

MAINE STATE LEGISLATURE

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

Daily Edition

Second Regular Session

beginning January 8, 2014

beginning page H-1301

LEGISLATIVE RECORD - HOUSE, March 18, 2014

ONE HUNDRED AND TWENTY-SIXTH LEGISLATURE
SECOND REGULAR SESSION
23rd Legislative Day
Tuesday, March 18, 2014

The House met according to adjournment and was called to order by the Speaker.

Prayer by Pastor Todd Bell, Calvary Baptist Church, Sanford.

National Anthem by Lincoln Academy Wind Ensemble, Newcastle.

Pledge of Allegiance.

Doctor of the day, Elena Nawfel, M.D., Waterville.

The Journal of Wednesday, March 12, 2014 was read and approved.

COMMUNICATIONS

The Following Communication: (H.P. 1316)

**FORENSIC MENTAL HEALTH SERVICES OVERSIGHT
COMMITTEE
126TH MAINE LEGISLATURE**

March 6, 2014

Honorable Justin L. Alford

President of the Senate

Honorable Mark W. Eves

Speaker of the House

State House

Augusta, Maine 04333

Dear President Alford and Speaker Eves:

Pursuant to Public Law 2013, Chapter 434, the Forensic Mental Health Services Oversight Committee is pleased to submit its final report. Copies of the full report have been distributed to committees or individuals as directed by law and copies have been placed on file with the Law and Legislative Reference Library. Others may access the full report on-line through the website of the Office of Policy and Legal Analysis at <http://www.maine.gov/legis/opla/forensichealthservicesrpt.pdf>.

Sincerely,

S/Sen. Stan J. Gerzofsky

Senate Chair

S/Rep. Andrew M. Gattine

House Chair

READ and with accompanying papers **ORDERED PLACED ON FILE.**

Sent for concurrence.

The Following Communication: (H.C. 373)

**STATE OF MAINE
CLERK'S OFFICE
2 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0002**

March 18, 2014

Honorable Mark W. Eves

Speaker of the House

2 State House Station

Augusta, Maine 04333

Dear Speaker Eves:

Pursuant to Joint Rule 310, the following Joint Select Committee and Joint Standing Committees have voted unanimously to report the following bills out "Ought Not to Pass:"

Insurance and Financial Services

L.D. 1629 An Act To Amend the Laws Governing the Provider Profiling Program

Maine's Workforce and Economic Future

L.D. 1393 An Act To Encourage Entrepreneurial Investment in Maine

Veterans and Legal Affairs

L.D. 1681 An Act To Amend the Laws Governing Gambling and Criminal History Record Checks

The sponsors and cosponsors have been notified of the Committee's action.

Sincerely,

S/Millicent M. MacFarland

Clerk of House

READ and with accompanying papers **ORDERED PLACED ON FILE.**

The Following Communication: (H.C. 374)

**STATE OF MAINE
HOUSE OF REPRESENTATIVES
SPEAKER'S OFFICE
AUGUSTA, MAINE 04333-0002**

March 17, 2014

Honorable Millicent M. MacFarland

Clerk of the House

2 State House Station

Augusta, Maine 04333

Dear Clerk MacFarland:

Please be advised that pursuant to Title 3, MRSA, §154 and §157, Governor Paul R. LePage has withdrawn his nominations of the following:

On March 13, 2014

Lenora Burke of Brunswick,
Scott C. Dunning of Hampden and
Honorable Kenneth C. Fletcher of Winslow for appointment to the Efficiency Maine Trust Board.

Andrew B. Benson of Athens,

Barbara L. Raimondi of Auburn,

Eric J. Walker of Belmont and

Lance E. Walker of Falmouth for appointment as a District Court Judge.

Please be advised that pursuant to his authority, Governor Paul R. LePage has nominated the following:

On March 13, 2014

Lenora Burke of Brunswick,

Scott C. Dunning of Hampden and

Honorable Kenneth C. Fletcher of Winslow for appointment to the Efficiency Maine Trust Board.

Pursuant to Title 35-A, MRSA, §10103, these appointments are contingent on the Maine Senate confirmation after review by the Joint Standing Committee on Energy, Utilities and Technology.

Andrew B. Benson of Athens

Barbara L. Raimondi of Auburn

Eric J. Walker of Belmont and

Lance E. Walker of Falmouth for appointment as a District Court Judge.

Pursuant to Title 4 MRSA, §157, these appointments are contingent on the Maine Senate confirmation after review by the Joint Standing Committee on Judiciary.

Sincerely,

S/Mark W. Eves

Speaker of the House

READ and with accompanying papers **ORDERED PLACED ON FILE.**

The Following Communication: (S.C. 798)

**MAINE SENATE
126TH LEGISLATURE
OFFICE OF THE SECRETARY**

March 12, 2014

Honorable Millicent M. MacFarland

Clerk of the House

2 State House Station

Augusta, Maine 04333

Dear Clerk MacFarland:

Senate Paper 213, Legislative Document 523, "An Act To Require Health Insurance Coverage for Hearing Aids for Young Adults," having been returned by the Governor, together with objections to the same, pursuant to Article IV, Part Third, Section 2 of the Constitution of the State of Maine, after reconsideration, the Senate proceeded to vote on the question: "Shall this Bill become a law notwithstanding the objections of the Governor?"

23 voted in favor and 12 against, and accordingly it was the vote of the Senate that the Bill not become a law and the veto was sustained.

Senate Paper 57, Legislative Document 168, "An Act To Establish Reasonable Restrictions on the Use of Fireworks," having been returned by the Governor, together with objections to the same, pursuant to Article IV, Part Third, Section 2 of the Constitution of the State of Maine, after reconsideration, the Senate proceeded to vote on the question: "Shall this Bill become a law notwithstanding the objections of the Governor?"

20 voted in favor and 15 against, and accordingly it was the vote of the Senate that the Bill not become a law and the veto was sustained.

Best Regards,

S/Darek M. Grant

Secretary of the Senate

READ and ORDERED PLACED ON FILE.

**PETITIONS, BILLS AND RESOLVES REQUIRING
REFERENCE**

Bill "An Act To Amend the Outcome-based Forestry Experiment Laws"

(H.P. 1314) (L.D. 1823)

Sponsored by Representative McCABE of Skowhegan.

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 205.

Committee on **AGRICULTURE, CONSERVATION AND FORESTRY** suggested and ordered printed.

REFERRED to the Committee on **AGRICULTURE, CONSERVATION AND FORESTRY** and ordered printed.

Sent for concurrence.

An Act To Protect the State's Authority in Issues Concerning Federal Relicensing of Dams Located in the State

(H.P. 1315) (L.D. 1826)

Sponsored by Representative McCABE of Skowhegan.

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 203.

Committee on **ENVIRONMENT AND NATURAL RESOURCES** suggested and ordered printed.

REFERRED to the Committee on **ENVIRONMENT AND NATURAL RESOURCES** and ordered printed.

Sent for concurrence.

Bill "An Act To Reduce Abuse of the Temporary Assistance for Needy Families Program through Restriction of Electronic Benefits Transfers"

(H.P. 1309) (L.D. 1820)

Sponsored by Representative NADEAU of Fort Kent. (GOVERNOR'S BILL)

Cosponsored by Senator BURNS of Washington and Representatives: CLARK of Easton, HAYES of Buckfield, McELWEE of Caribou, SANDERSON of Chelsea, SIROCKI of Scarborough.

Bill "An Act To Increase Integrity in the Temporary Assistance for Needy Families Program through Restriction of Expenditures"

(H.P. 1312) (L.D. 1822)

Sponsored by Representative MacDONALD of Old Orchard Beach. (GOVERNOR'S BILL)

Cosponsored by Senator CUSHING of Penobscot and Representatives: CHASE of Wells, DORNEY of Norridgewock, HAYES of Buckfield, McELWEE of Caribou, SANDERSON of Chelsea, SIROCKI of Scarborough, Senators: BURNS of Washington, HAMPER of Oxford.

Bill "An Act To Require the Department of Health and Human Services To Report Annually on Investigations and Prosecutions of False Claims Made under the MaineCare, Temporary Assistance for Needy Families and Food Supplement Programs" (EMERGENCY)

(H.P. 1317) (L.D. 1829)

Sponsored by Representative GATTINE of Westbrook.

Cosponsored by Senator LACHOWICZ of Kennebec and Representatives: FREY of Bangor, SANBORN of Gorham.

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 203.

Committee on **HEALTH AND HUMAN SERVICES** suggested and ordered printed.

REFERRED to the Committee on **HEALTH AND HUMAN SERVICES** and ordered printed.

Sent for concurrence.

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

ORDERS

On motion of Representative FITZPATRICK of Houlton, the following Joint Resolution: (H.P. 1306) (Cosponsored by Representatives: AYOTTE of Caswell, BEAR of the Houlton Band of Maliseet Indians, BEAUDOIN of Biddeford, BEAULIEU of Auburn, BEAVERS of South Berwick, BECK of Waterville, BENNETT of Kennebunk, BERRY of Bowdoinham, BLACK of Wilton, BOLAND of Sanford, BOLDUC of Auburn, BRIGGS of Mexico, BROOKS of Winterport, CAMPBELL of Newfield, CAMPBELL of Orrington, CAREY of Lewiston, CASAVANT of Biddeford, CASSIDY of Lubec, CHAPMAN of Brooksville, CHASE of Wells, CHENETTE of Saco, CHIPMAN of Portland, CLARK of Easton, COOPER of Yarmouth, COTTA of China, CRAIGTS of Lisbon, CRAY of Palmyra, CROCKETT of Bethel, DAUGHTRY of Brunswick, DAVIS of Sangerville, DeCHANT of Bath, DEVIN of Newcastle, DICKERSON of Rockland, DILL of Old Town, DION of Portland, DOAK of Columbia Falls, DORNEY of Norridgewock, DUNPHY of Embden, DUPREY of Hampden, ESPLING of New Gloucester, EVANGELOS of Friendship, Speaker EVES of North Berwick, FARNSWORTH of Portland, FOWLE of Vassalboro, FREDETTE of Newport, FREY of Bangor, GATTINE of Westbrook, GIDEON of Freeport, GIFFORD of Lincoln, GILBERT of Jay, GILLWAY of Searsport, GOODE of

Bangor, GRAHAM of North Yarmouth, GRANT of Gardiner, GUERIN of Glenburn, HAMANN of South Portland, HARLOW of Portland, HARVELL of Farmington, HAYES of Buckfield, HERBIG of Belfast, HICKMAN of Winthrop, HOBBS of Saco, HUBBELL of Bar Harbor, JACKSON of Oxford, JOHNSON of Eddington, JOHNSON of Greenville, JONES of Freedom, JORGENSEN of Portland, KAENRATH of South Portland, KENT of Woolwich, KESCHL of Belgrade, KINNEY of Limington, KNIGHT of Livermore Falls, KORNFIELD of Bangor, KRUGER of Thomaston, KUMIEGA of Deer Isle, KUSIAK of Fairfield, LAJOIE of Lewiston, LIBBY of Waterboro, LIBBY of Lewiston, LOCKMAN of Amherst, LONG of Sherman, LONGSTAFF of Waterville, LUCHINI of Ellsworth, MacDONALD of Old Orchard Beach, MacDONALD of Boothbay, MAKER of Calais, MALABY of Hancock, MAREAN of Hollis, MARKS of Pittston, MASON of Topsham, MASTRACCIO of Sanford, McCABE of Skowhegan, McCLELLAN of Raymond, McELWEE of Caribou, McGOWAN of York, McLEAN of Gorham, MITCHELL of the Penobscot Nation, MONAGHAN-DERRIG of Cape Elizabeth, MOONEN of Portland, MORIARTY of Cumberland, MORRISON of South Portland, NADEAU of Fort Kent, NADEAU of Winslow, NELSON of Falmouth, NEWENDYKE of Litchfield, NOON of Sanford, NUTTING of Oakland, PARRY of Arundel, PEASE of Morrill, PEAVEY HASKELL of Milford, PEOPLES of Westbrook, PETERSON of Rumford, PLANTE of Berwick, POULIOT of Augusta, POWERS of Naples, PRIEST of Brunswick, PRINGLE of Windham, RANKIN of Hiram, REED of Carmel, ROCHELO of Biddeford, ROTUNDO of Lewiston, RUSSELL of Portland, RYKERSON of Kittery, SANBORN of Gorham, SANDERSON of Chelsea, SAUCIER of Presque Isle, SAXTON of Harpswell, SCHNECK of Bangor, SHAW of Standish, SHORT of Pittsfield, SIROCKI of Scarborough, SOCTOMAH of the Passamaquoddy Tribe, STANLEY of Medway, STUCKEY of Portland, THERIAULT of Madawaska, TIMBERLAKE of Turner, TIPPING-SPITZ of Orono, TREAT of Hallowell, TURNER of Burlington, TYLER of Windham, VEROW of Brewer, VILLA of Harrison, VOLK of Scarborough, WALLACE of Dexter, WEAVER of York, WELSH of Rockport, WERTS of Auburn, WILLETTE of Mapleton, WILSON of Augusta, WINCHENBACH of Waldoboro, WINSOR of Norway, WOOD of Sabattus, Senators: President ALFOND of Cumberland, BOYLE of Cumberland, BURNS of Washington, CAIN of Penobscot, CLEVELAND of Androscoggin, COLLINS of York, CRAVEN of Androscoggin, CUSHING of Penobscot, DUTREMBLE of York, FLOOD of Kennebec, GERZOFKY of Cumberland, GRATWICK of Penobscot, HAMPER of Oxford, HASKELL of Cumberland, HILL of York, JACKSON of Aroostook, JOHNSON of Lincoln, KATZ of Kennebec, LACHOWICZ of Kennebec, LANGLEY of Hancock, MASON of Androscoggin, MAZUREK of Knox, MILLETT of Cumberland, PATRICK of Oxford, PLUMMER of Cumberland, SAVIELLO of Franklin, SHERMAN of Aroostook, THIBODEAU of Waldo, THOMAS of Somerset, TUTTLE of York, VALENTINO of York, VITELLI of Sagadahoc, WHITTEMORE of Somerset, WOODBURY of Cumberland, YOUNGBLOOD of Penobscot)

JOINT RESOLUTION RECOGNIZING MARCH AS NATIONAL WOMEN'S HISTORY MONTH

WHEREAS, March has been annually designated as National Women's History Month in order to celebrate the contributions of women to our society and to honor the extraordinary and often unrecognized determination and tenacity of women; and

WHEREAS, the theme for National Women's History Month 2014 is "Celebrating Women of Character, Courage and Commitment"; and

WHEREAS, these traits are revealed in those women who

challenge and change laws, who conduct new medical research, who share stories of compassion, leadership and courage and who achieve against great odds; and

WHEREAS, women from all walks of life, all over the nation, are mentors and examples, athletes, activists, writers, scientists, educators, homemakers, advocates, politicians and survivors; and

WHEREAS, the State of Maine is known and respected for its long list of accomplished women in its society, be it in politics, literature, sports or entertainment, and we take this opportunity to make note of some of these women who have been beacons of hope and inspiration to all people in our State; and

WHEREAS, we recognize the Maine Women's Hall of Fame, which is celebrating 25 years of honoring Maine women, and we celebrate the following famous Maine women who have inspired us and have been inducted into the Maine Women's Hall of Fame: Margaret Chase Smith, Mable S. Wadsworth, Gail H. Laughlin, Elizabeth S. Russell, Ninetta M. Runnals, Gilda E. Nardone, Dorothy Murphy Healy, Esther Elizabeth Wood, Eloise A. Vitelli, Elizabeth W. Crandall, Marti Stevens, Mildred Schrupf, Ethel Wilson Gammon, Lois Galgay Reckitt, Elizabeth H. Mitchell, Olympia J. Snowe, Caroline Gentile, Joan Benoit Samuelson, Linda Smith Dyer, Chellie Pingree, Theodora June Kalkow, Nancy H. Hensel, Sharon H. Abrams, Judith Magyar Isaacson, Patricia M. Collins, Judy Ayotte Paradis, Chilton R. Knudsen, Laura Fortman, Dale McCormick, Karen Heck, Florence Brooks Whitehouse, Sharon Barker, Thelma Swain, Susan M. Collins, Katherine Ogilvie Musgrave, Mary Farrar, Ruth L. Lockhart, Lyn Mikel Brown, Mary R. Cathcart, Laurie G. Lachance and Patricia E. Ryan; and with the women inducted into the Maine Federation of Business and Professional Women's Hall of Fame: Patricia Carol Bourgoin, Jeanne Littlefield Hammond and Arline Rebecca Andrews Lovejoy; and

WHEREAS, we also take this opportunity to honor and celebrate Maine women who go unrecognized, and who have shown their tenacity and dedication through their daily actions; now, therefore, be it

RESOLVED: That We, the Members of the One Hundred and Twenty-sixth Legislature now assembled in the Second Regular Session, on behalf of the people we represent, take this opportunity to honor and celebrate National Women's History Month and to extend our sincere appreciation to all Maine women who have unselfishly shown character, courage and commitment.

READ.

The SPEAKER: The Chair recognizes the Representative from Houlton, Representative Fitzpatrick.

Representative FITZPATRICK: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. During National Women's History Month, each year for the past 25 years, the Maine Federation of Business and Professional Women, the BPW Futurama Foundation, and the University of Maine at Augusta have taken the opportunity to recognize outstanding women in Maine by inducting them into the Maine Women's Hall of Fame. Maine is known nationally for its women of character, courage and commitment, and last Saturday evening two such women were recognized for their contributions to our state and its citizens. Patricia E. Ryan, former executive director of the Maine Human Rights Commission and founding member of the Maine Women's Lobby, and Laurie G. Lachance, first female president of Thomas College, first female president of the Maine Development Foundation, and first female state economist were the 2014 inductees into the Maine Women's Hall of Fame. Each of them represents the character, courage and commitment that this Joint Resolution celebrates. I am pleased to sponsor this

Resolution and to have all of the members of the House and the other body join me in this recognition of National Women's History Month. Thank you, Mr. Speaker.

Subsequently, the Joint Resolution was **ADOPTED**.
Sent for concurrence.

On motion of Representative VEROW of Brewer, the following Joint Resolution: (H.P. 1307) (Cosponsored by Senator YOUNGBLOOD of Penobscot and Representatives: BEAUDOIN of Biddeford, BENNETT of Kennebunk, BRIGGS of Mexico, CHAPMAN of Brooksville, CHIPMAN of Portland, DILL of Old Town, EVANGELOS of Friendship, FREY of Bangor, GILBERT of Jay, GILLWAY of Searsport, GRANT of Gardiner, KORNFIELD of Bangor, KUSIAK of Fairfield, MASTRACCIO of Sanford, McCABE of Skowhegan, MITCHELL of the Penobscot Nation, NADEAU of Winslow, NEWENDYKE of Litchfield, PLANTE of Berwick, PRINGLE of Windham, RANKIN of Hiram, RYKERSON of Kittery, SAUCIER of Presque Isle, SCHNECK of Bangor, STUCKEY of Portland, THERIAULT of Madawaska, TURNER of Burlington, Senator: JACKSON of Aroostook)

**JOINT RESOLUTION RECOGNIZING MARCH 18, 2014 AS
MULTIPLE SCLEROSIS AWARENESS DAY IN MAINE**

WHEREAS, multiple sclerosis is a chronic, often disabling disease of the central nervous system, for which there is no cure at present, that typically is diagnosed in people between 20 years and 50 years of age and affects women 3 times more often than it does men; and

WHEREAS, multiple sclerosis distorts and interrupts the signal between the brain and the body; and

WHEREAS, multiple sclerosis affects 400,000 people nationwide, including 8,000 to 10,000 children and teens; over 3,000 individuals in Maine have the disease, nearly one in 400 citizens, which is one of the highest per capita rates in the nation; and

WHEREAS, the National Multiple Sclerosis Society is a driving force of multiple sclerosis research, pursuing prevention, treatment and cure, and the Greater New England Chapter of the National Multiple Sclerosis Society educates, supports and advocates for people with multiple sclerosis and their families to help them maintain the highest possible quality of life; and

WHEREAS, the Greater New England Chapter of the National Multiple Sclerosis Society encourages individuals with multiple sclerosis and their families, health professionals and other concerned citizens to join the movement to advocate for policy change in the priority areas of high-quality health care, health care coverage, long-term care and disability rights; now, therefore, be it

RESOLVED: That We, the Members of the One Hundred and Twenty-sixth Legislature now assembled in the Second Regular Session, on behalf of the people we represent, take this opportunity to declare that March 18, 2014 is designated as Multiple Sclerosis Awareness Day in Maine; and be it further

RESOLVED: That a suitable copy of this resolution, duly authenticated by the Secretary of State, be transmitted to the Greater New England Chapter of the National Multiple Sclerosis Society.

READ.

The SPEAKER: The Chair recognizes the Representative from Brewer, Representative Verow.

Representative **VEROW**: Thank you, Mr. Speaker, and I want to thank members of the House that have joined me in cosponsoring this Joint Resolution. I am pleased to offer this Resolution to bring awareness to the chronic disease that many in our community are living with on a daily basis. Over 3,000 of

our Maine family members and fellow citizens struggle to cope with daily fatigue and mobility problems, pain, muscle aches and spasms, vision problems and other difficulties. This large segment of our community needs our support and awareness. People with MS are smart, capable individuals, and those who are able to work in our towns, in our cities, our schools, our offices, hospitals, factories are among the most conscientious and hardworking employees. This Joint Resolution sets today as MS Awareness Day in the Maine Legislature. I urge all members of this body to take time to visit the many exhibits set up in the Welcome Center and in the Hall of Flags and to speak with members of the MS community who will be traveling from far and near to accept our greetings. Thank you, Mr. Speaker.

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

Representative **McCABE**: Thank you, Mr. Speaker. I wanted to rise and thank my good friend from Brewer for bringing this forward and continuing this discussion. Many of us in the chamber know someone with MS and the work that the folks do to bring this day forward and to be here in the Hall of Flags is vitally important. I also just want to echo the comments of the good Representative from Brewer, Representative Verow's, in regards to folks with MS living amongst us, being part of our family, being able-bodied and due to the treatment that they receive and having the access to good health care is the thing that enables them to function every day and be citizens, to be working, to be exercising, to be successful in life. Thank you.

Subsequently, the Joint Resolution was **ADOPTED**.
Sent for concurrence.

SPECIAL SENTIMENT CALENDAR

In accordance with House Rule 519 and Joint Rule 213, the following items:

Recognizing:

Patricia E. Ryan, of Brunswick, former executive director of the Maine Human Rights Commission and one of the founders of the Maine Women's Lobby, on the occasion of her induction into the Maine Women's Hall of Fame. Ms. Ryan helped found the Maine Women's Lobby, which employs the only full-time lobbyist in the state advocating for a full range of women's issues. She was director of the Maine Human Rights Commission from 1979 until her retirement in 2011. As director, she headed the agency charged with enforcing Maine's antidiscrimination laws. Prior to her position at the Maine Human Rights Commission, Ms. Ryan chaired the State Personnel Board and the Permanent Commission on the Status of Women. She was projects coordinator for the Center for Natural Areas, a nonprofit environmental resources management firm formerly affiliated with the Smithsonian Institution. We send our appreciation to Ms. Ryan for her hard work and dedication in her efforts to ensure the success of Maine women and her service to the people of Maine. We extend our congratulations to her on her induction into the Maine Women's Hall of Fame;

(HLS 762)

Presented by Representative DAUGHTRY of Brunswick. Cosponsored by Senator GERZOFKY of Cumberland, Representative PRIEST of Brunswick, Representative KENT of Woolwich.

On **OBJECTION** of Representative DAUGHTRY of Brunswick, was **REMOVED** from the Special Sentiment Calendar.

READ.

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

Representative **DAUGHTRY**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. It is an honor to rise in support of this Sentiment celebrating one of Brunswick's best and most accomplished residents, and recent Maine Women's Hall of Fame honoree, and the good Representative from Brunswick Charlie Priest's wife, Patricia Ryan.

Patricia, or Pat as I have known her for all of my life, her work has made it possible for me to be standing here before you. Throughout her career, she has been a tireless advocate for women. She has been a strong voice for the need for women to be more involved in the legislative process. She has worked hard to ensure that women break through the glass ceiling and have an equal seat at the table.

Pat has had an exemplary career. She worked at the Center for Natural Areas, an environmental resources management firm. She chaired the Maine State Personnel Board and the Maine Permanent Commission for Women. She also worked for the Polaroid Corporation, which I'll have to ask her about later because, as a photographer, I find that awesome and I want to know more.

Pat's concern for the lack of gender equity and female voices in the Maine Legislature led her to be one of the original founders of the Maine Women's Lobby in 1978. Next Pat served as the executive director Maine Human Rights Commission from 1979 to her retirement in 2011. During her tenure at the Commission, she worked to enforce Maine's historic anti-discrimination laws and ensured that everyone has justice and equal access under the laws of our state.

Pat's inspiring breadth of work have helped propel Maine's women forward and put us on the path towards gender parity. Maine's women owe Pat a debt of gratitude. Her belief that we need more women in state government helped me get where I am today. She was there with me at the polls when I won, and I am thankful for both her and Representative Priest's guidance in my own career. I am very fortunate that in Brunswick I grew up with a plethora of awe-inspiring female role models to look up to – and Pat is one of our most amazing. I've known Pat for most of my life and have looked up to her forever and will continue to try to work towards her goals for gender equity. I am honored to have her as a mentor and even more honored to call her a friend.

The **SPEAKER**: The Chair recognizes the Representative from Newport, Representative Fredette.

Representative **FREDETTE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I was honored to be nominated and approved by the former Chief Executive, Governor Baldacci, to serve as a member of the Maine Human Rights Commission, where I had the opportunity to get to know Pat and work with her on issues facing Maine in a difficult time, when we, as a state, have been continuing to grow in the area of human rights. As someone who came on to the committee that had a limited knowledge of what was going on and what the issues were at the time, Pat kind of took me under her wings and recognized that I was doing my best and was working hard. I appreciated the opportunity to learn from her and what she had to offer not only to me as a new member to the Commission, but to the many years of experience that she had serving on the Commission and the people of the State of Maine, in terms of her longevity and what she really brought to the table, in terms of her work in that arena. So I congratulate her, recognize her for her many years of accomplishments and leaving the Human Rights Commission in a place where I think it continues to do the important work that the State of Maine, that the Legislature thought it should be doing. So enjoy your rest and your good time and Godspeed.

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

Representative **HAYES**: Thank you, Mr. Speaker. Mr. Speaker, Women and Men of the House. We, all of the women who sit in this chamber and the women who sit in the other chamber down the hall, we all stand on Pat Ryan's shoulders right now, and I want to make sure that you know that. If you have not met her personally, you might want to take this opportunity to do so. Thank you, Pat, and thank you, Mr. Speaker.

Subsequently, the Sentiment was **PASSED** and sent for concurrence.

Recognizing:

Dave Jackson, of Rockport, who has been named Community Person of the Year by the Penobscot Bay Regional Chamber of Commerce. The award is given to a person who has greatly enhanced the quality of life in the community. Mr. Jackson has lived in Rockport for 30 years and has served on the town Budget Committee and Parks Committee, and the Rockport Elementary School Building Committee, and has worked for the improvement of the Rockport Opera House. He is the only person to have received the honor of being named the Paul Harris Fellow of the Camden Rotary Club twice, which is given for outstanding community service. He led the 7-year effort to get the Camden Public Library and Amphitheatre designated a National Historic Landmark. He also is involved with the Camden Downtown Business Group, the Camden Cinema Committee, the Winterfest Committee, the Camden Rotary Club, the Camden Congregational Church and the Camden Downtown Network Board. We extend our appreciation to Mr. Jackson for his commitment to his community and congratulate him on his receiving this honor;

(HLS 763)

Presented by Representative **WELSH** of Rockport. Cosponsored by Senator **MAZUREK** of Knox.

On **OBJECTION** of Representative **WELSH** of Rockport, was **REMOVED** from the Special Sentiment Calendar.

READ.

The **SPEAKER**: The Chair recognizes the Representative from Rockport, Representative Welsh.

Representative **WELSH**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. It's a huge pleasure to welcome Dave to our chamber here and to publicly thank him for all he has done for the past 30 years for our wonderful community on the Midcoast. Dave is a true servant leader. He works quietly, he works hard, he does so much for Camden and Rockport, and he is such a deserving recipient of this Chamber of Commerce award and of this Sentiment today. I am blessed to count Dave as a dear neighbor and a truly treasured friend, and I thank him for his service and the continued work that he does in our community. Thank you.

The **SPEAKER**: The Chair recognizes the Representative from Thomaston, Representative Kruger.

Representative **KRUGER**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I just also want to rise. I have known Dave for many, many years. He is the essence of community and I am proud to call him a friend and proud to stand on his behalf today. Thank you.

Subsequently, the Sentiment was **PASSED** and sent for concurrence.

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

The following item was taken up out of order by unanimous consent:

REPORTS OF COMMITTEE
Divided Report

Majority Report of the Committee on **MARINE RESOURCES** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-686)** on Bill "An Act To Clarify the Law Concerning Maine's Elver Fishing License" (EMERGENCY) (H.P. 1197) (L.D. 1625)

Signed:

Senators:

JOHNSON of Lincoln
MAZUREK of Knox
WOODBURY of Cumberland

Representatives:

KUMIEGA of Deer Isle
CHAPMAN of Brooksville
DEVIN of Newcastle
DICKERSON of Rockland
DOAK of Columbia Falls
KRUGER of Thomaston
SAXTON of Harpswell
WEAVER of York
WINCHENBACH of Waldoboro

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "B" (H-687)** on same Bill.

Signed:

Representative:

PARRY of Arundel

READ.

On motion of Representative KUMIEGA of Deer Isle, the Majority **Ought to Pass as Amended** Report was **ACCEPTED**.

The Bill was **READ ONCE**. **Committee Amendment "A" (H-686)** was **READ** by the Clerk.

Representative BEAR of the Houlton Band of Maliseet Indians **PRESENTED House Amendment "A" (H-699)** to **Committee Amendment "A" (H-686)**, which was **READ** by the Clerk.

The SPEAKER: The Chair recognizes the Representative from the Houlton Band of Maliseet Indians, Representative Bear.

Representative **BEAR**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. The amendment I am proposing is simply to deal with an issue that was of trouble and caused contention last season and is expected to continue to be a problem this next season into the future. It deals with the prices that elver buyers are paying at the point of sale when there has been direct evidence and also reports that has been a distinction of prices being paid as between fishermen, specifically as between tribal and nontribal, and perhaps others as well. The problem can be corrected with the amendment that I am proposing here for you in that it will require elver dealers who are licensed under the State of Maine to buy elver licenses to post...

The SPEAKER: Will the Representative defer? For what purpose does the Representative from Deer Isle rise?

Representative **KUMIEGA**: Representative Bear is referring to a different amendment. He has proposed Committee Amendment "A" which refers to helpers, designating helpers for

license holders, and he is referring to an amendment about price posting.

The SPEAKER: The Chair would confirm that the Representative from Deer Isle is correct in terms of the content of House Amendment "A." The Representative may proceed.

Representative **BEAR**: All right, I stand corrected, Mr. Speaker, so in speaking to that, the amendment speaks for itself. I have no further comments to make other than this is a good amendment and what it does is, in committee, we talked about the safety issue of those who have elver licenses, tribal elver licenses that were selected by lottery, some of these are people who are small, some women, some elders, and there is an issue in the manner in which we're fishing in order to promote conservation and the least possible impact on the elver fishery, that they fish out of water with dip nets, they're not in the water once they set other gear, and because they are small people, this amendment recognizes the need to designate people who can assist them in the carrying of the water that contains elvers or in the setting of gear. In a sense, this is partially covered in proposed language, but this amendment deals with that directly and it will provide for what normally is already accommodated in the lobster fishery with license holders being on the platform and they have people on the back of the boat doing the baiting or setting traps for troll fishing, where they are going to link a number of lobster traps together and then kick them over the side safely. The captain, with a license, who is usually the license holder, is not also kicking the traps off the back of the boat by lifting the transoms and doing that all safely. Likewise, we're asking that the same type of safety issues or assistance is able to be provided to those, who, through the lottery, end up being either smaller people, weaker or disabled, but who would still like to fish elvers and do it safely with assistance. Thank you, Mr. Speaker.

Representative KUMIEGA of Deer Isle moved that **House Amendment "A" (H-699)** to **Committee Amendment "A" (H-686)** be **INDEFINITELY POSTPONED**.

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

Representative **KUMIEGA**: Thank you, Mr. Speaker. This is something that we discussed in committee and the Committee Amendment that this pertains to has a section that allows licensed harvesters to assist other licensed harvesters with fishing activities. The discussion in committee, the concerns particularly for Maine Patrol came up, that they had concerns with unlicensed people being on the riverbanks because of the potential for illegal activity and difficulties in enforcement. The elver bill that we adopted last week provides for the department to develop an assistance license that will be in place for the next season, so I feel this has been addressed in two other places and if we were to adopt this amendment, it would cause enforcement and illegal activity issues. Thank you, Mr. Speaker.

Representative JONES of Freedom **REQUESTED** a division on the motion to **INDEFINITELY POSTPONE House Amendment "A" (H-699)** to **Committee Amendment "A" (H-686)**.

The Chair ordered a division on the motion to **INDEFINITELY POSTPONE House Amendment "A" (H-699)** to **Committee Amendment "A" (H-686)**.

A vote of the House was taken. 109 voted in favor of the same and 9 against, and accordingly **House Amendment "A" (H-699)** to **Committee Amendment "A" (H-686)** was **INDEFINITELY POSTPONED**.

Representative BEAR of the Houlton Band of Maliseet Indians **PRESENTED House Amendment "B" (H-700)** to

Committee Amendment "A" (H-686), which was **READ** by the Clerk.

The **SPEAKER**: The Chair recognizes the Representative from the Houlton Band of Maliseet Indians, Representative Bear.

Representative **BEAR**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Thank you. This amendment, again picking up where I left off, thinking we were dealing with this before the last amendment which has been now Indefinitely Postponed, as it should be, again deals with the pricing of eels by Maine licensed elver dealers who are holding themselves out to the harvesters at the point of sale, usually at the heads of the tides, either down south, Midcoast or Downeast, where they are usually the only buyer who shows up. What happens is that the fishermen who will be offering their elver eels for sale will line up and what happens is that the buyers will handle the eels to the elvers which can impact on their morbidity, their mortality, and you are doing so believing that there is going to be a price because the whisper goes out and people say, "Well, this is what they're paying." But when you end up having the eels weighed, I have witnessed and it has been reported to me that the price then changes once they have possession of these. Unfortunately, they are not paying the same prices, depending on who the seller is, either because they haven't been a regular customer or for whatever reason. So what this will do, I believe and we've discussed it, it will help let people know in advance as they approach a prospective buyer, they will see at least a minimum price that they're going to pay. Now they may pay more than that minimum, that posted price, but you know that they're going to at least pay that price and they'll know this before the buyer takes the elvers, strains them, sorts them, weighs them, squeezes the liquid from them and then gives you the weight, and then you know in advance that you're going to be offered at least that price that's posted to buy the eels. So that's what this will sort of do, is to eliminate the surprise and possibly the discrimination. Thank you, Mr. Speaker.

Subsequently, **House Amendment "B" (H-700)** to **Committee Amendment "A" (H-686)** was **ADOPTED**.

Committee Amendment "A" (H-686) as Amended by **House Amendment "B" (H-700)** thereto was **ADOPTED**.

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

On motion of Representative **FREDETTE** of Newport, **TABLED** pending **PASSAGE TO BE ENGROSSED** as Amended by **Committee Amendment "A" (H-686)** as Amended by **House Amendment "B" (H-700)** thereto and later today assigned.

REPORTS OF COMMITTEE
Refer to the Committee on Judiciary
Pursuant to Statute

Representative **PRIEST** for the **Joint Standing Committee on Judiciary** on Bill "An Act To Implement Recommendations of the Right To Know Advisory Committee"

(H.P. 1311) (L.D. 1821)

Reporting that it be **REFERRED** to the Committee on **JUDICIARY** pursuant to the Maine Revised Statutes, Title 1, section 411, subsection 6, paragraph G.

Report was **READ** and **ACCEPTED** and the Bill was **REFERRED** to the Committee on **JUDICIARY**.

Sent for concurrence.

Refer to the Committee on Marine Resources
Pursuant to Public Law

Representative **KUMIEGA** for the **Joint Standing Committee on Marine Resources** on Bill "An Act To Promote Rockweed Habitat Conservation through the Consideration of No-harvest Areas"

(H.P. 1318) (L.D. 1830)

Reporting that it be **REFERRED** to the Committee on **MARINE RESOURCES** pursuant to Public Law 2013, chapter 169, section 2.

Report was **READ** and **ACCEPTED** and the Bill was **REFERRED** to the Committee on **MARINE RESOURCES**.

Sent for concurrence.

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

HOUSE DIVIDED REPORT - Majority (12) **Ought to Pass as Amended by Committee Amendment "A" (H-686)** - Minority (1) **Ought to Pass as Amended by Committee Amendment "B" (H-687)** - Committee on **MARINE RESOURCES** on Bill "An Act To Clarify the Law Concerning Maine's Elver Fishing License" (**EMERGENCY**)

(H.P. 1197) (L.D. 1625)

Which was **TABLED** by Representative **FREDETTE** of Newport pending **PASSAGE TO BE ENGROSSED** as Amended by **Committee Amendment "A" (H-686)** as Amended by **House Amendment "B" (H-700)** thereto.

Subsequently, the Bill was **PASSED TO BE ENGROSSED** as Amended by **Committee Amendment "A" (H-686)** as Amended by **House Amendment "B" (H-700)** thereto and sent for concurrence.

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

Divided Report

Majority Report of the Committee on **HEALTH AND HUMAN SERVICES** reporting **Ought to Pass as Amended by Committee Amendment "B" (S-419)** on Bill "An Act To Implement Managed Care in the MaineCare Program"

(S.P. 552) (L.D. 1487)

Signed:

Senators:

CRAVEN of Androscoggin
LACHOWICZ of Kennebec

Representatives:

FARNSWORTH of Portland
CASSIDY of Lubec
DORNEY of Norridgewock
GATTINE of Westbrook
PETERSON of Rumford
STUCKEY of Portland

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

Signed:

Senator:

HAMPER of Oxford

Representatives:

MALABY of Hancock

McELWEE of Caribou
SANDERSON of Chelsea
SIROCKI of Scarborough

Representative BEAR of the Houlton Band of Maliseet Indians - of the House - supports the Majority **Ought to Pass as Amended by Committee Amendment "B" (S-419)** Report.

Came from the Senate with the Majority **OUGHT TO PASS AS AMENDED** Report **READ** and **ACCEPTED** and the Bill **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "B" (S-419)**.

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

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

Representative **FARNSWORTH**: Thank you, Mr. Speaker. As we move into this particular debate, I am very much in hopes that it will be a very enlightening kind of debate. I'm sure we'll hear about the impact on hospitals, families and our economy. My concern is about providing health insurance for thousands of people who are at risk should they have health care needs, an important step for our state. I grew up in rural America on a farm where there were not a whole lot of health care opportunities. If we didn't deal with the issue with my mother applying green salve, which was a very common thing, and the pharmacy was the local Watkins Man that used to come around once a month. Otherwise, it was call the doctor and tell them that you're coming, and with Dr. Seuter, it was always the case of "If the Farnsworths call, you want to send them around to the back door and let them right in because you know it's serious business." Unfortunately, those days are long passed. Our society has moved to a much more complex level and we need to take and recognize that. We now have thousands that are at risk with no insurance for their health care needs. I support this bill because this represents a measure for our society to fill this chronic need and to create a support system for these thousands so that they can be productive and healthy citizens continuing to make a positive contribution to our society. Thank you very much.

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

Representative **WILSON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise today in support of LD 1487 and I just want to take a few moments to sort of lay out some of the components of the bill, if I may. I believe that this is a bipartisan approach to better managing care and achieving savings in MaineCare, while improving access to health care for nearly 70,000 Maine people with low income, the majority of whom work. This bill, in my opinion, will save lives, create jobs and help our economy. It will infuse millions of dollars into Maine's economy which increases badly needed revenues for our health care providers including our doctors, hospitals and federally qualified health centers. It will create an estimated 3,100 to 3,400 jobs and will preserve about 900 to 1,000 more. Maine will receive \$360 million in new federal health care dollars each year, about \$1 million a day, more than \$1 million a day, as a \$500 million annual economic impact into Maine's economy.

So I want to talk about the compromise that exists in the bill, if I may. Part A, it implements a full risk capitated managed care in Maine's MaineCare program. It will help us provide predictability for expenditures, which we know has plagued the Department of Health and Human Services and has led to multiple supplementals in the last years, as far back as I can remember. It will also build upon the work that the state has already engaged

in to help to continue to reduce the cost and too more importantly improve the quality of care provided under MaineCare.

Part B, it accepts the federal funds to increase access to health care for 70,000 people and repeals that coverage on December 31, 2016. The important component there is that it allows to take advantage of the 100 percent reimbursement rates and allows a future Legislature to determine if we are still able to afford the program at that time, and any changes to the program will be considered at that time based on what the federal government decides to do.

It provides for two studies in Part C. The savings to the General Fund from Medicaid expansion, we're trying to determine that. It also, the financial feasibility of covering MaineCare members through the private marketplace, which is similar to Iowa and Arkansas. It requires that the savings from MaineCare expansion, above and beyond those identified in the fiscal note, be reported to the committees of jurisdiction, Health and Human Services and Public Safety, and that these additional savings be deposited into the MaineCare Stabilization Fund.

Part E, it requires a letter to be sent out to the enrollees to inform them that the coverage will be ending, so that way it will not be a surprise to any of them that it may be ending, should a future Legislature decide not to continue with Medicaid expansion. It informs them that they have to sign up with a primary care provider, which most of us in this building are fully aware is important and an important aspect to controlling costs and to improving the quality of care for everybody.

Part F, it sets up a task force to identify and change policies in MaineCare that penalize or create disincentives for members to increase earnings and hours of employment.

Part G, it reforms and reduces the waiting lists for programs for adults with intellectual disabilities. It reforms programs for adults with the intellectual disabilities and uses a savings to reduce the waiting list, the waiting list that we've all sat here and talked about for the last two years that I've been here. We finally have a chance, through these achieved savings, to maybe be able to reduce the waiting list. So that way I don't have to get a letter again, like I got the other day, that showed, in my opinion, something that should never happen, so that we can afford to cover those people that need it the most.

Part H, it hires two new fraud investigators. It directs that Attorney General to strengthen its Health Care Crimes Unit to investigate fraud in the MaineCare program and prosecute crimes related to the misuse of all public funds.

The most important thing for I think everybody to know is, this bill, in my opinion, really truly represents an incredible amount of compromise and a lot of work by a lot of people. You know, I know that people in this room are principally objected to this piece of legislation and I can respect somebody who takes a principled stance. What I am hoping though is that people will be able to look through, get beyond the partisan lens that we seem to always have in this building and really be able to truly come together to do something that's not just right for Maine's economy, but what's most important. It's right for thousands of people, who, in my opinion, their lives depend on it. So I encourage anybody that may be sitting in this chamber today and unsure to consider following me. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Chelsea, Representative Sanderson.

Representative **SANDERSON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise to speak in opposition to the pending motion. It absolutely boggles my mind to think that after the experience Maine has had with expansion since 2001, there is anyone in this chamber who would be willing to walk further down the path of chronic DHHS shortfalls and

underfunding of vital programs that already exist within the department today. Have we learned nothing while struggling to make state budget ends meet? Have we had any greater contributor to our chronic budget shortfalls than the Department of Health and Human Services? Who here has not seen the changes in percentage of funding over all state departments decline rapidly while the DHHS share has grown at an equally rapid rate?

With such a huge increase of departmental funding, approximately \$1 billion per year more in state dollars than in 2001, you'd think we'd be on stable budgetary footing with current programming, but we're not. If it were earlier in the session and we hadn't worked through most of our bills I would invite you to join us in HHS for a day and hear the wide range of advocates coming before our committee asking for additional funding to support current services. Substance abuse services, children's services, targeted case management services in our schools, home based services, community based services, Head Start services, GA assistance services, homeless services, nursing home services which we are underfunding by approximately \$30 million per year and dare I say it? Yes, services for the individuals on our waiver wait lists.

I'm sure you're tired of hearing myself and others continually harping about the lists, but I feel we have to so these individuals will not be left behind. Recently, every legislator in both bodies received an email from Cindy Lavasseur. I have permission to use her story and her name whenever I speak. Her son Michael, an autistic child, has aged out of the system is now on the wait list. I called Cindy personally that very same evening that we all received her email. She told me she had a response from a member of this body who informed her that her son already had MaineCare and expansion wouldn't affect him. That leads me to believe that there are many in this chamber today who don't understand how our programs work.

Yes, Michael has MaineCare that covers his basic medical services. What it doesn't cover are the services provided under the Section 21 and 29 waivers. The home and community supports that are vital for waitlist individuals and their families. These supports are not reimbursed by traditional MaineCare. They are separate and very distinct programs. Expansion is traditional MaineCare and not one penny of funding under expansion will, or even can, go toward these individuals to receive the vital services they need for it is clearly defined in federal law that expansion includes parents and single, non-disabled adults between the ages of 19 and 64 – 19 and 64. This also excludes our elderly and as we are in an aging state, the oldest state in the nation, that should also be of concern.

So how does expansion affect the waitlist? Medicaid expansion is not free. It is going to cost us millions of dollars above current budgetary needs. Millions. Under expansion, parents will not be covered at 100 percent. We've received a confirmation letter from CMS. We will only be reimbursed at the current rate of 61.5 percent. In the fiscal summary provided during our work session on this bill, we were given a projected cost of \$1,618.00 per member, per year, for parents. According to the department, the actual cost of providing services in fiscal year 2015 is \$2,862 per person. That is over \$1,200 more than what is projected. Extrapolate that out by the number of individuals and you can easily see we will be millions more over the projected cost for parents.

Because this is going to cost us millions more than current budgetary demands, even more once the 100 percent for single adults starts being reduced, if we should decide to go further with this, every dollar spent to support the thousands of individuals expected to enroll in MaineCare will be a dollar less we have to

cover the neediest individuals who already qualify for waiver services. Ladies and Gentlemen, this isn't a talking point just to fight against expansion. These are the facts. This is a fiscal reality.

There is no denying that coverage for individuals who fall under the gap of the 100 percent of poverty level range needs to be addressed; however, make no mistake, this is not a debate about access. We all have access to medical care. This is a debate about payment structure and who is going to pay the bill. Hospitals and clinics, they all provide sliding scale fees for our lower income individuals, and we also have FQHCs that do the same. For anyone making under the \$11,500 a year, an office visit is only \$10 and they also can provide free care if a person really does not have the ability to pay

The rest who are between 100 percent and 138 percent are able to qualify for subsidies on the exchange, substantial subsidies which would bring their premiums from between \$1.57 per month to \$26.57 per month. The Silver plans also provide a secondary subsidy for individuals to help with the copays and deductibles. Office visits, prescriptions, they have a \$5 copay. There is a \$200 deductible, a total out of year cost of \$500. Preventative and wellness visits are free. There is no copay. These are affordable and about 45,000 of the individuals who qualify for expansion, qualify for these plans.

There is also a report by the Congressional Research Service which is prepared for members and committees of Congress and it was dated July 31, 2013. On page 6 of that report, two sentences under the Medicaid bullet state: "If a person who applied for premium credits in an exchange is determined to be eligible for Medicaid, the exchange must have them enrolled in Medicaid. (Footnote 29) Therefore, any state that expands Medicaid eligibility to include persons with income at or above 100% FPL...[will] make such individuals ineligible for premium credits"

Under footnote (29) it references the fact that although nothing in the ACA prohibits a Medicaid eligible individual from enrolling in the exchange on his/her own, they will have to pay the full price all by themselves.

Maine people up to 130 percent of poverty level who want to purchase their own insurance through the exchanges will no longer be able to. I believe we are up to almost 5,000 of these individuals who have already entered the exchanges. If we expand, they will be forced to come out of the private insurance market and onto MaineCare.

I am not a fan of the ACA. I believe this sweeping and over reaching federal law handed down from the federal government has already and will continue to create more problems than it will ever solve within our healthcare payment system. However, with that said, unfortunately it's the law and until something changes in D.C., we have to play the hand that we're dealt.

The Department estimates that in the next three years, expansion will cost \$84 million above what we are already obligated to pay. OFPR estimate is less than \$1 million. That is a huge difference. Given the fact that the department numbers from 2012 were actual costs to provide services to members, the scale is heavily tipped in their favor for accuracy; however, just for arguments sake, let's split the difference. That still leaves almost \$42 million in costs, \$42 million state dollars that we do not have.

At the being of this speech, I spoke of just a small list of the many current services that we are not adequately funding within the department but the broad impact of 2001 and going forward if we expand again did and do not just effect the Department of Health and Human Services. DHHS is not an island unto itself. It touches all services and functions – revenue sharing, education,

roads and bridges, public safety, our environmental and natural resources. Over the last 10 years, we've seen the growth in DHHS crashing over these other departments and eroding into their funding foundations like waves on a beach in a hurricane. If we expand, we invite a fiscal tsunami that could very well wash away our ability to adequately support all vital functions of state government. Is that what we really want? Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Ellsworth, Representative Luchini.

Representative LUCHINI: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. Today, I am pleased to be voting in support of the bipartisan proposal that will save lives, save the state dollars and create jobs. This proposal would have a huge impact on the people I represent, on my community and on my hospital. If we pass this bipartisan compromise, in Hancock County, over 3,200 people would gain access to health care. An additional \$17 million would be spent annually on health care services by 2016, stimulating about \$23 million in additional economic activity. It would also create approximately 204 new jobs. But what this bipartisan bill is really about is people. No one should worry about facing bankruptcy or losing the roof over their head because they are battling cancer or have a blood clotting disorder. For people like Peter Miller in Ellsworth, the fight to expand access to health care in Ellsworth is a life or death situation. Peter, who lost MaineCare coverage in January, has a blood clot in his lower intestine that requires daily medication. Without it, he'll soon be back in the emergency room. The stress of illness is hard enough without having to worry about mounting medical bills. That's why I will be voting green today and I urge you to join me. Thank you, Mr. Speaker.

Representative FREDETTE of Newport REQUESTED a roll call on the motion to ACCEPT the Majority Ought to Pass as Amended Report.

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

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

Representative McCABE: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. Mercy and help. "Mercy and help" is the way we started today's session. I rise in support of the pending motion today and I want to recognize all the bipartisan effort that went into this bill. I want to stand. I want to thank you, Mr. Speaker, for your willingness to compromise, your willingness to work with people and just be willing to bring this issue forward. This tireless work that is before us will provide 70,000 Maine people with the security of health coverage. Thank you to all the lawmakers here who have worked on this issue and a special thank you, I should say, to my Republican colleagues from across the aisle who see value in providing access to a family doctor for more Maine people. This bipartisan health care bill can make a difference to 70,000 Mainers, our friends, our families, our neighbors, Mainers who work hard at jobs without health coverage. These folks work multiple jobs. They are veterans. They have done so much to earn this health care coverage for their service to our country. Right now, in the Hall of Flags, there are folks who have found the courage and the strength to share their story. They are here to share their story about living with MS. Health care expansion may help people with MS. MS is one of the most expensive chronic diseases that we face in this state as well as in this country. It is a disease that I can say, firsthand, when you have a family member with MS, the cost of treatment for MS is extremely expensive if you do not have good health care coverage.

I rise also today to thank those people who provide health care for me. Those would be the citizens of the State of Maine. This bill is good for tens of thousands of others in the State of Maine. It's good for the economy, it will result in over \$1 million of economic activity per day, and it will create 4,400 jobs. We heard just last week, we made a promise to citizens back home about jobs. We tell folks we will go to Augusta, we will protect jobs, we will create more jobs, so last week, I was reminded by the good Representative from Arundel, Representative Parry, about jobs. He rose, and to paraphrase, he said, "Why not these jobs? Why not now?" So I ask that question today. I say, why not these jobs and why not now? In Somerset County, where I live, there is 3,500 people who will benefit and gain from access to health care. This bill would create more than 200 new jobs in the County where unemployment is higher than most sections in the state. This bill would lead to \$19 million in health care spending that would stimulate another \$23 million in additional economic activity.

I had the privilege to visit the folks in Aroostook County several weeks ago and bring my family up to Aroostook County to the Can-Am. It's one of the most amazing places on earth. You know, I hear all the time the struggles the folks in Aroostook County have. You know, for me, I hate to see the population of Aroostook County shrinking and I look at this bill and this would provide coverage for 4,600 people in Aroostook County. It would create 280 new jobs and there would be \$25 million in annual health care spending that would lead to another \$31 million more in economic activity. I just think that number is staggering. Right here, right here in Kennebec County, I've spent a lot of time in Kennebec County and I just look and see places like Augusta, I see communities all around Kennebec County, I see people struggling and I think 6,000 more people will have health care coverage here in Kennebec County. There will be nearly 400 new jobs and it will be nearly \$32 million in health care spending that will spur an additional \$43 million in economic activity. This is a good deal for Maine, one that we can't afford to pass up. I urge you to consider how much our state, your districts and your constituents would gain from the federal government's offer. I know this decision weighs especially hard on many people in this chamber. There is a handful of people that I've talked with and I can't imagine the pressure that those folks are under today and going forward. I hope that when we take this vote today, this bill passes with strong support, people think about their districts, they think about their constituents, they think about the economic development that this has, and I urge you to support this pending motion. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from York, Representative McGowan.

Representative MCGOWAN: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Today, I feel, is the most important vote that we will make in this session and I've thought a lot about how do I use my voice in this conversation, a conversation so full of information and facts and different points of view. I feel it's an honor and a privilege to stand today and to be able to speak for the thousands of people who could be impacted by our vote today. When I thought about what do I have to add to this conversation, it was simply to share with you some personal experiences. So the first is, over the past year, I've had one of the most challenging health experiences I've had in my life. But I had that experience with the security of health insurance. In fact, everyone in this chamber who will vote today has the security of health insurance and I could only imagine what would it be like to live with that health insecurity, the pain, the malpractice I went through, if I did not have health insurance.

The second experience I've had personally is my first wife was diagnosed with cancer and passed away 11 years ago and I can't imagine what it would be like for a resident in Maine, when we have one of the highest rates of cancer and one of the highest rates of mortality, to go through that experience without the security of health insurance.

The other thing I think about is simply my mom. I grew up Catholic and my mom was the consummate Catholic mom. She had six children. She did all the things that a Catholic woman at that time did. She stayed at home. Her first daughter went off to be a nun. Her first son went off to be a priest. But about 25 years into her marriage, she started to develop a mental illness called manic depression, and when that happened, it ended up in a divorce and my mom, the woman who had done all the things she was supposed to do, ended up with no resources. She ended up on Medicaid. People get knocked down in their lives. Some of them can't get back up and we need to reach down and give them a hand, and they're not there because they are depicted as lazy. They're not there because they are unemployed. They're knocked down by circumstances in their life, whether it's a car accident, an illness, a divorce or some other big loss. So when we think about who are these people, I want you to think about my mom because she did everything right in her life and yet she needed this help from our government.

The second thing is I invite you to think about a bold vision for Maine where every Maine resident would have access to affordable, quality health care by 2020, and this could be a major step in that direction to think about how do we think about health care. Do we think about it as a right or as a privilege? Can you imagine living in a society where your house caught fire and you call the fire department and they said, "Gee, we're sorry but you don't qualify for fire protection because of your income or because of your work history or because of something that happened in your life?" Or can you imagine trying to enroll your child in a public school and have them say to you "I'm sorry, you're not eligible for public school because of your income or your work circumstances." This is what I mean about a right. How could health care not be as important as any of those other rights and services that we give to our neighbors and our community?

My final point is that I had the privilege of being the co-chair of the Maine Cancer Commission and the number one recommendation from the Cancer Commission, where we have one of the highest rates of cancer in the country, where over 3,000 people die from cancer every year, where over 8,000 people are diagnosed with cancer, the number one recommendation was to increase access to health care. Because that's how people can get screened, that's how people can get early detection, that's how people can get the help that they need. So in a world where we tend to think of this conversation as a financial spreadsheet about what we can afford or not afford, I encourage you to think about this in terms of the real life experiences of people in Maine who are our cousins, they are our neighbors, they are our aunts, they are our uncles, and they need our help and I encourage you to support this motion. Thank you, Mr. Speaker.

Under suspension of the rules, members were allowed to remove their jackets.

The SPEAKER: The Chair recognizes the Representative from Hiram, Representative Rankin.

Representative **RANKIN**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Today is a momentous occasion, a time when we can do something to relieve pain and suffering for our most vulnerable citizens, senior citizens, the majority of whom did not expect to live as long as they have. They had Social Security and when they go it way back when, they thought they had enough to last them through their lifetime, and what they get now is a pittance, hardly enough to get them by every day. Next, we have our children. I look at these children sitting in front of us today here. They are healthy and happy, as far as I know, and we are very glad to have them here, but unfortunately, such is not the case with all children. How can we turn our backs on them? They are helpless. Lastly, our veterans, our veterans who have sacrificed everything. Can we really turn away from them? I think not. I have spoken to you before about what I have in common with our Chief Executive and that's our childhood which was extremely difficult, and there were health issues in my family. I had a sister who had rheumatic fever, which you do not even hear about today, but she suffered with it all of her life and it affected her heart. My mother had to beg for help for her because there was no money. We were broken and dysfunctional. Finally, they had to take my sister to the hospital. She spent a good deal of her life in the hospital, and they took her to a hospital far away from where we lived and we didn't have a car and my mother hitchhiked, imagine, to go and see her daughter. I remember my uncle taking us one time to see Charlotte and she was on the second level in the hospital on an outdoor porch and I can see her waving to us. We very seldom saw her during her early childhood, but she wouldn't have had any care at all if it wasn't for charity. This is the thing I do not understand about the Chief Executive, that how can you forget the agony of childhood? I'm sorry to have to say this in front of these children, but they are very fortunate but unfortunately many are not. But if you experience it, how can you keep from helping everyone that you can because you were lucky enough eventually to get, or I was lucky enough, to get help and find my way out of that horrible situation.

I have heard from the Chief Executive once. I received a handwritten letter from the Chief Executive. I wasn't the only one. Several other people received a letter at that time. When he said to me "You should be ashamed of yourself," I was utterly shocked the Governor, the Chief Executive of the State of Maine, would write a letter like that, not only to a citizen but a Representative of the Legislature. I'm not ashamed. When I look in the mirror, I think of myself as a good person, a decent person. Here, in the Legislature, there are 151 of us, when we're all here, and we have accomplished some great things and we have done that in the spirit of compromise. We have to work together. We can't always have our own way. But between us, we come to some agreement that is helpful and it makes you feel good that you could work with other people that way. But that is not in the Chief Executive's vocabulary or in his mind. In fact, we know, right now, that he intends to veto this bill should it be passed. Who in God's name knows more than 151 people that have made a common agreement?

There is that old saying, you know, common sense is quite uncommon. I'm not going to belabor the things that have been already said here today, but I would like to share a recent experience. We didn't have to work last Thursday because of the storm, and there are several of us that stay over here at The Senator and so we could sleep late that morning. We woke up in a cozy room and we went out into the restaurant and we had a nice breakfast and we could look out the window and see the beautiful snow falling. I mean, it might have been a darn

nuisance, but it was very pretty, at the time, and it was very pleasant, very pleasurable. But I began thinking about my car and I'm thinking "I've got to get back there and begin to clean things up" and I wasn't looking forward to that. But as I walked down the hall toward my room, I went by a wall with glass windows and glass doors and you could look out into the driveway and what a relief. They had been there and plowed this long driveway and there were men out there brushing off the cars and shoveling the cars out, so I knew that I would be taken care of and I was very grateful. I saw this man approaching the door, so I opened the door and I said to him, "I just want to say thank you very much. What a relief to have you do this for us and I'd like to show my appreciation by giving you a little something." "Oh, no," he said. "No, no, this is my job. I'm happy to do it." We entered into a conversation and I said, "You know when I look around and see these huge piles of snow, I think about senior citizens who are practically prisoners in their own home because they don't have the strength to get outside and shovel the snow and they don't have the money to hire somebody to plow the driveway." And we talked further about "Do you suppose they're warm enough?" "Do they have money to pay for fuel?" "Have they got enough to eat?" I said, "Well, you know, that's one of the reasons we're here in Augusta, to try to help these people." For Gosh sakes, we're Mainers. We love our neighbors, our friends, our families. The United States of America is the first country in the world to help people all around the world and they want to help us. How can we turn our backs on that money? Who made us God to decide on the lives of these people who are so desperately in need? You know, there's a saying now that you hear often. It's about paying it forward. One of the best movies I ever saw was "Paying It Forward." But it was a message emblazoned on my heart, I can tell you that, and, folks, I think it's time for us to pay it forward.

The SPEAKER: The Chair recognizes the Representative from Scarborough, Representative Sirocki.

Representative **SIROCKI**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. While I appreciate the considerable effort that has been invested in support of this bill by its sponsors and others, I rise today in opposition to the pending motion. LD 1487 is complex. It involves both expanding Maine's Medicaid program and integrating a private managed care system with our newly implemented accountable care initiatives. As a member of the Health and Human Services Committee, I have listened to testimony on both sides of each of these distinct proposals. Joining the two ideas, which are sponsored by members from both sides of the aisle, may seem like a good compromise, but this reminds me of Homer's Trojan Horse, the lures of so-called free money, and the possibilities of fancy, new cost-saving management organizations and other bells and whistles are tempting. But if we open our gates and accept this package, I anticipate significant surprises. To begin with, enrolling in Medicaid is not without strings. Whether it is the estate recovery program that may recover assets from an estate after an individual dies or the estimated \$800 million in additional spending over the next 10 years, there are strings attached.

Mr. Speaker, for a moment, let's set this bill aside and consider our current situation. MaineCare is a program that already serves more than 300,000 Mainers with a quarter of all Mainers enrolled and consuming 24 percent of our budget. What does our future look like? The State of Maine has a rapidly aging demographic and we expect to enroll an estimated 80,000 Mainers over the next 10 years into the Medicaid program. Let me repeat that. Over the next 10 years, without expansion, we will be enrolling 80,000 more into the program. This bill proposes

to expand that number by 70,000 to 100,000 people for a total of about 150,000 new enrollees. Therefore, the proposal before us is immense. Someone in this chamber used the word "staggering." This is indeed staggering. It is important to remember that the Affordable Care Act is not limited to expanding just the Medicaid program. The title of the bill suggests another option: affordable private health insurance. According to the Kaiser Family Foundation, about two-thirds of the people who are involved in this debate qualify for private insurance through the Marketplace. That means that we are really debating about how best to pay for health care services for about 24,000 individuals, not 70,000. So why are we directing 50,000 people to the Medicaid option when affordable private insurance is available with higher reimbursement rates to providers, statistically better outcomes and a broader selection of doctors?

Now, let's take a look at the managed care organizations. I agree that managing the care of those who are enrolled in Medicaid is important, but how have other states achieved enough savings for these middlemen managed care organizations to turn a profit? Largely by cutting reimbursement rates, especially to nursing homes. But since Maine's reimbursement rates are very low, where will they find the savings? The chronic underfunding of our nursing homes by about \$30 million per year has many of them on the brink of closure already. Maine has explored this option several times in the past and the cost-benefit analysis just doesn't work. Now, consider Commissioner Mayhew with the Department of Health and Human Services' own version of managed care. This pilot program currently involves about 2,000 Medicaid recipients who have been identified of having more frequent patterns of emergency department usage, and by managing their care, we have saved \$8 million in one year. Given this exciting news, the Department plans to expand this program. This and other cost-saving initiatives are already in place, thus the introduction of managed care entities with their own additional computer software billing systems is redundant. For these reasons and more, I oppose the pending motion. Thank you, Mr. Speaker.

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

Representative **POULIOT**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. Who is right and who is wrong? Democrats say they're right and Republicans are wrong. Republicans say they're right and Democrats are wrong. As a first term legislator, I have learned a lot during our 126th, but nothing has been more eye opening and troubling than the partisanship I have witnessed in this place.

We so often seek to vilify the other because they see the world through a different lens. We say things like Democrats are just interested in buying more votes or Republicans don't care about poor people and want them to die. Neither of which is true. But somehow we have gotten to a place where it is no longer okay to have a different point of view. Nowhere has this divide been more apparent than in the discussion of whether or not to expand Medicaid.

Ask my wife, and she will tell you, I have spent more time awake, lying in bed, thinking about every aspect of this issue than any other issue we've debated in these halls. You see, ideology knows the answer before the question has been asked. But, principles are something different. They are a set of values that have to be adapted to circumstances but not compromised away. So really what has kept me awake is not ideology, rather it has been how to reconcile my principles without compromising them.

In some ways, a vote for this is wrong because individuals whose income is between 100 and 138 percent of the federal poverty level have access to affordable insurance now. This, for

me, is the rub. You see, these individuals have options. They can go to the exchange now and they can get coverage now, and I support that approach to them getting coverage. But, as structured, the law hurts people between 0 and 99 percent of the federal poverty level, because the authors thought that the Supreme Court would rule in favor of mandating that states cover people up to 138 percent, and these people, the people between 0 and 99, would be covered, but that didn't happen. They gave states a choice. They gave you and I a choice. I believe we need to cover the individuals from 0 to 99 and have the individuals from 100 to 138 on the exchange. But that is not an option. If we are to receive coverage reimbursement from the federal government, the only option we have is to cover people 0 to 138. In many ways, this is a vote for the people from 0 to 99. These are the people in the equation who keep me up at night.

So here I am stuck in a position where I have to take a vote on something and I think both sides are right to a certain extent. But there is no purple button on this pad. We must choose one side or the other. Given the situation, I must go with what my heart tells me to do. The real problem here, my friends, is the cost of health care. Until we fix the real problem, we're constantly going to be having this battle in these chambers and in the end, the most important people, our constituents, are not really going to win. I hope we can come together to start addressing that problem. My mind says take the money for the next two and a half years and cover these people. My heart tells me if we are to do this, we must introduce a free market element to reduce the costs in the long run.

Before I won my election, in the summer of 2012, I found myself in a precarious position. I was going to be turning 26 in December and, at that point, I would no longer have coverage under my mother's insurance plan. As a self-employed individual, I was nervous. I remember thinking, what will I do when I do not have insurance any longer? It was something I had always had through my parents or previous employers and had never really thought much about it. This would be the first time that being self-employed would align with a period that I did not have insurance coverage. Fortunately, I did not have to worry about that for long, because I turned 26 four days after we were sworn into office, which brought with it full medical coverage and my concerns around this issue were gone. But I often wonder, how many young individuals in Maine forgo starting their own business because of concerns with how they will afford health insurance. I do not know the answer to that question, but in a state where we are trying to keep young people in Maine, I think it is important to provide many of them with coverage, until they get themselves to a point where they can afford it on their own.

I will never compromise truth for the sake of getting along with people who can only get along when we agree. It would be great if we could agree to disagree without resorting to attacking each other for our differences. Maybe a world like that is a fantasy. Last year, we took a vote on a very controversial budget. I voted in favor of that budget, even though I didn't like all aspects of it because I thought we had come to a middle ground. In my speech, I said that "compromise" is not a dirty word, and I still believe that to be the case. This bill is a valiant attempt to find a middle ground, incorporating many principals that are important to me. In the end, my heart says that there is a better way to administer MaineCare. The truth for me is that managed care is the way for us to do this now. The proposal allows us to cover those who need it most, while addressing the issue of better managing our program and I will be supporting this motion. Thank you.

The SPEAKER: The Chair recognizes the Representative from Winthrop, Representative Hickman.

Representative **HICKMAN**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise to support the pending motion. I had not intended to speak today, but a constituent asked me to read an email to the House and so I will do that, if you will indulge me.

"We know you are extremely busy, but let us take a minute to make a pitch for all the people who are less fortunate, and who are struggling to survive now, and all year long, due to very unfortunate circumstances. And please indulge us if we choose to use our own son as a very personal example of all the people for whom we make this plea, as he is but one of the millions of Americans who are trapped in these very unfortunate circumstances, through no fault of his own and despite his very best efforts to rise above his circumstances.

"Chris was born predisposed to inherit a condition known as ankylosing spondylitis (arthritis of the spine [or AS]) and this affliction manifested in him about 10 years ago. Due to this condition, Chris was in chronic extreme pain and unable to stand on his feet, sit, or remain in any position which may be required to perform normal work-related duties for any period of time. In fact, in his marriage, Chris was relegated to sleeping apart from his wife in a recliner because he could not get into or out of bed. In an attempt to relieve his extreme agony, Chris was popping ibuprofen and acetaminophen tablets...by the handfuls, at much risk of damaging his internal organs. Only when a new was doctor able to diagnose his chronic back pain as AS and prescribed Enbrel injections did Chris find that he could manage the pain and get so much relief to lead a somewhat normal life. But these injections cost about \$2,000 a month! These injections were initially covered by MaineCare because Chris was unemployed at the time. When he was finally able to land a job that he could do about three years ago, he was immediately informed that he was losing his MaineCare [coverage] and [that] the Enbrel injections would no longer be paid for. But, on the very day that he received that notification [his] job was terminated due to his inability to [continue to] perform his prescribed duties...If he had been able to retain that job, how could he have afforded the only medication that would manage his pain at a cost of \$2000 per month (which has now increased to more than \$3000 per month!)? Who, except for the very wealthy [among us or] the well-insured can afford that kind of medication...? Fortunately, on appeal, when DHHS was informed that Chris was again unemployed, his MaineCare coverage for the Enbrel was restored.

"In addition to his hereditary...condition, Chris had the misfortune of being in the wrong place at the wrong time when he was standing at the edge of the stage with a friend at Thunderbird's Lounge in Portland [back] in 1995 when a pyrotechnic display went awry. Chris was in the front row and was hit in the jugular vein by a piece of shrapnel when an improperly loaded 'sparkling fountain' exploded. He nearly died from loss of blood. Only by the heroic efforts of the EMT's transporting him to the Maine Medical Center was he revived and able to survive to this day. However, this tragedy left him with PTSD, anxiety and depression from which he continues to suffer and for which he had been undergoing counseling and treatment with aid, again, from MaineCare, until he lost his benefits [recently.]

"For the past five years, Chris has been vigorously pursuing employment opportunities. He has submitted dozens of job applications with assistance from the Maine Job Service but has had virtually all of them rejected, primarily due to his long term

unemployment record. Nobody seems to want to hire a person who has been out of work for virtually all of the past five years! The two or three jobs that Chris has been able to land have not lasted more than a week or two, primarily due to his ongoing PTSD and arthritis...He has, with the assistance of the Maine Vocational Rehabilitation Service, completed courses to be a certified Microsoft Office Administrator, so he can do office clerical work, but [he] cannot find anyone who will hire him into a position to use his newly acquired skillset.

"Throughout this period, Chris has also been seeking unemployment and disability benefits, but has been denied at every turn.

"As of December 31st, because he is a childless single middle aged man, he lost the only benefits that have been keeping him going so that he can continue to seek employment - his MaineCare coverage for his counseling and Enbrel injections, without which his AS will only continue to get worse and his medical condition will deteriorate. He is concerned that, without the Enbrel, which he cannot afford...his spinal column and [his] ribcage could solidify and eventually render him unable to breath, and this frightens him [tremendously.]

"So...our question [to you] is this - where is Chris, and the millions of other Americans like him, including 70,000 Maine residents, who are unemployed and/or may be suffering from disabilities which prevent, or at least hinder, them from gaining meaningful employment, [where are they] supposed to turn? Are we really going to let these people [down] and tell them, 'Tough luck. Too bad about your dire circumstances but you are on your own.' Are we really that crass and cold hearted that we turn our backs on these people and see them homeless, hungry, and wandering our streets? We are a better nation than that. We are a more compassionate people than that. We can, [we] should [and we must] do better to 'promote the general welfare and the blessings of liberty to ourselves and our posterity.' We owe them [at least] that much.

Thank you for your time and attention.

Rose and Gary Dawbin

Winthrop, Maine."

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

Representative **BERRY**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise in favor of the pending motion.

I do so as House chair of the Joint Select Committee on Maine's Workforce and Economic Future, and I'd like to draw your attention, in that role, wearing that hat, to the economic benefits of this measure. Health care expansion, the bill before us fits perfectly with the major focus of our bipartisan workforce panel: high-demand, high-wage jobs, that are really the jobs of tomorrow and the jobs that we want here in Maine.

We have heard - and I want to thank the Representative from Augusta, Representative Wilson, for distributing a sheet with this information - we have heard that if Maine accepts the federal health care dollars, we are saying "yes" to 4,400 jobs. These are good jobs. Most of them are in the health care sector. They are good-paying jobs where workers earn enough to more than cover the basics, jobs where they earn enough to spend on local businesses and boost other sectors of our economy, jobs with a ripple effect. Maine needs these jobs.

We are lagging the nation in job creation. We are at the back of the pack. This bill before us is an economic shot in the arm. If we accept this offer, we will inject jobs and money and health care into our economy. My own county, Sagadahoc, would see an additional \$8 million annually, which in turn would stimulate

another \$3 million in additional economic activity. That's a lot for a small county like ours.

Health care expansion makes good business sense.

But there's also the human cost of denying health care to 70,000 Mainers, the moral component. This issue is close to home for all of us, whether we've thought about that, whether we've reached out to those individuals or not. But, if we fail, we will see the results, we will see them vividly and in some cases, tragically.

I think of my younger brother. My younger brother lives in Washington, Maine. He is a logger and a farmer. He is as hardworking a Mainer as you will meet. And he is one of the Mainers who fall into the coverage gap created by the failure, so far, to expand health care, the failure that we can stop today in its tracks. I worry about my brother. An accident, given his job, could be both physically and financially disastrous.

One time, my brother was alone, as he often is, doing some tree work and his equipment malfunctioned. He fell 15 feet from a tree. He fell on to his chainsaw. The chainsaw was not running, fortunately, but the chain was as it usually is, well sharpened, and so his forearm was very badly opened up. A couple of more inches to the left and I don't think that he would still be alive today. He bled profusely. He needed stitches. It was a miracle that he lived. So I think of that today and I think of if my brother is injured again, whether it's baling hay or working with his oxen or falling trees, I want to know that he has health care.

But I also want to know that if my brother doesn't feel right and develops a condition, I don't want him to put it off until it becomes worse - more serious, more expensive, more dangerous to him and to our health care system. I want him to have access to preventive care, so that he is healthier upfront and we don't have to all pay more for him later in our insurance rates.

Mr. Speaker, we have an opportunity today to give Maine a shot in the arm, economically and morally. We have the opportunity today to give the shot in the arm that 10 Republican governors of other states have given to their states. And we have the opportunity to give the shot in the arm that every other New England state has chosen to give to their economy and to their people. So, Mr. Speaker, Men and Women of the House, I hope we can do this today together and move forward. I urge you to follow my light. Thank you.

The SPEAKER: The Chair recognizes the Representative from South Berwick, Representative Beavers.

Representative **BEAVERS**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I support the motion before us. I want to thank the good Representative Wilson for doing such a good job of explaining the details of this bill. I'd like to thank Representative Pouliot for giving us a political reality check. And, of course, Representative McGowan and Representative Rankin are hard acts to follow. They were truly powerful statements.

I want to tell you that on Sunday night my oldest constituent, Viola Jasper, died at age 105. I was fortunate enough to be with her having tea and crumpets a week earlier on a Sunday afternoon. She had good insurance, so she had a long and prosperous life. My son, who is, let's see, I think he's around 43, has never had health insurance since he graduated from college, until last week when he signed up for the Affordable Care Act and he can finally afford it. He is a self-employed artist and also maintains working in three other part time jobs, and he has had some good times and he has had bad times, like a lot of people, and he has not been able to afford \$500 a month health care

insurance. I am thankful for him being able to sign up for the Marketplace, but I feel for all the people who are not. He had a very bad car accident when he was 26 years old out in Wyoming on a ski trip and somebody slid right in front of the car he was in and he broke many ribs. Actually, the seatbelt broke many of his ribs, punctured his lung. He was in intensive care for 10 days, three of those days I didn't know about because he wouldn't allow the doctors to call me, and how did he pay for the over \$50,000 of bills back then? A lawsuit. I don't think we should have to do lawsuits to pay for our health insurance.

The question I have is what is more important to anyone in this chamber than saving the lives of every citizen in our great State of Maine? As outlined in the good faith bipartisan compromise, LD 1487, I think the amendment changes the title from what's there to "An Act To Provide Fiscal Predictability to the MaineCare Program and Health Security to Maine People."

I want to say also, extend thanks to Representatives Chase, Harvell, and Keschl for cosponsoring this important bill. In my county of York alone about 8,200 people will gain access to health care. An additional \$40 million will be spent each year on health care services by 2016, stimulating about \$60 million in additional economic activity and 513 new jobs in my county. One of my major goals since I arrived here in December 2010 has been to increase the number of jobs and decrease unemployment. Healthy people are better able to work and contribute to the economy of this state than sick people, and I think that's pretty obvious. In the long run, this health care assistance will lead to less people needing MaineCare because they'll be working and having health care through employers. I do not want my federal income tax dollars, they are not free dollars. My income tax dollars, I don't want to see them paying for other states' health care programs. I want them to pay for health care for my family and neighbors in Maine, if they should ever need help, and many of them already do. This is another opportunity for neighbors to help neighbors, something that Mainers are very good at, and to reduce the current waitlist for home care services. Let us save lives, save money and maintain and increase jobs. Supporting this bill is the humane thing to do. It is the right thing to do. Please vote for the people of Maine and for jobs, and, as the clergy said this morning, Lord have mercy on all of us.

The SPEAKER: The Chair recognizes the Representative from Scarborough, Representative Volk.

Representative **VOLK**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Last year, I testified against Medicaid expansion because I said we needed to see how Mainers fared once the exchange was rolled out, and I am pleased to say that after a difficult, some might even say disastrous, beginning, Maine people have fared better than we imagined, with an estimated half of those who would be covered by an expensive welfare system, what we call MaineCare, eligible for extremely affordable private insurance at no direct cost to Maine taxpayers, and with the personal responsibility that gives people a hand up and not a hand out. Yes, we still have the issue of those who fall in the gap and I hold out hope that our federal delegation will take action to help us find coverage for them without including those who qualify in the exchange. In this matter, I can feel both Representatives from Augusta's pain. In the meantime, many of those people have the options already discussed by the good Representative from Chelsea. I wish I could support this bill. I was hopeful for a bipartisan compromise. Unfortunately, I can't ignore the fiscal realities that we face in the State of Maine.

As a member who has served two terms on the Labor, Commerce, Research and Economic Development Committee, I

have been very frustrated by our state's lack of ability to fund programs in DECD. The biggest need we have in Maine is not health care. It's not health insurance. It's not access to health care. It's access to good jobs and it's access to training for the jobs that are already available. Unfortunately, we have seen too many of these programs cut over the years. My fear is that Medicaid expansion will deal a crippling blow to departments and programs outside of DHHS. Often lost in the partisan arguments being made are the departments and programs that have already suffered catastrophic losses due to the bloated Medicaid program we call MaineCare. Maine does not have unlimited resources. I wish we could print our own money. Programs are understaffed and underfunded right now. At the Department of Labor, the loss of General Fund dollars has prevented many Mainers from getting back on their feet. As these funds have declined, the Department of Labor has become more and more dependent on federal funds. That's a dangerous path. Federal funds come with restrictions and can disappear at any time.

For years, the Maine Enterprise Option ran as a successful program helping to train Mainers in starting their own businesses. Over 2,700 people went through extensive business management training, everything from learning web and graphic design to running a dog grooming business. Resources dried up, the federal government pulled the funding and the program was terminated. The last person was enrolled in 2012. Maine's Competitive Skills Scholarship Program funded by employers helps low-income individuals train for high-wage, in-demand jobs. Over \$2.5 million was swept from this fund and 360 Mainers lost out on access to this valuable program. These are some of the casualties that keep me up at night. The talented and hardworking staff at the Department of Labor is engaged in training programs and other initiatives that help businesses hire and retain skilled Maine workers. We need to encourage and support these types of programs. Thanks to the previous expansion of Medicaid and the resulting loss of General Fund revenue, almost half of the 22 career centers in Maine were closed. Towns like Rumford, Dover-Foxcroft, Ellsworth, Houlton, Belfast, Saco and Waterville, to name a few, were stripped of a valuable resource for unemployed workers.

Individuals with jobs can participate in the newly created federal health exchange to purchase health insurance. A hand up is better than a hand out. We should be focusing on investing in Maine's future by providing valuable job training. As we've seen over the course of the last 30 years, the federal government has reduced their matching rate for Medicaid reimbursement and shifted that cost to Maine directly on our taxpayers. In the last decade alone, the cost of MaineCare has grown by over \$1.3 billion, that's billion with a "b." Adding an additional 100,000 people to MaineCare may be the straw that breaks the camel's back. An extra \$800 million in state funds being spent on MaineCare will result in more programs being cut. Let's get back on track to fiscal sanity. I urge my colleagues to vote against this bill. I urge you to work with our federal delegation to provide a fix for those who fall in the gap because we all want them to be covered, but this is not the answer. Thank you.

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

Representative **GRAHAM**: Thank you, Mr. Speaker. I rise in strong support of the pending motion. Ladies and Gentlemen of the House, what would you do if you have lied awake for countless nights because you feared you would lose your life or your loved ones' life. What if you or your wife found a lump in their breast a while ago but were afraid to go to the doctor not because of the fear that it was cancer but because your family could not afford to get the care that you needed, if it were. What

would you do when that mole that you have on your arm is changing and you just hope it is just dry skin and maybe it will go away? You can't sleep because if you have it checked it might be melanoma and it will likely open the door to bankruptcy. How do you decide? Get care or go broke? It is a matter of life or death for those people we deny health care coverage to.

Gail McLean is a member of my community. She is the model of a self-made woman. She built her farm and her home with her own two hands. She doesn't ask for a hand out. What she asks for is not to face complete financial ruin if she is injured or she is diagnosed with a severe illness like cancer. She lives a healthy lifestyle. You won't find her sitting on her couch drinking and smoking. She and many others like her are working hard to make a living. Are these the people we should deny healthcare?

I have heard the argument that these people could just go to the hospital or local clinic because they can't turn anyone away there. Well, that is true but at what price? Do you honestly think that your insurance premiums won't go up when hospitals raise their fees to cover the uninsured? Just recently, Eastern Maine Medical Center has told us that they're facing a \$7 million shortfall that's occurred since we have not expanded Medicaid. And that local health clinic closes their door because they can't continue to run in the red. We have FQHCs running in the red because they cannot provide care for free. Healthcare is not free. The solution is to accept the federal dollars that many other states have. States like Arizona, Michigan and New Hampshire, they have all recognized that it is the right fiscal thing to do and the right moral thing to do.

The argument that that everyone should go on the exchange is false. Yes one can purchase an insurance plan for \$50 per month with a \$5,000 deductible. When one makes less than \$12,000 a year, this is an impossibility. Once again, lose your life or lose your livelihood. I ask, what choice would you make?

It saddens me deeply that this debate has become more about politics than about people. That is not why I am here. I venture to say that that is not why my constituents or yours sent us here. We have a common sense bipartisan compromise before us. A compromise that will save money by providing care in a smart cost effective way. We should embrace this compromise and not ignore the hard working farmers, weavers and fishermen who are just trying to make a living.

My friends, thank you for serving the people of our state. I ask you to have an open mind and really think about the impact the decision to deny health insurance to close to 70,000 fellow Maine neighbors will have. I am here to serve the people of my community and state just as you are. I am not here to serve a political master and hold an unbending ideological stance. I admit this vote comes not just from my common sense but from my heart. I will vote to accept to federal dollars to cover more Mainers. I will sleep well tonight knowing that I stood for my neighbors and friends. I ask that you do the same. Thank you, ladies and gentlemen. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Belgrade, Representative Keschl.

Representative **KESCHL**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise to speak in opposition to the pending motion. First, I thank both Senators Katz and Saviello for bringing forward this amendment. I appreciate their good intentions and understand all the hard work that they put into trying to move forward a difficult and controversial program in Maine; however, this amendment conflates two issues. These are the need for Medicaid reform and the question of whether or not Medicaid should be expanded. Today, I'll be only speaking to the issue of the need for Medicaid reform. There will be plenty of other opportunities to speak on

the issue of Medicaid expansion in this chamber. As you know, I was a cosponsor of the original bill because I believed firmly that MainCare, Medicaid, needs to be reformed; however, after months of research and study, I have concluded that managed care, as a reform measure, is not an appropriate approach for the State of Maine. Rather I believe that current efforts under way at the Department of Health and Human Services to implement accountable care is the best way to reduce Medicaid costs and to improve health outcomes for those individuals receiving Medicaid benefits. My conclusion has been supported by many groups throughout Maine who testified on the original bill, the bill I cosponsored when it was first presented. Organizations such as Maine Primary Care Association, the Disability Rights Center, the AARP, Maine Equal Justice Partners, and the Maine Department of Health and Human Services all testified in opposition to the original bill. Together with the Maine Association for Community Service Providers and the Maine Hospital Association, who testified neither for nor against the original bill, these organizations pointed out that many shortcomings of managed care, which after reading many books, articles and research papers, are concluded with well-founded reasons for opposing managed care as a means to reform Medicaid in Maine. Therefore, I am skeptical of the support that many of these same organizations and individuals are giving to the amendment before us. Is it because they support managed care? I think not. Therefore, I urge you to follow my light and vote no on the pending motion. Thank you.

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

Representative **PRINGLE**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise to ask you to vote to support fairness in access to health care in our state. Many of you know that the reason I'm here in the House today is because Maine has not chosen to expand Medicaid. When I learned that our leaders were against this, I thought, "There are not enough people in the Legislature who work in health care. That's why they don't understand why we need to do this." As a primary care doctor for 36 years, I have watched the number of people without health insurance grow. I have seen too many patients whose lives have been harmed because they could not get the care they need, until they are in crisis or it is too late to save their lives. So I went door to door in my district telling everyone why I was running, why we need to do this. Surprisingly, they elected me. I arrived here last year and found many wonderful people – legislators, nonpartisan staff and advocates with widely ranging backgrounds. All of them have been real resources to me in areas that I do not know much about. But it is interesting to me that those who oppose giving their fellow Mainers access to health care have now come to ask me what I know about health care, my area of expertise, that I might help them decide the best action to take to make our health care system better.

I was first attracted to medicine when I had a college summer job working in a medical school research lab studying breast cancer in rats. By removing the ovaries, we could make the tumors shrink and go away. I worked with excited people who liked to solve problems and help sick people get well. I have been privileged to be able to care for many people whom I have been able to help be healthier over my career. Over the course of my practice, I have learned though that at least a third of the illnesses that occur, occur because of our genetics. We don't get to choose our parents. It's not our fault that we're short or tall or that we get a gene for a certain illness. It's the luck of the draw. Sometimes it's not very fair. A third of illness relates, in part, to our habits and if we change those habits, we can improve our outcome, and another third, we don't know what causes them.

So as much as two thirds of the ill health that occurs to us is not a result of something we have done wrong. It's something that happens to us. Fortunately, medical science has found many treatments to cure and manage these illnesses. The sad thing, in this country, is that you can't count on getting access to these treatments. We have a completely unfair system for helping people get the care that can save their lives.

I have heard arguments that if people just worked a little harder or got a second job or just got motivated, they could get health care. Imagine if you came to me as your doctor telling me you're having chest pain and trouble breathing, and I ask you, "Have you worked hard enough today to deserve to have me care for you?" Thank goodness, my code of professional ethics calls me to care for you, regardless of who you are, what is happening to you and what you have or haven't done to be in the situation you are in. As a doctor, I am taught the importance of keeping an open mind. I develop, with my patient, a working diagnosis, which I may have to revise as test results come in, or I watch a response or lack of response to a therapy. The experiment of providing universal coverage to everyone in a society has been carried out. It's been done in lots of different ways, in at least 40 different countries. In every case, the experiment shows the same result. The amazing thing that so many of you don't want to believe is that when we create a system that provides equal access to care for everyone, it lowers the cost for everyone. It enables people to work, it reduces disability and it saves lives. We have the power to do this. We just have to make this choice.

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

Representative **BEAUDOIN**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I feel like I'm in Washington, D.C., right now, kind of forgetting who sent us here. It's our people. We're here to look after them. They don't have insurance. They need insurance. We're lucky, at least I find I am. I've got insurance here. Prior to coming here, I had Medicare. Now I have a combination of the two and I find myself very fortunate. A lot of people aren't so fortunate. They need help. We're here to help them, we, as a body. I don't care if you're a Republican, Democrat. I don't care which side of the aisle you're on. Our people are all the same. They bleed the same way. They feel the same. We have what we should look after them and that's why we're here, to do what's right for our people, both sides of the aisle. Let's not forget who put us here. They did in Washington. They seem to forget who put them there. It's us. Well, the same here. Our people put us here. It's time for us to get together and pass this. Let's look after them. I don't think it's right for anybody to say, "I don't want to accept this money." Who are we to say anything like this? If you weren't on the other side of the aisle where you didn't have insurance, how would you feel? I don't think I'd be happy with me or you or anybody else, here, right now. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Hancock, Representative Malaby.

Representative **MALABY**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Good morning. I wanted to draw attention to a few, well, I wanted to clarify a few things before I get into the body of what I'm about to say. I want to draw the distinction between health care and health insurance because what we're talking about here is expanding Medicaid which is a payment vehicle. Is it health insurance? I'm not really sure that I would call it that. It has no copays, no premiums, no deductibles. I think it's more of a social welfare program and I support social welfare programs. The question before us today is at what level. I wanted to also mention that previous speakers

had talked about the children. Well, children are covered under Medicaid. And also about the elderly, and elderly are covered under Medicare.

I wanted to just briefly touch on the origins of Medicaid which is kind of really rooted in 1965. It was an afterthought to the great society and Medicaid was originally designed, to be technically correct, the aged, the blind, the disabled. They called them the ABDs. They added then pregnant women, various categories of people. You know, states weren't able to set their own limits on what they covered, and we, in Maine, were fairly generous, and as you know, this discussion goes back and where I'm going to bring it back to is in 2001. We applied for a waiver to expand our Medicaid program and in 2002, we received said waiver and that waiver included a group of people who had not previously been categorized and those are the ones that are often referenced as the non-cats. So I'd like to start from that. You're no doubt aware that this is an issue that we've discussed here repeatedly under the guise of various things. I might also mention that, serving as I do on the Health and Human Services Committee, this bill, the managed care standalone bill, 1487, came before us and it was voted down 12-1, and the only reason that that one person voted for it was to give a member of his party, who was the sponsor of said bill, an opportunity to speak to it on the floor, because I can tell you, uniformly, that committee rejected managed care. You know, on the one hand, we've heard that this will be free, that this Medicaid expansion will be free for three years. On the other hand, we've heard numbers running up into the 800 millions of dollars as to the state costs.

I'd like to address some of the fiscal differences between the cost-analysis that came from the office, OFPR, and the Department. I should first note that this bill contains a hard sunset and what that means is that OFPR has been charged with only looking at three years, the term of the bill, for the cost. Many have said, and I've read it repeatedly and I think it has been mentioned here today, that it's free. The outlying years of the shares of the cost will go up. We will go from paying 0 percent, ostensibly, to 10 percent. I'll just leave it at that. On your desk, I've provided you with a departmental analysis that I'm going to highlight on a point by point basis. I've also included the analysis from OFPR. I've got to apologize for burdening you with all these numbers, but I think it's incumbent upon you before you take this vote to understand the true costs, plus I really like numbers and I do a lot of Sudoku. OFPR's analysis, as was pointed out by the Representative from Chelsea, for the pure population which had previously been expanded, okay, a population of some 14,978 individuals, contains a factual misstatement as to the current cost for these individuals which, as Representative Sanderson mentioned, was actually \$2,862 per member, per year, not \$1,618. That will result in a cost to the state of \$17.8 million in fiscal year '16 and \$18.7 in fiscal year '17. OFPR also does not account for the three months in fiscal year '15, in which those parents who had previously received what's called Transitional Medicaid Assistance will no longer receive those benefits, so the state is going to assume for that quarter, from April 1, 2015 to June 30, 2015, the state will pay for that full amount. That's \$4.2 million. OFPR disregards what is known in the industry as the "woodwork effect." That is a process whereby people who had previously been neither identified nor insured come out for this free insurance, coming out of the woodwork to receive benefits. We witnessed this when we expanded to the non-cat population in 2001 and when we expanded the Medicaid savings plan and the Medicare buy-in plan. This population is assumed to be about 1,600 individuals and it's going to cost the state \$1.6 million in fiscal '15 and \$2.3 million in each of fiscal '16 and '17.

In the previous expansions, there has been something called

private drop. Now, private drop is something whereby individuals who are previously covered on private insurance move to Medicaid, and why not, it has no copay, no deductibles. If you look at the year of 2001 and you look then to 2009, you'll see that in 2001, 12 percent of our population was uninsured. In 2002, we expanded. In 2001, 14 percent of our population was on Medicaid. In 2001, 66 percent of our population was on private insurance. But if you jump to 2009, that 12 percent that was uninsured, we still have 12 percent uninsured, and while we had 14 percent on Medicaid in 2001, by 2009, we're 24 percent of our population on Medicaid, and in 2001, we had 66 percent of our population on private insurance. By 2009, it had dropped to 60 percent. What had happened? Private drop. The Department estimates that 7,500 people will be added to the Medicaid rolls through private drop and that it will cost \$6.6 million in each of fiscal '15, fiscal '16 and fiscal '17. The Department further estimates that staffing costs will run about \$2.5 million a year versus the OFPR estimate of \$2 million a year.

In addition, OFPR has estimated a cost for \$3 million for fiscal '17 for childless adults and the Department anticipates that the true cost will be in the range for \$9 million for that half year in which that rate is no longer available. Furthermore, OFPR assumes savings and they do not cite the where or the when or the how of savings of \$5.9 million in fiscal '15, \$11.8 million in both fiscal '16 and '17, okay? Part C of the bill does contain some vague language, particularly as it relates to adult mental health services and substance abuse services. However, these programs, primarily funded through federal block grants, any savings would not accrue to the state. Indeed, any shifting of federal block grants to the state from the existing program would cause states to lose federal block grant funding in an amount commensurate to the state shifted funds, and that's a direct quote from CMS. Given the lack of specifics and the lack of supporting documentations, the Department can only conclude that no savings will be realized. The Department estimates that the three-year marginal cost of expansion, the first three years when it's free, is \$83.2 million. That's General Fund dollars, okay. That's hardly free. OFPR estimates it will be \$2.6 million and this includes that undocumented non-supported savings. The reality that OFPR acknowledges a minimum cost of \$38 million over the first year, and ladies and gentlemen, George Santayana said it best when he said, "Those who cannot remember the past are condemned to repeat it." One of our past experiences with expansion, over the past 11 years, the state has had to commit either through additions to the budget, financial orders, supplemental budgets, the following amounts to balance the Medicaid budget: In 2004, \$71.4 million. In 2005, \$160.7 million. In 2006, \$71.1 million. In 2007, it was a good year. We over appropriated so we deappropriated \$13.9 million. In 2008, it was \$52 million. In 2009, it was \$125.5 million. In 2010, it was \$41.5 million. In 2011, it was \$59.4 million. In 2012, it was \$125.3 million. In 2013, it was \$205.7 million. In the current year, it's \$145.5 million. All which adds up to just a touch over \$1.3 billion and this does not include a \$485 million repayment in our first session we made to our hospitals. Ladies and gentlemen, I would like to see this population, every population covered. I would like to see them provided with affordable access to health care, high quality health care at that. But expanding Medicaid, a poorly designed reimbursement for our poorest population, is not the answer. We cannot add a third story to a house with a crumbling foundation, nor can we afford to continue the relentless pursuit of federal dollars that comes with so many strings attached, especially when we have alternatives that are more fiscally and medically sound. I thank you for your time.

The SPEAKER: The Chair recognizes the Representative from Berwick, Representative Plante.

Representative **PLANTE**: Thank you, Mr. Speaker. I agree with the Representative from Hancock. We do need to make sure we find a way to provide folks with health insurance, health care, however you choose to title it. That is indeed what we're talking about here in the objective of the Affordable Care Act. I understand that there's a lot of concern about the cost of the Medicaid expansion. We look back a lot to the 2001 expansion and find that it was far too costly. That is the advice of some of the detractors. But at our current reimbursement rate based on what the feds pay, we pay a little over 38 cents on every Medicaid dollar. By expanding, at the worst, in 2020, we pay 10 cents on everybody who expands under expansion, under the Affordable Care Act. So to not expand right off the bat means we pay an additional 28 cents on the dollar. Now, granted, every year the exchange rate for which the feds will pay for Medicaid expansion dollars, it varies based on the strength of our economy. So we could wind up paying more every year, if our economy gets better, which indeed we want to see our economy get stronger with more jobs, with better health insurance plans, everything will work out better, but our Medicaid rates will get more expensive for our state as our economy improves. So this fiscally sound and responsible thing to do would be to expand health care under the Affordable Care Act and by the bill provided here today.

I believe it's important to accept the dollars under the federal exchange's plan to the Affordable Care Act because it makes sense for our bottom line. As the *New York Times* put out in a report, thanks to the federal Health and Human Services Department, currently determined eligible for Medicaid, we have 5,494 people in this state. Now that's through federal exchange website information that has been gathered. Every person who is on that list who joins the Medicaid rolls currently in the State of Maine, we're paying 38 cents on the dollar for had we expanded. This year, we pay zero and the next two we also pay zero and a gradual decline down to 2020 would be 10 cents on each of these people. It's hard to believe we're going to play a fiscally conservative card saying we want to pay 38 cents on every dollar when we have the option by 2020 to pay just 10 cents on every dollar. That's millions of dollars every year we're going to pay more if we say no to expansion. We save 28 cents on the dollar, currently, right now, each year. As our economy grows stronger, we pay more. We want our economy to grow stronger and we want to have better control over our budget and Medicaid expenditures. Expansion is the way to do that. It's the right thing to do, and I hope we can all join in in supporting the motion. Thank you.

The SPEAKER: The Chair recognizes the Representative from Norridgewock, Representative Dorney.

Representative **DORNEY**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise to support this motion. I've been a family physician in rural Maine for 31 years and I just want to tell a couple of stories about patients that I've dealt with. I had a woman, not too long ago, who came to my office very worried because she had lost her MaineCare. She was a Type 1 diabetic which meant that she needed insulin. It was no fault of her own. She had had gallstones. Because of her gallstones, she destroyed her pancreas. This was not her fault. As a result, she ended up on insulin, but she had run out of her insulin and her blood sugar was quite high. Over the next couple of days, in the process of trying to find her some insulin, her blood sugars got up into the 500 or 600 range and she was hospitalized with something called diabetic ketoacidosis, which is

extremely serious. She could have died from that problem. She had no insurance as a result of her losing her MaineCare. Eventually, the hospital gave her free insulin, once she was well enough to leave the hospital. That didn't save anybody any money. Their hospital had to foot the bill for hundreds of thousands of dollars for her ICU hospitalization.

I had another patient, a few years ago, who had quit work because her husband had had a stroke and he could not care for himself. She was 64½ when she developed cancer and you would think, "Oh, since she has no health insurance, she could just get free care from the local hospitals." Well, we looked into that and they told her there would be a waiting list of six months to get into the free oncology clinic. Unfortunately, she would have been dead by then. So, instead, she had to foot the bill of hundreds and thousands of dollars. Once she turned 65, she was eligible for Medicare. But, in the meantime, she had incredible health expenses which again were no fault of her own.

My husband is also a physician and he does disability physicals for the State of Maine. He is semi-retired now and works three days a week and it's interesting how many patients he talks about are going to him for disability physicals because they have health problems that they cannot solve because they have no insurance. If they are able to solve their health problems, they would be able to still work, but because they cannot, they are applying for Social Security disability which eventually will get them some health insurance and some help for their medical. This makes no sense. Everyone is worried about all the cost of the MaineCare program, but I understand that what we're spending on MaineCare in the State of Maine, right now, was the same in 2013 as it was in 2009. In the last six months of the current fiscal year, our spending in Medicaid has increased only 0.1 percent. We have many programs the State of Maine that are looking to reduce costs in the MaineCare program and I applaud that. I also have worked tirelessly trying to reduce costs for health care in the State of Maine since I've been a physician.

There are some questions about copays and coinsurance and how this is different than other insurance, and my understanding of the current bill in front of us is that it actually establishes copays and deductibles for the MaineCare patients, and I'd like to pose a question to anybody who can answer that question, whether this proposal gives copays and deductibles to the MaineCare patients. Thank you.

The SPEAKER: The Representative from Norridgewock, Representative Dorney, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Westbrook, Representative Gattine.

Representative GATTINE: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. To respond to the question, I don't know if this bill, I don't think it does propose copays. But there are many copays in our current Medicaid program with respect to the particular service and there are certain populations, such as children between 150 and 200 percent, that actually do have to pay cost sharing and coinsurance. Again, I do want to dispel the rumor that our MaineCare program doesn't ever provide copays or cost share.

The SPEAKER: The Chair recognizes the Representative from Chelsea, Representative Sanderson.

Representative SANDERSON: The correct answer to that question is this bill did initially have copays in it, but that language has been stripped out. There are no copays associated with this bill.

The SPEAKER: The Chair recognizes the Representative from Caswell, Representative Ayotte.

Representative AYOTTE: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I do want to

preface my presentation by mentioning that over the last several months there have been a considerable number of radio ads on the local radio station in Aroostook County, urging the people to call their legislators and ask them to vote for Medicaid expansion. These ads are paid for by the American Association of Retired People and local individuals, including two doctors voice these ads. Therefore, I feel it only fair that I state my position as clearly as possible and why I will vote as I do. Because of their great concern, I feel they deserve an explanation. I certainly do respect and applaud their efforts. I do not want anyone to think I am avoiding the issue or not willing to respond.

Mr. Speaker, in my eight years as a State Representative, seldom have I encountered a more controversial issue, Medicaid expansion. I do want to state very clearly that I do understand the intent of the bill, LD 1487, and for those supporting the bill, I do understand your concern and I certainly do applaud your compassion. I've listened to very poignant and touching stories from across the aisle. I certainly do understand your compassion. What I do not understand, however, is the mathematics or numbers behind the bill. When I listened to both sides of the issue, it caused me to wonder, "Are we receiving the same facts? Are we receiving the same numbers?" There seems to be a vast disconnect in interpretation of information. I'd really like to be able to sit down and go over some of these facts that I do not quite understand. Will expanding coverage to 70,000 actually mean more like expanding it to between 75 and 80,000? Will the State of Maine be responsible for the hiring of 80 to 90 new administrators to handle these new enrollees? Will the State of Maine, after three years, find itself responsible for paying the premiums or a portion of the premiums for this expanded group of Medicaid recipients? I ask, can one easily rescind a program once it has been initiated? I don't think so. What about the 3,100 people, elderly and handicapped, that right now we cannot afford to cover? They, as we speak, are still waiting. Did not we just finish paying \$490 million, a result of our last Medicaid expansion? Are not many programs insufficiently funded right now, as we speak, but yet we are considering expanding a program that would further reduce our ability to meet obligations? I could go on and on listing areas where Maine is falling short in funding.

The ever-increasing cost of providing Medicaid and other welfare benefits has grown to nearly one-third of our citizens. According to the Commissioner of Finance, we are now experiencing flat or reduced state revenues. Medicaid expansion will produce an even greater "crowd out" effect on all other essential programs. As I mentioned before, I fully understand your concern and, again, I applaud your compassion. It is the reasoning and numbers I am confused with. I guess I could say it's not that I loved Caesar less, but I loved Rome more. I can remember when I was first married, 47 years ago, and on a young schoolteacher's salary having to go without to pay bills. Paying bills was always a top priority. It was adamant that my wife and I keep up on our bills. By this expansion, we would be jeopardizing even more our ability to meet Maine's necessary obligations.

Just to mention a few of our obligations as a state or a state legislator: Compensating and insuring state employees. Our physical plant infrastructure has been severely neglected. Balancing next year's budget. Medicaid and other welfare programs represent 25 percent of our General Fund budget. More than \$40 million in non-medical social services are on the waiting list. We need hundreds of millions to increase funding just to meet our statutory funding commitment to K-12, not to mention a list of other programs that were underfunded during the recession five years ago. With your permission, Mr. Speaker,

I want to mention that a number of programs experienced a significant funding reduction due to increase to support MaineCare and General Purpose Aid. In General Purpose Aid, a few of them include frozen merit pay, COLA and longevity pay increases. Reduction in value of Homestead Exemption. Elimination of Circuit Breaker programs. Reduction in Business Equipment Tax Reimbursement. Freezes in levels of funding for state employees and retirees health insurance programs, resulting in a cost-sharing shift to employees. A three-year sweep of Capital Construction and Improvement Fund with over 300 improvement projects with a cost of \$220 million going unfunded. Curtailments that reduced funding for training and staff development and technology development. Liquor licensing and enforcement activities have been reduced more than two-thirds in the last 10 years. The lottery market has been flat for the last 10 years.

Mr. Speaker, to quote a very well respected financial affairs expert and former State Representative, "I have served over half a century in public service to the State of Maine and in all those years I can think of no worse time to consider expanding our State's funding responsibility." Mr. Speaker, this may be the quintessential Faustian bargain. As many of you, I am sure, are familiar with the opera "Faust" or the story of Dr. Faust. Dr. Faust sold his soul to a certain entity in order to gain knowledge and power, specifically, according to the German author Goethe, specifically a cure for the Black Plague with no concern for the consequence of a future payday. The payday came, for many who saw the opera or many who read the story. Ladies and Gentlemen of the House, will this be a Faustian bargain with grave payback for generations of Mainers that will follow? Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Mexico, Representative Briggs.

Representative BRIGGS: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I wasn't going to speak today because I know that I was going to be hearing lots of stories that were similar to the stories that I could share, but I feel compelled that I need to share as well because my voice and my constituents' voices are just as important. I have heard that 100 to 138 percent currently not eligible for health care can get coverage from the exchange. There are people out there, including a close family member of mine, unable to purchase health care from the exchange. She tried to sign up this past weekend and got to the point to select which option to choose. She said to me, "What am I supposed to do? I have no job, no money. I can't pay for the insurance. Where do I go from here? What do I select? A premium that I cannot now pay? Then what happens?"

She's caught in the system. She's stuck. She has many serious health problems, physically and emotionally, and can't get the resources she needs going forward. She was forced out of her job due to circumstances beyond her control. She is fearful of retaliation, denied unemployment because of it and not strong enough to go forward on her own. She is one that is stuck in the system. How can she really have or receive coverage? Can someone answer that question for me? Are we choosing money over human lives? Sometimes it's not all about money. We need to ask ourselves, how important is it? We have the opportunity to do the right and humane thing today, and that is to save lives of our family members and every citizen in this great State of Maine. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Harrison, Representative Villa.

Representative VILLA: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise in favor of

this motion. This bill is not only about health care, it's about compassion. It's about hope for 70,000 Mainers, including 3,000 of America's veterans. I spoke with a veteran who served in the demolition of the Marshall Islands where they detonated bombs 10 times stronger than that of Hiroshima and Nagasaki. He has been self-employed all of his life. He carried his own insurance. But after battles with bladder and kidney cancer, he can no longer afford to keep his insurance. Too proud to ask for help, a fellow veteran called me and asked me to help him. I found that this veteran's condition and those who served along with him was labeled "non-service related" by veterans administrations across the country. Yet for the last 50 years, since the demolition, the United States has and continues to provide health care to the natives of the Marshall Islands affected by radiation exposure. Can you please tell me, tell our 3,000 veterans and their families who desperately need health care, what are we, as legislators, willing to pay for the freedom we fought for? Do we tell them "Thank you for the freedom and for your sacrifice, but the mathematics don't add up?" Don't worry. In time, we will find a solution to make sure you and your family get the health care coverage you deserve – in time, not now. In time. Many will die before they receive treatment, not in time. The time to help is now – not later, not in the next session, now. We can right some egregious wrongs. With the passage of this bill, we can tell them that we care, that Maine cares. We have the power not only to transform their lives but to save them. Every day before we start session, we bow our heads and pray along with the pastor of the day. They represent many religions, but the message is one and it is clear. Sometimes righteousness inflicts more wounds than it heals and that we should, on this floor, balance judgment with mercy. We can send the message to the good people of Maine that we have the courage, the compassion and the mercy to do what is right by those whose lives will be affected and saved as a result of this bipartisan bill. Please accept the Majority Ought to Pass as Amended Report. Thank you.

The SPEAKER: The Chair recognizes the Representative from Freedom, Representative Jones.

Representative JONES: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise to speak to the decisions that we must make and the actions that we must take, in light of the conflict between what we earnestly believe the right thing to do is and what we realistically can accomplish, between the ideal and the real constraints under which we work. Is the legislation before us perfect? Of course not. Is it the best we can do for our citizens on this day, given its imperfections and our differences? Yes. Is there a viable alternative plan before us today? No, there is not. Mr. Speaker, Men and Women of the House, I rise to speak of the values of the citizens I represent, and these values are visible and their benefits are tangible in all of our communities to see. Mr. Speaker, the citizens I represent volunteer as firefighters and as emergency medical personnel; we volunteer to teach the illiterate to read; we keep jumper cables, a chain, and a bucket of sand in our pickups to help those who have gone off the road in the winter. And we help the so-called worthy and the unworthy equally. That's the nature of the community I represent. We collect donations and provide heating fuel for our neighbors, because we believe that no one should be cold in the winter. We have a vibrant volunteer food pantry, and we have community gardens because we believe no one should go hungry. And, we place a jar on the counter of our local general store to collect donations for a family who's experienced misfortune or, most relevantly to this discussion, illness. That every one of our fellow human beings should be healed when sick is a belief I know, Mr. Speaker, that we all share. It's essential to our nature of empathy and our understanding of

compassion. Mr. Speaker, the collection plate in church and the donation jar in the general store have demonstrated they cannot completely fulfill this purpose. Nor have the directives to "work harder" or "get a better job" met this need.

We have heard today, Mr. Speaker, we cannot afford this, we do not have the money, to provide this remedy for our fellow men and women. Mr. Speaker, we cannot serve two masters. We will hate one and love the other; or we will be devoted to one and despise the other. Either we serve the master of compassion or we serve the master of money. We choose today whom we will serve, the master of benevolence or the master of selfishness, and today eternity is our witness. Mr. Speaker, the worship of the ancient golden calf has returned in a new and ruthless guise in the idolatry of money and the dictatorship of an impersonal economy and a government lacking a truly human purpose. We have drunk from the fountainhead of personal enrichment and the philosophy of "I got mine; good luck getting yours." Mr. Speaker, heaven have mercy on my soul if, on my travels from Jerusalem to Jericho, I pass on the other side of the road when I see a man beaten and naked in the ditch. The dignity of each human person and the pursuit of the common good are our concerns and this should shape all of our policies, even though the instrument before us is imperfect. Mr. Speaker, I ask each member of this body to consider his or her conscience and his or her faith as we vote. Thank you.

The SPEAKER: The Chair recognizes the Representative from Yarmouth, Representative Cooper.

Representative COOPER: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise in support of the pending motion. This motion represents fully a year or more of changes that we have made to the original proposal to expand MaineCare. In each instance, the change was made in order to meet the objections of people who felt for one reason or another that they could not support the proposal. We made a good faith attempt to meet every one of those objectives, but I fear that we were naïve. The first objection, that we ought to pay the hospitals first for their debt that they had incurred because of the way MaineCare bills were paid. Well, we were happy to do that. We did it. They were paid in full, although there were many competing priorities for that money, but we paid it. In fact, some members of this body told me that they would support expansion if we just took care of the hospital bill first. Well, guess what? They didn't. Then there was the waiting list, the infamous waiting list. Everyone here knows that the waiting list has nothing to do with MaineCare eligibility. Every single person on that waitlist is already entitled to MaineCare. We're talking about special services that are extremely expensive but totally necessary for their wellbeing. There's no question that those people need those services, but expanding MaineCare will have nothing to do with it.

An interesting sidelight, the Chief Executive, during his State of the State address to this body, called out a young man in the gallery who is autistic and is supposedly on the waitlist, and it was our fault that he wasn't receiving the services he needs. Well, I, like many probably in this body, received an email from his mother, and I engaged her in a colloquy in our email. One of the things I learned was, guess what, his son is not on the waiting list. He is considered, by DHHS, not to be disabled enough to even get on the waiting list. Now, that's not to say that he doesn't need those services, but it certainly has nothing to do with whether or not to expand MaineCare, a myth that has been used, over and over again, by the administration to divert attention to the question at hand. When we paid the hospitals their debt, we thought the problem was solved, or at least some people did, but in fact the implementation of the Affordable Care Act has made

their situation continually worse. Under the ACA, charity care is paid at a much lower rate and will continue to diminish, and that's because it was based on the premise that MaineCare would be expanded to the groups that we are now talking about. That's why Central Maine Hospital has a \$7 million debt and that debt will continue to grow, unless the people that show up at their doors are paid under MaineCare. This program of expansion will not only help the hospitals, but will help the economy generally. Indeed, it's been estimated that it will add close to \$70 million in job benefits to various people, not only in the health care field but in all the supporting industries that depend on that source of revenue. So we are really talking about improving the economy, improving the tax base of Maine, not costing it money.

I've heard the excuse that we can't support this bill because we simply do not trust the federal government. Well, that's fair enough. We know Washington is in paralysis. But if we accept that argument for not expanding MaineCare, why not reject money for infrastructure, roads, bridges, VA, Social Security? Have they ever, ever defaulted on any of those promises? Have they indeed ever defaulted on MaineCare and Medicare? No. That, too, is an excuse that does not fly with me.

I think the problem boils down to what one's image is of the MaineCare recipient that we're trying to reach. On one side, people see a deadbeat welfare cheat, somebody who uses his EBT to go to the liquor store, and indeed there was a small fraction of violations such as that. There's no question that fraud occurs in just about every program that we have, but it's miniscule and don't be fooled by that. On the other hand, will you believe that the typical face of the MaineCare recipient that we are trying to reach are people like Representative Berry's brother, who is an accident away from bankruptcy and devastation, or Representative Hickman's constituent, who, through no fault of his own, has been plagued by illness and disability that render his life extremely difficult and treacherous, given the fact that he does not have MaineCare coverage? Which image is in your mind? I am from away. I've lived here almost two decades, but as a convert to being a Mainer, I have the passion and feeling deep in my heart that there is no harder working person in the country than Mainers. They work one, two, three jobs to support themselves and their families. Where does the image come of people trying to work the system, cheat the system? If they're out there, they're in very small numbers. The people that we are trying to help are your neighbors and your friends, and they are good people.

Finally, I would note that I agree with Representative Pouliot that the problem is cost containment. It's very much a problem in our health care system. But one of the things that I do like about this compromise that is now before us is that it does make a good faith attempt to control those costs. Managed care, in Maine, is not a new concept. It's been working beautifully at places like Martin's Point where the approach is coordinated care, particularly for chronic diseases, an approach that keeps costs under control, helps people get well and maintain their health. This is not a newfangled idea. It is also not the managed care of the 1980s and 90s where all we worried about in those days was health insurance companies saying "No, no, no." Instead, it's a provider driven approach to health care, which brings the best care, the most coordinated care to those people, and I think it offers us the best chance of keeping a lid on MaineCare costs. With that, I will end my remarks and hope that you will follow my light. Thank you.

The SPEAKER: The Chair recognizes the Representative from Gardiner, Representative Grant.

Representative GRANT: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise in support of the

present motion. Facts? We've been regaled with facts, both inside and outside this chamber. For me, the facts clearly support this measure before us today. But, for me, this decision always comes down to people – people. Seventy-thousand is a number, but those are people to us, people who are waiting for access to the same health care that those of us in this room enjoy. These are people who have fears about losing everything that they have in the face of a catastrophic illness.

I would just like to share with this body the story of a woman who wrote to me, along with hundreds and hundreds of others who have written to me and I'm sure to all of you in this body, to beg us to support this measure, to accept the federal funds. One woman said, "It makes as much sense to reject these funds as it would for Texas to reject a new military base because defense spending is so high."

But I want to share with you the story that Christy from Gardiner wrote to me. She writes, and she has given me permission to share this: "I grew up in Presque Isle – I graduated from high school there in 1991 – and we never had insurance. My dad raised my brother and me as a single dad after my mother left him – and us. He worked construction, as hard as he could, but he never could afford insurance, and I know he had a hard time ensuring we had enough to eat and had clothes and activities so that the other kids wouldn't notice us getting poorer and poorer. When I was 16, I asked for a dental cleaning for Christmas, and he gave it to me, in a little red card with a Scottie dog on the front. When I was in college, they foreclosed on our house. I broke my arm walking to Governor's [Restaurant] on an icy sidewalk with my friends, and my dad asked me to wait a little and make sure I needed to go to the hospital. I knew he didn't know where to go and had no money to pay the hospital. When I went, after watching TV for a few hours, sure enough, it was broken. I said nothing to my dad when the bill came. So, I graduated college with a heap of student loans and a big blotch on my credit - a medical bill to EMMC, which I paid off \$25 at a time until it was gone.

"Sure, if this happened today, my brother and I probably would have been eligible for MaineCare. But that's not enough. My dad wouldn't have been. He is a perfect example of the kind of person who would benefit from Medicaid expansion. My dad didn't do anything wrong. He did the right thing and dropped out of college and moved home to marry my mother when I came along. He worked two jobs, and construction was lucrative, until they closed the base and everyone started moving away. Then my dad went through layoff after layoff, working fifteen hours a day paving in the summers and not at all in the winters. He did the right thing when my mom left, and did his best to raise us.... He spent hours making sure my brother was the Pinewood Derby champion. When a trench caved in on his co-worker, my dad dug him out with his bare hands and gave him CPR until the first responders told him to give up. My dad is a decent guy who got caught up in problems not his own – declining wages, huge increases in the cost of health insurance, and all the other problems that beset the county he and I love. I try to be thick-skinned and professional, but when I hear politicians sneering at "able-bodied young men" who would sit around and benefit from "medical welfare," I feel like crying.

"My brother is a cancer researcher now. After I stayed home with my kids for a few years, I went back to school and got my graduate degree from the Muskie School of Public Service, because I thought there needed to be more people from my background in public service. People like my dad will not usually be testifying or lobbying or advocating for themselves. They will be silent, just trying to keep food on the table, while legislators make up their minds. I want to thank you personally for

supporting this initiative in the past. I wish everyone understood how much it means to people to have healthcare."

I ask you to think about people like Christy and her family when you vote today. That's whom I will be thinking of when I push my green button today. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Cumberland, Representative Moriarty.

Representative **MORIARTY**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. It is a great credit to all involved that the pending bill before us is a bipartisan proposal. A bipartisan solution is an achievement and should be recognized as such. Of course, in this building, many issues inevitably are viewed through a partisan lens. The term "bipartisan" sometimes can take on a negative connotation and may be viewed in a context suggesting unwarranted compromise or an unwillingness to stand for principle. For an issue as momentous as this, I suggest that we take a broader view and pose the issue in terms that eliminates partisanship, such that the public will understand and appreciate the issue before us in a clearer fashion. I specifically suggest that we present the issue to the public in this manner: Does the proposal advance the common good? We should recall that we have all been sent here to promote the common good, partisan considerations aside. I will not reiterate all of the benefits and safeguards of the proposed legislation as set forth by my colleague, the good Representative from Augusta, Representative Wilson. But when the test of advancing the common good is applied, the answer becomes clear and unavoidable. This bill promotes the common good in a thoughtful, considerate and forward-thinking way that will avoid the management and fiscal problems that have plagued us in the past. And if it doesn't work, as anticipated, it will terminate, on its own, on a date certain. The public expects us to do our duty and to fulfill our obligations. I urge all members to reward the efforts of those who have crafted this remarkable compromise and to vote to support the bill which will, as much as anything we have done this session, promote the common good. Thank you, Mr. Speaker.

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

Representative **LONGSTAFF**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise to speak on this issue because I believe, as many of us in this chamber do, that it is one of the most important that will come before us in the 126th Legislature of the State of Maine and because I believe that the expansion of Medicaid is the right thing to do. Since I entered the Legislature in 2010, I have served on the Joint Standing Committee for Veterans and Legal Affairs. In Maine, we provide exceptionally good service for our veterans at Togus, but there still are far too many veterans and not only veterans, many people for whom this is not just a matter of political debate but a matter of life and death. It is for this reason that I rise to let the voice of one of those many veterans that we hear from on a regular basis be heard in our assembly today.

Furthermore, I note that since we voted this morning to designate today as Multiple Sclerosis Day, his words are especially timely. I asked myself, was that vote just a feel-good formality? So please listen briefly, to what Thomas Ptacek, of Portland, who served our country in the U.S. Navy has to say about health care. These are his words:

'Until January 1st I relied on MaineCare for emergency services only which I can't get covered by the V.A. Anything beyond primary care visits and lab work I can't get done through the V.A. because I don't have a service connected disability.

"MS runs in my family. Should it turn out that I have MS, like my father does, there's only so much that the VA would cover,

not to mention that the VA is 80 miles away. I don't know what the VA would cover but I know it's not anywhere near what I would require. I would need MaineCare to provide me the remaining—and very expensive—services that I would need. I know the things my dad, who is still working, requires and I know that the VA would not cover that.

"There is a feeling of safety that happens when you have MaineCare. When you come out of homelessness or any extended stressful situation such as poverty, there are a lot of things that weigh on you, a lot of things that need to be addressed. Knowing that your medical needs or possible future medical needs are covered is one less of those weights on you.

"I have an outstanding medical bill from when I was living and working in Lewiston. One night I was getting ready to work the overnight shift at The Big Apple and accidentally dislocated [a] finger. I had to go to the emergency room and incurred a \$1500 bill which to this day I still owe."

"I'll close by saying that this is but one example of why voting yes on the motion before us is the right thing to do. It's really not about us and our political perspectives. It's about those tens of thousands of people who will be affected by what we do today. We need to listen to them, as well as to listen to each other. Mr. Speaker, thank you, and thank you fellow members of the body for this moment.

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

Representative **LIBBY**: Thank you, Mr. Speaker. Good afternoon, Men and Women of the House. I will be brief. I'd like to offer a couple of numbers and a couple of observations. In 2011, 10,619 people were uninsured in Androscoggin County. If this bill becomes law, 5,829 more people in Androscoggin County will be eligible for health coverage, which is almost half of all the uninsured residents in our county. This includes 2,125 people who lost their health insurance at the beginning of this year. If Maine accepts the federal funds, by 2016, an additional \$30 million will be spent annually at Central Maine Medical Center and Saint Mary's Hospital, both in Lewiston, and all the other doctors' offices and health care centers in Androscoggin County. Passing this bill will stimulate approximately \$45 million in additional economic activity, per year, and create nearly 400 jobs in Androscoggin County in the next two years. We've had a long debate, we've heard many arguments against accepting the federal government's offer, and I have to ask, would we have this debate if the federal government offered to pay 100 percent of new road construction, road replacement, and bridge repair for the first three years and then 90 percent after that? One hundred percent funding for new roads? With this Legislature saying no to that offer, I don't think so. We've also heard that this isn't free money that we're talking about and these federal dollars are our tax dollars, and that certainly is true. So if we say no to this bill, no to the federal dollars for expansion, we are saying to Maine taxpayers that instead of bringing those dollars back to Maine, your tax dollars at the federal level will instead go to subsidize the expansion of health coverage in other states but not our state. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Lubec, Representative Cassidy.

Representative **CASSIDY**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. Every family deserves a family doctor. That's what we heard nearly a year ago when this body took its stand on accepting federal funds. I'm standing up today to tell you how that's working out for us back in Washington County after we failed to expand health care in Maine the first time around. Our rural health care system has been very much at risk, especially since January 1, because

many have been going without seeing their family doctors when they need them most. I want the people of Washington County to have options for health care and I will vote to support expansion, but there is more than just people's lives at stake locally. The health of our Washington County hospitals and health clinics is also at stake and depends on this vote. At the Harrington Family Health Center, for example, 25 percent of clinic patients are uninsured and 33 percent of them are covered by Medicaid. Accepting the federal funds will provide the necessary health care coverage for many Washington County people who desperately need it, such as Linda Salleroli. Here's how I know her story. There is a place in Eastport, a very funky café and bar called The Rose Garden. During the summer and fall in 2012, and also in 2010 and 2008, during the campaign season, I would end up at The Rose Garden in late afternoon after I finished knocking on doors in Eastport. I would ask for a root beer float and relax a bit before heading home. Either Alan or Linda Salleroli, who own The Rose Garden, would fix my root beer float and ask about the work that I wanted to do in Augusta, the issues that I cared about most. Just on Sunday, both Al and Linda worked the bar and served up a proper St. Patrick's Day celebration. You always find them together these days, never apart. That's what spouses do when one of them is diagnosed with cancer. They go forward together, trying to appear as if everything is business as usual. They go forward together, trying to appear as if everything is business as usual. Al and Linda put on a good game face – still always cheerful and mindful of their patrons and their community. But things are different now at the Rose Garden. There's still live music on weekends, and chili or rib cook-offs Sunday afternoons in winter, and open mic and poetry gatherings at other times. And the Rose Garden is still a place where everybody knows your name. And everybody also knows how Linda got cancer two years ago, and had one eye removed, and then things were good again because we all thought that Linda had beaten cancer.

The Sallerolis have owned the Rose Garden for 10 years, transforming an empty, former shoe factory into a popular place for community gatherings year round. Al Salleroli supplements the restaurant income by working on the side as a carpenter, fixing chimneys, putting on roofs, doing interior and exterior work. He even took a turn as president of the Eastport Chamber of Commerce. Al and Linda are two of the hardest working people I know in Washington County. But although they both still work seven days a week, they can't afford health insurance.

As a cancer survivor, Linda continued to get check-ups, but since January 1, in order to receive charity care at the Lafayette Family CancerCare facility in Brewer, she first had to show that she had been denied MaineCare. And there is up to a 45-day wait to get a MaineCare eligibility determination and then this paperwork process has to be repeated every six months. So while Linda was waiting this winter for those 45 days to be told by the State of Maine that she did not qualify for MaineCare, she missed an appointment with a cancer specialist, because she couldn't afford paying from her own pocket.

Three weeks ago, Linda learned the cancer has returned, and has spread. She is angry, and Alan is especially angry. Any one of us would be angry, too, if we got cancer, and if we didn't have the health insurance that we get in our jobs as state legislators.

I know how Alan and Linda live and feel. Just three years ago, my husband and I were self-employed, just getting by and also living without health insurance, because we couldn't afford it either. Frank got cancer and died. We were lucky, though, because Frank was a veteran, and he could turn to the VA, and Togus, first for cancer treatment, and then hospice care. But the Sallerolis don't have any such option to turn to, except for the

Maine Legislature, to ask for help with Linda's cancer. So here I am, this morning, asking you, my legislative colleagues, on behalf of Alan and Linda Salleroli, to cast your vote to expand health care for Mainers such as Linda. Just like you, she's a hard worker, and she's a taxpayer and, like some of you, a small business owner and a community leader. And she deserves better.

Mr. Speaker, I don't rise often to speak on the floor, but when I do, I stand up for Washington County, and I do so with pride because that's where I live. Six of us in this Chamber represent Washington County, in fact, with a seventh serving in the Senate. We can tell you about entire small towns, not just bars like The Rose Garden, where everybody knows your name, and how our four weekly newspapers frequently print photos of five generations of a family. In Washington County, we know that after the Eastern Maine basketball tournament every spring, caravans of cars honking horns and fire engines with sirens will arrive back in town after midnight. We love our local beauty pageants, our high school graduations, our Fourth of July parades, our countless quilt raffles as fundraisers, our festivals for blueberries and salmon and pirates. We support our American Legions that always serve a hunters' breakfast, and churches that put on bean suppers no matter the time of year. We turn out by the hundreds for benefit suppers when tragedy visits an individual or family, whether we know them or not.

Washington County is all about community. And my personal definition of community is "the way we get by." But I cannot tell you how my friends Al and Linda Salleroli are going to get by now, if we don't have enough votes to expand health care across Maine. They've already put a portion of Linda's cancer costs on their daughter's credit card.

You've all heard about Washington County. We have demographic differences, and we have health inequities with the rest of Maine. You know about our poverty, our unemployment, because you've seen the numbers in the Kids Count annual report. So, it hurts when others tell our Washington County people to "get a job," as a way to get health care. Nobody can dare tell Alan and Linda Salleroli to work any harder than they do. What the individuals and families of Washington County, like the Sallerolis, share with all of you, is that we are all Mainers. And we all believe in that great motto for Maine – "the way life should be."

I brought the story of the Sallerolis to Augusta today. Let's acknowledge, however, that we are not talking only about these two people. Al and Linda are two of the 70,000 Mainers who have a similar story. They and 69,998 other Mainers are waiting 10 days, 30 days, 45 days to get the health care they deserve and need. They and we have paid our taxes into the federal system in order to have these basic needs. Meanwhile, they get sick, they live in fear, their lives are ruined, they get sicker and they die. Today is the day we can do our jobs as Maine leaders, leaders with the power to cast votes and to rise to a higher level of humanity in Maine. Today, 151 of us can make this wrong right. Today, we can lead the way toward Maine. We can lead toward health care solutions for 70,000 Mainers because every Maine family deserves a family doctor. Tomorrow, Linda Salleroli really discovers her fate, when the newly discovered mass on her liver is removed and biopsied. We hope it's not too late and we hope that our system hasn't failed her. Thank you, Mr. Speaker.

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

Representative RUSSELL: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. Sadly, I think this debate has turned ideological over the past year. I'm inspired, personally, by the stories I've heard, but it's easy to get dragged

into ideological debates and when that happens, it's very easy for us to lose our moral compass. In those moments, I personally look to the Book of Matthew, so please allow me to share a passage with you that means the world to me called "The Judgment of the Nations."

When the Son of Man comes in his glory and all the angels with him, he will sit upon his glorious throne. All the nations will be assembled before him, and he will separate them, one from another, as a shepherd separates his sheep from the goats. He will place the sheep on his right and the goats on his left.

Then the king will say to those on his right, "Come, you who are blessed by my Father! Inherit the kingdom prepared to you from the foundation of the world, for I was hungry, and you gave me food. I was thirsty, and you gave me drink. A stranger, and you welcomed me. Naked, and you clothed me. Ill and you cared for me. In prison, and you visited me."

Then the righteous will answer him and say, "Lord, when did we see you hungry and feed you, or thirsty and give you drink? When did we see you a stranger and welcome you, or naked and clothe you? When did we see you ill or in prison, and visit you?"

The king will say to them in reply, "Amen, I say to you whatever you did for these least brothers of mine, you did for me."

Then he will say to those on his left, "Depart from me, you who are accursed, into the eternal fire prepared for the devil and his angels! For I was hungry, and you gave me no food. I was thirsty, and you gave me no drink. A stranger, and you gave me no welcome. Naked, and you gave me no clothing. Ill and in prison, and you did not care for me."

Then they will say, "Lord, when did we see you hungry or thirsty or as a stranger or naked or ill or in prison and not minister to your needs?"

He will answer them, "Amen, I say to you, what you did not do for one of these least ones, you did not do for me."

Today, we have the opportunity to do for our Mainers and in doing so, we answer a higher calling, and so today, I will be voting with the pending motion to make sure that we do care for the ill. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Newfield, Representative Campbell.

Representative CAMPBELL: Thank you, Mr. Speaker, for saving the best to last, I guess. Mr. Speaker, Ladies and Gentlemen of the House. A few weeks ago, or maybe three or four weeks ago, in this same chamber, we heard Representatives criticize our poor people about using their food stamps in Florida or abusing house subsidies. They were called maybe not outlawed but crooks. This day, today, we're talking about the working poor. We're talking about people who have jobs, not about people that are taking something, as they say, for nothing. These people are out working every day. Mr. Speaker, these same people are paying for some of their health insurance that some in this chamber stand up and criticize, but they don't have it themselves because they can't afford it. A few weeks ago, the Chief Executive officer walked down the hallway here and made a bee-line over to me, shook my hand, put his arm on my shoulder and said to me, "You're smiling today. Well, you can tell them, from me, I'll smile and smile and smile, if you'll only support this and leave it alone." Thank you very much, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Scarborough, Representative Sirocki.

Representative **SIROCKI**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Please accept my apologies for rising a second time to speak on this issue. I have heard several comments today that I think need addressing. To begin with, some think that Maine's tax dollars are set aside for us, apparently in some sort of escrow account, and if we don't tap into that money other states will use it. No, that is not correct. As a matter of fact, for every dollar that Maine sends to Washington, we receive at least \$1.30 back. Some reports indicate \$1.78 back. We, the State of Maine, rely on the generosity of other states. We are not sustainable today and this will further strain the federal government. So the federal government has offered us a deal. A portion of the 70,000 could be enrolled free for three years, but the other half and the existing 320,000 already enrolled in the program are at a much higher match rate. They entice us with one hand and they take away with the other. Many of us have repeatedly expressed our concern regarding the prioritizing of our limited resources. While we have recently addressed our priority, one waitlist, our inability to adequately serve thousands of other disabled individuals whom we are obligated to serve in their homes and communities as the result of the Pineland Consent Decree leaves me feeling shameful. Not providing these services is shameful. We hear that this bill will not affect the waitlist. Really? How have the waitlists fared since the last expansion? They grew. Do you honestly believe Maine's longstanding lack of funding is not the primary factor? Before we vote, let's also consider that there are other departments that have also been feeling the strain of inadequate funding for years.

At a recent press conference, several commissioners spoke about their concerns regarding the Medicaid expansion proposals due to our current inability to allocate adequate funding for their state agencies. Could the reason that we have been experiencing this underfunding be related to the program we are considering expanding, whose costs have exploded over the past 10 years? Mr. Speaker, Scarborough is a coastal community. Commissioner Keliher of the Department of Marine Resources explained that his agency needs funding to adequately protect our coastal resources. He said that lack of funding is "jeopardizing 5,000 license holders in an industry that is worth likely upwards of \$900 million to our coastal communities." Without adequate means, he also explained that our lobster, shrimp and crab industries will suffer due to the lack of oversight. Today, Maine's coastline is experiencing a green crab infestation that is affecting the clam industry and I am worried that this issue will take a backseat due to continued lack of funding.

Scarborough has several farms and a long history with the harness racing industry. Commissioner Whitcomb, of the Department of Agriculture, Conservation and Forestry, expressed his concern that further expansion would continue to shift money away from our state's forests, farmers and public parks. He states, "Unfortunately, because of the constraints, [which really] over the last ten years, of the incessant shift towards social spending, the natural resource agencies have taken it on the chin financially." At a recent Farm Bureau meeting, strong concern was expressed concerning foreign insect infestation, such as the emerald ash borer and the Asian long-horned beetle that threaten our Hemlock, Maple, Ash, Oak and Chestnut trees, but that is not all they were worried about. They spoke about many issues, and, yes, farmers also spoke to me about not expanding Medicaid. They recognized we are already in expansion state with 320,000 Mainers already enrolled.

Over at the Department of Inland, Fisheries and Wildlife, things aren't better. Commissioner Woodcock expressed in dismay that his underfunded department is hampering the ability to invest in upgrades to Maine's fish hatcheries. He said, "Fifty

years from now we will be impacted by this moment." and "Our ability to maintain Maine is being threatened." The list continues. The Department of Environmental Protection has contamination cleanup sites on waitlists. Over the past 10 years, almost \$3 million has been siphoned out of funds to clean up groundwater and surface cleanup. The Transportation Department was once 25 percent of the budget but has been whittled down to 10 percent, and our road and bridge repairs are woefully behind schedule and underfunded. While we have been able to allocate more funding to education than any previous Legislature, we still fall short of the mandated 55 percent funding target. As a matter of fact, I received an email from the chair of Scarborough's Board of Education and another email from our superintendent today. Why? They are worried about cuts to General Purpose Aid. The list continues. Budget shortfalls have resulted in long overdue bills to our hospitals, repeatedly sweeping dedicated accounts, ignoring our armories, replacing the Circuit Breaker program with one that is less than desirable and, since 2009, annually rating revenue sharing. Previous Medicaid expansions have taken their toll. The debt level grew so high that even hundreds and millions of ARRA stimulus funds were not enough to help us pay off more than \$490 million of old debt to our hospitals until we tapped into the new liquor contract.

It's important to note that Medicaid, with its bandied about million dollar per day, is not free. We are not leaving money on the table. To expand, we must enroll more than just the "free for three years" category. This is an all or nothing deal. We must also enroll tens of thousands who do qualify for subsidized insurance. This will cost us millions of dollars per year because they do not qualify for the free category and taxpayers will be picking up the tab. Some folks have opined that reversing Maine's recent income tax cut of 0.55 percent would solve all of our problems. How so? With the tax cut or income tax, collection is ahead of projections. With our unemployment rate at 6.2 percent, more Mainers are working in our strengthening economy and this is certainly good news. The Department of Labor's commissioner, Jeanne Paquette, recently issued a statement with many areas of concern and she wrote the "... loss of General Fund revenue has prevented many of our citizens from getting a hand up—not a handout—with a good job." She explained, "The department has not been able to sustain a number of programs that help people transition from unemployment and welfare back into the workforce." And that squeeze was felt back in 2007 and 2008 when about half of our career centers were closed.

The previous expansions are and have been taking a heavy toll on our state budget. We need to recognize that we have a Medicaid problem. The chronic underfunding of vital programs is the result of our growing Medicaid program, which, in 10 years, grew from 13 percent of the budget to 25 percent and, at the same time, the federal government has also cut back our federal match rate. The impact is compounded with the slowing of the national economy. For these reasons and more, expanding this program again, at this time, is the wrong answer for Maine's future. For now, helping uninsured Mainers understand what their options are is important. Access to health care today exists with Maine's hospital care programs and Maine's federally qualified health center locations, and if one can commit to earning at poverty level wages, deeply subsidized private insurance is available through the Marketplace. Expanding the Medicaid program is like adding a second floor to a house that has a crumbling and overburdened foundation. Let's work together to find better solutions. Thank you.

The SPEAKER: The Chair recognizes the Representative from Bar Harbor, Representative Hubbell.

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

The **SPEAKER**: The Representative may pose his question.

Representative **HUBBELL**: Thank you, Mr. Speaker. Does this bill put in place a plan to reduce the waitlist for individuals with intellectual disabilities?

The **SPEAKER**: The Representative from Bar Harbor, Representative Hubbell, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Westbrook, Representative Gattine.

Representative **GATTINE**: Thank you, Mr. Speaker. In response to the Representative's question, yes, there is a whole section in the bill that requires the Department of Health and Human Services to implement certain measures that have been suggested in the past, in order to bring down the waitlist and to better manage the care of people who have disabilities. As many of you in the chamber may know and some of you may not, Maine's cost of managing the care of people with disabilities is much, much higher than the national averages. One of the things we need to do to manage the waitlist is to bring those costs down and better manage the care. This bill requires the department to develop a plan going forward and, by January 1 next year, have a plan for how it's going to do that and bring the waitlist times down to six months. Thank you, Mr. Speaker.

The **SPEAKER**: The Chair recognizes the Representative from Brewer, Representative Verow.

Representative **VEROW**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I'm just following up on recent remarks. One of my constituents called last week very enthusiastic about expanding Medicare. He had reservations about managed care and what he said to me was "Do you realize that managed care is going to cost about 10 or 20 percent as a fee for providing this service, as compared with Medicare, the federal program," he said, "it's about 2 percent." So I bring that up to see if you can get a response from somebody to talk a little bit about how is this managed care going to work. I know in the handout here it says two or three companies can provide that service, and what will the cost of that be? Thank you.

The **SPEAKER**: The Representative from Brewer, Representative Verow, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Westbrook, Representative Gattine.

Representative **GATTINE**: Thank you, Mr. Speaker. Again, I didn't hear it. The question is, I think, was related to how was managed care supposed to work. Is that as constituted in the bill?

The **SPEAKER**: My understanding is primarily the cost of managed care.

Representative **GATTINE**: Right, so the bill requires that a stakeholder group be convened and that a series of substantive rules be developed by the department to implement the managed care. The cost of the stakeholder group and maybe the studies that would need to be done to implement that are included in the bill, in the fiscal note. But it also requires that once managed care is implemented, that there be processes put in place to drive down the costs and that is also leverage and work with all the other different care management initiatives the department has been moving forward with, such as the SIM grants, such as the Health Homes initiatives, and make sure that that good work is rolled into the managed care. Again, 44 states, approximately, in the United States have some form of managed care. Maine is certainly an outlier. I know there are various feelings about managed care in this body, but it is a tool that some states have

found to be very effective, and, again, our bill requires that not-for-profits also be able to participate. Thank you.

The **SPEAKER**: The Chair recognizes the Representative from Orrington, Representative Campbell.

Representative **CAMPBELL**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. We all bring to this process, this process of due process of the people's business our own compasses, our own process, and as a text that came in to me at 10:53 states, "They're watching and they're ready for the vote. I'm hoping that we can do this." This particular message comes to me and it says, "Vote for Medicaid expansion. We are watching in Bucksport and Orrington. People will die or have their lives saved based on the vote you are about to take. Sam, Bucksport." We all struggle with a lot of things. I think now maybe it's time to vote. Oh, by the way, it did come in under a phone number, so I will call him and tell him how I came to this process. Thank you, Mr. Speaker.

The **SPEAKER**: The Chair recognizes the Representative from Fairfield, Representative Kusiak.

Representative **KUSIAK**: Thank you, Mr. Speaker. I rise to draw the body's attention to the article in the *Bangor Daily News* from late in February, written by George Smith, former director of the Sportsman's Alliance of Maine. This article has been distributed on your desks. Mr. Smith wrote this article in response to a comment that the Chief Executive made, and I'll read that. "Because Maine already expanded welfare a decade ago, Medicaid is now cannibalizing funding from all other state agencies. That means the state cannot adequately promote fishing and hunting programs or conduct research on our fisheries." Now I will just read two sentences that Mr. Smith wrote in response to that claim. The first one is right below it. "The truth is that Maine's Department of Inland Fisheries and Wildlife gets no public funding, doesn't, hasn't, won't." He goes on to write later that ["He"], Mr. Smith, "could go on and on, but you get the idea. To suggest that Medicaid is responsible for the lack of public funding for fisheries research or hunting/fishing marketing, is utterly and completely incorrect." And he was trying to be polite with those terms. Thank you.

The **SPEAKER**: The Chair recognizes the Representative from Chelsea, Representative Sanderson.

Representative **SANDERSON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. As I've been sitting here listening to folks speak, I've just been making some notes on certain comments. The good Representative from Hiram gave a very passionate speech and she mentioned that we need to care for our seniors and our children, and she's right, we do. Unfortunately, Medicaid expansion doesn't cover seniors or children. This is only from ages 19 to 64. The good Representative Hickman from Winthrop, I love it when he stands up to speak, he speaks with such passion, and at the end, he said, "No one, no one should be shut out of health care." The fact of the matter is no one has been shut out of health care since Reagan's health care mandate of 1986. The good Representative of Yarmouth mentioned the high deductibles, that though we have lower premiums, the deductibles are just much too high, \$5,000. Go to maineoptions.org and look for the Community Value Silver 94 plan. The deductibles are, as I said in my testimony, I'd be happy to sit with you after we're out of session. The good Representative from Berwick, only 10 cents. Why is this not a good fiscal decision? It only costs us 10 cents. But that 10 cents extrapolated out costs us millions and it's millions above what we are already currently struggling to afford. We're not taking the entire population that we have on MaineCare and just paying 10 cents on a dollar for them. These

are new. They are above what we're trying to afford. How does that make any sense to put that into an unstable system? Also, it's not 100 percent for everybody. We're not going to receive 100 percent in the first two years. Remember, parents are only reimbursed at 61½ percent. And the good Representative Dorney, I appreciate the stories regarding her patients and how they've had to make sacrifices to care for their loved ones, but how does that not parallel the parents or the children of our seniors and our autistic children, whose parents have had to sacrifice a job to stay home with their child? It's the same thing. The good Representative from Harrison, in talking about our veterans, who we all dearly want to make sure they get the care they need, made the comment "Don't worry. In time, you'll get the services you need." That's what she says we're saying to them. But isn't that what we're saying to the folks on the waitlist, over 3,000 people on a waitlist? "Don't worry, you'll get the services you need, eventually." And the Representative from Lubec, who talks about the great need for health care up in Washington County. Up in Washington County, they lost a nursing home. It closed its door in Calais. Why? Because the reimbursement rates are too low. They are also potentially losing another one. Why? Because the reimbursement rates are too low. Ladies and gentlemen, we are underfunding our nursing homes by \$30 million a year. We don't have the money to reimburse them adequately to pay for the costs to keep their doors open and serve our seniors.

Managed care, how it works, well, it was interesting. When this bill was first proposed as a managed care only bill, every advocate was opposed to it. They were opposed to it vehemently and they testified in the committee on how it would cut services; it may even put our SIM grant at risk; how reimbursement rates, in order to get savings in other states, what has happened is either services have been cut, reimbursement rates have been cut. We don't have room for that in the State of Maine. But then somehow, once we rolled Medicaid expansion into this with the managed care model, it's okay, it's not a problem anymore. And the good Representative from Portland, I have to say, I enjoyed her sermon to us, but I think that we're also taught that when we pray for things, sometimes the answer is no and it's not because we want to say no or we want to be told no, it's just no. Now, there has been a lot of talk on this floor today, saying, pretty much implying, that anybody who does not vote for Medicaid expansion has no morals, has no sense of caring, doesn't want to help their neighbors, has no sense of compassion. That's not right. We have just as much compassion as those who are for Medicaid expansion. But instead of looking at 70,000 individuals, 45,000 of which would qualify for substantial subsidies on the exchanges, we're looking at \$1.3 million and how this affects everybody in the state. How does it affect the middle-income families who don't qualify for substantial subsidies, who, with the increases and the cost of insurance that they are having to face right now, are struggling, yet they get no help? How will burdening our MaineCare system, which will cost us more, which will trickle down into taxpayer dollars, cost them more? How will that help them? How will it help them when we don't have the money to have revenue sharing? We've already had that battle here this year and we still haven't closed the gap for the Department of Health and Human Services this year. How will that help them if we have to take revenue sharing away because of Medicaid expansion? I want you to think about that. Thank you.

The SPEAKER: The Chair recognizes the Representative from York, Representative McGowan.

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

The SPEAKER: The Representative may pose his question.

Representative **McGOWAN**: My question is are there any Representatives in this chamber that do not have the security of health insurance for themselves and their loved ones? Thank you, Mr. Speaker.

The SPEAKER: The Representative from York, Representative McGowan, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Westbrook, Representative Gattine.

Representative **GATTINE**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise in support of the pending motion. I'm going to try to be brief. It's been a long debate and a lot of information has been thrown around back and forth. We've heard a lot of myths. There are a lot of myths around expansion and I'm going to try to address a couple of them and I'm not going to hit everybody's points, but the first myth we continue to hear is the one I refer to as the myth of the cannibal. It's about Medicaid spending and its impact on our budget. But here's some important points and I think people need to remember some facts. Again, since 2009, spending on Medicaid in Maine has remained flat. Since 2012, our Medicaid enrollment has gone down over 10 percent. This year, we will realize the savings in our budget because the federal match rate is going up. Through the first six months of this fiscal year, spending in Medicaid has increased 0.1 percent. So spending is flat; enrollment is down; federal match is up. Maine's spending on Medicaid, per capita, per recipient, is the lowest in New England and 26th nationally, not much a cannibal, if you ask me.

The other myth we keep hearing about is about the cost, and again, I'm not going to spend a lot of time talking about the cost. We've heard about all the studies. Virtually, every study, whether independent, from sources that are considered progressive, sources that are considered conservative, indicate that Maine is a winner in expansion from an economic perspective. We've heard the jobs. We've heard about the impact on our health care community. The one outlier, of course, is the Alexander Report, which people who oppose this motion continue to cite. I would argue that that report has been tremendously discredited and revealed for the partisan work that it is. But I hope folks will take a few minutes, you can see my copy is all marked up, and take a look at the fiscal note that OFPR put together, and again, I'm not going to go through this line by line, but OFPR prepared this fiscal note like it prepares every other fiscal note. It priced to the bill. It priced to the language in the bill including the sunset which is in the bill. This body and the body down the hall will have to take an initial vote, if we ever choose to go forward after three years. But the fiscal note is pretty clear that this is going to save money. In the first year alone, there will be budget savings, savings in the current budget, of \$3.4 million and savings in the next year also. But there is a myth out there that somehow information from the Department of Health and Human Services has not been taken into account and has been ignored. Again, I would ask folks to take a look at this. It shows how they use the department's numbers. There is a lot of detail in here. It shows how again, it acknowledges the fact that there is a small percentage of people who are going to get the regular match rate while the vast majority of people are going to get the 100 percent match. It talks about the "woodwork effect" that the Representative from Hancock talked about. OFPR took all those things into account and explains all of that here. It did not ignore the information from the department and, as a matter of fact, it's very clear here how it accounted for it.

So the other myth that we hear about is that individuals can use subsidies to purchase a plan on the Health Insurance Exchange. Well, again, if you are below 100 percent poverty,

100 percent or below, you cannot go to the exchange. So to the extent that people think that's a solution, that's a solution that leaves about 24,000 Mainers out in the cold, the 24,000 poorest, most low income Mainers, people under 100 percent of federal poverty level, people making basically under \$11,000 a year, will be left out in the cold if we don't expand. For those that do qualify, again, people roughly in the range of \$12,000 to \$15,000 a year in income, they'll be forced to pay copays and other cost sharing. But one thing is very clear: We cannot do a partial expansion under federal law. One of the Representatives suggested that under the ACA, Maine is looking pretty good, that we're faring pretty well, and I think we're all encouraged by some of the numbers we're seeing about people going into the exchange. But I would say that we took a big step backwards because actually while other states have actually been enrolling people under expansion, we actually threw thousands of people off of MaineCare on January 1 because we didn't expand.

The other myth, the other thing we talk about, the impact of expansion on the waitlist and I think we are all in agreement that we need to do something about the waitlist. But as I mentioned in response to one of the questions we received, this bill actually requires the department to come up with a plan for dealing with the waitlist. The department doesn't have a plan right now. The department has been directed to do things over time, haven't necessarily done them. I think we all acknowledge that Maine's costs for providing services under these waivers are higher than costs in other states and this actually requires the department to go out and manage the population so that those costs can go down, so that more people can be served. I want to point out that there are people who are in this building very often who advocate very strongly and very strenuously for elders and for people with disabilities, and they talk about the waitlist all the time, not just when it's convenient for them to do so because they are trying to offset something else that they don't like. I want to point out that Disability Rights supports this rights, that the Maine Association of Community Service Providers supports this bill, people again who advocate strongly for people with disabilities. With respect to seniors, AARP supports this bill. I think, as many people know, the Maine Association of Area Agencies on Aging. If you look at the list of people who testified in support of this bill, if you look at the people who were members of the Cover Maine Now! Coalition, you will see people who advocate strongly on behalf of people with disabilities and elders supporting this bill.

So the people that are going to receive the benefit of this, we talk about the folks who are able-bodied. Sixty-five percent of Maine's uninsured population lives in families where someone is working full time. This is primarily a population of people who are working. These people work in industry sectors including accommodations, food service, retail trade, all of them are actually home help aides. The people who actually provide services to the seniors and the disabled population that we're trying to help here or that we profess to care about, those are actually people providing the services that would actually benefit from expansion, but generally these are people who work low income jobs. The Great Recession hit them extremely hard. They haven't necessarily recovered. And again, I'm hoping that we're going to be able to pass this today and give them some support.

I'll just wrap up really quick. You know, we've been having this debate for a long time. This debate has gone on in this country for a long time and we talk a lot about what other countries do with respect to health care and I've always told people I don't really care what other countries do. I don't care what happens in England or Canada or France or Japan or Norway. I care about what happens in America and what

happens here in Maine. We should be leading and following. We should be leading this. We shouldn't be following this. We have genius scientists who have developed pioneering drugs and technology. We have brilliant clinicians and doctors and surgeons who could keep people alive longer and healthier than our parents and grandparents could have ever imagined. This treatment is unavailable to millions of our own people because it's expensive and millions go without basic care because they don't have insurance. We've created this have and have not society where we decide that some people are worthy to live, and others, we just let die because they don't have enough money to access the phenomenal care and technology that we ourselves created here in America. It's really something like out of a Dickens novel as opposed to a 21st century democracy and we should all be ashamed and outraged that it's gone on this long. The time has come for all people to share in what we've all created. Our health care system shouldn't be picking winners or losers, people who live and people who die, based on how much money they have in their pocket, but we could take a great leap forward in Maine towards fixing that problem by voting yes on this bill today. I hope that this bill will get large support from this body today, Mr. Speaker. Thank you.

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

ROLL CALL NO. 537

YEA - Beaudoin, Beavers, Beck, Berry, Boland, Bolduc, Briggs, Brooks, Campbell J, Carey, Casavant, Cassidy, Chapman, Chenette, Chipman, Cooper, Crockett, Daughtry, DeChant, Devin, Dickerson, Dill, Dion, Dorney, Evangelos, Farnsworth, Fowle, Frey, Gattine, Gideon, Gilbert, Goode, Graham, Grant, Hamann, Harlow, Hayes, Herbig, Hickman, Hobbins, Hubbell, Jones, Jorgensen, Kaenrath, Kent, Kornfield, Kruger, Kumioga, Kusiak, Lajoie, Libby N, Longstaff, Luchini, MacDonald W, Marks, Mason, Mastraccio, McCabe, McGowan, McLean, Monaghan-Derrig, Moonen, Moriarty, Morrison, Nadeau C, Nelson, Noon, Peoples, Peterson, Plante, Pouliot, Powers, Priest, Pringle, Rankin, Rochelo, Rotundo, Russell, Rykerson, Sanborn, Saucier, Saxton, Schneke, Shaw, Short, Stariley, Stuckey, Theriault, Tipping-Spitz, Treat, Verow, Villa, Welsh, Werts, Wilson, Winchenbach, Mr. Speaker.

NAY - Ayotte, Beaulieu, Bennett, Black, Campbell R, Chase, Clark, Cotta, Crafts, Cray, Davis, Doak, Dunphy, Duprey, Espling, Fitzpatrick, Fredette, Gifford, Gillway, Guerin, Harvell, Johnson P, Keschl, Kinney, Knight, Libby A, Lockman, Long, MacDonald S, Maker, Malaby, Marean, McClellan, McElwee, Nadeau A, Newendyke, Nutting, Peavey Haskell, Reed, Sanderson, Sirocki, Timberlake, Turner, Volk, Wallace, Weaver, Willette, Winsor, Wood.

ABSENT - Jackson, Johnson D, Parry, Pease, Tyler.

Yes, 97; No, 49; Absent, 5; Excused, 0.

97 having voted in the affirmative and 49 voted in the negative, with 5 being absent, and accordingly the Majority Ought to Pass as Amended Report was ACCEPTED.

The Bill was READ ONCE. Committee Amendment "B" (S-419) was READ by the Clerk and ADOPTED.

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

Under further suspension of the rules the Bill was PASSED TO BE ENGROSSED as Amended by Committee Amendment "B" (S-419) in concurrence.

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

ENACTORS

Emergency Measure

An Act Concerning Maine's Elver Fishery

(H.P. 1197) (L.D. 1625)

(H. "B" H-700 to C. "A" H-686)

Reported by the Committee on **Engrossed Bills** as truly and strictly engrossed. This being an emergency measure, a two-thirds vote of all the members elected to the House being necessary, a total was taken. 141 voted in favor of the same and 0 against, and accordingly the Bill was **PASSED TO BE ENACTED**, signed by the Speaker and sent to the Senate.

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

SENATE PAPERS

The following Joint Resolution: (S.P. 734)

JOINT RESOLUTION IN HONOR OF ST. PATRICK'S DAY AND IN RECOGNITION OF THE IRISH CONTRIBUTION TO MAINE AND TO THE UNITED STATES

WHEREAS, St. Patrick is the patron saint of Ireland, known for bringing Christianity to Ireland and, it is said, for instilling a sense of literacy and learning that allowed Ireland to become the "isle of saints and scholars" when the rest of Europe was in the Dark Ages; and

WHEREAS, the feast day of St. Patrick is a national holiday that is given recognition outside its native land, which indicates the Irish influence throughout the world; and

WHEREAS, the modern secular holiday of St. Patrick's Day was first celebrated in America in Boston during colonial days and the first St. Patrick's Day Parade in New York City was in 1766, and now St. Patrick's Day is celebrated all over America with pride; and

WHEREAS, millions of Irish people emigrated from Ireland in the 1800s to escape brutal poverty and starvation due to the Irish potato famine, and most of those people came to America to start new lives and to embrace and contribute to a new land; and

WHEREAS, tens of thousands of Irish immigrants arrived in New England and many came to Maine, and the Irish have been an important part of Maine's culture, history and society ever since; and

WHEREAS, within a few years of their arrival in the United States and in Maine, these Irish immigrants became part of the American cultural landscape while preserving the best of their native culture, and they dedicated themselves to helping build this Nation and State; and

WHEREAS, the Maine Irish Heritage Center, housed in the former St. Dominic's Church in Portland, is dedicated to preserving the history of Irish culture in Maine; and

WHEREAS, four signers of the Declaration of Independence were Irish-born and nine signers were of Irish ancestry and 19 Presidents of the United States have proudly claimed Irish heritage, including George Washington, the father of our country; John Fitzgerald Kennedy; and Ronald Reagan; and

WHEREAS, the 44,000,000 Americans of Irish ancestry, like their forebears, continue to enrich all aspects of life in the United States, in science, education, art, agriculture, business, industry, literature, music, athletics, entertainment and military and government service; now, therefore, be it

RESOLVED: That We, the Members of the One Hundred and Twenty-sixth Legislature now assembled in the Second Regular Session, on behalf of the people we represent, take this opportunity to encourage the celebration of St. Patrick's Day, and, recognizing the valuable contribution to our State and to our Nation of all Irish-American citizens, we urge the citizens of the State to commend and celebrate the integrity and richness of the Irish culture.

Came from the Senate, **READ** and **ADOPTED**.
READ and **ADOPTED** in concurrence.

SENATE PAPERS

Bill "An Act To Provide Additional Authority to the State Board of Corrections"

(S.P. 730) (L.D. 1824)

Came from the Senate, **REFERRED** to the Committee on **CRIMINAL JUSTICE AND PUBLIC SAFETY** and ordered printed.

REFERRED to the Committee on **CRIMINAL JUSTICE AND PUBLIC SAFETY** in concurrence.

Bill "An Act To Assist Electric Utility Ratepayers"

(S.P. 731) (L.D. 1825)

Came from the Senate, **REFERRED** to the Committee on **ENERGY, UTILITIES AND TECHNOLOGY** and ordered printed.

REFERRED to the Committee on **ENERGY, UTILITIES AND TECHNOLOGY** in concurrence.

Bill "An Act To Limit Consent Regarding Land Transfers to the Federal Government"

(S.P. 733) (L.D. 1828)

Came from the Senate, **REFERRED** to the Committee on **JUDICIARY** and ordered printed.

REFERRED to the Committee on **JUDICIARY** in concurrence.

REPORTS OF COMMITTEE

Refer to the Committee on Appropriations and Financial Affairs

Pursuant to Joint Order

Report of the **Joint Select Committee on Maine's Workforce and Economic Future** on Bill "An Act To Authorize a General Fund Bond Issue To Support Maine Small Business and Job Creation"

(S.P. 732) (L.D. 1827)

Reporting that it be **REFERRED** to the Committee on **APPROPRIATIONS AND FINANCIAL AFFAIRS** pursuant to Joint Order, S.P. 27.

Came from the Senate with the Report **READ** and **ACCEPTED** and the Bill and accompanying papers were **REFERRED** to the Committee on **APPROPRIATIONS AND FINANCIAL AFFAIRS**.

Report was **READ** and **ACCEPTED** and the Bill and accompanying papers were **REFERRED** to the Committee on **APPROPRIATIONS AND FINANCIAL AFFAIRS** in concurrence.

CONSENT CALENDAR

First Day

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

(S.P. 714) (L.D. 1790) Bill "An Act To Designate Maine State Housing Authority To Receive Funds from the National Housing Trust Fund" (EMERGENCY) Committee on **LABOR, COMMERCE, RESEARCH AND ECONOMIC DEVELOPMENT** reporting **Ought to Pass**

(S.P. 623) (L.D. 1632) Resolve, Directing the Commissioner of Defense, Veterans and Emergency Management To Request the Federal Government To Recognize Environmental Hazards at the Military Training Center in Gagetown, New Brunswick and the Resulting Health Risks and Disabilities Suffered by Certain Members of the Maine National Guard Committee on **VETERANS AND LEGAL AFFAIRS** reporting **Ought to Pass as Amended by Committee Amendment "A" (S-421)**

(H.P. 1274) (L.D. 1777) Resolve, To Amend the Resolve To Promote the Expansion of the Maine Maple Sugar Industry Committee on **AGRICULTURE, CONSERVATION AND FORESTRY** reporting **Ought to Pass**

(H.P. 1285) (L.D. 1793) Resolve, Regarding Legislative Review of Chapter 12: Rules for Mixed Martial Arts, a Late-filed Major Substantive Rule of the Combat Sports Authority of Maine (EMERGENCY) Committee on **LABOR, COMMERCE, RESEARCH AND ECONOMIC DEVELOPMENT** reporting **Ought to Pass**

(H.P. 1176) (L.D. 1604) Bill "An Act To Make Technical Changes to Marine Resources Laws" Committee on **MARINE RESOURCES** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-682)**

(H.P. 1184) (L.D. 1612) Bill "An Act To Amend the Veterans' Services Laws" Committee on **VETERANS AND LEGAL AFFAIRS** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-694)**

(H.P. 1195) (L.D. 1623) Bill "An Act To Further Protect Patient Access to Safe Medical Marijuana by Allowing Dispensaries To Purchase Excess Marijuana from Other Dispensaries" Committee on **HEALTH AND HUMAN SERVICES** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-691)**

(H.P. 1217) (L.D. 1693) Bill "An Act To Amend the Anson and Madison Water District Charter" Committee on **ENERGY, UTILITIES AND TECHNOLOGY** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-689)**

(H.P. 1251) (L.D. 1745) Bill "An Act To Preserve Maine's Long-term Care Facilities" Committee on **HEALTH AND HUMAN SERVICES** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-690)**

(H.P. 1265) (L.D. 1763) Bill "An Act To Make Available to the Public Certain Information Concerning the Alcohol Content of Malt Liquor, Wine and Spirits" (EMERGENCY) Committee on **VETERANS AND LEGAL AFFAIRS** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-685)**

(H.P. 1272) (L.D. 1774) Resolve, Regarding Legislative Review of Portions of Chapter 115: Certification, Authorization and Approval of Education Personnel, a Late-filed Major Substantive Rule of the Department of Education (EMERGENCY) Committee on **EDUCATION AND CULTURAL AFFAIRS** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-688)**

(H.P. 1292) (L.D. 1800) Bill "An Act To Update Statutory Dates for the State Government Evaluation Act Review of Agencies" Committee on **STATE AND LOCAL GOVERNMENT**

reporting **Ought to Pass as Amended by Committee Amendment "A" (H-681)**

Under suspension of the rules, Second Day Consent Calendar notification was given.

There being no objection, the Senate Papers were **PASSED TO BE ENGROSSED** or **PASSED TO BE ENGROSSED as Amended** in concurrence and the House Papers were **PASSED TO BE ENGROSSED** or **PASSED TO BE ENGROSSED as Amended** and sent for concurrence.

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

Pursuant to his authority under House Rule 201.1 (H), the Chair appointed Representative THERIAULT of Madawaska to serve as Speaker Pro Tem when the House convenes on Wednesday, March 19, 2014.

On motion of Representative RANKIN of Hiram, the House adjourned at 1:34 p.m., until 9:00 a.m., Wednesday, March 19, 2014.