

# MAINE STATE LEGISLATURE

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**House of Representatives**  
**One Hundred and Twenty-First Legislature**  
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ONE HUNDRED AND TWENTY-FIRST LEGISLATURE  
SECOND REGULAR SESSION  
7th Legislative Day  
Wednesday, January 21, 2004

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

Prayer by Pastor Carol Prosser, South China (retired).  
National Anthem by Marion P. Gray, Port Clyde.  
Pledge of Allegiance.  
Doctor of the day, Dave Salko, M.D., Portland.  
The Journal of yesterday was read and approved.

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**REPORTS OF COMMITTEE**  
**Ought to Pass as Amended**

Report of the Committee on **LEGAL AND VETERANS AFFAIRS** on Bill "An Act To Authorize the State To Establish a Multijurisdictional Lottery or Lottery Games"

(S.P. 515) (L.D. 1536)

Reporting **Ought to Pass as Amended by Committee Amendment "A" (S-147)**.

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

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

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**Divided Report**

Majority Report of the Committee on **INSURANCE AND FINANCIAL SERVICES** reporting **Ought Not to Pass** on Bill "An Act To Eliminate the Department of Professional and Financial Regulation, Bureau of Insurance Travel Restrictions for Obtaining Health Care"

(S.P. 146) (L.D. 428)

Signed:

Senators:

LAFOUNTAIN of York  
DOUGLASS of Androscoggin  
MAYO of Sagadahoc

Representatives:

PERRY of Calais  
BREAULT of Buxton  
CANAVAN of Waterville  
O'NEIL of Saco  
PERRY of Bangor

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (S-354)** on same Bill.

Signed:

Representatives:

VAUGHAN of Durham  
WOODBURY of Yarmouth  
GLYNN of South Portland  
SNOWE-MELLO of Poland  
YOUNG of Limestone

Came from the Senate with the Majority **OUGHT NOT TO PASS Report READ** and **ACCEPTED**.  
**READ**.

Representative O'NEIL of Saco moved that the House **ACCEPT** the Majority **Ought Not to Pass** Report.

The **SPEAKER**: The Chair recognizes the Representative from South Portland, Representative Glynn.

Representative **GLYNN**: Mr. Speaker, Ladies and Gentlemen of the House. I rise in opposition to the pending motion and urge the House to consider moving onto the Minority Ought to Pass as Amended Report. I would like to give a little background of this bill and why you should consider that.

The original bill that was before our committee, the Insurance and Financial Services Committee, was legislation to eliminate the geographic restriction in the Bureau of Insurance, Rule Chapter 850 requiring health plans to provide hospital and specialty care services within 60 minutes of enrollee's residence. That bill is a very important bill because it represents an opportunity to introduce cost savings into the health care system, reducing the costs of services, reducing the costs of insurance and provides competition in the marketplace.

In summary, this legislation is part of an overall consumer-oriented approach to delivering affordable health care. This bill is about competition among hospitals. It is going to result in more aggressive pricing and bringing down the costs of health care in Maine. As consumers, we become aware of the cost differentials if we are made aware of it and we are given a financial incentive. We always will be demanding increases in information about outcomes of these facilities. Consumers should be empowered to be able to make choices and should be able to take advantage of financial incentives to go to another facility for specialty operations and specialty care services if it means that they get better care and it means that the price will go down.

Think of it, we have an opportunity to lower the cost of health insurance in front of our chamber. Why would we pass up that great opportunity? We found out in our testimony before the committee, we heard from the Executive Director of the Maine Health Care Purchasing collaborative. Her name was Kathy Gelding. She was the Executive Director. She testified to our committee that according to our own Bureau of Insurance, Maine is one of the only states, the only state in 50 states that stipulates these stringent geographic access standards that we have in Maine. Why don't we want to have competition in health care? I believe that competition in health care promotes excellence. It promotes better services. I believe we should reward consumers and we would allow them to be rewarded financially by their insurance carriers if they choose to get the same procedure done at another facility that might be a little bit further away if the quality of care is the same and the price is cheaper. Isn't that what we do in everything else? Why shouldn't we be able to do that in health care?

This bill absolutely will put us on the right track to reducing the cost of health care. Our committee over the years in Insurance and Financial Services has looked at this issue and we have danced all around the problem, but we have never gone in and addressed it and allowed those financial incentives to occur in a meaningful way.

The Dirigo Health Committee actually looked at this, but because of so many overwhelming concerns about the largeness of the task that was before us and that short period at the end of session, we really couldn't even address this in a meaningful way. This bill was looked at following the Dirigo Health Care debate. A number of committee members recognized fully that we have an opportunity to put excellence, competition and cost reduction into the health care system. We want to introduce this. We urge you to defeat the motion before you and move on to pass LD 428.

When we get by this motion, I can tell you a little bit more about the Minority Report. I think that the concerns that you may have with the original bill are addressed in that. I urge people to take a look at those wordings in your books. Mr. Speaker, when the vote is taken, I request the yeas and nays.

Representative GLYNN of South Portland **REQUESTED** a roll call on the motion to **ACCEPT** the Majority **Ought Not to Pass** 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 Saco, Representative O'Neil.

Representative **O'NEIL**: Mr. Speaker, Ladies and Gentlemen of the House. The good Representative from South Portland, Representative Glynn, and I are in agreement on a lot of the points that he just made. However, I am on the Majority Ought Not to Pass Report because after lengthy discussions and maybe even some discord, the Dirigo Health Law that was passed, PL 469 from the year 2003, addressed, in my estimation, to the extent possible this issue.

This is a very thorny issue that we have dealt with over the years that tends to draw out emotional opposition. It is an idea whose time has come. We folded it in as one of the many compromises that make up Dirigo Health, PL 469; we folded into that law rulemaking that will allow much of what is called for in the Minority Report. It will allow plans to get approval for incentive provisions.

Again, it is part of the compromise that made up Dirigo. A lot of people walked away from Dirigo much like we walk away from a budget document, not getting everything that we wanted. We got this, what I call a breakthrough, as it applies to this subject matter. The rules have already been promulgated. The Bureau of Insurance sent them out on the third of January. They should be coming forth. If you want to look them up, they are on Page 18, Section 7, Subsection C, in Subsection 8. They also tie into some quality measures that we can talk about later.

For those reasons, Mr. Speaker, I am okay with the Majority Ought Not to Pass Report. Thank you.

The **SPEAKER**: The Chair recognizes the Representative from South Portland, Representative Glynn.

Representative **GLYNN**: Mr. Speaker, Ladies and Gentlemen of the House. I know as you are sitting and looking at this legislation, you are probably feeling as though, if Dirigo addressed part of it, then why would we want to look further? The reason why we would want to look further is in the Dirigo compromise it actually did not open up this geographic access standard so that Mainers can really take advantage of it. What we are talking about is a voluntary system of consumers. If, I as the consumer and I live maybe an hour away from Maine Medical Center, I am going to have a specialty operation, why shouldn't I be able to take advantage, receive a financial benefit, as an insurance policy holder to be able to opt to go to Maine Medical Center to have the same operation I could receive at a facility closer to me than Maine Medical Center and possibly even at a higher level of care. Maybe I want to go there. Why shouldn't my insurance company be able to give me a financial incentive for that? Why shouldn't the insurance company be able to realize the cost savings and be able to pass that onto the consumers?

There were a whole lot of things that went into the discussion of Dirigo, but cost containment through these hospitals for the specialty care was not something that really was put on the table. That is why this bill and this piece of legislation is so important. If we are really serious about increasing the access to health care, we have to do something about the cost. If we don't lower the cost of health care in Maine, we are not going to be able to in a meaningful way increase the access. I urge you to defeat the pending motion and move onto the Minority Ought to Pass Report. Thank you.

The **SPEAKER**: The Chair recognizes the Representative from Poland, Representative Snowe-Mello.

Representative **SNOWE-MELLO**: Mr. Speaker, Ladies and Gentlemen of the House. The system that we have today has unintended consequences. It has proved to increase the cost of health insurance for the people of Maine. To me, this bill makes common sense. Each one of us has friends, neighbors, families who have chosen to go to Boston. They have chosen to go to Portland. They have chosen to go to other hospitals because they feel more secure or they have a doctor that they believe will do a better job than the doctor in their own community. It is a matter of feeling secure and feeling that you are going to get the best care that you absolutely can get. It doesn't mean that the doctors in that community are not good doctors, of course they are. Sometimes people have the perceived notion that a doctor in another community or another area is going to do a better job. This bill would allow that person to go to see that other doctor and not get penalized.

So many people tell me that they feel that insurance companies penalize them for having to go to the doctor of their choice. This bill, I believe, corrects that. I think the way the system is today needs to be corrected. We need to help people get the very best care that they absolutely can do. Please vote to support LD 428 and allow it to go onto the Minority Report. Thank you.

The **SPEAKER**: The Chair recognizes the Representative from Lincoln, Representative Carr.

Representative **CARR**: Mr. Speaker, May I pose a question through the Chair?

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

Representative **CARR**: Thank you Mr. Speaker. I actually have two questions. Number one, will this particular regulation have a negative impact upon rural hospitals transferring patients from the rural areas to more built up areas? Number two, will this also require people living in far away places to travel long distances to obtain assistance for health care?

The **SPEAKER**: The Representative from Lincoln, Representative Carr has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Saco, Representative O'Neil.

Representative **O'NEIL**: Mr. Speaker, Men and Women of the House. In answer to the question, the question about rural hospitals is really the big question to which I referred earlier where I mentioned that people get emotional. The rule that has just been promulgated pursuant to PL 469, the Dirigo Health Law, allows a doubling of that 60-minute travel distance up to two hours for specialty care. It will be subject to the approval of the Superintendent of Insurance. I will leave that up to you all to figure out whether it hurts rural hospitals. The fact of the matter is, there are many fragile compromises that went into getting us to only the second rung on a ladder of 10 rungs. We are at that rung. It is a place where we were not able to get previously. We were not able to get one foot on the first rung. At least we are on the second. Some people would say we are on the fourth. I don't know. I haven't quantified it. This would allow, in limited circumstances and in justifiable circumstances an HMO to offer an incentive to the enrollee to go. The Ought to Pass report does something similar, but it goes a little bit further. We may get to that point at some point in this consumer driven health care market that we are forging into.

As to the second question, Mr. Speaker, I didn't understand it.

The SPEAKER: The Chair recognizes the Representative from Lincoln, Representative Carr.

Representative **CARR**: Thank you Mr. Speaker. My question is, are there circumstances where people living in far away places, I think many of us live in those areas, that the patient would be required to travel long distances and actually require that the family as well travel long distances to visit? That is my question and I think it has kind of been answered.

The SPEAKER: The Chair recognizes the Representative from Saco, Representative O'Neil.

Representative **O'NEIL**: Mr. Speaker, Men and Women of the House. I think I pretty much answered in my first response. It does not require it. No. It allows the carrier to offer an incentive. By incentive, let's talk about what that means. Let's say an MRI that costs \$1,000 at hospital A, which is right down the road might be got for \$600 at hospital B, which is an hour and a half away. The carrier could offer to the enrollee a lower co-pay, out of pocket expense, if that enrollee were willing to travel to hospital B, the extra hour and a half. It is pretty good stuff actually no matter what way you cut it. We are kind of moving along that way. It is such a volatile issue and it has been such a volatile issue and it tends to be incendiary when you start to really push it. I consider it a breakthrough that we have gotten to the point that we have.

The SPEAKER: The Chair recognizes the Representative from Calais, Representative Perry.

Representative **PERRY**: Mr. Speaker, Men and Women of the House. I would attempt to answer some of that on the rural question. We talked about unintended consequences and I think that is what we are talking about when we talk about rural hospitals and accessibility of care. Sometimes the reason why rural care costs a little bit more is because they don't have the volume. It is supply and demand. The issues that I have and we worked with on this is that if there is an incentive to use something other than locals, then the rural areas may actually end up with accessibility to health care problem. Talk about the MRI, which may be \$400 less an hour and a half to two hours down the road, what that does is that may require the fact that there are not enough MRIs to have at that local hospital so that nobody gets an MRI or has the choice to have it locally. That cuts accessibility to health care.

Another thing that got brought up was colonoscopies. I am sure everyone looks forward to something like that, but it is a screening tool and it is recommended by the American Cancer Society that it be done once every five years for anyone over the age of 50. Yes, there are differences in the prices of those tests, but it may mean the difference between somebody getting picked up early for cancer or not if it can be accessed locally. That may mean that initially the cost will be a little more because the volume is not there. It also may mean that more people will get that screening and we will be able to prevent the higher costs of cancer that goes along with not getting that early detection. We have to look at it in more than just how it means for insurance. It does with unintended consequences affect the accessibility to health care for everyone. Thank you.

The SPEAKER: The Chair recognizes the Representative from South Portland, Representative Glynn. Having spoken twice now requests unanimous consent to address the House a third time. Is there objection? Chair hears no objection, the Representative may proceed.

Representative **GLYNN**: Mr. Speaker, Men and Women of the House. I rise in answering the good Representative from Lincoln's questions that he had posed to members of the body. In response to those, I would say that the system that is being

proposed is not a mandatory system by any stretch of the imagination. It is a voluntary system. It is being proposed that if a consumer chooses, it would have to be the choice of the consumer, to go and receive services at another hospital for specialty services, again, this isn't your run of the mill services. These are only specialty services. They would then have the option to do so. It is empowering the consumer. Additionally, because it saves money it empowers the insurance company to pass those savings onto the consumer. What we are talking about is an issue of consumer choice. We are talking about lowering the costs of health insurance. We are talking about increasing access to health care. We are talking about those things.

From the perspective of the rural hospitals, if you look on the Minority Report, you will see that we have member on the Minority Report in favor of Ought to Pass, which also represents rural areas of the state. That is because this bill doesn't remove the travel restriction access for all services. This is a specialty procedure. This is an operation you are going to schedule in time. This isn't like birthing a baby or an emergency procedure where somebody falls down and breaks and arm or needs emergency surgery. Those things are still going to be provided at your local hospital. This restriction lifting does not apply to those services. It is only on those planed operations, those planned specialty services that you are going to be having and having the ability to shop around as a consumer. I, for one, believe, and members of my family believe, that if you are going to have a specialty operation done, isn't it better to go to somebody that does it all of the time, is good at it, has perfected that skill or would you rather go to a facility that costs more in price, a facility that doesn't do it as frequently and doesn't have that level of expertise.

We are talking about saving money. We are talking about improving quality. We are talking about a balance that protects the rural hospitals. I hope that answers the question. Thank you.

The SPEAKER: The Chair recognizes the Representative from Durham, Representative Vaughan.

Representative **VAUGHAN**: Mr. Speaker, Ladies and Gentlemen of the House. One of the reasons many of us are here and one of the main efforts of this Legislature has been to reduce the cost of health care in the State of Maine. The State of Maine has some of the highest insurance costs in the country. Part of that reason is due to some of the legislation that has passed through this body inadvertently, I am sure it was the rule of unintended consequences. The State of Maine has caused some of these costs to be driven up.

The legislation that we are considering seeks to eliminate the geographic restrictions in the insurance bureau's Rule Chapter 850 that requires plans to provide hospital and specialty care service within 60 miles of the enrollee's residence. This restriction has caused an undermining affect and for the incentive of hospitals and specialty care providers to behave in a competitive fashion with pricing and service. The elimination of the restrictions encourages hospitals to be competitive. The goal is to allow health plans to have flexibility, to obtain the best service for the customers at the best prices. By encouraging that flexibility, we can see restoring the competitive activity that will provide another means for controlling costs.

As a member of the Insurance Committee on the Minority Report, I encourage this body to vote against this measure and to support the Minority Report. Thank you.

The SPEAKER: A roll call has been ordered. The pending question before the House is acceptance of the Majority Ought Not to Pass Report. All those in favor will vote yes, those opposed will vote no.

**ROLL CALL NO. 262**

YEA - Adams, Ash, Barstow, Bennett, Blanchette, Bliss, Brannigan, Breault, Bull, Bunker, Canavan, Clark, Cowger, Craven, Dudley, Dugay, Dunlap, Duplessie, Duprey G, Earle, Faircloth, Finch, Gagne-Friel, Gerzofsky, Grose, Hutton, Jackson, Jennings, Ketterer, Koffman, Landry, Lemoine, Lerman, Lessard, Lundeen, Mailhot, Makas, Marley, Marraché, McGlocklin, McKee, McLaughlin, Mills J, Norton, O'Brien L, O'Neil, Paradis, Patrick, Pellon, Percy, Perry A, Perry J, Pineau, Pingree, Piotti, Richardson J, Rines, Sampson, Simpson, Smith N, Sullivan, Suslovic, Thomas, Thompson, Trahan, Twomey, Usher, Walcott, Watson, Wheeler, Mr. Speaker.

NAY - Annis, Austin, Berry, Bierman, Bowen, Bowles, Brown R, Browne W, Bruno, Bryant-Deschenes, Campbell, Carr, Churchill E, Churchill J, Clough, Collins, Courtney, Cressey, Crosthwaite, Curley, Daigle, Davis, Duprey B, Eder, Fischer, Fletcher, Glynn, Greeley, Heidrich, Honey, Hotham, Jacobsen, Jodrey, Joy, Kaelin, Ledwin, Lewin, Maietta, McCormick, McKenney, McNeil, Millett, Mills S, Moody, Moore, Murphy, Muse, Nutting, O'Brien J, Rector, Richardson E, Rogers, Rosen, Saviello, Sherman, Shields, Snowe-Mello, Stone, Sukeforth, Sykes, Tardy, Tobin D, Tobin J, Treadwell, Vaughan, Woodbury, Wotton.

ABSENT - Andrews, Berube, Cummings, Goodwin, Hatch, Kane, McGowan, Norbert, Peavey-Haskell, Richardson M, Smith W, Young.

Yes, 71; No, 67; Absent, 12; Excused, 0.

71 having voted in the affirmative and 67 voted in the negative, with 12 being absent, and accordingly the Majority **Ought Not to Pass** Report was **ACCEPTED** in concurrence.

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

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Majority Report of the Committee on **INSURANCE AND FINANCIAL SERVICES** reporting **Ought Not to Pass** on Resolve, To Study the Feasibility and Effectiveness of Providing Consumers with Consumer Reports on Health Care Services (EMERGENCY)

(S.P. 169) (L.D. 497)

Signed:

Senators:

LAFOUNTAIN of York  
DOUGLASS of Androscoggin  
MAYO of Sagadahoc

Representatives:

PERRY of Calais  
BREAVULT of Buxton  
CANAVAN of Waterville  
WOODBURY of Yarmouth  
O'NEIL of Saco  
PERRY of Bangor

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (S-357)** on same Resolve.

Signed:

Representatives:

VAUGHAN of Durham  
GLYNN of South Portland  
SNOWE-MELLO of Poland  
YOUNG of Limestone

Came from the Senate with the Majority **OUGHT NOT TO PASS** Report **READ** and **ACCEPTED**.

**READ.**

Representative O'NEIL of Saco moved that the House **ACCEPT** the Majority **Ought Not to Pass** Report.

The SPEAKER: The Chair recognizes the Representative from South Portland, Representative Glynn.

Representative **GLYNN**: Mr. Speaker, Ladies and Gentlemen of the House. As with the previous item, I rise in opposition to the pending motion and ask the House's indulgence and move on to the Minority Ought to Pass as Amended Report. As with the previous bill that we debated, we have an opportunity for cost savings, but this bill is a little bit different because this is a bill that empowers consumers with information. There are presently a whole host of information out there with regards to rates for health insurance, benefits and being able to shop. Comparing apples to apples and oranges to oranges in the health care market is almost impossible for a number of consumers. It has been recognized by a number of folks that have testified and presented bills in front of our committee, as well as committee members on Insurance and Financial Services that there needs to be some kind of methodology that a consumer can feel empowered to be able to look on a resource, be it the internet, call their doctor's office or ask for a pamphlet, but some way to be able to really shop health insurance to be able to find out what it is that they need for coverage and additionally be able to comparative shop. Are they getting the best price for what they are attempting to buy? This bill, if we move beyond the Ought Not to Pass motion and enact it, will provide that information to consumers and empowering them with information. I believe and I believe many of you believe the same thing. Education is key. Shopping for the best price and being able to compare is key. We need to empower consumers. I urge you to defeat this motion and move onto the Minority Ought to Pass as Amended Report. Mr. Speaker, when the vote is taken, I request the yeas and nays.

Representative **GLYNN** of South Portland **REQUESTED** a roll call on the motion to **ACCEPT** the Majority **Ought Not to Pass** 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 Saco, Representative O'Neil.

Representative **O'NEIL**: Mr. Speaker, Colleagues of the House. As in the previous debate, the Representative from South Portland, Representative Glynn, is right on. Again, as with the previous debate, what he wants and what I want are already aloft. It is called the Maine Quality Forum, PL 469. It has once again addressed this issue. Maybe not to everyone's exact liking, but we have a team of 17 people, the Maine Quality Forum Advisory Council that has already been nominated by the Executive, approved by the Health and Human Services Committee and I believe have already begun to meet to do this very thing, to take this very sensitive subject matter and to collect it, analyze it, disseminate it and to be a repository of it for the benefit of consumers, benefit of quality and the benefit of cost. It is underway. It is in PL 469. Again, the good Representative from South Portland and I have been on the same page. Just about everybody that is involved in this debate has been on this same page for quite some time now. We took care of it to the best of our ability in PL 469. It has left the station. Thank you.

The SPEAKER: The Chair recognizes the Representative from Poland, Representative Snowe-Mello.

Representative **SNOWE-MELLO**: Mr. Speaker, Ladies and Gentlemen of the House. In my opinion, Dirigo just didn't go far

enough. It doesn't go into studying private insurance. I really believe that we need to have all of the solutions. We need to have all of this information so we can deliver the very, very best products to the people of this state. I think that is absolutely critical. I think the people deserve that and they want that. They want all the information that they can get. This whole topic is so crucial to the people of the state.

Cost and quality of health care services can vary widely. As more consumers buy high deductible health insurance the need for consumers to have information on the costs and quality of health care services is growing. By making consumers more aware of health care costs and quality, we can improve the decisions that they make in purchasing health care. We can help consumers reduce their own out-of-pocket expenses. Isn't that wonderful and help to reduce health insurance costs.

Some policies may vary from \$4,546 to \$14,416. That is really a huge difference. By studying all aspects of the market, we are only doing what is a wise thing to do. I hope you agree with me. I hope that you do go on and vote Ought to Pass on LD 497. Thank you very much.

The SPEAKER: The Chair recognizes the Representative from Durham, Representative Vaughan.

Representative VAUGHAN: Mr. Speaker, Ladies and Gentlemen of the House. If you can imagine going to a gas station and the price of gasoline is not posted and you find out after you fill it up that you are going to owe them \$300 for your tank of gas, the next time you go to a different gas station, the same thing, the price is not posted and you fill up your car and it is only \$25 or if you go into a grocery store and perhaps you have been in one of the local chain stores and you will see unit pricing, not only is that good for the consumer so they can understand what they are paying for by the pound or by the item. I am sure the stores go into each other's establishments and look at what those costs are so they can establish a similar low price so they will be able to attract consumers to come to their establishment.

This is exactly what we are talking about when we have a difference in costs between \$14,000 and \$4,000 for the same procedure at a different health care provider's facility. The consumers deserve to know what is going on with the costs in health care. Currently they don't. They simply turn it over to the insurance company and the insurance company pays the bill and raises the premiums to the consumers. This is a very important cost cutting measure. I strongly urge you to support the amended version. Thank you very much.

The SPEAKER: A roll call has been ordered. The pending question before the House is acceptance of the Majority Ought Not to Pass Report. All those in favor will vote yes, those opposed will vote no.

**ROLL CALL NO. 263**

YEA - Adams, Ash, Barstow, Bennett, Blanchette, Bliss, Brannigan, Breault, Browne W, Bull, Bunker, Canavan, Clark, Cowger, Craven, Dudley, Dugay, Dunlap, Duplessie, Duprey G, Earle, Eder, Faircloth, Finch, Fischer, Gagne-Friel, Gerzofsky, Grose, Hutton, Jackson, Jennings, Ketterer, Koffman, Landry, Lemoine, Lerman, Lessard, Lundeen, Mailhot, Makas, Marley, Marraché, McGlocklin, McGowan, McKee, McLaughlin, Mills J, Moody, Norton, O'Brien L, O'Neil, Paradis, Patrick, Pellon, Percy, Perry A, Pineau, Pingree, Piotti, Richardson J, Rines, Sampson, Saviello, Simpson, Smith N, Smith W, Sullivan, Suslovic, Thomas, Thompson, Twomey, Usher, Walcott, Watson, Wheeler, Woodbury, Wotton, Mr. Speaker.

NAY - Annis, Austin, Berry, Bierman, Bowen, Bowles, Brown R, Bruno, Bryant-Deschenes, Campbell, Carr, Churchill E, Churchill J, Clough, Collins, Courtney, Cressey, Crosthwaite, Curley, Daigle, Davis, Duprey B, Fletcher, Glynn, Greeley,

Heidrich, Honey, Hotham, Jacobsen, Jodrey, Joy, Kaelin, Ledwin, Lewin, Maietta, McCormick, McKenney, McNeil, Millett, Mills S, Moore, Murphy, Muse, Nutting, O'Brien J, Peavey-Haskell, Rector, Richardson E, Richardson M, Rogers, Rosen, Sherman, Shields, Snowe-Mello, Stone, Sukeforth, Sykes, Tardy, Tobin D, Tobin J, Trahan, Treadwell, Vaughan.

ABSENT - Andrews, Berube, Cummings, Goodwin, Hatch, Kane, Norbert, Perry J, Young.

Yes, 78; No, 63; Absent, 9; Excused, 0.

78 having voted in the affirmative and 63 voted in the negative, with 9 being absent, and accordingly the Majority **Ought Not to Pass Report was ACCEPTED** in concurrence.

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

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Majority Report of the Committee on **LABOR** reporting **Ought to Pass as Amended by Committee Amendment "B" (H-633)** on Bill "An Act To Eliminate the Social Security Offset for Unemployment Benefits"

(H.P. 657) (L.D. 880)

Signed:

Senator:

STANLEY of Penobscot

Representatives:

SMITH of Van Buren

HUTTON of Bowdoinham

HATCH of Skowhegan

PATRICK of Rumford

WATSON of Bath

JACKSON of Fort Kent

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

Signed:

Senators:

EDMONDS of Cumberland

BLAIS of Kennebec

Representatives:

TREADWELL of Carmel

CRESSEY of Baldwin

NUTTING of Oakland

**READ.**

Representative SMITH of Van Buren moved that the House **ACCEPT** the Majority **Ought to Pass as Amended Report**.

On further motion of the same Representative, **TABLED** pending his motion to **ACCEPT** the Majority **Ought to Pass as Amended Report** and later today assigned.

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Majority Report of the Committee on **LABOR** reporting **Ought to Pass as Amended by Committee Amendment "B" (H-632)** on Bill "An Act To Provide Collective Bargaining Rights to Certain Forest Products Workers"

(H.P. 972) (L.D. 1318)

Signed:

Senators:

EDMONDS of Cumberland

STANLEY of Penobscot

Representatives:

SMITH of Van Buren

HUTTON of Bowdoinham

HATCH of Skowhegan

PATRICK of Rumford

WATSON of Bath  
JACKSON of Fort Kent  
Minority Report of the same Committee reporting **Ought Not to Pass** on same Bill.

Signed:  
Senator:  
BLAIS of Kennebec  
Representatives:  
TREADWELL of Carmel  
CRESSEY of Baldwin  
NUTTING of Oakland

**READ.**

Representative SMITH of Van Buren moved that the House **ACCEPT** the Majority **Ought to Pass as Amended** Report.

On further motion of the same Representative, **TABLED** pending his motion to **ACCEPT** the Majority **Ought to Pass as Amended** Report and later today assigned.

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Majority Report of the Committee on **STATE AND LOCAL GOVERNMENT** reporting **Ought Not to Pass** on Bill "An Act To Repeal Outdated and Unfunded Municipal and Educational Mandates"

(H.P. 327) (L.D. 419)

Signed:  
Senators:  
ROTUNDO of Androscoggin  
LAFOUNTAIN of York  
Representatives:  
McLAUGHLIN of Cape Elizabeth  
BUNKER of Kossuth Township  
BARSTOW of Gorham  
KETTERER of Madison  
SUSLOVIC of Portland  
STONE of Berwick

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (H-631)** on same Bill.

Signed:  
Senator:  
GILMAN of Cumberland  
Representatives:  
PEAVEY-HASKELL of Greenbush  
CROSTHWAITE of Ellsworth  
BOWEN of Rockport  
SUKEFORTH of Union

**READ.**

Representative McLAUGHLIN of Cape Elizabeth moved that the House **ACCEPT** the Majority **Ought Not to Pass** Report.

On further motion of the same Representative, **TABLED** pending her motion to **ACCEPT** the Majority **Ought Not to Pass** Report and later today assigned.

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

**UNFINISHED BUSINESS**

The following matters, in the consideration of which the House was engaged at the time of adjournment yesterday, had preference in the Orders of the Day and continued with such preference until disposed of as provided by House Rule 502.

HOUSE DIVIDED REPORT - Majority (7) **Ought to Pass** - Minority (4) **Ought Not to Pass** - Committee on **CRIMINAL**

**JUSTICE AND PUBLIC SAFETY** on Bill "An Act Regarding the Sale of Weapons at Gun Shows"

(H.P. 674) (L.D. 917)

**TABLED** - January 14, 2004 (Till Later Today) by Representative BLANCHETTE of Bangor.

**PENDING** - Motion of same Representative to **ACCEPT** the Majority **OUGHT TO PASS** Report. (Roll Call Ordered)

On motion of Representative BLANCHETTE of Bangor, the Bill and all accompanying papers were **COMMITTED** to the Committee on **CRIMINAL JUSTICE AND PUBLIC SAFETY** and sent for concurrence.

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

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Joint Order Directing the Joint Standing Committee on Labor To Report Out a Bill Relating to the Permissible Uses of Sick Leave and Establishing a Minimum Sick Leave Benefit

(S.P. 673)

- In Senate, **READ** and **PASSED**.

**TABLED** - January 15, 2004 (Till Later Today) by Representative DUPLESSIE of Westbrook.

**PENDING - PASSAGE.**

Representative BRUNO of Raymond **REQUESTED** a roll call on **PASSAGE**.

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

The **SPEAKER**: A roll call has been ordered. The pending question before the House is Passage. All those in favor will vote yes, those opposed will vote no.

**ROLL CALL NO. 264**

**YEA** - Adams, Ash, Barstow, Bennett, Blanchette, Bliss, Brannigan, Breault, Bull, Bunker, Canavan, Clark, Cowger, Craven, Dudley, Dunlap, Duplessie, Duprey G, Earle, Eder, Faircloth, Finch, Fischer, Gagne-Friel, Gerzofsky, Grose, Hutton, Jackson, Jennings, Ketterer, Koffman, Landry, Lemoine, Lerman, Lessard, Lundeen, Mailhot, Makas, Marley, Marraché, McGlocklin, McKee, McLaughlin, Mills J, Moody, Norton, O'Brien L, O'Neil, Paradis, Patrick, Pellon, Percy, Perry A, Perry J, Pineau, Pingree, Piotti, Richardson J, Rines, Sampson, Saviello, Simpson, Smith N, Smith W, Sullivan, Suslovic, Thomas, Thompson, Twomey, Usher, Walcott, Watson, Wheeler, Wotton, Mr. Speaker.

**NAY** - Annis, Austin, Berry, Bierman, Bowen, Bowles, Brown R, Browne W, Bruno, Bryant-Deschenes, Campbell, Carr, Churchill E, Churchill J, Clough, Collins, Courtney, Cressey, Crosthwaite, Curley, Daigle, Davis, Dugay, Duprey B, Fletcher, Glynn, Greeley, Heidrich, Honey, Hotham, Jacobsen, Jodrey, Joy, Kaelin, Ledwin, Lewin, Maietta, McCormick, McGowan, McKenney, McNeil, Millett, Mills S, Moore, Murphy, Muse, Nutting, O'Brien J, Peavey-Haskell, Rector, Richardson E, Richardson M, Rogers, Rosen, Sherman, Shields, Snowe-Mello, Stone, Sukeforth, Sykes, Tardy, Tobin D, Tobin J, Trahan, Treadwell, Vaughan, Woodbury.

**ABSENT** - Andrews, Berube, Cummings, Goodwin, Hatch, Kane, Norbert, Young.

Yes, 75; No, 67; Absent, 8; Excused, 0.

75 having voted in the affirmative and 67 voted in the negative, with 8 being absent, and accordingly the Joint Order was **PASSED** in concurrence.



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

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

**SENATE PAPERS**

**Pursuant to Public Law**

**Joint Standing Committee on Criminal Justice and Public Safety**

Report of the **Joint Standing Committee on Criminal Justice and Public Safety** pursuant to Public Law 2001, Chapter 582, Section 4 asks leave to report that the accompanying Bill "An Act To Maintain the Current Statutes Regarding Unlawful Solicitation To Benefit Law Enforcement Agencies" (EMERGENCY)

(S.P. 675) (L.D. 1832)

Be **REFERRED** to the Committee on **CRIMINAL JUSTICE AND PUBLIC SAFETY** and printed pursuant to Joint Rule 218.

Came from the Senate, Report **READ** and **ACCEPTED** and the Bill **REFERRED** to the Committee on **CRIMINAL JUSTICE AND PUBLIC SAFETY** and ordered printed pursuant to Joint Rule 218.

Report was **READ** and **ACCEPTED** and the Bill **REFERRED** to the Committee on **CRIMINAL JUSTICE AND PUBLIC SAFETY** in concurrence. **ORDERED SENT FORTHWITH**.

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On motion of Representative CLARK of Millinocket, the House adjourned at 11:29 a.m., until 10:00 a.m., Thursday, January 22, 2004.