

MAINE STATE LEGISLATURE

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LEGISLATIVE RECORD

OF THE

***One Hundred and Eleventh
Legislature***

OF THE

STATE OF MAINE

Volume II

FIRST REGULAR SESSION

May 16, 1983 to June 24, 1983

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ERRATA:

The header on pages 1258-1261

in the First Regular Session

should read

“SENATE, JUNE 10, 1983”

instead of

“HOUSE, JUNE 10, 1983”

STATE OF MAINE
One Hundred and Eleventh Legislature
First Regular Session
JOURNAL OF THE SENATE
Augusta, Maine
June 10, 1983
Senate called to order by the President.

Prayer by the Honorable Walter W. Hichens of Eliot.

SENATOR HICHENS: May we pray! Our Lord and our God, as we come to the closing days of our Legislative Session, we realize that we are going to be faced with some of the most vital issues which will come before us during this One Hundred and Eleventh Session.

We realize Lord that we need Divine guidance and help in making our decisions that we must go beyond our own feelings and our own desires to meet these needs for the good of the people in our State of Maine. So, this morning we ask for Divine wisdom. We have heard the youngsters who come in to visit our Senate Chamber being told about Minerva, the goddess of wisdom, atop our State House dome, and how that it is hoped that her wisdom may filter down through into this Chamber that we too, might be inspired and have wisdom in knowing the decisions we should have to make, but Lord, this morning, we ask that we may have wisdom far greater than that which filters down from the top of our dome on the State House; that we may take to heart the words of the wise King Solomon when he admonished us to "Trust in the Lord with all thine heart; and lean not unto thine own understanding. In all thy ways acknowledge Him, and He shall direct thy paths." Amen.

Reading of the Journal of yesterday.

Committee Reports
Senate

Ought to Pass in New Draft

Senator KANY for the Committee on Energy and Natural Resources on BILL, "An Act to Establish a Program to Abate Clean-up and Mitigate Threats to Public Health and the Environment from Uncontrolled Hazardous Substance Sites" (Emergency) (S. P. 565) (L. D. 1638) Reported that the same Ought to Pass in New Draft under same title (S. P. 617) (L. D. 1751)

Which Report was Read and Accepted. The Bill, in New Draft Read Once.

The PRESIDENT: Is it the pleasure of the Senate that Under Suspension of the Rules, that L. D. 1751 be given its Second Reading by Title Only?

It is a vote.

Under Suspension of the Rules, the Bill Read a Second Time and Passed to be Engrossed.

Sent down for concurrence.

Ought to Pass in New Draft Under New Title

Senator BUSTIN for the Committee on Health and Institutional Services on BILL, "An Act to Streamline Information Processing by Income Supplementation and Social Service Programs" (S. P. 533) (L. D. 1564) Reported that the same Ought to Pass in New Draft under New Title, RESOLVE, Authorizing the Streamlining of Information Processing by Income Supplementation and Social Service Programs (Emergency) (S. P. 613) (L. D. 1748).

Which Report was Read and Accepted. The Resolve in New Draft under New Title Read Once.

The PRESIDENT: Is it the pleasure of the Senate that Under Suspension of the Rules, that L. D. 1748 be given its Second Reading by Title Only?

It is a vote.

Under Suspension of the Rules, the Resolve Read a Second Time and Passed to be Engrossed.

Sent down for concurrence.

Senator KANY for the Committee on Energy and Natural Resources on BILL, "An Act to Create an Uncontrolled Site Clean-up Program and to Provide for the Removal of Certain Hazardous Waste from the McKin Site in Gray, Maine" (Emergency) (S. P. 465) (L. D. 1419) Reported that the same Ought to Pass in New Draft under New Title, BILL, "An Act to Appropriate Funds for the Removal of Certain Hazardous Waste from the McKin Site in Gray, Maine" Emergency (S. P. 614) (L. D. 1750)

Which Report was Read and Accepted. The Bill in New Draft Under New Title Read Once.

The PRESIDENT: Is it the pleasure of the Senate that Under Suspension of the Rules, that L. D. 1750 be given its Second Reading by Title Only?

It is a vote.

Under Suspension of the Rules, the Bill Read a Second Time and Passed to be Engrossed.

Sent down for concurrence.

Second Readers
House

The Committee on Bills in the Second Reading reported the following:

BILL, "An Act to Improve the Identification of Persons Trying to Evade State Taxes" (H. P. 1318) (L. D. 1745)

Which was Read a Second Time and Passed to be Engrossed in concurrence.

Senate

BILL, "An Act to Create the Finance Authority of Maine" (S. P. 612) (L. D. 1747)

Which was Read a Second Time.

The PRESIDENT: The Chair recognizes the Senator from Aroostook, Senator Violette.

Senator VIOLETTE: Mr. President, I offer Senate Amendment "A" (S-200) and would speak briefly.

The PRESIDENT: The Senator from Aroostook, Senator Violette offers Senate Amendment "A" (S-200) and moves its Adoption.

Senate Amendment "A" (S-200) was Read.

The PRESIDENT: The Chair recognizes the Senator from Aroostook, Senator Violette.

Senator VIOLETTE: Mr. President, Ladies and Gentlemen of the Senate, very quickly, all this amendment does to the Bill is to remove a section which would have provided for an exemption to the State's Capitol Gains Tax. The State doesn't have a Capitol Gains Tax thus the amendment removed the exemption. Thank you.

Senate Amendment "A" (S-200) was Adopted.

The Bill was Passed to be Engrossed, as amended.

Sent down for concurrence.

Enactors

The Committee on Engrossed Bills reported as truly and strictly engrossed the following:

An Act to Change the Method of Financing County Services in the Unorganized Territory. (S. P. 458) (L. D. 1389)

Which was Passed to be Enacted and having been signed by the President, was by the Secretary presented to the Governor for his approval.

An Act to Limit Future Increases in the Cost of Hospital Care in Maine. (S. P. 608) (L. D. 1737)

On motion by Senator Pray of Penobscot, Tabled until later in today's session, pending Enactment.

Orders of the Day

The PRESIDENT: The Chair understands the Senator from York, Senator Danton inquires as to whether or not the Senate is in possession of BILL, "An Act Making Adjusted Allocations from the Highway Fund for the Fiscal Year Ending June 30, 1983" (Emergency) (H. P. 810) (L. D. 1050)

Recalled pursuant to Joint Order (S. P. 616)

The Bill having been held at the request of a Senator.

On motion by Senator Danton of York Tabled until later in today's session, pending Further Consideration.

The President laid before the Senate the first Tabled and specially assigned matter.

An Act to Permit any Municipality with a License Ordinance to Deny a License to any Person who is Delinquent in Paying Personal Property Taxes (Emergency) (H. P. 1290) (L. D. 1711)

Tabled — June 9, 1983 by Senator PRAY of Penobscot

Pending — Enactment

(In House June 9, 1983 Passed to be Enacted)

The PRESIDENT: The Chair recognizes the Senator from Oxford, Senator Twitchell.

Senator TWITCHELL: I move that this Bill and all its Accompanying Papers be Indefinitely Postponed.

(Senate At Ease)

The Senate called to Order by the President.

The PRESIDENT: The Chair would state that the motion made by the good Senator is not properly before the Senate the motion having been made by the Senator yesterday, and no other motion having been made.

The Chair would, also, state that it would take a two-thirds vote to Enact this Bill and the Senator may very well meet the end that he wishes by the Emergency Vote.

The Chair recognizes the Senator from York, Senator Danton.

Senator DANTON: Mr. President, I really hate to oppose the good Senator from Oxford on this Bill, but you know this Bill really does not apply to the whole State and there's two towns that do have a problem with collecting their Personal Property Tax. One of them happens to be a town in my district. They're seasonal businesses. They come in and don't pay their Personal Property Tax; they open up; they operate for the summer; they leave; they come back the following year.

I know and I can sympathize being a former businessman myself, I can sympathize with the feelings that the good Senator from Oxford has, but you know on the other hand, I don't think that people who do pay their taxes should have to carry the load for those who don't and that's exactly what's happening. You know, they're from out-of-state; they run summer businesses and they don't care whether they pay that Personal Property Tax or not. They don't own real estate. They're tenants, so they go in, pay their rent and just disregard that Personal Property Tax.

I would hope that you just keep that in mind when the vote is taken.

The PRESIDENT: The Chair recognizes the Senator from Penobscot, Senator Pearson.

Senator PEARSON: Mr. President, I'd like to pose a question to Senator Wood or anybody else who might care to respond. I've had a number of calls from towns in Southern Aroostook County who are in my district but have shown some interest in this. Would this affect them in any way?

The PRESIDENT: The Senator from Penobscot, Senator Pearson has posed a question through the Chair to the Chairman of the Taxation Committee who may respond if he so desires.

The Chair recognizes the Senator from York, Senator Wood.

Senator WOOD: Mr. President and Members of the Senate, this Bill only applies to four or five towns in the State that had a special law passed for them in 1961. Those towns are basically coastal towns, if memory serves me correctly: Old Orchard, Wells, Ogunquit, Boothbay and possibly Bar Harbor.

The PRESIDENT: The Chair recognizes the Senator from Oxford, Senator Twitchell.

Senator TWITCHELL: Thank you, Mr. President and Members of the Senate, that's just the problem Senator Danton that it applies to about four or five towns in your area. If we pass this Bill this time, we'll come back next time and it will apply to all of us, Norway, South Paris, Lewiston, all over the place. This Bill should be dead and killed now.

The PRESIDENT: Is the Senate ready for the question?

This being an emergency measure and having received the affirmative votes of 17 Members of the Senate, with 11 Senators having voted in the negative, the Bill Failed of Passage to be Enacted in non-concurrence.

Sent down for concurrence.

The President laid before the Senate the second Tabled and specially assigned matter.

An Act to License Home Health Care Services (S. P. 527) (L. D. 1550)

Tabled — June 9, 1983 by Senator PRAY of Penobscot

Pending — Further Consideration

(In Senate June 7, 1983 Passed to be Engrossed as Amended by Committee Amendment "A" (S-180))

(In House June 8, 1983 Passed to be Engrossed as Amended by Committee Amendment "A" (S-180) as Amended by House Amendment "A" (H-370) thereto in non-concurrence)

On motion by Senator Bustin of Kennebec, the Senate voted to Recede.

The PRESIDENT: The Senator has the floor. Senator BUSTIN: I offer Senate Amendment "A" (S-202) and move its Adoption.

The PRESIDENT: The Senator from Kennebec, Senator Bustin offers Senate Amendment "A" (S-202) and moves its Adoption.

Senate Amendment "A" (S-202) was Read.

(Senate At Ease)

The Senate called to Order by the President.

Senate Amendment "A" (S-202) was Adopted.

The Bill was Passed to be Engrossed, as amended, in non-concurrence.

Sent down for concurrence.

The President laid before the Senate the third Tabled and specially assigned matter.

HOUSE REPORT — from the Committee on Energy and Natural Resources on BILL, "An Act to Establish and Amend the Air Emission and Open-burning Standards" (H. P. 1259) (L. D. 1680) Reported that the same Ought to Pass as Amended by Committee Amendment "A" (H-340)

Tabled — June 9, 1983 by Senator PRAY of Penobscot

Pending — Acceptance of Committee Report

(In House June 9, 1983 Bill Passed to be Engrossed as Amended by Committee Amendment "A" (H-340) as Amended by House Amendment "B" (H-368) thereto.)

Which Report was Accepted, in concurrence.

The Bill Read Once.

Committee Amendment "A" (H-340) was Read.

House Amendment "B" (H-368) to Committee Amendment "A" was Read.

On motion by Senator Pray of Penobscot, Tabled until later in today's session, pending Adoption of House Amendment "B" to Committee Amendment "A".

The President laid before the Senate the fourth Tabled and specially assigned matter.

"An Act to Effect Changes in the Statutes of Various Occupational and Professional Licensing Boards" (S. P. 562) (L. D. 1625)

Tabled — June 9, 1983 by Senator DIAMOND of Cumberland

Pending — Enactment

(In House, June 9, 1983 Passed to be Enacted)

(In Senate June 9, 1983 Reconsidered Action Whereby the Bill was Passed to be Enacted)

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

Senator DIAMOND: Thank you, Mr. President, and Ladies and Gentlemen of the Senate, there has been an agreement reached with the people in question in this Bill and I would now move that this Bill be Enacted.

On motion by Senator Diamond of York, the Bill was Passed to be Enacted, and having been signed by the President, was by the Secretary presented to the Governor for his approval.

On motion by Senator Pray of Penobscot the Senate voted to remove from the Unassigned Table:

"An Act Relating to Training Penobscot Law Enforcement Officers" (S. P. 81) (L. D. 192)

Tabled — May 12, 1983 by Senator PRAY of Penobscot

Pending — Further Consideration

(In Senate March 29, 1983 Passed to be Engrossed)

(In House May 10, 1983 Passed to be Engrossed as Amended by House Amendment "A" (H-219) in non-concurrence)

On motion by Senator Trafton of Androscoggin the Senate voted to Recede from its action whereby L. D. 192 was Passed to be Engrossed.

House Amendment "A" (H-219) was Read.

On further motion by the same Senator, House Amendment "A" was Indefinitely Postponed, in non-concurrence.

The PRESIDENT: The Senator has the floor. Senator TRAFTON: Mr. President, I offer Senate Amendment "A" (S-186) and move its Adoption.

The PRESIDENT: The Senator from Androscoggin, Senator Trafton offers Senate Amendment "A" and moves its Adoption.

Senate Amendment "A" (S-186) was Read and Adopted.

The Bill was Passed to be Engrossed, as amended, in non-concurrence.

Sent down for concurrence.

On motion by Senator Pray of Penobscot, the Senate voted to remove from the Unassigned Table:

An Act to Establish New Selection Procedures for the Maine Indian Tribal-State Commission Chairmanship (S. P. 342) (L. D. 1016)

Tabled — May 12, 1983 by Senator PRAY of Penobscot

Pending — Further Consideration

(In Senate May 2, 1983 Passed to be Engrossed as Amended by Committee Amendment "A" (S-76))

(In House May 10, 1983 Passed to be Engrossed as Amended by Committee Amendment "A" (S-76) and House Amendment "A" (H-220) in non-concurrence)

On motion by Senator Trafton of Androscoggin the Senate voted to Recede from its action whereby L. D. 1016 was Passed to be Engrossed.

On further motion by the same Senator the Senate voted to Recede from its action whereby it Adopted Committee Amendment "A".

The PRESIDENT: The Senator has the floor. Senator TRAFTON: Mr. President, I present Senate Amendment "A" (S-187) and move its Adoption.

The PRESIDENT: The Senator from Androscoggin, Senator Trafton offers Senate Amendment "A" and moves its Adoption.

Senate Amendment "A" (S-187) to Committee Amendment "A" was Read and Adopted.

Committee Amendment "A" as amended by Senate Amendment "A" thereto was Adopted,

in non-concurrence.

House Amendment "A" (H-220) was Read. On motion by Senator Trafton of Androscoggin House Amendment "A" was Indefinitely Postponed, in non-concurrence.

The Bill was Passed to be engrossed, as amended, in non-concurrence.

Sent down forthwith for concurrence.

On motion by Senator Pray of Penobscot, the Senate voted to remove from the Unassigned Table:

An Act to Extend the Time for Acquiring those Areas which have been Designated Potential Passamaquoddy Indian Territory (H. P. 1291) (L. D. 1712)

Tabled — June 6, 1983 by Senator PRAY of Penobscot

Pending — Enactment

(In Senate May 31, 1983 Passed to be Engrossed in concurrence.)

(In House June 3, 1983 Passed to be Enacted)

On motion by Senator Trafton of Androscoggin, the Senate voted to Suspend its Rules.

On further motion by the same Senator, the Senate voted to Reconsider its action whereby L. D. 1712 was Passed to be Engrossed.

The PRESIDENT: The Senator has the floor. Senator TRAFTON: Mr. President, I offer Senate Amendment "A" (S-188) and move its Adoption.

The PRESIDENT: The Senator from Androscoggin, Senator Trafton offers Senate Amendment "A" (S-188) and moves its Adoption.

Senate Amendment "A" (S-188) was Read and Adopted.

The Bill was Passed to be Engrossed, as amended, in non-concurrence.

Sent down for concurrence.

On motion by Senator Pray of Penobscot, the Senate voted to remove from the Unassigned Table:

An Act Relating to Penobscot Nation Trust Land Designation (S. P. 593) (L. D. 1713)

Tabled — June 6, 1983 by Senator PRAY of Penobscot

Pending — Enactment

(In Senate May 31, 1983 Passed to be Engrossed.)

(In House June 3, 1983 Passed to be Enacted)

On motion by Senator Trafton of Androscoggin, the Senate voted to Suspend its Rules.

On further motion by the same Senator the Senate voted to Reconsider its action whereby L. D. 1713 was Passed to be Engrossed.

The PRESIDENT: The Senator has the floor. Senator TRAFTON: I offer Senate Amendment "A" (S-189) and move its Adoption.

The PRESIDENT: The Senator from Androscoggin, Senator Trafton offers Senate Amendment "A" (S-189) and moves its Adoption.

Senate Amendment "A" (S-189) was Read and Adopted.

The Bill was Passed to be Engrossed, as amended, in non-concurrence.

Sent down for concurrence.

Under Suspension of the Rules, on motion by Senator Pray of Penobscot there being no objections all items previously acted upon with the exception of those items previously held were sent forthwith.

On motion by Senator Pray of Penobscot, Recessed until the sound of the bell.

Recess

After Recess

The Senate called to Order by the President.

Out of Order and Under Suspension of the Rules, the Senate voted to consider the following:

Communication

The Following Communication: (H. P. 1320)

**State of Maine
House of Representatives
Speakers' Office
Augusta, Maine 04333**

June 9, 1983

Hon. Edwin H. Pert
Clerk of the House
Maine House of Representatives
State House Station 2
Augusta, Maine 04333
Dear Clerk Pert:

This is to inform you that pursuant to Chapter 176 of the Public Laws of 1983, I am today appointing Rep. Neil Rolde to serve as the House member of the Community Services Advisory Board.

This appointment will be effective beginning July 1, 1983, for a term of four years.

Sincerely,
S/JOHN L. MARTIN
Speaker of the House

Comes from the House, Read and Ordered Placed on File.

Which was Read and Ordered Placed on File, in concurrence.

Enactors

The Committee on Engrossed Bills reported as truly and strictly engrossed the following:

An Act to Provide for the Return and Proper Disposal of Pesticide Containers (S. P. 501) (L. D. 1513)

On motion by Senator Pray of Penobscot, placed on the Special Appropriations Table, pending Enactment.

An Act to Provide Equal Access to Justice (S. P. 570) (L. D. 1646)

On motion by Senator Pray of Penobscot, placed on the Special Appropriations Table, pending Enactment.

An Act Relating to the Identification and the Hazards of Exposure to Toxic and Hazardous Substances (H. P. 1306) (L. D. 1735)

The PRESIDENT: The Chair recognizes the Senator from Penobscot, Senator Pray.

Senator PRAY: In reference to L. D. 1735, I move this Lie on the Table.

The PRESIDENT: The Chair recognizes the Senator from Kennebec, Senator Kany.

Senator KANY: I ask for a Division.
The PRESIDENT: A Division has been requested.

Will all those Senators in favor of L. D. 1735 being Tabled, please rise in their places to be counted.

Will all those Senators opposed, please rise in their places to be counted.

23 Senators having voted in the affirmative, and 5 Senators having voted in the negative, L. D. 1735 was Tabled, pending Enactment.

An Act to Establish a Commission to Review and Evaluate the University of Maine System (S. P. 537) (L. D. 1566)

On motion by Senator Pearson of Penobscot, Tabled until later in today's session, pending Enactment.

An Act to Provide Equitable Mental Health Insurance (S. P. 596) (L. D. 1718)

The PRESIDENT: The Chair recognizes the Senator from Cumberland, Senator Diamond.
Senator DIAMOND: Mr. President, I move that we Suspend the Rules for the purpose of Reconsideration.

The PRESIDENT: The Senator from Cumberland, Senator Diamond moves that the Rules be Suspended for the purpose of Reconsideration.

The Chair recognizes the Senator from Lincoln, Senator Sewall.

Senator SEWALL: I request a Division.

The PRESIDENT: A Division has been requested.

Will all those Senators in favor of the motion

by the Senator from Cumberland, Senator Diamond to Suspend the Rules, please rise in their places to be counted.

Will all those Senators opposed, please rise in their places to be counted.

15 Senators having voted in the affirmative, and 11 Senators having voted in the negative, the motion to Suspend the Rules, Failed.

The PRESIDENT: The Chair recognizes the Senator from Androscoggin, Senator Charette.

Senator CHARETTE: Thank you, Mr. President, I move that this Bill, L. D. 1718 and all its Accompanying Papers be Indefinitely Postponed and would request a Roll Call.

The PRESIDENT: The Senator from Androscoggin, Senator Charette moves that L. D. 1718 be Indefinitely Postponed.

The Chair recognizes the Senator from Cumberland, Senator Clark.

Senator CLARK: Mr. President, Men and Women of the Senate, obviously one would expect me to stand and oppose the pending motion of Indefinite Postponement on this Redraft of L. D. 1023.

I believe that the issue has been debated extensively; there is no need to repeat that which has already been shared in this Chamber. I would simply ask that you vote against the pending motion; allow this Bill to be Tabled on the Appropriations Table, as it is obvious to all of us will occur, should the pending motion fail and on that Table will take its chances with all the other measures which have been likewise Tabled because they have fiscal notes. Thank you, Mr. President.

The PRESIDENT: The Chair recognizes the Senator from Androscoggin, Senator Charette.

Senator CHARETTE: Thank you, Mr. President, just a brief remark. I know this has been discussed thoroughly. Just one point that I'd like to make with our sister state New Hampshire, and we felt that test results as to the costs of mandating health insurance had not been substantiated. I would like to point out that New Hampshire has this it was mandated in '77 and from the years 1978 to 1982; in '78 the claims paid three hundred nineteen thousand dollars; and in 1982, 1 million, 1.1 million, so that's an increase of 245%. I just would like to place that on the Record.

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

Senator DIAMOND: Mr. President and Members of the Senate, this Bill contains a slight segment that I disagree with which I wanted to do, my motion to Suspend and back it up to take the amendment off, and that is what I understood would be the agreement, so this Bill could be looked at again at the other end of the Body and also, that very amendment being discussed.

The amendment that I'm referring to, the one that's before us; it's already been accepted, the House Amendment 342 and that amendment which is now a part of the package we're debating allows doctors, general practitioners to become in essence psychiatrists or people who deal with the possible mental problems that may be arising in various patients. That does cause me concern but now that I find that we're not able to discuss that amendment then I'll be voting with those to pass this Bill and I urge you all do the same. Thank you.

The PRESIDENT: A Roll Call has been requested. Under the Constitution, in order for the Chair to order a Roll Call it requires the affirmative vote of at least one-fifth of those Senators present and voting.

Will all those Senators in favor of ordering a Roll Call, please rise and remain standing until counted.

Obviously more than one-fifth having arisen a Roll Call is ordered.

The pending question before the Senate is the motion by the Senator from Androscoggin, Senator Charette that L. D. 1718 be Indefinitely Postponed.

A Yes vote will be in favor of the Indefinite

Postponement of this Bill.

A No vote will be opposed.

The Doorkeepers will secure the Chamber. The Secretary will call the Roll.

ROLL CALL

YEA—Charette, Danton, Dow, Emerson, Hichens, Minkowsky, Pearson, Redmond, Sewall, Shute, Teague, Trafton, Twitchell, Usher, Violette, Wood.

NAY—Baldacci, Brown, Bustin, Clark, Collins, Diamond, Dutremble, Erwin, Gill, Kany, Najarian, Pray, The President Gerard P. Conley.

ABSENT—Carpenter, Hayes, McBreaarty, Perkins.

A Roll Call was had.

16 Senators having voted in the affirmative and 13 Senators in the negative, with 4 Senators being absent, the motion to Indefinitely Postpone L. D. 1718, in non-concurrence, Pre-vailed.

Sent down for concurrence.

Emergency

An Act Concerning Confidential Records and State Certification of Educational Personnel (S. P. 583) (L. D. 1691)

Emergency

An Act to Amend the Motor Vehicle Salvage Laws of the State (H. P. 910) (L. D. 1189)

These being emergency measures and having received the affirmative votes of 28 Members of the Senate, with No Senators having voted in the negative, were Passed to be Enacted, and having been signed by the President, were by the Secretary presented to the Governor for his approval.

Orders of the Day

On motion by Senator Danton of York, the Senate voted to remove from the Table:

BILL, "An Act Making Adjusted Allocations from the Highway Fund for the Fiscal Year Ending June 30, 1983" (Emergency) (H. P. 810) (L. D. 1050) tabled earlier in today's session on motion by Senator Danton of York pending Further Consideration.

On motion by Senator Danton of York, the Senate voted to Reconsider its action whereby it Receded and Concurred with the House.

On further motion by the same Senator, the Senate voted to Recede from its action whereby L. D. 1050 was Passed to be Engrossed.

On further motion by the same Senator, the Senate voted to Recede from its action whereby it Adopted House Amendment "B".

On further motion by the same Senator, the Senate voted to Indefinitely Postpone House Amendment "B".

The PRESIDENT: The Senator has the floor.

Senator DANTON: I offer Senate Amendment "A" (S-204) and move its Adoption.

The PRESIDENT: The Senator from York, Senator Danton offers Senate Amendment "A" (S-204) and moves its Adoption.

Senate Amendment "A" (S-204) was Read.

The PRESIDENT: The Senator has the floor.

Senator DANTON: Just a brief explanation on this amendment on the Highway Allocation Act, what it does is it just allows us to transfer some funds. It keeps the House Amendment intact where only a limited amount of funds can be transferred and we'll be in balance and puts our Highway Allocations Act in order. Thank you.

Senate Amendment "A" (S-204) was Adopted.

The Bill was Passed to be Engrossed, as amended, in non-concurrence.

Sent down for concurrence.

There being no objections all items previously acted upon, with the exception of one bill, were sent forthwith.

Out of Order and Under Suspension of the Rules, the Senate voted to consider the following:

**Committee Reports
Senate
Leave to Withdraw**

The following Leave to Withdraw reports shall be placed in the legislative files without further action pursuant to Rule 15 of the Joint Rules:

BILL, "An Act to Amend the Authorization for the Community Development Block Grant Program to Include the Development Opportunity Fund" (S. P. 476) (L. D. 1463)

RESOLVE, to Provide Funds to the Department of Human Services to Study Radon in the Air and Waters of this State (S. P. 489) (L. D. 1489)

On motion by Senator Pray of Penobscot, Recessed until 2 o'clock this afternoon.

Recess

After Recess

The Senate called to Order by the President.

Out of Order and Under Suspension of the Rules, the Senate voted to consider the following:

**Order
Joint Order**

On motion of Senator PRAY of Penobscot the following Joint Order (S. P. 620):

ORDERED, the House concurring, that, when the House and Senate adjourn, they adjourn to June 14, 1983, at 4 p.m.

Which was Read.

The PRESIDENT: The Chair recognizes the Senator from Aroostook, Senator Violette.

Senator VIOLETTE: I object.

The PRESIDENT: In order for the Rules to be Suspended it's necessary to have two-thirds vote of the Senate.

Will all those Senators in favor of the Rules being Suspended, please rise in their places to be counted.

Will all those Senators opposed, please rise in their places to be counted.

The Rules were Suspended.

Is it now the pleasure of the Senate that this Joint Order receive Passage?

It is a vote.

Sent down for concurrence.

(Senate At Ease)

The Senate called to Order by the President.

Out of Order and Under Suspension of the Rules, the Senate consider the following:

**Papers from the House
Non-concurrent Matter**

BILL, "An Act to Revise the Truancy Laws." (H. P. 877) (L. D. 1131)

(In Senate, June 9, 1983, Passed to be Engrossed as Amended by Committee Amendment "A" (H-213) and Senate Amendment "A" (S-191) in non-concurrence.)

(Comes from the House, Passed to be Engrossed as Amended by Committee Amendment "A" (H-213) and House Amendment "C" (H-264) and Senate Amendment "A" (S-191) as Amended by House Amendment "A" (H-385) thereto in non-concurrence.)

On motion by Senator Clark of Cumberland, the Senate voted to Recede and Concur with the House.

Non-concurrent Matter

BILL, "An Act to Require Interdepartmental Coordination of Social Services Planning." (H. P. 1255) (L. D. 1668)

(In Senate, June 7, 1983, Passed to be Engrossed as Amended by House Amendment "A" (H-347))

(Comes from the House, Passed to be Engrossed as Amended by House Amendment "A" (H-347) as Amended by House Amendment "B" (H-383) thereto in non-concurrence.)

The PRESIDENT: Is it now the pleasure of the Senate to Recede and Concur with the House?

It is a vote.

Communication

The Following Communication: (S. P. 619)

**State of Maine
Senate Chamber
President's Office
Augusta, Maine 04333**

June 7, 1983

Honorable Joy J. O'Brien
Secretary of the Senate
State House
Augusta, Maine 04333
Dear Madam Secretary:

This is to inform you that pursuant to Chapter 176 of the Public Laws of 1983, I am today appointing Senator Frank P. Wood to serve as the Senate member of the Community Services Board.

This appointment will be effective beginning July 1, 1983 for a term of four years.

Sincerely,
S/GERARD P. CONLEY
President of the Senate

Which was Read and Ordered Placed on File.
Sent down for concurrence.

**Committee Reports
House**

Leave to Withdraw

The following Leave to Withdraw reports shall be placed in the legislative files without further action pursuant to Rule 15 of the Joint Rules:

BILL, "An Act to Repeal Certain Sales Tax Exemptions and Provide for Tax Reform" (H. P. 965) (L. D. 1246)

BILL, "An Act to Increase the Excise Tax on Dessert Wine and to Permit the Sale of Dessert Wine at Retail Stores" (H. P. 1284) (L. D. 1701)

BILL, "An Act to Identify and to Promote Excellence in Schools" (Emergency) (H. P. 1163) (L. D. 1545)

BILL, "An Act to Promote Efficient Completion of the State Weatherization Program" (Emergency) (H. P. 1207) (L. D. 1606)

Ought to Pass

The Committee on Appropriations and Financial Affairs on BILL, "An Act to Increase Funding Allocation for the Bureau of Oil and Hazardous Materials Control for Fiscal Year 1983" (Emergency) (H. P. 1317) (L. D. 1746) Reported that the same Ought to Pass.

Comes from the House, the Report Read and Accepted and the Bill Passed to be Engrossed.

Which Report was Read and Accepted, in concurrence.

The Bill Read Once.

The PRESIDENT: Is it the pleasure of the Senate that Under Suspension of the Rules, that L. D. 1746 be given its Second Reading by Title Only?

It is a vote.

Under Suspension of the Rules, the Bill Read a Second Time and Passed to be Engrossed, in concurrence.

Out of Order and Under Suspension of the Rules, the Senate voted to consider the following:

**Papers from the House
House Papers**

BILL, "An Act Relating to Involuntary Admission" (Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 27) (Emergency) (H. P. 1321)

Reference to the Committee on Judiciary suggested.

Comes from the House Passed to be Engrossed without reference to a Committee and Ordered Printed.

The PRESIDENT: Is it the pleasure of the Senate that Under Suspension of the Rules, that this Bill be given its First Reading at this time

without Reference to Committee?

It is a vote.

Under Suspension of the Rules, the Bill Read Twice and Passed to be Engrossed, without Reference to a Committee and Ordered Printed, in concurrence.

(Off Record Remarks)

BILL, "An Act to Improve the Evaluation of Hearing Loss Under the Workers' Compensation Act" (Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 27) (H. P. 1322)

Reference to the Committee on Labor suggested.

Comes from the House Passed to be Engrossed without reference to a Committee and Ordered Printed.

The PRESIDENT: Is it the pleasure of the Senate that Under Suspension of the Rules that this Bill be given its First Reading at this time without Reference to Committee?

It is a vote.

Under Suspension of the Rules, the Bill Read Twice, and Passed to be Engrossed, without Reference to a Committee and Ordered Printed, in concurrence.

Orders of the Day

The PRESIDENT: The Chair recognizes the Senator from Waldo, Senator Shute.

Senator SHUTE: Mr. President, is the Senate in possession of L. D. 1718?

The PRESIDENT: The Chair would answer in the affirmative. An Act to Provide Equitable Mental Health Insurance (S. P. 596) (L. D. 1718)

(In House June 10, 1983 Passed to be Enacted)

(In Senate June 10, 1983 Bill and Accompanying Papers Indefinitely Postponed in non-concurrence.) having been held at the request of the Senator.

The Senator has the floor.

Senator SHUTE: Mr. President, I would move Reconsideration whereby this Bill was Indefinitely Postponed.

The PRESIDENT: The Senator from Waldo, Senator Shute moves Reconsideration whereby this Bill was Indefinitely Postponed.

The Chair recognizes the Senator from Lincoln, Senator Sewall.

Senator SEWALL: I request a Roll Call.

The PRESIDENT: A Roll Call has been requested.

The Chair recognizes the Senator from Waldo, Senator Shute. I guess I should have kept talking, Mr. President.

I would like the Senate to understand that my position on this Bill has not changed. I'm doing this as a courtesy to two very dear friends of mine, and I would still hope that the Senate would defeat this Bill. I happen to feel that these items should be negotiable items in any contract or whether it's a union contract or any other contract. If I'm negotiating a contract at my mill, I feel that I should be able to negotiate whether I want this dollar a day, a dollar a month or whatever to go to a dental plan or go to put a dollar on my retirement plan or whatever. I don't think it should be mandated through the Legislature, and tell me that I can't negotiate these items, so I will be opposing to the Bill.

The PRESIDENT: The Chair recognizes the Senator from Cumberland, Senator Clark.

Senator CLARK: Thank you, Mr. President. Mr. President, Men and Women of the Senate, I would first share with you my gratitude to my seatmate, the gentleman and good Senator from Waldo, Senator Shute for providing this opportunity for us to hopefully support the pending motion of Reconsideration of the New Draft, L.D. 1718.

I think it is, indeed, appropriate that very, very briefly I share with you that mental illness is not an illness that should continue to be dis-

criminated against or segregated from the concept of total health care; although, the Senator from Androscoggin has shared some costs experience with us and those who oppose the measure have raised the flag with considerable effectiveness, if you're looking at our earlier action on this measure today, about the impending costs. I would submit to you that costs would be very small, miniscule at best, if we're basing it on some of the experience of sister states in Continental U.S.A. where mental health is not discriminated against, it's not treated separate and distinct from that which is covered today under total health care.

There are various arguments which can be presented which conclude that absolutely no changes in health insurance premiums need to take place. I think it is important for the Record to share with you that any significant increase in insurance coverage under health insurers in this State has its genesis in this Maine Legislature and I would invite you to reconsider this afternoon so that this measure may be appropriately placed on the Appropriations and Financial Affairs Table. Thank you, Mr. President.

The PRESIDENT: The Chair recognizes the Senator from Androscoggin, Senator Charette.

Senator CHARETTE: Thank you, Mr. President. Women and Men of the Senate, there are a few other arguments that have been brought up in this issue. I'd like to point out that I think if we pass these bills as they have been running by the Senate and House, we're going to promote a transtory self insurance and that means that virtually all regulatory safeguards and premium tax could be avoided and that hasn't been fully discussed. I think there is more. Then the fact that upsets me is we've talked in this session so far of people hopefully being able to bring a couple loaves of bread home, a gallon of milk. I can see State Employees bringing as much as three hundred thousand dollars a year less home, so that means that those people will be able to buy less milk and less bread.

The PRESIDENT: A Roll Call has been requested. Under the Constitution, in order for the Chair to order a Roll Call it requires the affirmative vote of at least one-fifth of those Senators present and voting.

Will all those Senators in favor of ordering a Roll Call, please rise and remain standing until counted.

Obviously more than one-fifth having arisen a Roll Call is ordered.

The PRESIDENT: The Chair recognizes the Senator from York, Senator Danton.

Senator DANTON: Mr. President, I wish permission to pair my vote with the gentleman from Aroostook Senator Carpenter. If he were here, he would be voting Yea and I would be voting Nay.

The PRESIDENT: The Senator from York, Senator Danton, Requests Leave of the Senate to pair his vote with the gentleman from Aroostook, Senator Carpenter. If he were here, he would be voting Yea and the Senator from York, Senator Danton would be voting Nay.

Is it the pleasure of the Senate to grant this leave?

It is a vote.

The PRESIDENT: The Chair recognizes the Senator from Hancock, Senator Perkins.

Senator PERKINS: Mr. President, I wish permission to pair my vote with the gentleman from Aroostook, Senator McBreairty. If he were here, he would be voting Nay and I would be voting Yea.

The PRESIDENT: The Senator from Hancock, Senator Perkins, Requests Leave of the Senate to pair his vote with the gentleman from Aroostook, Senator McBreairty. If he were here, he would be voting Nay and the Senator from Hancock, Senator Perkins would be voting Yea.

Is it the pleasure of the Senate to grant this

Leave?

It is a vote.

The PRESIDENT: The Chair recognizes the Senator from Knox, Senator Collins.

Senator COLLINS: Mr. President, I wish permission to pair my vote with the gentleman from York, Senator Hichens. If he were here, he would be voting No and I would be voting Yes.

The PRESIDENT: The Senator from Knox, Senator Collins, Requests Leave of the Senate to pair his vote with the gentleman from York, Senator Hichens. If he were here, he would be voting Nay and the Senator from Knox, Senator Collins would be voting Yea.

Is it the pleasure of the Senate to grant this Leave?

It is a vote.

The PRESIDENT: Is the Senate ready for the question?

The pending question before the Senate is the motion by the Senator from Waldo, Senator Shute that the Senate Reconsider its action whereby this Bill was Indefinitely Postponed.

A Yes vote will be in favor of Reconsideration.

A No vote will be opposed.

The Doorkeepers will secure the Chamber. The Secretary will call the Roll.

ROLL CALL

YEA—Baldacci, Brown, Bustin, Clark, Diamond, Dow, Dutremble, Erwin, Gill, Hayes, Kany, Najarian, Pray, Wood, The President Gerard P. Conley.

NAY—Charette, Emerson, Minkowsky, Pearson, Redmond, Sewall, Shute, Teague, Twitchell, Usher, Violette.

ABSENT—Trafton.

15 Senators having voted in the affirmative and 11 Senators in the negative, with 6 Senators Pairing their votes, and 1 Senator being Absent, the motion to Reconsider whereby L. D. 1718 was Indefinitely Postponed, Prevailed.

On motion by Senator Najarian of Cumberland, placed on the Special Appropriations Table, pending Enactment.

Out of Order and Under Suspension of the Rules, the Senate considered the following:

Communication

The Following Communication:

**One Hundred and Eleventh Legislature
Committee on Labor**

June 10, 1983

The Honorable Gerard Conley
President of the Senate
State House
Augusta, Maine 04333
Dear President Conley:

The Committee on Labor is pleased to report that it has completed all business placed before it by the first regular session of the 111th Legislature.

Total number of bills received	99
Unanimous reports	73
Leave to Withdraw	45
Ought Not to Pass	6
Ought to Pass	5
Ought to Pass as Amended	6
Ought to Pass in New Draft	9
Referred to another Committee	2
Divided Reports	24
Carry-over Bills	2

Respectfully submitted,
S/DENNIS L. DUTREMBLE
Senate Chairman

Which was Read and Order Placed on File.

**Committee Reports
Senate
Leave to Withdraw**

The following Leave to Withdraw report shall be placed in the legislative files without further action pursuant to Rule 15 of the Joint Rules:

BILL, "An Act to Prohibit Insurers from Increasing or Adding Insurance Coverage to Existing Insurance Policies without the Consent of the Insured" (S. P. 578) (L. D. 1667)

Orders of the Day

The President laid before the Senate:

An Act to Limit Future Increase in the Cost of Hospital Care in Maine (S. P. 608) (L. D. 1737)

Tabled — June 10, 1983 by Senator PRAY of Penobscot

Pending — Enactment

(In House June 9, 1983 Passed to be Enacted)

The PRESIDENT: The Chair recognizes the Senator from Oxford, Senator Twitchell.

Senator TWITCHELL: Thank you, Mr. President and Members of the Senate, I sponsored a bill for the Maine Hospital Association because I felt that the administration proposal puts too much control in the hands of the State. I wanted to design a bill which would curb hospital costs increases and at the same time leave the hospital administration free to govern themselves.

My Bill would have established an eleven member commission with a mix of consumers, health care providers and health care payers. This mixture would allow for equal representation among all of those concerned with the issue. My Bill was not much more different from the Governor's proposal and a proposal to reach the same goal with less State control.

The Governor's packet would establish a five person politically appointed commission and a large paid staff which would control the activities of every hospital in Maine. It would determine what service each hospital could afford and how it could yield its financial resources and how much it could earn in one year. The local boards and doctors would have little choice of what they could offer their community.

To whom do you wish to entrust the responsibility for these decisions a commissioner in Augusta, or your local elected Boards of Directors and your physicians? It is this panel and the powers that it would have to review its expenditures and cap revenues that I would object to. The only two places that hospitals are going to be able to cut costs is in the services or to our people.

I have been assured by Senator Bustin to the best of her knowledge that this panel will work well with the hospitals.

Number two, I was concerned about the impact on small hospitals in rural areas. A compromise was made, but I still feel that there will be some loss of local control and the small hospitals in this State will find their situation most difficult. I, somehow, feel that the small hospitals got the short end of the stick, and maybe somewhere down the line they will get lost in the shuffle. I asked Senator Bustin about this and she assured me to the best of her knowledge that would not happen.

Number three, I was concerned about the quality of care. It has always been my opinion that hospitals are there to meet the patients' needs at the lowest possible cost to the patient. The welfare of the patient has top priority in any hospital and that should remain the same. As outlined in the Governor's package, I somehow felt that the patient got the last consideration. Something has to be done, but we must be careful not to go so far that we ruin the quality of care to the patient and the accessibility of health care to all the people in this State. No where in Governor Brennan's Bill did he mention the patient, and I think that patients is what hospitals are all about. You will find the word patient in every policy and procedure in our hospitals' regulations. You will find the word patient in every act performed in our hospitals. There is no cap on that now will there be?

If the administration's package had passed, it would have made Maine's Hospital System the most regulated hospital system in the country. I went to see Senator Bustin on this and she has assured me to the best of her knowledge that that will not happen.

Number four, I would like to say that Sena-

tor Bustin and her Committee did an outstanding job on this Bill and they did come out with an L. D. 1737; it's fifty-six pages long and I think that Senator Gill and Senator Carpenter, also, did an outstanding job on this Bill, and we'll see if we can't buckle down and do something with it today.

Mr. President, when the votes are taken, I request a Roll Call.

The PRESIDENT: A Roll Call has been requested.

The Chair recognizes the Senator from Kennebec, Senator Bustin.

Senator BUSTIN: Thank you, Mr. President. Women and Men of the Senate, first of all I want to thank the good Senator from Oxford, Senator Twitchell for his fine compliments to the Committee. They did do an excellent job. I was very pleased with the progress that this Bill made as it went through its work sessions. I think that there are other people to be complimented, however, and one of those is Senator Twitchell, himself, because he became, as you know, very interested in the Bill. He was the sponsor of the opposing Legislation L. D. 1174, and he consistently asked me every time I came down from work session or went up to work session, what are we going to do today? What's going to happen? What has happened? I would keep him abreast of it and he would come back with suggestions and we would take those suggestions back to the Committee, so he involved himself very much and I thank him for his involvement and for his concern, his interests and now his support.

The other people that I would like to thank for their cooperation are those people who stayed through the long, long hearing that we had from like 8:30 in the morning to 8:30 at night. We heard everybody who wanted to be heard and were willing to stay along with us. Every member of the Committee stayed until that 8:30 p.m. let out time. The two opposing sides who came to the work sessions religiously, took the mandate given to them by the Committee to come back with some reasonable language that would accommodate the concerns that had been expressed at the hearing and developed language that was acceptable to both sides, that was a long and arduous process. I was particularly struck with the professionalism by which those caucuses were held and they came back to us with such professional language. Both side can be amply complimented.

One of the things I want to say, if I had not respected the medical community before, and I did, I respect them much more now because they did give everything they had to that process. We spent over a thousand hours in that process. You've heard allegations floating around this Body and probably out in the press that perhaps this Bill has not had an adequate airing because it's a fifty-six page document and it takes too much time to digest it that perhaps it should go out to study. Perhaps we shouldn't handle it until next year. All kinds of things, but I'm here to tell you that I think the Committee has given this as good and fair and adequate a hearing as any bill that I have noticed to go through these Chambers has been given and I would like to thank all those involved.

Also, for the Record, I'd like to read a letter that was transmitted to the Legislators from the Governor on March 31, 1983, that says, "Dear Members of the One Hundred and Eleventh Legislature. Twenty-one months ago at my request (and that's twenty-one months I might remind you that on March 31 he's saying that we've been dealing with this particular Bill). The members of the Health Facilities Costs Review Board initiated a study of the financing of hospital care in Maine. In February of 1982 they reported to me their conclusion, that the present arrangements have directly contributed to the dramatic increases in the costs of hospital care which have marked the

past decade are inequitable and threaten the survival of a number of hospitals. For the next eight months following the release of that report, members of the Board, my staff, the Committee on Health and Institutional Services and many others with a vital interest in the resolution of this problem discussed the steps which might be taken to implement the Board's recommendation that a mandatory prospective payment system be established. Since November, members of my Administration have been discussing our working draft of such a proposal with various interested parties. As a result of those discussions, changes were made and this week our Bill entitled, "An Act to Limit Future Increase in the Cost of Hospital Care in Maine" was introduced and referred to the Joint Standing Committee on Health and Institutional Services.

It is my understanding that this Committee has scheduled this Bill for public hearing on Thursday, April 28th.

As I indicated during my State of the State Address, I believe that it is imperative that major reforms be made in the way our hospitals are paid. It is appropriate that Government which pays 50% of the costs of hospital care in Maine take a leading role in this area. We believe our proposal will appropriately restrain the increasing costs of hospital care. Assure that the reasonable financial requirements of all Maine hospitals will be met and create equity among those who pay for hospital care." That is signed Joseph E. Brennan, Governor.

I'd, also, call your attention to the fact that the Committee considered eighty-two amendments, eighty-two amendments to this Bill, and incorporated a great deal of them in the new version that you have before you. On your desks that was past out, and I believe it was not today, but maybe yesterday, is a summary of amendments to L. D. 1353. You ought to have those in hand as you ask your questions because I think that most of your questions can be answered by that, and those are the major concerns that came before our Committee as we were dealing with this Bill. I could go into them, but they are before you. You can read them, I will be glad to respond to any questions that you may have. Thank you.

The PRESIDENT: The Chair recognizes the Senator from Androscoggin, Senator Minkowsky.

Senator MINKOWSKY: Mr. President and Members of the Senate, there's a statement that I made earlier in the session, it didn't seem quite appropriate at that time, but on this particular piece of Legislation today it has more of a significant meaning. The statement is this: "A strong conviction that something must be done is apparent of many bad measures." Bad measures. My friends, this afternoon, this is a dangerous piece of Legislation. Everybody is in favor of cost containment, not only in hospitals but in banks, many people want cost containment in State Government which we are not getting.

While I totally support the efforts of costs containment, this Bill proposes to establish a major new regulatory agency to control the hospitals of Maine. I want to make it clear at this particular point, I'm not exactly in love with the hospitals in the State of Maine. This costs containment Legislation affecting the health of Maine citizens is of great importance that really demands your independent attention. We must, in good conscience, and independently understand the complexities and the impact of this proposed Legislation. Do we? I say we do not. We all share the concern of the rise in hospital costs and the need for incentives to contain costs and promote efficiency. Hospital Costs Containment is a major National issue. It's being dealt with on the National basis in a manner that encourages rather than discourages local decisions concerning the most efficient allocations of health

care dollars.

This Bill we are talking about this afternoon is being proposed at a time when we are anticipating a positive impact on costs containment as a result of Federal Tax Equity and Fiscal Responsibility Act of 1982 and Social Security Amendments of 1983.

I feel that we are in danger of being misled; that this is a good piece of Legislation since compromise and accord have been raised between the Maine Hospital Association which I question its title and the Health and Institutional Services Committee of this Legislature. In fact, it creates a new level of bureaucracy; a term I've used over and over again in this Body and I'll say it one more time, bureaucracy is the enemy of efficiency, which assumes that a politically appointed commission is capable of doing a better job at controlling hospital costs than the hospital care industry and individual hospitals with their professional expertise that are now presently doing. It is shocking to contemplate that extensive, complex and highly amended Legislation dealing with hospital costs are being thrown at us today in this particular fashion, for we, as responsible Legislators, do we adequately deal with this vital and complex issue? Is it almost impossible for us to comprehend all the ramifications of this Bill? This Bill addresses only the economics of hospital costs rather than the economics in a context of quality patient care.

Under the proposed Bill, hospital costs will be cut but at the expense of quality care for the many Maine citizens, and that's my major concern, the citizens of Maine. This proposed Legislation is deficient in that by addressing solely the economic side of hospital costs, it completely ignores the substantial impact of advanced technology, physician and paramedical behavior, administrative, Legislative, legal and ethical considerations and most important, the public demand. I don't see the public demand for this Legislation. All these forces have and will continue to impact on future hospital costs. To exclude these considerations is to inadequately address hospital costs containment and to provide a bureaucratic solution. I repeat, a bureaucratic solution to a complex problem. To ignore these facts and to insist on an intrusive regulatory commission composed of politically appointed members with a price tag of close to a million dollars, makes no sense, and is unnecessary, an added costs to hospitals and to the public.

Going back to the bureaucracy is the enemy efficiency, people have always and several times have asked, "why is the costs of Government proliferating?" One of the reasons is this particular type of Legislation. Do you really and truly believe with the expansive operations of the Department of Human Services through its grants, through its allocations of the Federal Government, through its digging into the individual taxpayer's pocketbook in the State of Maine, that this bureaucracy is going to slow down? I believe I hear the people out there saying that they are looking for a curtailment in the costs of State Government. They are looking for an austerity program. What makes the Department of Human Services, which I classified at a Democratic caucus as a very inefficient operation, what makes them believe that they are, or can, regulate a non-profit organization, when they can't even keep their own house in order?

I have one final thought this afternoon which I'd like to share for the Record. After watching these hospital administrators cave-in, and I indicate the word cave-in, to this bureaucratic boondoggle, cave-in for what reason? The administrators cave-in because they have some pet projects that were before the Department of Human Services and that's a lousy way of doing business. These people should be more concerned with the welfare of their community and their respective Boards of Directors, but no.

My only feeling about some of these people who worked on this Bill that did not have the courage of their convictions to stand by what they believe was right and proper is if I was on a hospital board, which I am not, if I was a director of a hospital, which I am not, if I was chairman of the board, my first priority would be to fire that administrator. I know what it is to live under regulatory conditions and believe me, that million dollars is just an opening of Pandora's Box to many unforeseen problems coming up in the very immediate future.

I can assure you, Ladies and Gentlemen of the Senate, that this Legislature will genuinely regret passing this type of Legislation. You are taking away that local control which is of paramount importance. What has caused some of these hospital costs to rise? Many mandated programs brought on by the Federal Government to meet the needs of the citizens. We had many zealous, and yes many greedy administrators over the years that latched on to these things and the end result is they did build and their capital costs did proliferate, and the end result is they are now being accused that they are not able to contain costs, that they're doing a lousy job. I agree in many areas that these particular things were maybe unforeseen, that maybe the boards of directors did not have the handle upon their administrator where they should have had, but this is what we're living with today, but still the solution is not this type of Legislation.

These added costs will be passed on to the consumer as time goes on let me just end with one particular quote, "The taxpayers of Maine are paying for the clubs." I repeat, "the clubs." "That this Legislature and that administration who sits in the front office downstairs will hit them over the head with."

The PRESIDENT: The Chair recognizes the Senator from Knox, Senator Collins.

Senator COLLINS: Mr. President, the press inquired of me whether I feel in conflict of interests in speaking and voting on this Bill. My answer is certainly not. My clients do not include any hospitals. I am an unpaid trustee of a non-profit hospital and my duty as a trustee is to serve in the best interest of all the people of my area.

My duty as a State Senator is likewise, to serve the best interest of all the people of my district. The hospital with which I associate exists for the purpose of serving the health care needs of all the people of my area.

What I have to say today reflects my own best judgment. I'm not speaking for my party or for my hospital. I am speaking as a consumer, as a free man and as a State Senator from the mid-coast. Through the courtesy of the Senator from Kennebec, Senator Bustin and the Senator from Cumberland, Senator Gill, I was invited to attend last December a four-day seminar on hospital costs. I determined at that time to keep an open mind about that complicated problem and to absorb as much knowledge as I could. I am sure there is much more to learn but today of decision has arrived.

I compliment the Governor and his administration, especially Frank McGinty and the Committee on Health and Institutional Services for the diligent work which they have done. I wish that I could accept their conclusion but I cannot do so.

That well known theologian, Pogo told us the truth. "We have met the enemy and it is us." Government is the cause of cost inflation and Government is this country ultimately reflects the will of the people. Lyndon Johnson's great society, has caught up with itself. We Americans tend to swing first one way and then another too rapidly. If we could proceed more moderately, but steadily, we could save ourselves much trouble. That is what I'm advocating today.

When a health care system is the best in the world and is providing more access than ever to all our people and greater quality than ever,

as a locally controlled system then we should move with great care before we catapult ourselves into a State controlled system.

I've heard the protestations to the effect that the local boards will continue to run the hospitals. On page five of the Bill, I find the intent of the Legislature that there be a "State Hospital System." When I examine the entire Bill and see how thorough and how intrusive it is, I believe that I know what the long-range result of this Bill will be. This Bill will change the historic relationship between a patient and the hospital so that the patient become an economic problem rather than a person to be healed.

When the administration addressed this problem, it did so with unnecessary hostility. The hospitals are the bad guys. Statistics about spiraling costs were thrown about with great abandonment.

Let me submit a more sober and balanced view provided by Dr. James Diggins this spring before the Voluntary Budget Review Organization. His summary of consumer price index facts is as follows: First, medical care services inflation has risen at the same rate as all U. S. services, (leaving out rent) in the period of 1967 to 1982. Major inflation components of the CPI, home ownership, transportation and so on, have exceeded medical care services inflation.

Second, medical care and medical care services have risen less than all services in the period 1978 to 1981.

Third, a great deal of confusion is due to the fact that few have noticed that service inflation has been greater than goods inflation by 2½% per year for sometime now. Once this is noticed, it quickly becomes apparent that medical care inflation is simply being swept along with all services inflation, hospitals are part of this phenomena. This concludes Dr. Diggins summary.

I believe that we recognize the fact that there are not enough resources to provide everyone with all the health care which we might wish. There is an inescapable link between ethics and economics. I draw some of these remarks from a series of sermons of which I have listened in recent weeks.

Let's look at this link between ethics and economics. If the majority of the patients in a hospital receive care that for whatever reason exceeded the resources given to the hospital to provide that care, the hospital will ultimately go broke and serve no ones interest. Here, I believe, is an immediate example of the collective good, potentially sacrificing individual's self-interest in our efforts to equitably distribute society's resources for health care. Now certainly this approach prompts some difficult ethical questions. For example, will this incentive prompt a selection process in which hospitals are rewarded for treating only simple less costly cases? If so, where will those with more costly and serious problems receive care? Will there be pressures on the hospital and the physician to use fewer resources than would have otherwise been considered desirable? Doesn't this approach thoroughly challenge our conventional wisdom that everything reasonably possible should be done for the patient?

In essence, societies value judgement that too much is being spent on health care is now apparently about to be imposed on care givers who have traditionally been expected to do everything possible in the care of their patients and on individuals whose personal interest and welfare may not always be there served.

When our Governor addressed us in a Joint Convention, I'm sure we all recalled that phrase, "enough is enough" and many applauded vigorously. Yet, no one, to my knowledge, has been able to answer the key question which is, how much is enough? I'm not certain that anyone really knows the answer to that because it's a value judgment, that each indi-

vidual answers based on his own circumstances. Until now, in this seemingly endless health care resources, individuals have had their freedom to answer this question in their own behalf. In the future, however, it appears that such decisions may be made by others in societies collective interests, or at least, what is viewed at the time as societies collective interests.

Should individuals or communities be permitted to use their private resources to enhance their health care advantage relative to others? We faced this back through the years with respect to education. Many of us will remember L. D. 1994 and the problems that we had in exactly the same ethical context, but in a different field. Should the wealthy community be entitled to more or better service than the poorer community? The social justice or distributive justice demand that individuals in communities not flex their financial muscle to their own health care advantage and yet, in this not, in fact, what on a more personal level the relatives of Jamie Fisk did? Is it not really what the family of Barney Clark did?

There are seeming contradictions that we might take just a moment to consider as a collective value judgment of society to spend less on health care runs headlong into individual self-interest. Here are a few questions that come to my mind. Should we be even developing artificial hearts and organs at enormous research expense and the tremendous health care costs implications at the same time that we are trying to reduce what we as a society spend on health care? If, as a society we're willing to restrict and limit individual rights or opportunities for health care in the interest of all, should we, also, be willing to restrict and limit individual freedom to engage in unhealthy behaviors that are, also, clearly not in our collective interest. We've dealt with that in the Senate several times on no smoking bills this winter.

How do we reconcile the fact that while as a society we wish to limit our expenditures for health care, we individually and as communities tend to resist at any costs efforts to close or diminish our own health care institutions, even though such actions may contribute to the overall economic welfare of society?

What I fear most is that the collective wisdom of society as expressed through a State bureaucracy will not extend beyond the mere limitation of resources. Care givers should not bear the full weight of administering societies' values, particularly, when they will inevitably conflict with the individual self-interest to whom they have traditionally been devoted.

The Senator from Androscoggin, Senator Minkowsky spoke about the role of the Federal Government. I want to add just a couple of thoughts to what he said. One of the witnesses that appeared before the Committee was Dr. Henry Miller. In general, he was supportive of the effort being made here in Maine. He's a professional consultant, has had a lot of experience in the state of Maryland. He said in his remarks, and I fortunately was provided with all of the testimony given by my seatmate and have read it carefully through the intervening weeks, Dr. Miller said "the Federal Government's recent decision to move to a prospective payment system for medicare that ignores the cost structures of individual hospitals is likely to lead to an eventual reshaping of the hospital system. There are many people besides myself that believe that the likely outcome of such drastic shifts is the reduction in access to hospital care as many hospitals will be forced to close." He goes on to say, "I sincerely doubt that this Bill's rate setting approach can succeed if medicare, which now represents approximately 40% of the State's hospital revenues, pays for care in a way that is not only totally different from the approach outlined in this Bill, but conflicts with it. Fortunately, the recently passed social security

amendments liberalized opportunities to gain waivers and this is one of the things that concerns me with this Bill and perhaps some who are here and wiser than I will comment to it as we move along in this debate.

I am concerned whether or not the State of Maine will be able to get a waiver under this circumstance. I notice that the language about waiver has been altered from its original treatment to indicate that this new commission will use its best efforts to seek a waiver and I gather in the context of if it seems best for the State. So, I interpret the advice of this particular consultant to be a warning to us that we need to fit in with the Federal Government's plans and if we do not, that we may be simply hurting ourselves in the long run.

I think we're all aware that the Federal Government now pays through medicare 40% of all hospital bills and this quite logically has become the focus of Washington's efforts to reduce outlays. This culprit in the system has been the method of payment, simply reimbursing after the fact and so the new plan will be a prospective reimbursement. The Federal Government has established four hundred and sixty-seven classifications of illness or procedures and assigned a price to each of those and that price will be monitored and adjusted regionally and all that sort of thing. That's about to be phased in beginning the first of October and by October 1st, 1986, capital will either be included in these DRD payment rates or will be subject to special State programs requiring prior approval for expenditures of more than six hundred thousand dollars.

It seems to me that here in the State of Maine where we do not have any great pressure to act swiftly we would be wiser to let our hospital system adjust to these medicare requirements, to see how they work, to see how prospective reimbursement which is clearly a necessary method in Government Funding to see how it works from the Federal level. Since as much as 60% of all hospital payments come directly or indirectly from the Federal Government, I submit that the Federal procedures would undoubtedly accomplish what we are suggesting here without interposing a layer of State bureaucracy between the Federal procedures and our locally controlled institutions.

I have great respect for the people in Maine who run our local hospitals. I think they're doing a good job. I think the experience that this Bill has brought to managers of hospitals, boards of trustees has been beneficial and will be beneficial; but I think it is not truly necessary to go this tremendous step in putting the State in reality in charge of our system through the budgetary controls and caps that must be utilized.

Mr. President, in order to accomplish the procedural issue in this case I will move that this Bill be Indefinitely Postponed and request a Roll Call.

The PRESIDENT: The Senator from Knox, Senator Collins moves the Indefinite Postponement of this Bill and all its Accompanying Papers.

The Chair recognizes the Senator from Androscoggin, Senator Charette.

Senator CHARETTE: Thank you, Mr. President. Women and Men of the Senate, I would hope that you vote against the pending motion. I, perhaps was from the beginning, one of those Senators that thought that we had a disastrous Bill facing this One Hundred and Eleventh Legislature and I have, in my own way, worked with some hospital administrators, or have discussed some of the problems and issues, and I was very, very pleased as a compromise was reached with all parties involved. Certainly today I support this Bill wholeheartedly and I thought that I should go on Record today, after yesterday's press conference, I took it upon myself, also, to get in contact with both local hospitals that I am part of in my district. I was concerned with some of the state-

ments that I heard from that press conference, that a couple of larger hospitals might join forces with three or four small hospitals, who started lobbying the effort of this Bill as of yesterday. So I want to have those hospitals reconfirm, their commitments and specifically, Bill Young as administrator of Central Maine Medical Center who played a key role in the workshops with this Bill. So, a letter went out to both hospitals that I am part of, St. Mary's Hospital, Dennis Dishong Administrator, and the Central Maine Medical Center, William Young and, also, copies to the Chairman of the Boards of both hospitals and the letter reads as follows:

"For the past year there has been broad agreement that the way we pay for hospital care is seriously flawed and badly in need of reform. All of us want to see the annual increases in our Blue Cross and insurance premiums reduced but we also want to make sure that whatever is done is fair to our hospitals and preserves the quality of the services they provide us. Six months ago, Governor Brennan and the Maine Hospital Association proposed very different responses to the problem. No other issue has been studied as carefully or debated as intensely during this Legislative Session.

I was both surprised and delighted that the Legislative Committee on Health and Institutional Services was able to forge a compromise that the administration and the hospital association can support. The amended proposal was unanimously supported by the Committee and addresses the major concerns which had been expressed by many hospitals, by me, and by many of my colleagues. Specifically, the amended proposal, and I state number one, assures that local trustees will continue to be solely responsible for deciding how the amounts paid to their hospital are used.

Two, guarantees hospitals a meaningful role in the process of determining the amounts they need while at the same time, assuring that the final decisions are made by commission but the majority of consumer members.

Three, abandoned the administration's efforts to designate regional hospital groups, regional limits on the amount available for new services and regional hospital corporations.

Four, assures that hospitals will be permitted to use the gifts and grants they receive in the ways they wish. The people of this area should know that representatives of our hospitals played a key role in bringing about this important compromise. As a matter of fact, Bill Young of Central Maine Medical Center lead the Hospital Association's negotiating team, like the representatives of the administration and especially the members of the Committee, he and his colleagues deserve a great deal of credit for their willingness to work together to address this very serious problem. It certainly wasn't easy and like all compromises the Bill produced by the Committee reflects the give and take which are part of all negotiations. No one may be completely satisfied, but we are better off as a result of their efforts," and I signed in my capacity as State Senator.

I'm pleased to have sent forward this correspondence to both my local hospitals and I'm supporting this Bill today, and I think it is a great piece of Legislation.

The PRESIDENT: The Chair recognizes the Senator from Cumberland, Senator Najarian.

Senator NAJARIAN: Mr. President and Members of the Senate, I'm sure that I don't have to tell any of you that I strongly oppose the motion to Indefinitely Postpone this Legislation.

I've long believed that a mandatory prospective payment system involving all hospitals is essential for this State, and now finally, there is broad agreement among all the parties to this debate that the way we now pay for hospital care rewards inefficiency in hospital spending

and unfortunately has directly contributed to the substantial increases in the costs of hospital care which have occurred during the past decade. Now, also, there is broad agreement on the way we pay for hospital care and that it is inequitable. That some Maine citizens are called upon to pay a disproportionate share of the costs in supporting the hospitals we all need; and finally, there is broad agreement that the way we now pay for hospital care threatens the very survival of some of our hospitals.

For these reasons, change is not only necessary, it is inevitable. Two alternatives were offered for our consideration, L. D. 1353 which I sponsored, and the L. D. 1174 which Senator Twitchell sponsored on behalf of the Hospital Association. To their great credit, the Members of the Committee on Health and Institutional Services have forged this compromise which has been publicly acclaimed by even the hospital administration.

I'd like to say here right now, that I've been on this kick for about ten years, one Legislator, even a few Legislators could not do it by themselves. I want to commend the Governor for his commitment to this issue; for the dedication of the Commissioner of Human Services, and the Deputy Commissioner of Health, Frank McGinty, without these people, their intelligence and their commitment to this, we would never have this before us today, I want to, also, say in response to Senator Minkowsky's remarks about the Department of Human Services, they do a fine job over there. They do excellent work with the resources that the Legislature makes available to them through everyone of the programs that they offer.

I know that some have argued before as Senator Collins expressed a few moments ago that we shouldn't initiate this change at this time, that the Federal Government is acting to address the problem. However, it should be clearly understood that this new diagnostic related group or DRG's as their called, payment system that's going to be implemented by the Federal Government is at best only a partial response to this problem. It is intended to protect the interest of the Federal Government by reducing their payments for medicare beneficiaries. It does not address the needs of the other nine hundred thousand Maine citizens in any way. In fact, it makes our problem worse by causing even greater costs shifting.

In recognition of the limitations and potentially damaging repercussions as such a partial response to the problem the Congress has specifically encouraged states to enact comprehensive prospective payment systems such as the one we're now discussing. In fact, in the same statute that established the diagnostic related group payment system the Congress instructed the secretary to waive pertinent regulations and to permit the medicare program to participate in the state's prospective payment system, if certain conditions were met.

Independent consultants to the administration, Blue Cross and the insurance industry have all testified that the system under consideration today could meet those conditions. It is argued that this measure will not effectively address the problem because it doesn't address all the many factors which have contributed to the increasing costs of hospital care. This argument ignores the experience of the states which have established mandatory prospective systems.

As some of you have already heard that the Congressional Budget Office recently reported that the seven states with such systems in place from '77 to '81 experienced an average annual increase in hospital costs of 11% while the forty-three other states were experiencing a 14% rate of increase, and I believe Maine's was around 16%. Had the cost of hospital care in Maine increase by only 11% per year during that period, the accumulative savings the tax-

payers and consumers would have been more than three hundred million dollars. They should have listened to me six years ago.

Furthermore and of great importance there's been no evidence to suggest that either the quality or the accessibility of hospital care has been in any way diminished in those states. On the contrary, the Committee and the Health Facilities Costs Review Board have heard a number of witnesses at their public hearing from those states including physicians, hospital administrators and the trustees asserting that the quality of care they are offering has continued to improve. As one of them said to the Committee, "the only difference I can see is that we're spending less than we would have been spending had we not established our prospective payment system," and that was Henry Miller, the person that Senator Collins quoted a few moments ago.

Finally, as you all know it has also been argued that the enactment of this measure will severely curtail the ability of local boards of trustees to govern the affairs of their institution, that is neither fair nor an accurate assessment. Local boards will still determine the mission and the plans of their hospitals; still decide how the money made available to them will be used and still establish the policy to be implemented by their administrators and medical staff. What this Bill will do is strike a balance between the ability of local boards to govern their hospitals and the ability of the people of this State to support their decisions. It is entirely appropriate that those who pay for hospital care be given a greater role in deciding just how much they're able and willing to spend each year. I urge your support of this Bill on the upcoming motion. Thank you very much.

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

Senator GILL: Mr. President and Members of the Senate, I'd like to respond to a couple of questions raised by the good Senator from Androscoggin, Senator Minkowsky. He indicated early in his debate, and I wanted to jump up when he had finished but other people beat me to the microphone, he talked about an independent attention and questioned whether we understood the issue that we're dealing with. I'd just like to relate to him that we, as a Committee, in the past Legislative Session, in the One Hundred and Tenth Legislature set upon a study of the issue because we were aware that we would be having a Bill in the future come to us. We at that point and time felt that we didn't have the background to deal with it, particularly. We wanted to educate ourselves, not only on what the ramifications would be but what other states had done. We brought experts from all over the country into the State. We did much reading. We had many public hearings at that point and even in December of this past year, we had a draft of the Bill to work with. We, again, had public discussion about it and during the whole process we became educated. We feel like we understand the issue quite well and I applaud the Members of the Committee for all of their hard work and effort that they've put into this.

Another point that Senator Minkowsky brought up was whether the Maine Hospital Association, indeed, did represent all the hospitals. He questioned their title and I must say that they themselves had meetings at various steps along the way while the Committee was dealing with this particular Bill. The people who were representing the Maine Hospital Association at the Health and Institutional Committee did go back and report to the whole membership of the Maine Hospital Association just where we were in our deliberations, and what questions had come up, and what negotiations were going on. That membership was fully informed along the way as to where the Committee was, and what negotiations were taking place.

There were a small number of hospitals and I must they were some of the smaller bedded hospitals who at the Maine Hospital Association meeting did raise questions about whether this was absolutely necessary at this time and my understanding was that overwhelmingly, they were voted down. I'm not sure whether it even came to a vote at that meeting because there weren't enough people who were interested in stopping this measure at that point.

Granted at the very, very beginning nobody in the Hospital Association wanted the Bill. They felt that they would like to go along and see what happened; but they, themselves, were the first ones that started negotiations. The VBRO process that we've had in effect was something that people felt hadn't stopped the inflationary factor enough and the Hospital Association came forth and said that they were willing to give up the VBRO, the Voluntary Budget Review Process. They were willing for a commission to occur. So, immediately when they issued that statement that was the beginning of negotiation. I think, they saw that something was coming and they would rather have input in what the regulations would be that they would have to live with rather than be left with something that they had to abide by without having any input in. So, I think, that's why they negotiated in good faith. All along the line, the Committee Members asked various people from the Department of Human Services, asked the people from the various hospitals whether quality care would diminish and the answer kept coming back, No, it would not diminish.

Another issue that was brought up by Senator Minkowsky was the fact that hospitals did cave-in and wondered why they caved-in and suggested that perhaps they had projects that were being reviewed by the Department. I think that's a serious allegation and I wish that the Senator from Androscoggin, Senator Minkowsky would explain or express to us just what projects he's talking about. It sounds to me like it's sort of blackmail and I think it's serious enough to have him bring up to this Legislative Body what exactly he meant by that particular point.

I just feel that there are many issues. Senator Collins from Knox raised a couple of points about a value judgment, and how much is enough? That's a question that the Committee asked itself. There is no answer to that question. We are in a reshaping process. A continuing reshaping process exists. There is a point in time when we are, as a Nation, it's been talked about all over the country about what type of care is enough care and at some point there is going to have to be major discussion on that point, because can we continue to do the large projects that he spoke about and continue to give people care?

I can remember back when I was growing up that the only people who had hospital care were people who paid for it out of their own pocket, and there were many lives lost at that point. There were many people who didn't have the availability of hospital service because they just couldn't afford to pay. It wasn't until insurance came into being that they were allowed to participate in, in hospital service care. So, I think, we have come a long way; we have reshaped through the years, and I don't consider reshaping a bad situation. I think it is good to continually look at ourselves, review ourselves and deal with things as we must.

I must read something into the Record and I hope you'll bear with me. We do have a unique situation in one of the communities I represent and it's a private hospital in South Portland and during the negotiations some points were brought up that must be read in. We didn't address them through the Legislation but I would like to put them into the Record.

"I'd like to highlight a couple of provisions in this particular Bill which apply uniquely to the

Jackson Brook Institute, a ninety-six bed psychiatric hospital now under construction in South Portland. Jackson Brook Institute is opening a new hospital in a proprietary for-profit hospital. It was approved following rigorous certificate of need review on the part of the Department of Human Services. First, as has been done in other states such as Maryland and Massachusetts, this Bill contains a provision in section 396, page 22, 'allowing for a fair return to the owners based upon a fair value of the institution's investments in hospital resources.' This was discussed in Committee and agreed upon by the affected parties.

Second, the Bill contains language in section 396, page 24, subsection 3, describing the manner in which the base year of a new hospital will be established. For all existing hospitals, the base year would be their last approved Voluntary Budget Review budget.

For the Jackson Brook Institute the commission would be called upon to establish by regulation and methodology for computing base year financial requirements including reasonable limits based upon the costs approved pursuant to Maine Certificate of Need Act. Representatives of the Jackson Brook Institute asked that this methodology address the time frame in which its operation will be phased in and in which its occupancy and staffing will reach their full level. This is expected in the third year.

In the course of these Committee discussions representatives of the Department acknowledged that these regulations would have to take into account this phase in period and adjust the base year accordingly.

Third, and also, unique to Jackson Brook is the manner in which out-of-state affiliated interests ought to be treated under this Bill and where the stockholders for a for-profit hospital are to be deemed as affiliated interest, subject to the Bills provision. The concern here, as I understand it, is that that Maine Health Care Finance Commission focus on the activities of the Jackson Brook Institute and any related affiliated interest which relate to Maine activity, so that Maine consumers of health care and Maine payers are treated fairly. Toward this end the commission seeks to review any transactions occurring between Maine operations and out-of-state affiliates and to determine whether the compensation is fair and reasonable as is called for in section 396L, subsection B on page 46.

Also, the commission would have the authority to review the organizational structure involved consistent with its authority to review corporate plans appearing on page 47. In this regard in discussion before the Committee, it was agreed that the regulations of the commission would have to address carefully these issues to protect the interest of Maine consumer and payers, while not overly intruding into out-of-state operations which do not affect the interest of Maine consumers.

Again, assurances were provided that these issues would be considered carefully in the regulatory process.

Finally, attention must be paid to the manner in which stockholders in a for-profit hospital may be deemed to be affiliated interests and the manner in which they're assets might be taken into account in off setting the financial requirements of such a for-profit hospital. As section 396L, subsection 5 is currently drafted, this could be interpreted to require automatic off setting of all profits and assets of such stockholders, whether they are corporations or even individual investors. It is my understanding that this, too, has been discussed in some detail with representatives of the Department and that there is agreement that those regulations would have to clarify this, so as to not unreasonably impose such an off set and that the rates established for for-profit hospitals must meet the financial requirements necessary for such a hospital, sub-

ject to the commissions determination of a reasonable return on equity, as mentioned earlier."

Mr. President, through the Chair I'd like to ask the Senator from Kennebec, Senator Bustin, the Senate Chair of the Health and Institutional Committee for her comments on the issues I just reviewed. Particularly, as they relate to discussions occurring before the Committee and the need for regulations dealing with these particularly issues.

The PRESIDENT: The Senator from Cumberland, Senator Gill has posed a question through the Chair to the Senator from Kennebec, Senator Bustin who may respond if she so desires.

Senator BUSTIN: Thank you, Mr. President. I'm pleased to respond to the Senator from Cumberland, Senator Gill. She is quite correct that the Committee reviewed carefully concerns of the Jackson Brook Institute, as well as, those of the forty-two other hospitals within the State. I believe she has accurately described the Committee's deliberations. We felt it appropriate to include a return on equity as has been done in other states. We agreed that the base year adjustments for a new hospital would require careful attention by the commission. We, also, agreed that the commission ought to be reasonable in the manner in which it reviewed the out-of-state affiliated interest and that the primary focus ought to be upon the impact of Maine consumers, and buyers, and payers.

Finally, on the last point, as to the treatment of the assets and profits of stockholders in for-profit hospitals, it is my understanding that this was discussed within the last few days with representatives of the Department of Human Services and there is agreement that the regulations must be drafted with care so as not to unfairly take into account the assets of the stockholders and these proprietary institutions.

I thank the Senator from Cumberland for raising these issues in Committee and I am pleased to provide this clarification as part of the Legislative history.

Mr. President, I'd like to, also, respond to some of the other questions that were raised, just briefly, that have not already been answered, and one thing I would particularly like to respond to is the charge from the Senator from Androscoggin, Senator Minkowsky that the reason that the hospitals caved-in was because of their pet projects. I guess it would be necessary in order to clear the name of both the hospitals and the bureaucracy as he refers to them, that he state those projects that he is referring to, for one thing, and for another thing, it is my understanding the only project that has been approved during this time was the project for the two million dollar project to the Maine Medical Center which is in fact, funded by a lot of educational foundations for their educational center.

I might, also, let you know that, in my opinion, one of the most important aspects to health care is the educational aspect, and that's one of the things that we made specifically right into the Bill after it had been drafted one or two time, because the family practice doctors, in particular, came to the Committee and indicated that they might be cut out because they're not a profit making arm of the hospital; and they are the ones who continue on the education and you try to pass on the knowledge of the experienced doctors to those people in the family practice. It's very, very important. Anything educationally, to me, is very important.

The Senator from Androscoggin, Senator Minkowsky indicated that there had been no, obviously no public demand for this and that perhaps that he couldn't understand why the Maine Hospital Association caved-in on the issue and just started negotiating. Far be it for me to stand here and defend the Maine Hospital Association; we have been adversaries for a

long time but through this process, I'm not so sure that I'll be an adversary any longer. Perhaps they started negotiating rather than trying to debate the fact whether they should be hospital costs containment or not because they got the clear message from the public that they wanted hospital costs containment and they ought to sit down and negotiate the best package that they could possibly get.

The Senator from Knox, Senator Collins brought up some very interesting questions, some of which I've thought about in my own mind and I have brought up in Committee, I've brought up at the hearing, I've brought up to anybody that we have been talking to and that is the question of: What does society as a whole want for their health care? I think that's basically some of the concerns the Senator had. He indicated that we ought to take a more moderate approach that we tended to swing from one side to the other. I guess I'd like to relate a story to you that I just learned and it's about how you get from here to Hawaii in an airplane. I've forgotten what the instruments are but one's called Fred and one's called George and the instruments are get that plane to that destination despite the fact that 90% of the time that airplane is off course but yet they get to Hawaii, thousands of miles away from here and land safely most of the time. That's because when Fred, the instrument Fred says, (I'm not sure I've got the right instruments) says "you're off course, George," George just says, "thank you, Fred" and corrects his course. If, in fact, when Fred said, "you're off course, George" and George said, "what do you mean I'm off course, what do you think I'm doing wrong?" and he kept arguing that and he was continually be off course. So, it is instructed for me that what we do as a society is that we say "thank you, Fred" and we correct our course and we go along. Hopefully, this Bill is written in such a way and such a commission that we will, if there are inequities in there, if we have to change our course; if we have to correct, those corrections can be made to the APA process and whatever other process available to us.

Mr. President, when the vote is taken on the present motion, I request a Roll Call.

The PRESIDENT: A Roll Call has already been requested.

The Chair recognizes the Senator from Hancock, Senator Perkins.

Senator PERKINS: Mr. President, Ladies and Gentlemen of the Senate, speaking of a Senator representing four small rural hospitals who have combined into Project Hancock which represents these four small rural hospitals. I speak to you today in opposition of this Bill.

These four small rural hospitals while feeling very grateful to the Committee for defusing what was an adversary position and promoting it into a bargaining position still feel, to some degree, threatened because they are small, and because they are rural and because their constituency, no matter how far and how small is also threatened. Their costs for this coming year will be an increase of between 8% and 9%, which differs from the figures that we have heard today of 15% to 20% and responds in some small way to, I think, a problem facing the whole State and the Nation. Their response and these increases are caused by fluctuations and census, responses to accreditation and compliance mechanisms, and an effort to respond to its constituency and providing twenty-four hour services in both medical care in and out patient. No matter how small the hospital, no matter how rural the area, one must take into consideration the value of human life and this is for which the Department across the way is named, Human Services. In order to be of Human Services, one must be available; therefore, whether we be Fred or George, we must be accessible to the area and to the people we're trying to serve. These people ask you that no matter what your vote be

today, that you bear in mind that not all the hospitals within the State are able to entertain or to encompass large or urban communities, large educational areas but they themselves, are making an effort to provide a service to a community and that community, they feel is addressing the subject of cost containment. They approach you in the spirit of cooperation but of concern, and ask you that if a year from today, they are again threatened because of some of these regulations which, indeed, do address the concerns of today, but they feel are addressing them to a larger urban area, we ask that you'll lend a responsive ear and with these concerns, my rural community of Project Hancock whose increases, we hope, are in containment will address you and oppose this Bill today.

The PRESIDENT: The Chair recognizes the Senator from Penobscot, Senator Pearson.

Senator PEARSON: Mr. President, Men and Women of the Senate, I would like to echo the last few remarks of Senator Perkins from Hancock and that is I, also, have a rural hospital that has some concerns and that I would hope that this Senate would lend a responsive ear a year from now if there are problems with the Bill.

The PRESIDENT: The Chair recognizes the Senator from Lincoln, Senator Sewall.

Senator SEWALL: Thank you, Mr. President. Members of the Senate, if I were flying on that plane with Senator Bustin, I would say, "this is Sierra Echo Whiskey, Alpha-Lima-Lima, Fred to George reverse direction we're a 180 degrees off course."

We are faced with a problem which is paramount to all of us that no country in the world can give State of the Art Medical Care to all its citizens.

There are many ways of handling this, but the point is, there isn't enough to go around and no country in the world and no state in the union can afford to do it.

The question is, who's going to get cut out? Who's not going to get these services? Are you going to do it by income? Or, as in this Bill, are we going to do it by geographic location?

I call this Bill, because after all, all the people in the cities are going to have all the fancy equipment but you're not going to have the population to justify them even if people want to donate them, in the rural areas. I call this Bill, "the DOA Bill." If you don't know what that means, "dead on arrival," and that's what will happen. That's exactly what will happen to our rural citizens and it's fine if you come from Portland, or Augusta, or Waterville, or Bangor because you're going to get to the hospital in ten minutes for critical care; but if you come from Southport or you come from somewhere in the country where you have to travel hours to your hospital, tough luck. All the services will be available to you, if you can get to them.

Who are these small hospitals anyway? Are they something that Government founded? Are they something they found or did the community fund them? They are given private dollars and funded by private people? Are these people that have put in their own time to have it? Are we going to say here in Augusta, look communities, you have no right to good health care because we're to decide it for you in Augusta? Are we that arrogant?

I have been affiliated with a hospital, never for one penny, for the past fifteen years. I have studied health care from the ground up, not coming up here and saying look, I'm in Augusta and now I'm going to tell you guys how to run it. I've done it from the emptying of bedpans when there weren't enough people, to the sewing of johnnies and now you're going to say, okay community, you raised your own money, you didn't go to the Government for help. You did everything in your own area to provide health care but now you can't do it. I'm sorry, you haven't got enough population, even if you want to donate your income, even if you want

to donate 20% of your income every year to your hospital, to your health care center. If you wanted to donate to anything, you can't do it now. They say endowments are out of this Bill. Well, if you work an affiliate, they're going to take 50% of your income even if you're a taxable corporation.

Also, there are a couple of loop holes in this Bill; a couple of big ones. If you were an affiliate under a reorganization proposition and you were making money, they'd take half of your income. How about if you go out and expand and lose money? Then you can take the write off for the loss and pick it up through third party reimbursements. That's not all that clever either. Then we come to the other problem and I won't go on about this because we certainly debated it all afternoon. The other problem is, how does the public justify regulating a privately owned hospital that takes no Government money? Even we wanted to start a private clinic where is the Government interests when we only take private paid patients and we don't take anything else? Are we going to start regulating that sort of private business and another and another and another, while the rest of the world struggles to get out of this kind of a system, reverses its political trends in the past day, reverses political trends, tries to fight its way out of this kind of a Government and this kind of a system. Are we going to embrace it and rush head long into it when it's failing in the rest of the world? If we need cost containment; we need it on Government, not hospital costs.

The PRESIDENT: The Chair recognizes the Senator from Kennebec, Senator Bustin.

Senator BUSTIN: I hate to delay this vote any longer. I just want to answer some charges of Senator Sewall from Lincoln County.

I'm surprised that her hospital only takes private-paid patients. I guess that I'm not sure that I really believe that. I believe that Blue Cross/Blue Shield and there must be other private insurance companies who pay for hospitalization there. I would be absolutely flabbergasted, I guess, if I heard that. As far as affiliated interests are concerned and that means if you're raising private money we're not taking that any more; we made a specific amendment in that Bill that we are not considering affiliated interests. The charity that is given if you have revenue centers then we're asking that part of that profit be put into the financial requirement base, and that's 50% and 50% of the profit goes into the hospital itself. I guess I don't understand what she is saying.

The PRESIDENT: The Chair recognizes the Senator from Lincoln, Senator Sewall.

Senator SEWALL: Thank you, Mr. President, Members of the Senate, I'd be happy to discuss the questions that Senator Bustin has asked me.

First off, I did not say the hospital with which I had any relation was a private hospital. I said, "what is the purpose of this Bill, what is the public interests in totally regulating a private hospital, should there be one, what is the public interests when there is no public money in it and if it's good for hospitals, is it good for other businesses? I did not relate to a specific hospital. I related to a philosophical question.

Secondly on the subject of the reorganization, the affiliates. What if there was an affiliate who decided not to give anything? What if an affiliate went through a parent company? What if the affiliate didn't want to put 50% of its profits anywhere, and wanted to reinvest them? Those are the things that are being changed by this Bill and those are the things with which I object.

The PRESIDENT: The Chair recognizes the Senator from Cumberland, Senator Clark.

Senator CLARK: Mr. President, thank you, Mr. President, Men and Women of the Senate, I'm pleased to have finally made my decision. It is sort of with relief, I guess, but I have decided

to oppose the pending motion and strongly support what I hope will be the final enactment or the enactment of L. D. 1737, if it isn't going in the direction that Bills with price tags usually go and that's on the Appropriations Table.

I'm standing this afternoon in opposition to the pending motion of Indefinite Postponement. I do believe that we do have access to high quality hospital services in Maine and I'm proud. I, also, believe that we have paid and are continuing to pay a staggering price for these services and I would share with you some of the key statistics illustrating the problem of rising hospital costs which were major factors in my decision. There are ten of them.

One, Statewide spending for education back in 1974 was thirty-eight million dollars more than for hospitals, but by 1981 hospital spending exceeded total education spending by one hundred and forty million dollars.

Two, hospital spending in Maine is increasing over three times faster than the cost of living.

Three, the annual increase in hospital spending this year will be more than sixty million dollars and this exceeds the total budget for the University of Maine in Orono, or in Portland.

Four, hospital spending has been increasing at 14% per year, on the average, for the past twenty-five years. On the average, this rate is more than nine percentage points in excess of general inflation.

Five, these annual increases of sixty million dollars plus are like a tax increase passed on to us, all of us by hospital governing boards, without public hearings and/or public debate and without the public accountability that Legislators, like all of us, face when we vote tax increases and we certainly acknowledged that public accountability as Legislators.

Six, Maine hospital costs per capita are roughly three hundred and twenty-five dollars per capita, per capita costs in New Hampshire and our sister state of Vermont are roughly two hundred and fifty dollars per capita. I would like to think that's because we have better access, better services, better care.

Seven, the shift from education to hospital spending illustrates a general point, that is, namely we have had less to spend on education, social services, food, transportation and all the other needs, because we have had to spend more on hospital services.

Eight, the hospital industry in Maine grew from thirteen million dollars way back in 1955 when one of our State Senators was born to more than five hundred and fifty million dollars in spending in 1982.

Nine, hospital employees have increased from roughly three thousand five hundred in 1955 to more than sixteen thousand in 1982.

Ten, these increases have occurred during a period when Maine's population has increased only about 1% per year over that same period.

L. D. 1737, a redraft of L. D. 1353 and L. D. 1174, "An Act to Limit Future Increases in the Costs of Hospital Care in Maine" is a Bill which is before us and which attempts to make hospital services affordable while preserving the progress that the health care industry in Maine has made in access, stability and quality of care. All parties involved in this issue, including more than 90% of Maine's hospitals now acknowledge the spiraling costs are a serious problem which cannot be addressed on the voluntary basis, and that is reflected in the introduction of the Maine Hospital Care Association Bill sponsored by the good Senator from Oxford, Senator Twitchell, L. D. 1174 in which that Bill embraced the concept of hospital cost containment and embraced the concept of the prospective payment. All parties involved in this issue including more than 90% of Maine hospitals now acknowledge that Government has an important and appropriate leadership role to play in addressing the prob-

lem, and all parties involved in this issue, including more than 90% of Maine's hospitals agree that the new draft, L. D. 1737 represents a vital first step in restraining further costs increases and I embrace that hope that, indeed, that is affected.

More close to home, yesterday, young Jim Longley, Jr. and a group of individuals representing a single hospital, a hospital in Senate District 11, my hospital, Regional Memorial Hospital, called a press conference to denounce this Bill before us and ask this Legislature to delay further action on it. I attended that press conference and I listened closely. Those people present represented, obviously, members of the Boards of Trustees from Regional Memorial Hospital its chief executive administrator and one person who is very close to me, the treasurer of my 1982 political campaign, and it would be so easy for me today to pair with a member of this Body and vote against this Bill, but I have to be as I was charged yesterday and in two sessions with representatives of that same hospital board, I have to be responsible and make a decision on this Bill that will, undoubtedly, be one of the most important decisions of my Legislative career and in this Legislature.

It would be politically acceptable, I'm sure, for those who know me to easily vote against this measure and for the pending motion of Indefinite Postponement and probably it would be much more politically viable for me to do that, but I cannot. For Regional Memorial Hospital and its tremendous reputation, quality of service, access and dedication as reflected by those beautifully public spirited citizens on that Board of Trustees and the dedicated professionals and paraprofessionals who staff that hospital do not represent all that is encompassed by Senate District 11, and to offset their position I have balancing the hospitals that are serving the needs of Senate District 11 from the greater Portland area.

I do have to set the Record straight by responding briefly to some of the charges that many of you are aware of either because you were present at the press conference or because you have read from copies of their press statement.

Yesterday, they formed a Committee against State Control of Hospital Care in Maine and that is, sharply in contradiction with my first meeting of representatives of that hospital, Regional Memorial in Brunswick in which they urged my support of L. D. 1174 and now, the Maine Hospital Association and the Legislative Committee on Health and Institutional Services and all of those fine people who developed this compromise package have earned my support. Mr. Longley representing that Committee against State Control of Hospital Care in Maine expressed concern that under the Bill, the Department of Human Services would be making determinations about the allocation of new services in Maine. I, for one, was simply astonished. I was literally openmouthed. In fact, the Department of Human Services has been making these determinations since 1978 when Governor Longley, himself, introduced, supported and the Legislature enacted the Maine Certificate of Need Law.

Second, young Mr. Longley and representatives of that new committee were critical of the Bill because it would place the administration of the new hospital payment system under the control of a Government agency. Again, I expressed my surprise, and yes, concern about that allegation.

After all, it was Governor James Longley, himself, who introduced the concept sponsored by the Senator from Aroostook, Senator Carpenter, originally, and Governor Brennan, Senator Najarian from Portland and the other sponsors of the redraft, L. D. 1737 who were the most recent, but we now know not the first to suggest the need for Government action. It was six years ago, in fact, that Governor Lon-

gley submitted a bill which would have created a hospital rate setting commission, a Government agency, Men and Women of the Senate, to carry out a program similar to that which is proposed in L. D. 1737. Whether you who are here today or we who are here today agreed or disagreed with Governor Longley's approach to Government, I think we still acknowledge in 1983 and we would all agree that Governor Longley was certainly not interested in taking steps to create new unnecessary Government agencies and authorizing those same agencies to take over responsibility that could be carried out effectively by the private sector.

Third, young Mr. Longley assured us that no action was necessary now at the State level and they told us that the new hospital payment system which the Federal Government has recently adopted for Medicare would solve all of our problems here in Maine. Oh, I wish it would! Their assurance, however, should provide us with very little comfort. The new Medicare cost containment effort is limited to the Medicare program and we all know, that in the past when Medicare or Medicaid have attempted to reduce their costs, hospitals had simply shifted, emphasis on that word "shifted" these costs to other payers. In the absence of the comprehensive program contained in the new draft, seven hundred thousand Maine citizens enrolled in Blue Cross/Blue Shield or covered by commercial insurance can anticipate an even more rapid cost increase rather than badly needed relief. It is on that basis that I feel sure those constituents in my Senate District literally overwhelmed me with calls of support on this measure.

Finally, young Mr. Longley suggested that the Legislature was acting hastily; that we had not seriously examined the issue and that we had not adequately debated the question; that the process had been subject to close negotiations and that the administration was capitalizing on fear to ram this Bill through. It was on that point that I expressed my, more than dismay, but my shock and my offence for I was, indeed offended by that allegation which is totally unfounded.

No person familiar with this issue could take those charges or these charges seriously. This Legislature has benefited by a study of the issue by both the Health Facilities Cost Review Board and the Health and Institutional Services Committee, a Committee on which I have never sought service and for which I have nothing other than admiration, respect and yes, even awe. These studies involved all of the interested parties in months and months and months of public sessions. Drafts of the Bill had been circulated widely and publicly since last December. The Committee, itself held numerous informational sessions. A thirteen hour marathon public hearing and several weeks of working sessions and how fortunate I felt that I was not serving on that Committee.

All the decisions were made by the Committee in public sessions and the vote, amazingly enough and to the great relief of many of us, was a unanimous Ought to Pass Report as embodied in L. D. 1737.

I, Mr. President and Members of this Senate, have been a Member of the Legislature for eleven years now; it really doesn't seem that long as I enter my second decade of service, but I do not recall another more controversial nor major piece of legislation which has come before us at any time during those eleven years of service that had such wide and strong support from all of the parties involved. This Bill has the support of the Associated Industries of Maine; the Maine Merchants Association and the State Chamber of Commerce. It, also, has the support of the AFL-CIO, AFSCME, and the MSEA, Blue Cross, Union Mutual, the Life Underwriters, and the Health Insurance Association of America are in support of it. The Maine Committee on Aging and several area agencies on aging, also, support it. The Maine State

Nurses Association and the Maine Hospital Association support it.

The sponsors and the administration and the Health and Institutional Services Committee have done, I feel quite sure, their work well. They have built a consensus of major change affecting a vital Maine industry. They have achieved it after lengthy discussions in public forums including hundreds of concerned and affected citizens.

I, honestly, sincerely and truly believe that the way this Bill has been considered represents the Democratic process and the Legislative process at its very best and I'm proud to be part of that process. There is for all of us a time for talk and a time to act. This Bill L. D. 1713 offers a reasonable and moderate approach to an urgent and serious problem. It calls for an effective, fair and minimally intrusive program for restraining increases in costs; for insuring the financial viability of a vital Maine industry and for providing equity among those who pay for hospital services.

Further delay will not make us better informed about the need for action; it will only postpone a meaningful response to a continuing problem. The time for action is upon us this afternoon. I urge your support for the enactment of L. D. 1737 should it go to the Appropriations Table. I would ask that you join with me and the representatives of the Health and Institutional Services Committee and other supporters of this measure by voting against the pending motion of Indefinite Postponement. Without question, indeed, the decision on this Bill will be one of the most important decisions that any Legislature will make in this decade of the eighties. I could not make for my own political future a political decision. My decision is based on my conscience. Thank you, Mr. President.

The PRESIDENT: The Chair recognizes the Senator from Arostook, Senator Violette.

Senator VIOLETTE: Mr. President, Ladies and Gentlemen of the Senate: I'll try to be brief, I know it's late on a Friday and I have a long way to go as well but nonetheless.

This is one piece of legislation that I have received a substantial amount of constituent calls and letters at which all of them were in opposition to this legislation. I received no correspondence, nor calls in support of this legislation, and at best, I must say that my hospitals are rather tenuous with respect to this final document. I have, for that reason, spent as much time as I had in reviewing the initial pieces of legislation, attended as many, at least our caucuses', work sessions on this matter, and asked a number of questions, and felt that those questions were adequately answered. Those of us who represent rural communities and come from places that are somewhat removed from the more urban areas, have seen over a period of time rather centralization of medical facilities in a very small number of places, something that I'm very much opposed to, and something I see either with or without this legislation continuing. I think that it is for this reason that most of those people who are opposed to this legislation, from where I come from, were very much afraid and were in fear of this legislation. In the county that I come from, a number of our hospitals have closed in the last few years or have been taken over by larger facilities and the two small hospitals that I have left have to fight, it seems all the time, for anything that they want against larger institutions.

Nonetheless, the compromise agreement removes some very strong objections. The regionalism approach with respect to new and expanded services, I'm very pleased to see that the Committee deleted this section. I am, also, pleased that a number of other areas were removed from the Legislation. I asked a question in caucus, and I asked a question of the sponsors of the Legislation, and the Chairman of the Committee and the like, as to what this meant

for those hospitals, such as the ones that I have in my community? Their answer to that question was that it meant the continued existence of these very small and unprofitable hospitals. I must respect the judgment of those who are more learned in this area than I am. If their analysis is correct, as it ought to be, it is on this basis that I will base my vote today and it is going to be for that reason that I am going to vote for this Legislation. I have in my district two very poor hospitals. They are very much removed from larger hospitals in my county and I am very concerned about them. One was the hospital in my own community, the Van Buren Community Hospital that my father was instrumental in building after our community lost its hospital. I'm very concerned for another community hospital built with local funds and local bond issues. We have no big endowment fund and we have none of these wealthy people in my community who can provide funds to help out when times are hard; but these people have assured me that these hospitals will remain in existence. Really, it's for that reason that I wanted to just put this on the Record today, because I fully expect that their word and with respect to this matter.

I have some other concerns but with any compromise one can never have all that one wishes. Hospitals up in the areas that I come from have made substantial cuts and the bases upon which the first year and the following years, appropriation so to speak will be based, will be from a position which is, in my opinion, a very difficult one. Hospitals that have not had to go through the cutting process that the smaller hospitals that I represent had, in a sense will, be operating from now on, on an inflated bases, in my opinion. Hospitals which have had to cut services, in Fort Kent and in Van Buren, and have had to cut staff in order to stay in operation and cut out services that they just couldn't keep going; they've already had to make those cuts and this Bill doesn't do anything to look at those other hospitals such as Maine Medical, and Eastern Maine and to figure out whether or not they're really operating efficiently.

I think my hospital, even though perhaps their costs may be higher per bed have brought efficiency into their hospitals because of the costs and because of their remoteness and they have made cuts and they have done away with services and that year that is going to be used as the base line from which we're going to move forward, that's the only real concern that is left with me with respect to this Legislation, because my hospitals have done the cutting and the hospitals that have all the bucks and all the services have never had to go through that kind of process. They haven't! No one here can say that they have and that is my — but nonetheless — I'm going to support this Legislation today, because of what I've been told is the case and I only wish to add those comments.

The PRESIDENT: The Chair recognizes the Senator from Penobscot, Senator Baldacci.

Senator BALDACCII: Mr. President and Members of the Senate, I have a lengthy address but I won't give it this afternoon because it has been my understanding that this Bill will not be Enacted today. We will have an opportunity to resolve some of the questions that I have in regards to costs shifting, the equity shift in the Bill, the assessment against the patients to run the health care commission and the concern that I have that we're setting up a public utilities type of a commission only that we don't have any shareholders with which to burden with the bad decision but we only have patients, the people that need those cares.

It is very nice to know that when you have somebody that is ill, somebody that needs an operation that there is a hospital there. My grandmother had suffered a stroke and was kept alive with a respirator, as many of us have had situations close to us.

It is very easy to get a bill and say, my God, thirty thousand dollars for two months in the hospital or a serious operation. There are some people in this Senate Chamber that are alive today because of an operation. It may have costs a lot of money but they're alive today; people that I really respect. Thank you.

The PRESIDENT: Is the Senate ready for the question?

A Roll Call has been requested. Under the Constitution, in order for the Chair to order a Roll Call it requires the affirmative vote of at least one-fifth of those Senators present and voting.

Will all those Senators in favor of ordering a Roll Call, please rise and remain standing until counted.

Obviously more than one-fifth having arisen a Roll Call is ordered.

The PRESIDENT: The Chair recognizes the Senator from Penobscot, Senator Pray.

Senator PRAY: Mr. President, I wish permission to pair my vote with the gentleman from York, Senator Hichens. If he were here, he would be voting Yea and I would be voting Nay.

The PRESIDENT: The Senator from Penobscot, Senator Pray, Requests Leave of the Senate to pair his vote with the gentleman from York, Senator Hichens. If he were here, he would be voting Yea and the Senator from Penobscot, Senator Pray would be voting Nay.

The Chair recognizes the Senator from Knox, Senator Collins.

Senator COLLINS: Mr. President, I wish permission to pair my vote with the gentleman from Androscoggin, Senator Trafton. If he were here, he would be voting Nay and I would be voting Yea.

The PRESIDENT: The Senator from Knox, Senator Collins, Requests Leave of the Senate to pair his vote with the gentleman from Androscoggin, Senator Trafton. If he were here, he would be voting Nay and the Senator from Knox, Senator Collins, would be voting Yea.

The Chair recognizes the Senator from Penobscot, Senator Emerson.

Senator EMERSON: Mr. President, I wish permission to pair my vote with the gentleman from Aroostook, Senator Carpenter. If he were here, he would be voting Nay and I would be voting Yea.

The PRESIDENT: The Senator from Penobscot, Senator Emerson, Requests Leave of the Senate to pair his vote with the gentleman from Aroostook, Senator Carpenter. If he were here, he would be voting Nay and the Senator from Penobscot, Senator Emerson would be voting Yea.

The Chair recognizes the Senator from Somerset, Senator Redmond.

Senator REDMOND: Mr. President, I wish permission to pair my vote with the gentleman from Cumberland, Senator Diamond. If he were here, he would be voting No and I was here, I would vote Yes.

The PRESIDENT: The Senator from Somerset, Senator Remond, Requests Leave of the Senate to pair his vote with the gentleman from Cumberland, Senator Diamond. If he were here, he would be voting Nay and the Senator from Somerset, Senator Redmond would be voting Yea.

Is the Senate ready for the question?

The pending question before the Senate is the motion by the Senator from Knox, Senator Collins that this Bill be Indefinitely Postponed and all its Accompanying Papers.

A Yes vote will be in favor of Indefinite Postponement.

A No vote will be opposed.

The Doorkeepers will secure the Chamber.

The Secretary will call the Roll.

ROLL CALL

YEA—Minkowsky, Perkins, Sewall, Shute.
 NAY—Baldacci, Brown, Bustin, Charette, Clark, Danton, Dow, Dutremble, Erwin, Gill, Hayes, Kany, Najarian, Pearson, Teague, Twitchell, Usher, Violette, Wood, The President

Gerard P. Conley.
 ABSENT—McBreairty.

A Roll Call was had.
 4 Senators having voted in the affirmative and 20 Senators in the negative, with 8 Senators having paired their vote, and with 1 Senator being absent, the motion to Indefinitely Postpone L. D. 1737, Failed.

On motion by Senator Najarian of Cumberland, placed on the Special Appropriations Table, pending Enactment.

The President laid before the Senate:
 BILL, "An Act to Establish and Amend the Air Emission and Open-burning Standards" (H. P. 1259) (L. D. 1680)

Tabled — June 10, 1983 by Senator PRAY of Penobscot

Pending — Adoption of House Amendment "B" (H-368) to Committee Amendment "A" (H-340)

(In House June 9, 1983 Bill Passed to be Engrossed as Amended by Committee Amendment "A" (H-340) as Amended by House amendment "B" (H-368) thereto)

(In Senate June 10, 1983 Ought to Pass as Amended Report Read and Accepted. Committee Amendment "A" (H-340) Read. House Amendment "B" (H-368) to Committee Amendment "A" (H-340) Read.)

On motion by Senator Pray of Penobscot, Re-tabled for 1 Legislative Day.

The President laid before the Senate:
 An Act to Establish a Commission to Review and Evaluate the University of Maine System (S. P. 537) (L. D. 1566)

Tabled — June 10, 1983 by Senator PEARSON of Penobscot

Pending — Enactment
 (In House June 10, 1983 Passed to be Enacted)

On motion by Senator Najarian of Cumberland, placed on the Special Appropriations Table, pending Enactment.

Out of Order and Under Suspension of the Rules, the Senate considered the following:

**Communication
 State of Maine**

**One Hundred and Eleventh Legislature
 Committee on Agriculture
 June 10, 1983**

The Honorable Gerard P. Conley
 President of the Senate
 Senate Chamber
 State House
 Augusta, Maine 04333
 Dear Mr. President:

The Committee on Agriculture is pleased to report that it has completed all business placed before it by the first regular session of the 111th Legislature.

Total number of bills received:	46
Unanimous reports:	36
Leave to Withdraw	12
Ought Not to Pass	2
Ought to Pass	3
Ought to Pass as Amended	13
Ought to Pass in New Draft	6
Divided reports:	10

Respectfully submitted,
 S/EDGAR E. ERWIN
 Senate Chairman

Which was Read and Ordered Placed on File.

Out of Order and Under Suspension of the Rules, the Senate considered the following:

**Papers from the House
 Non-concurrent Matter**

BILL, "An Act to Establish a Program to Abate, Clean up and Mitigate Threats to Public Health and the Environment from Uncontrolled Hazardous Substance Sites" (S. P. 617) (L. D. 1751)

(In Senate June 10, 1983 Passed to be Engrossed.)

(Comes from the House Passed to be En-

grossed as Amended by House Amendment "A" (H-386) in non-concurrence.)

On motion by Senator Kany of Kennebec, the Senate voted to Recede and Concur with the House.

Joint Order

The Following Joint Order: (H. P. 1324)
 Ordered, the Senate concurring, that the following specified matters be held over to the next special or regular session of the 111th Legislature:

Committee & Bill

Aging, Retirement and Veterans — H. P. 1218 — L. D. 1617.

Appropriations and Financial Affairs — H. P. 455 — L. D. 557; S. P. 367 — L. D. 1141; H. P. 1103 — L. D. 1457; S. P. 582 — L. D. 1690.

Business Legislation — H. P. 412; L. D. 495; H. P. 414 — L. D. 497; H. P. 604 — L. D. 752.

Education — H. P. 1275 — L. D. 1688; S. P. 586 — L. D. 1703.

Energy and Natural Resources — S. P. 402 — L. D. 1250; H. P. 976 — L. D. 1277; H. P. 992 — L. D. 1302; H. P. 1106 — L. D. 1459.

Fisheries and Wildlife — H. P. 1312 — L. D. 1741.

Judiciary — S. P. 413 — L. D. 1260; H. P. 761 — L. D. 992; H. P. 1082 — L. D. 1428; H. P. 798 — L. D. 1038.

Labor — H. P. 1001 — L. D. 1309.

Marine Resources — H. P. 928 — L. D. 1207.

Public Utilities — H. P. 805 — L. D. 1045.

Transportation — H. P. 1167 — L. D. 1547.

Comes from the House, Read and Passed. Which was Read and Passed, in concurrence.

Enactors

The Committee on Engrossed Bills reported as truly and strictly engrossed the following:

An Act to Amend the Law Relating to Tax Increment Financing (H. P. 1039) (L. D. 1346)

The PRESIDENT: The Chair recognizes the Senator from Penobscot, Senator Baldacci.

Senator BALDACC: Just a question. Mr. President, just a point of information. Does this particular Bill have a fiscal note to it?

The PRESIDENT: The Chair recognizes the Senator from Penobscot, Senator Baldacci.

Senator BALDACC: Mr. President, I've received my answer. Thank you.

Which was Passed to be Enacted, and having been signed by the President, was by the Secretary presented to the Governor for his approval.

Out of Order and Under Suspension of the Rules, the Senate voted to consider the following:

**Communication
 State of Maine**

**One Hundred and Eleventh Legislature
 Committee on Transportation**

The Honorable Gerard P. Conley
 President of the Senate
 State House
 Augusta, Maine
 Dear President Conley:

The Committee on Transportation is pleased to report that it has completed all business placed before it by the first regular session of the 111th legislature.

Total number of bills received	107
Unanimous reports	96
Leave to withdraw	22
Ought Not to Pass	36
Ought to Pass	13
Ought to Pass as Amended	11
Ought to Pass New Draft	12
Referred to Another Committee	02
Divided Reports	11

Respectfully submitted,
 S/SEN. PETER W. DANTON
 Senate Chairman

Which was Read and Ordered Placed on File.

(Off Record Remarks)

On motion by Senator Pray of Penobscot,
Adjourned until Tuesday, June 14, 1983 at 4
o'clock in the afternoon.