss of services through Van Buren Community Hospital's closing;

Merger of Cary Medical Center and Van Buren Community Hospital;

Purchase of Van Buren Community Hospital's assets by Cary Medical Center.

The proposed project appears to be the best option among the four.

In Section VIII. "Relationship to the State Health Plan and Other Related Plans" DPR states its belief that the proposal is consistent with the orderly and economic development of the health care system in Maine for the following reasons:

The project assures the continued availability of needed services to Van Buren;

The project is less costly to the health care system than the current provision of services;

The project does not include the replacement of unnecessary services;

The project maximizes the use of the assets controlled by Van Buren Community Hospital;

The project enables Van Buren Community Hospital to better meet its financial obligations.

Discussions with the Maine Health Care Finance Commission (MHCFC) have led DPR to reassess these points.



ADDENDUM, CARY LEASE VAN BUREN

DPR DISCUSSION

In its preliminary analysis DPR makes no determination of the appropriateness of the proposed capacity for the acute care services. While the proposal assures the availability of the acute care services needed to support the primary care practice of a physician, the capacity proposed may be unwarranted. The applicant intends to staff these services with a physician's assistant, two nurses, three office support staff, two lab techs, and one-plus radiologists. The service volume may not support this capacity. DPR's analysis focuses on availability rather than the efficiency of health care resources.

The basis for DPR's findings concerning the project's economic feasibility is the reduction in overall costs when compared to Van Buren's current operation. DPR begins with the existing costs and analyzes the savings involved with the changes in service. MHCFC presents another perspective which is to begin at "ground zero" and build a budget based on needed expenses to support the required level of service. This perspective may identify additional reductions in expenses.

While the project does not replace unneeded services, it is possible that efficiency could be gained by shrinking the proposed capacity. Further it is possible that the manner of supporting primary care in Van Buren could be improved. For example, radiology and lab services may be provided at Cary with specimens and results exchanged via courier, telephone, computer, and/or fax.

DPR identifies three alternatives which focus on control of the assets and makes no effort in the preliminary analysis to generate options relating to the use of the assets or to the manner in which services are proposed by the applicant. It may be possible to develop additional options. There may be a need to expand the capacity of ICF-MR beds in the state. The Department is currently maintaining Medicaid patients in acute care beds in Aroostook County hospitals awaiting ICF placement. It may be possible that the facility could address these needs. Either of these options may further maximize the use of the physical plant under consideration.

DPR does not know whether it is more sensible for the applicant, Cary Medical Center, or for Van Buren to operate whatever array of services is selected. A major consideration is Van Buren Community Hospital's ability to meet its financial obligations. The current proposal offers Van Buren a greater chance to repay its obligations than shutting down operations entirely.

ADDENDUM, CARY LEASE VAN BUREN

DPR DISCUSSION (cont.)

DPR believes there may be alternatives which may enhance the applicant's proposal:

The primary care support may be provided in a more efficient and economical fashion;

Cary could operate a "rural health clinic" model;

Cary could place a physician on salary;

Cary could rotate physicians to cover Van Buren;

The ICF-MR may be expanded;

The acute care beds may be converted to ICF beds.

DPR believes that these options warrant further consideration to determine the need and feasibility of each.

MHCFC ADDITIONAL CONCERNS

MHCFC also identifies questions which it believes are related to public policy. DPR paraphrases those questions as follows:

Should some hospitals make a transition to some other use?

If so, into what should they change?

Who should incur what cost to support this transition?

DPR DISCUSSION

It is DPR's opinion that in this case it is sensible for Van Buren Community Hospital's assets to be put to alternative use since the current array of services is not financially or economically viable.

DPR believes that there is a need for an orderly transition from the current situation to a more viable system. At the same time DPR recognizes that this proposal qualifies for an emergency review. which does not allow the affected parties adequate time to determine what types and levels of services are best suited for Van Buren.

ADDENDUM, CARY LEASE VAN BUREN

DPR believes that there is a need:

to continue service to the Van Buren community,

to gain additional time to plan what the final service array will be, and

to "phase in" proposed changes.

It appears to DPR that the current proposal presents an interim solution which assures continued service while allowing the required time to thoroughly consider the potential benefits of resizing the proposed services, converting to ICF care, or implementing other options.

REVISED RECOMMENDATION

DPR recommends the CONDITIONAL APPROVAL of this proposal. The Certificate of Need would be time-limited, in effect until July 1, 1991.



MAINE STATE POLICE  
36 HOSPITAL STREET  
AUGUSTA, MAINE 04330

Colonel Andrew E. Demers  
Chief

(207) 289-2950

Lt. Col. Alfred Skolfield, Jr.  
Deputy Chief 289-3573  
Lt. Col. Daniel L. Cote  
Deputy Chief 289-3574

August 9, 1989

Sarah C. Diamond  
Executive Director of the  
Legislative Council  
State House Station #115  
Augusta, ME 04333

Dear Ms. Diamond:

Paragraph 14g of the U.S. Department of Justice Guidelines for Funding of Regional Information Sharing Systems requires notification of each state legislature, or the body designated to act while the legislature is not in session, that such a project is operating within its boundaries.

The New England State Police Administrators' Conference (NESPAC) Project is a participant in the Regional Information Sharing Systems funded by the U.S. Department of Justice. The NESPAC agency for the State of Maine is the Maine State Police. The Bureau of State Police, as a member of the New England State Police Information Network, participates with other state and local law enforcement agencies from Connecticut, Massachusetts, New Hampshire, Rhode Island and Vermont in the R.I.S.S. Project.

Please accept this letter as notification in compliance with the above guidelines.

Sincerely,

*Andrew E. Demers*

COLONEL ANDREW E. DEMERS  
Chief

AED:jb



STATE OF MAINE  
OFFICE OF THE GOVERNOR  
AUGUSTA, MAINE  
04333

JOHN R. MCKERNAN, JR.  
GOVERNOR

MEMORANDUM

TO: The Honorable John L. Martin, Chairman, Legislative Council  
FROM: Sawin M. Dett, Director, Legislative Operations  
SUBJECT: Governor's Legislation for Special Session  
DATE: August 9, 1989

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As a follow-up to our conversation, I am listing the titles and brief descriptions of the bills that are being drafted for presentation by the Governor at the August 21st Special Session.

1. An Act to Fund and Implement Certain Collective Bargaining Agreements and to Fund and Implement Benefits for Certain Employees Excluded from Collective Bargaining -- delivered to Revisor on August 4th.

As presently drafted, this bill provides funding and implementation language for contracts with MSEA and AFSCME. Language has been prepared to incorporate within this bill funding and implementation language for the Maine State Troopers Association agreement (now being voted upon) and for Legislative employees, if authorized by the Legislative Council on August 14th.

2. An Act to Fund and Implement Certain Collective Bargaining Agreements with Certain Employees of the Maine Vocational-Technical Institute System -- delivered to Revisor on August 7th.

This bill provides funding and implementation language for contracts between the MVTIS and its employees.

3. An Act to Fund and Implement Certain Collective Bargaining Agreements with Employees of the Judicial Department -- to be delivered to Revisor on August 10th.

This bill provides funding and implementation language for contracts between the Judicial Department and its employees.



Memo to John L. Martin/Special Session  
August 9, 1989  
Page 2

4. An Act to Make Supplemental Appropriations and Allocations for the Expenditures of State Government and to Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 1990 and June 30, 1991 -- to be delivered to Revisor on August 11th.

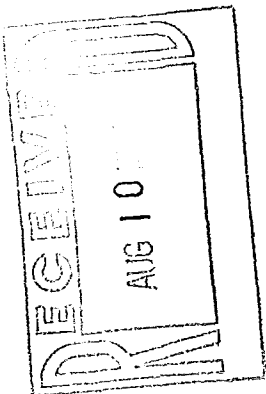
This bill makes supplemental appropriations and amends language to clarify, correct and supplement provisions in the budget bill passed last month -- to be discussed with Appropriations Chairs and Leads on August 10th.

5. An Act to Authorize General Fund Bond Issues in the Amount of \$35,000,000 and \$14,500,000 for Construction and Renovation of Correctional Facilities -- to be delivered to Revisor on August 10th.

A new bill is needed for this bond issue proposal because the prior bill (LD 1702) died in the Committee of Conference.

In addition to the above, we are preparing a Senate Amendment to LD 1626, Resolve, Concerning the Development of a New Master Plan for the Capitol Area, which I understand will be recalled from the Governor's desk to permit these mutually agreed upon changes to be made.

cc: Members of Legislative Council  
Sarah C. Diamond, Executive Director, Legislative Council ✓



LEGISLATIVE COUNCIL  
AUGUST 14, 1989  
REQUESTS TO INTRODUCE LEGISLATION  
FIRST SPECIAL SESSION

Action

SPONSOR: Rep. Anthony

LR 2550 An Act to Appropriate Funds for Local Relay  
Telecommunications Services Provided to  
Deaf and Hearing Impaired Persons

SPONSOR: Rep. Clark, Herbert

LR 2542 An Act to Amend the Trapping Tending Laws

Cosponsors: Sen. Pray  
Rep. Mayo  
Sen. Webster

SPONSOR: Sen. Esty, Jr.

LR 2536 An Act Providing for the Immediate Enforcement  
of Laws Governing the Operation of a Watercraft  
While Under the Influence

SPONSOR: Rep. Gwadosky

LR 2549 An Act to Clarify the Question to be  
Presented to the Voters Concerning the  
Vocational-Technical Institute System

SPONSOR: Rep. Martin, John L.

LR 2545 An Act to Authorize Aroostook County to Make  
Certain Expenditures in the Renovations of  
the Houlton District Court

SPONSOR: Rep. Nadeau, Gregory

LR 2548 An Act to Break the Cycle of Homelessness  
in Maine

SPONSOR: Rep. Paradis, Eugene

LR 2551 An Act to Ban the Installation of Aged  
Underground Fuel Tanks in Areas Designated  
as Shoreland Zoning

SPONSOR: Rep. Rotondi

LR 2546 An Act to Revise the Salary for the Somerset  
County Sheriff

SPONSOR: Rep. Skoglund

LR 2544 An Act Concerning Geographic Isolation Grants

Cosponsors: Rep. Mills  
Rep. Martin, John L.  
Sen. Collins

SPONSOR: Sen. Webster

LR 2540 An Act to Amend the Law Relating to Allowing  
an Officer of a Corporation to Represent  
that Corporation in any Court Action



REQUESTS TO INTRODUCE JOINT RESOLUTIONS

SPONSOR: Sen. Cahill

LR 2539 JOINT RESOLUTION RECOGNIZING THE CONTRIBUTIONS OF  
RETIRED ADMIRAL ARLEIGH BURKE TO THE PRESERVATION  
OF AMERICAN FREEDOMS

Cosponsors: Rep. Small  
Rep. Holt

SPONSOR: Rep. Paradis, Eugene

LR 2541 JOINT RESOLUTION MEMORIALIZING CONGRESS  
AND THE PRESIDENT TO IMPOSE SANCTIONS  
AGAINST THE GOVERNMENTS OF THOSE COUNTRIES  
WITH TIES TO THE ORGANIZATION OF THE  
OPPRESSED ON EARTH OR ANY OTHER TERRORIST  
ORGANIZATION

TABLED BY THE LEGISLATIVE COUNCIL

SPONSOR: Rep. Mayo

TABLED  
07/19/89

LR 2534 An Act Concerning Reimbursement to  
Municipalities with Certain State  
Facilities

LEGISLATIVE COUNCIL  
AUGUST 14, 1989  
REQUESTS TO INTRODUCE LEGISLATION  
FIRST SPECIAL SESSION  
ADDENDUM

Action

SPONSOR: Sen. Bost

LR 2556 An Act Establishing the Financial  
Assistance for Students' Board

SPONSOR: Rep. Carroll, Donnell

LR 2559 An Act to Provide Funding for Group  
Care Services

Cosponsors: Sen. Holloway

SPONSOR: Rep. Dore

LR 2562 An Act to Retain Woodland and Farm and  
Open Space Property in Communities  
with Rapidly Increasing Value

SPONSOR: Rep. Foster

LR 2560 An Act to Continue Vital Community Services

Cosponsors: Rep. Carroll, Donnell

SPONSOR: Sen. Gauvreau

LR 2557 An Act to Assure Prompt Collection of  
Certain Outpatient Health Care Data

Cosponsors: Sen. Collins  
Rep. Rydell

SPONSOR: Rep. Gwadosky

LR 2555 An Act to Improve Enforcement of  
Liquor Licensure Laws

Cosponsors: Sen. Matthews  
Rep. Priest  
Rep. Murphy

SPONSOR: Rep. McHenry

LR 2561 An Act to Revise the Charter of the  
Madawaska Water District

SPONSOR: Sen. Pray

An Act Relating to Appointments to  
Various Legislative Study Commissions

SPONSOR: Rep. Townsend

LR 2558 Resolve, to Promote Economic Development in  
Distressed Areas of the State

Cosponsors: Sen. Pearson  
Rep. Look  
Rep. Graham

ADDENDUM AFTER DEADLINE REQUEST

Sponsor: Rep. Dexter

LR2563    Resolve, to Clarify the Procedures for the  
          Placement of Underground Utility Lines