

MAINE STATE LEGISLATURE

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STATE OF MAINE

ONE HUNDRED AND NINTH LEGISLATURE.

COMMITTEE ON APPROPRIATIONS AND FINANCIAL AFFAIRS

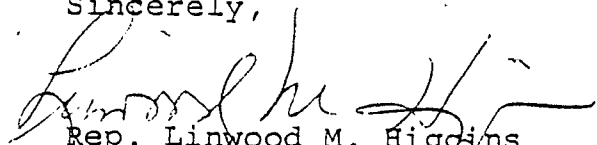
February 15, 1980

Senator Richard Pierce, Chairman
Legislative Council
State House
Augusta, Maine 04333

Dear Senator Pierce:

On behalf of the Joint Subcommittee, I am pleased to transmit to you the report of the Committee, together with the legislation we recommend.

Sincerely,


Rep. Linwood M. Higgins
Subcommittee Chairman

CH/lk

REPORT OF THE JOINT SUBCOMMITTEE
STUDYING THE PROVISION OF
EMERGENCY MEDICAL SERVICES

February 15, 1980

109TH MAINE LEGISLATURE
SECOND REGULAR SESSION

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INTRODUCTION

The joint subcommittee studying the provision of emergency medical services was formed pursuant to the Study Order H.P. 1435, The Licensing of Ambulance Services and Ambulance Personnel, and the Relationship of the State with Medical Care Development, Inc. (See appendix for text.)

The study order was prompted by concern over administration of the testing and licensing program and the other activities of the Emergency Medical Services (EMS) Project, as well as recent legislative action. It was amended by the Legislative Council so that the charge was altered from one of the administration of the program as contracted to Medical Care Development, Inc., to one of studying the current situation and its background, and making recommendations to alleviate the problems.

Members from the Appropriations and Financial Affairs Committee were Senator Mary Najarian, Representatives Linwood Higgins and Bill Diamond; members from the Health and Institutional Services Committee were Senator Barbara Gill and Representatives Sandra Prescott and Judy Curtis. Representative Karen Brown was appointed because of her sponsorship of legislation involving ambulance services. Representative Linwood Higgins was chosen as chair. The Committee received \$750 to cover the expenses of attending meetings and holding any necessary public hearings.

The Committee scheduled six public hearings in the evening to solicit information from providers of emergency medical services. At their own meetings and through phone

calls and correspondence, they discussed aspects of the program with state, county and local officials and others involved in EMS and educational programs.

The public hearings were held on 6 weekday evenings in November, with at least one legislator from the Committee present at each hearing; these hearings were held in Lincoln, Machias, Rumford, Gray, Biddeford and Augusta. Notices about the meetings were placed in newspapers throughout the State as well as the local paper for the area; they were also sent to members of the Advisory Board on Licensure of Ambulance Services and Personnel, to the emergency rooms of the State's hospitals, to all licensed ambulance services, and to the legislators in that area. Those attending were uniformly concerned about the situation and offered many helpful suggestions, the smaller groups of 10 people were as enthusiastic as the largest one of 30 people.

REPORT

At their meeting of October 24, the Committee heard from Deputy Commissioner Frank McGinty of the problems encountered since the passage of LD 1257, in the 1st Regular Session of the 109th Legislature. This bill changed the requirements for testing, which is no longer required to be done by the Department of Human Services. The courses have been given through the Vocational-Technical Institutes since the original course about 1973 at SMVTI.

McGinty explained that Medical Care Development, Inc. (a non-profit, statewide medical research, information and coordinating group) had been implementing grants awarded to

the Department by the Federal government. This subcontracting had led to numerous types of problems with administration of the program; courses, testing and regulations were done by MCD, and licensing by the Department. Further, there was friction among the Department, MCD, the previous medical director and individuals in ambulance services. The Department had decided to take over administration of the project and is doing so, as of January 1, 1980.

McGinty explained that the "new" EMS project will include:

- 1) a central administrative staff: director, medical director, training and licensing agents;
- 2) a research and data collection unit;
- 3) a regional council in each of the 5 regions of the State.

Kennebec Valley, because of starting a pilot project earlier, has exhausted its 4 years of Federal funding and will therefore now receive only approximately \$50,000; each of the other 4 regions will have approximately \$300,000 to use as they determine, after giving an amount to the central office for their services. The Department has received suggestions for the criteria of composition of these councils, and will soon be designating the council in each region which will receive funds for disbursement.

Farnham (Bud) Folsom, EMS training coordinator, explained that regulations are approved by the Governor's Advisory Board and the Attorney General's Office, and adopted subsequent to a public hearing.

Responding to questions about the Advisory Board, which is

composed of 12 people appointed by the Governor, Folsom noted that there was some ambiguity about the current membership of the Board because of various resignations, non-appointments, etc. The Board's responsibilities include advising the Commissioner on standards and procedures for training and licensing fees, and investigation of complaints.

Folsom indicated his preference for a standardized test, rather than a test prepared by the instructor; the latter situation was created by a law passed by the 1st Regular Session of the 109th Legislature. The Legislature had taken this action in response to various complaints about the tests given by the Department.

Sandra Johnson, then acting director of the EMS Project and director of research and data collection, explained that the State is required to provide reports both to individual units and to the Federal Government; these reports are gradually being transferred to a computerized system. Currently the process is funded by both MCD and the State. These records are made available to each ambulance service for their own patient activity.

Johnson attributed problems instructors had had in getting supplies to the transfer of funds between the State, MCD and the regions, and suggested this was part of the responsibility of the VTI's who were administering the course. She noted that the budget was for \$1.2 million this year, of which approximately half was for salaries.

Peter Weil, a member of the Advisory Board, suggested that the State should license instructors, a proposal which the Committee agreed to review. The Board meets about 5-6 times a

year but because of the legislation passed last session which requires a public hearing in each county, will need to do so more frequently. He explained that rescue services generally do not transport people, while ambulance services do everything. Most of them are land units, but they also include mountain and scuba units.

During this early phase of the Committee's work, the Department of Human Services was also taking testimony in the different regions of the state on criteria which should be used for organizing regional councils. The Department wanted to be able to recognize a council in each region, through which emergency medical services could be delivered and project funds could be administered.

Committee and staff members attending these hearings heard many concerns expressed, not only those dealing with the composition and funding of these councils. The audiences spoke of the importance of including rural as well as non-rural units, and volunteer as well as full-time ambulance personnel on the councils, the need to provide sufficient educational courses for advanced students, not just basic ones, whether there should be a council in every county or every region, and how funds might be obtained to continue and expand the provision of emergency medical services after the Federal grant monies run out.

The Department of Human Services' solutions, after concluding these meetings, have been to keep the guidelines as flexible as possible, thus permitting broad representation from specified groups and areas and to encourage the councils to have a greater role in the region than was the case under a more controlled administration.

Maurice Parent, Vocational Adult Education Consultant in the Department of Educational and Cultural Services, spoke of one of the major areas of concern as being refresher courses; volunteer squads had asked for "inhouse courses," given to their own squad, because of the difficulty of coming up with sufficient numbers of people to meet the requirements for a course offered at the VTI's. Although sympathetic to this problem, he cautioned against having people teach members of their own squad, because of the dangers or at least pressures towards favoritism. For similar reasons, Parent pointed out that the validity of test results is improved if someone other than the course instructor gives the final examination. Therefore, he recommended a return to state-administered tests, with care being taken to avoid the long delays between course completion and testing.

Courses generally should be offered twice a week, he suggested, in order to keep up the practice of skills learned and to emphasize the links between theory and practice. In the Advanced Life Support Courses, students are preparing to work at more specialized levels of care, including insertion of IV's and cardiac care; they will be performing their skills on the instruction of a physician and on his license. Therefore, the control physicians have on the contents of the course and on those admitted to it was necessary.

As Parent acknowledged, there was some concern about the role of the VTI's; they had been involved originally through the participation of SMVTI and Fred Goodwin who gave the 81 hour Department of Transportation course (now 100 hours), plus a refresher, and an extrication course. The funds had gone to

MCD, and not to the VTI's for these courses. The VTI's charge the rate needed to cover the pay to the instructor, which is why there is generally a minimum enrollment requirement.

In conversations with and memos from Fred Goodwin, the Committee learned that he opposed the idea (briefly mentioned), of licensing examiners. Goodwin preferred that the VTI's offer the courses, except for the insquad refresher ones, and that the Department of Human Services be in charge of the testing and licensing procedures.

Dr. Pamela Bensen, an Emergency Room Physician (the latest medical specialty recognized), expressed the points of view of those who felt that under the previous medical director, the EMS project had become immersed in red tape, much of which prevented people who were interested in providing emergency care from learning how to do so. She was concerned about the development of Maine's program, which had been hurt by the conflict between the volunteer and proprietary services, the reluctance of physicians to participate, problems and restrictions placed on those who wanted to teach, etc. Bensen felt that the problems were particularly acute in the area of advanced training, where the medical directors and different regions differed on course content, and the volunteer staffs were often unable to attend the courses which were scheduled.

Jon Persavich, former training director for the EMS project and an EMT licensed at the cardiac level, explained in some detail the various stages of education and licensing in the emergency field. The highest level, paramedic, has not yet been

given in Maine. At each level, there is a requirement of a textbook, course objectives, and course outline and a final exam. The advanced EMT courses are so far usually only given through hospitals and medical control committees, because of the responsibility of the physicians for someone practicing on their license. The different regions all have slightly different protocols, which can cause problems for ambulance staff bordering two different regions as to what they are permitted to do for the patient.

Prior to October, 1978, the instructor could deliver the course, give the test, and then the person who passed both was licensed. In October, 1978, the State took over the administration of the written test. This procedure, which was in effect for only about a year, was criticized heavily in the Tri-County and Southern Maine regions, apparently mostly because of staffing problems which caused delays in testing and licensing. This criticism led to some of the pressure which the Legislature responded to in L.D. 1257, by allowing instructors to give their own tests. Since 70% of the first responders are EMT's, Persavich agreed that it would be preferable to have a floor which a uniform state test would provide.

As to the question of the need for a State program when there is also a National Registry, Persavich noted that even with the National Registry (which is a private, non-profit group), there is not full reciprocity: only 12 states are currently using the Registry. More importantly, their exams change rather slowly, and thus may be behind the curriculum students have received.

Barbara Lanman, Director of Adult Education at KVVTI, explained special problems of the Kennebec Valley region. Since the region has exhausted its Federal funding, they are now working without grant monies; the work of the members of advisory groups for curriculum, etc., is all voluntary. She too expressed strong reservations about instructors doing their own testing prior to licensure. The practical tests are a state test, and usually include people from different courses in the region; the teams include many people as "patients," and it would be very difficult for an instructor to gather such a team at the end of each course.

Lanman further explained that the course size requirements are established because, without additional funding to provide for these courses, the VTI's need to cover the administrative costs, and this usually requires a minimum enrollment of 20 people. There can be equipment problems, if many, smaller, courses are being offered at the same time, since it has to be shared throughout a region. The VTI's are responsible for keeping track of all the materials used in the courses.

Maurice Parent also spoke to these issues. The course fees should be standardized in each region, and there is little likelihood that the previous practice of squad reimbursement for course fees will be reinstated. Like Lanman, Parent agreed that instructors should not be licensed; he was not in favor of giving anyone a permanent license to teach. At present, each instructor is licensed only for a particular course. The VTI's are in charge of selecting instructors, and choose those who either have 3 years' teaching experience, or who are licensed EMT's at various levels and have taken some instruction in teaching and

testing methods. This latter instruction has been prepared by the Training Coordinator at MCD. Insquad training is a rather new method for refresher courses; there was some discussion as to whether this was helpful in smaller, volunteer squads -- and that perhaps modules of training, rather than a continuous course, would be preferable.

Both Lanman and Parent strongly supported a State written and practical examination.

Robert Tredwell, Chief of the Orono Volunteer Rescue Squad, former Chair of the Advisory Board, and now Director of the Office of Emergency Medical Services, suggested that the system of State practical tests be resumed, while recognizing that it might necessitate some delays while sufficient numbers were gathered for them. He was strongly against licensing instructors, and suggested instead that they might be State testers, participating in the tests and helping test students from other courses. He approved of the principle of evening hearings by the Council in each county, as required by L.D. 738, but pointed out that this approach was somewhat in conflict with the remedy of L.D. 1257, which had offered a direct legislative rather than an indirect regulation path.

Tredwell also submitted information on the possible adoption of regulations for emergency medical response services, i.e., the first responder teams.

Patrick Cote, Statewide Coordinator for the EMS project, noted that his main task is to act as a resource person and facilitator for the regional coordinators by developing new course outlines and materials, and being in contact with

instructors. He agreed that it would be preferable to have a statewide curriculum, and a State test.

Although attendance at the hearings was not overwhelming in numbers, the vigor with which people expressed their concerns, and the range of concerns, indicated the strong feelings held in this area.

There were expressions of concern about the results of the transfer to the Department of Human Services, with a general expectation that a new medical director would be selected. The funding questions were raised frequently, particularly whether much of the money would make its way down to the local level, and whether there might be reimbursement for parts of the course fees. Reimbursement for ambulance services was mentioned at one hearing, specifically that there are distinctions between Medicare and Medicaid payments.

The composition of the regional councils was a further source of concern, again with the urban/rural, proprietary/voluntary splits. Standard criteria for instructors were mentioned by several speakers, as was the need for more recognition of the skills of Basic EMT's by hospital staff. Local training, and a state-developed test, were referred to at different meetings, generally quite favorably. One suggestion was made for required participation in a special seminar, rather than retraining or refresher courses as such; the former could be more flexible, and be attuned to the particular needs of the area.

There was considerable objection to the procedure of physicians' screening those who can take the advanced life

support courses (because of practicing on their license) in what was perceived to be a discriminatory manner. Statewide protocols were suggested by some, but criticized by the EMS project staff. Several people, including an emergency room physician, spoke out against too much medical terminology and theory, emphasizing instead the need to know how to do the procedure, and being willing to listen to the instructions from a physician.

During discussion about the merits of the National Registry exam, it was mentioned that the State exam should be changed more frequently, since it contains inaccuracies.

The final comment at the last public hearing was that for many of the reasons explained that evening, it was very hard to develop a career as an Emergency Medical Technician in Maine.

RECOMMENDATIONS

The Committee felt that both administrative recommendations and legislation were necessary to address the many types of concerns raised by EMT's, educators, physicians, state officials and the general public during the course of the study.

The legislative recommendations are included in full in the appendix. They include provisions for adding voting members from the regional councils to the Advisory Board, requiring the board to meet at least 4 times a year, and holding 2 public hearings in each region, rather than 1 in each county, as previously stipulated.

The examining and licensing requirements are specified, reflecting the Committee's feeling that these are most clearly identified in statutes, rather than regulations. The Office of

Emergency Medical Services is charged with developing state written and practical examinations, and having examination teams available for regular testing.

A particular concern of the new Director and the fully-constituted Advisory Board should be the current rules and regulations; many appear to be unnecessary sources of friction, and they are presented in a disorganized manner.

In the area of instruction, the Committee urges the Department of Human Services to provide funds to the vocational-technical institutes, to help them in the delivery of EMS courses. They further recommend that the regional councils develop criteria for the instructors of EMT courses. At a minimum, instructors for all courses should hold a current license for at least the level they are teaching, and have one year's field experience or the equivalent; instructors for advanced courses should be approved by the physicians in the region and the regional council. Instructors should be approved individually for each course.

One of the Committee's main concerns was the need for greater contact and cooperation between the Department of Human Services and individual ambulance units. They have expressed these concerns to the Department, and are pleased with the appointment of Robert Tredwell as Director of the Office of Emergency Medical Services, and the more direct administration of funds, from the Department to the regions through the regional councils. They would like to see a continuation of this spirit of cooperation and clear lines of responsibility and accountability.

A. LEGISLATION

AN ACT to Amend the Laws relating to Ambulance Service
Emergency preamble. Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, enactment of this bill is necessary to clarify the provisions for licensure and relicensure of licensed ambulance personnel, thereby affecting the provision of emergency medical services in all areas of the state; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine, as follows:

Sec. 1. 32 MRSA §72 is amended by adding a new subsection as follows:

9. Regional council. "Regional council" means that group recognized by the Department in each of the 5 regions of the State established for the delivery of emergency medical services.

Sec. 2. 32 MRSA §73, sub-§1 is amended by adding a new sentence at the end as follows:

"There shall also be up to 5 ex officio members, one designated from each existing regional council to serve on the board as a voting member with all rights and privileges."

Sec. 3. Further amend the same section, sub-§3, as follows:

"The board shall meet at least ~~one~~ four times each year and at such other times as may be provided by resolution of the

board, or at the call of its chairman or the commissioner of Human Services."

Sec. 4. Further amend the same section, sub-§6, 1st sentence as follows:

6. Rules and regulations. The Department of Human Services shall adopt such forms, rules, regulations, procedures and records as may be necessary to fulfill the purposes of this chapter in conformity with the requirements of the Maine Administrative Procedure Act, Title 5, chapter 375, except that in addition to the requirements established by this Act with regard to the holding of public hearings, the board shall hold ~~one public hearing in each county in the State, at a site in each county.~~ at least two public hearings in each region of the State, at sites in each region as centrally located as possible, and in the evening, in order to provide the greatest opportunity for public participation.

Sec. 5. Further amend the same section, sub-§7, by repealing and replacing it as follows:

7. Minimum level of training. The minimum level of training for licensure as licensed ambulance personnel shall be:

A. 1. The American Red Cross Advanced First Aid and Emergency Care Course, supplemented by training in extrication, oxygen and suction, patient evaluation and taking of vital signs, with the accompanying examinations and tests, which shall be recognized as valid for 3 years of completion; or

2. The Department of Transportation Crash Injury

Management Course, First Responder Course, with accompanying examinations and tests, which shall be recognized as valid for 3 years from date of completion; and

B. One of the cardiopulmonary resuscitator courses, with the accompanying examinations and tests, which shall be recognized as valid for 12 months from date of completion; and

C. State-administered written and practical examinations.

All licensed ambulance personnel are authorized to administer emergency treatment procedures.

Sec. 6. Further amend the same section by enacting a new sub-§8 as follows:

8. Requirements for relicensure. The minimum requirements for relicensure as licensed ambulance personnel shall be:

A. Satisfactory completion, within the twelve months immediately preceding the expiration date of the license held by the applicant at the time of application for relicensure, of one of the cardiopulmonary resuscitator courses with accompanying examinations and tests; and

B. Satisfactory completion, within the three years immediately preceding the expiration date of the license held by the applicant at the time of application for relicensure, of 1) either an Emergency Medical Services refresher program approved by the Department, or the courses and tests specified in paragraphs A & B of sub-§7; and 2) State administered written and practical examinations.

Sec. 7. Further amend the same section by enacting a new sub-§9 as follows:

9. State testing. The state shall prepare examinations

for initial licensure and relicensure and shall administer them through regionally-coordinated examination teams. Examinations shall be advertised and scheduled regularly in each region, and shall be administered at appropriate sites and times justified by the need. Each member of an examination team shall hold a current license for at least the level at which he is examining others, and shall not administer an examination to any member of a unit to which he belongs.

Sec. 8. 32 MRSA §75 is amended to read as follows:

§75. Appeals.

Any person who is aggrieved by the decision of the board commissioner in amending, modifying or refusing to issue or renew a license may request a hearing as provided by the Maine Administrative Procedure Act.

Whenever the board commissioner decides to revoke or suspend a license, he shall do so by filing a complaint with the Administrative Court as provided by the Maine Administrative Procedure Act.

Emergency clause. In view of the emergency cited in the preamble this Act shall become effective when approved.

STATEMENT OF FACT

The legislation adds a definition of regional councils, and provides for one voting member from each existing regional council on the Advisory Board. The board is now required to meet at least 4 times a year, instead of only once, and must hold at least 2 public hearings in each of the 5 regions when rules and regulations changes are considered, rather than the current requirement of one hearing in each county.

The minimum level of training is specified, with the change being a return to a state written and practical examination. Relicensure requirements are now spelled out in legislation, and include CPR certification within the preceding 12 months, and refresher courses plus the state exam within the last 3 years.

A new section on state testing clarifies the procedure: passage of a state-prepared and state-administered written and practical examinations is required for licensure and relicensure. Examinations may be given locally to graduates of one course, or at a central site for graduates of several courses, as appropriate to the need; they shall be regularly scheduled and advertised by the Department of Human Services. The members of the examination teams must be licensed, and must not test members of their own unit.

An incorrect reference to the duties of the board is corrected.

B. LIST OF PERSONS CONTACTED

Department of Human Services

Frank McGinty, Deputy Commissioner
Farnham (Bud) Folsom, Training Coordinator

MCD/EMS Project

Sandra Johnson, Acting Director, EMS Project
Patrick Cote, Statewide Coordinator

Emergency Room Physicians

Dr. Pamela Bensen
Dr. William Newkirk

Department of Educational & Cultural Services

Maurice Parent, Consultant, Vocational Adult Education
Barbara Lanman, Director, Adult Education, KVVTI
Fred Goodwin, Allied Health Coordinator, SMVTI

Maine Heart Association

Jim Wyatt

American Red Cross

Jacqueline Vaughan

Instructor

Jon Persavich, former EMS Project Staff, Director,
Adult Education, CMVTI

Hospital Administrator

Derek Bush, Maine Coast Memorial Hospital

Governor's Advisory Board

Robert Tredwell
Peter Weil

In House _____

Whereas, ambulance services perform a vital and essential function, especially in rural communities of this State; and

Whereas, licensing standards for these services should be consistent and definite so as not to interrupt performance; and

Whereas, some ambulance services wishing to provide emergency care or transportation have been frustrated by changing standards for licensing; and

Whereas, the Revised Statutes, Title 32, section 73, authorizes the Department of Human Services, with the help of an advisory board, to adopt rules and regulations for licensing of ambulance services and ambulance personnel; and

Whereas, pursuant to a regulation, the department has entered into a relationship with Medical Care Development, Inc., a private entity, in order to implement other regulations, possibly including licensing regulations; and

Whereas, part of the relationship with Medical Care Development, Inc., involves the receipt of federal and state funds; now, therefore, be it

Ordered, the Senate concurring, subject to the Council's review and determinations hereinafter provided, that the Joint Standing Committee on Health and Institutional Services and the Joint Standing

Committee on Appropriations and Financial Affairs, or any subcommittee or subcommittees which they may designate and which may include one non-member legislator to be designated by the unanimous vote of the chairpersons of those Joint Standing Committees, shall study the present operations and programs of Medical Care Development, Inc., the feasibility of restructuring the present law relating to the licensing service

and testing of ambulance and ambulance personnel to eliminate the uncertainty and confusion that results from constantly changing standards and shall

study the necessity and propriety of delegating responsibility in this area to private sector entities or persons; and be it further

Ordered, that the committees report their findings and recommendations, together with all necessary implementing legislation in accordance with the Joint Rules, to the Legislative Council for submission in final form at the Second Regular Session of the 109th Legislature; and be it further

Ordered, that the Legislative Council, before implementing this study and determining an appropriate level of funding, shall first ensure that this directive can be accomplished within the limits of available resources, that it is combined with other initiatives similar in scope to avoid duplication and that its purpose is within the best interests of the State; and be it further

Ordered, upon passage in concurrence, that a suitable copy of this Order shall be forwarded to members of the committees.

(Higgins)

NAME:

TOWN: Scarborough

COSPONSORS:

(Diamond)

[Signature]
of Windham

(Miss Karen Brown)

Karen L. Brown
of Bethel

(Gill)

[Signature]
of Cumberland County

HOUSE OF REPRESENTATIVES

READ [unclear] REPORT OF MR. TIERNEY

TABLED PENDING [unclear]

SPECIALY ASSIGNED FOR [unclear]

-21-

CLERK

1435