

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)

Legislative Record
House of Representatives
One Hundred and Nineteenth Legislature
State of Maine

Volume III

Second Regular Session

March 23, 2000 – May 12, 2000

Appendix
House Legislative Sentiments
Index

BUMPS of China
 KASPRZAK of Newport
 GERRY of Auburn

Came from the Senate with the Minority **OUGHT TO PASS AS AMENDED** Report **READ** and **ACCEPTED** and the Bill **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (S-555)**.

READ.

Representative AHEARNE of Madawaska moved that the House **ACCEPT** the Majority **Ought Not to Pass** Report.

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

Majority Report of the Committee on **APPROPRIATIONS AND FINANCIAL AFFAIRS** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-941)** on Bill "An Act to Allocate from the Fund for a Healthy Maine" (EMERGENCY)

(H.P. 1818) (L.D. 2552)

Signed:

Senators:

MICHAUD of Penobscot
 CATHCART of Penobscot

Representatives:

TOWNSEND of Portland
 STEVENS of Orono
 MAILHOT of Lewiston
 POWERS of Rockport
 TESSIER of Fairfield
 BERRY of Livermore

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "B" (H-942)** on same Bill.

Signed:

Senator:

HARRIMAN of Cumberland

Representatives:

KNEELAND of Easton
 WINSOR of Norway
 BRUNO of Raymond
 NASS of Acton

READ.

Representative TOWNSEND 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 Townsend.

Representative **TOWNSEND**: Mr. Speaker, Men and Women of the House. Today is a historic day in the House of Representatives and in the annals of Maine history. We will be addressed later today by Senator Mitchell and I am looking forward to that. Right now we have before us the opportunity to take action on a host of issues that we have always said that we wanted to take action upon if only we have the money. Now we have the money. As you know, Maine's share of the tobacco settlement with the major tobacco industry has begun to flow into the state. This year, in this biennium, it represents approximately \$100 million. We have agreed collectively in the debates that we have had over the past 15 months to a year and

a half that it should be used for health purposes. Last year we created a framework to make that happen.

In LD 2552, we can take the next step and actually allocate the remainder of the funds. The signers of the Majority Report along with those on the Health and Human Services Committee who endorsed it and the broad diverse coalition behind it, view the arrival of the tobacco money as a once in a lifetime opportunity for the State of Maine. An opportunity to do something to fundamentally improve the health of Mainers, both now and into the future. We view this issue as important, so important because how we act today will set the stage for how that money will be spent in the future. It the view of the signers of the Majority Report, other supporters and the coalition, that to divert the tobacco settlement money to pay for expenditures currently being made by the General Fund would be an astonishing and extraordinary waste of the opportunity before us, which this money presents.

You have had distributed to you a salmon colored side-by-side. I would like to walk you through, briefly, how the Majority Report intends to invest the tobacco funds to improve the health of Maine people for the long term. First and foremost, the most important expenditure on this report is the \$17.5 million allocated for the purpose of smoking prevention and cessation. That represents nearly a third of the annual expenditure, which is appropriate that we use this tobacco settlement money to do something about Maine's extraordinarily high, disturbingly high, and very costly rate of smoking. As you know by now, we have the very highest rate in the nation for smoking among young adults. Perhaps the best piece of this allocation is not only does it have the support of the Maine Coalition on Smoking or Health, but it incorporates aspects of LD 2555, which was proposed by the Executive, which stressed not only tobacco cessation, prevention and control, but also a comprehensive community based and school based approach, which stresses the improvement of the health of Maine citizens, not only by addressing the issue of tobacco consumption, but by a fundamental modifications of the diet and exercise habits to reduce the incidence of chronic disease. It will draw on the guidelines of the Center for Disease Control. There has been a very well known model of which you are all very familiar, which has been extremely successful in Franklin County.

Secondly, the Majority Report recognizes that the issue of substance abuse is a scourge in the State of Maine, which can be found at the heart of so many of the issues that we wrestle with here in the Legislature. Substance abuse is directly attributable to child abuse and neglect. It is directly attributable to domestic violence. It plays a role in traffic accidents and deaths and it plays a roll in our very high incarceration rate and the fact that our prisons are overcrowded.

The Majority Report of LD 2552 allocates an additional \$5 million in ongoing expenditures to address that scourge. It allocates nearly \$5 million in one-time expenditures based on the recommendations of the task force, which studied the issue of substance abuse. Further, the Majority Report allocates \$5 million to the issue of the high cost of prescription drugs, which as we all know, are a fundamental problem to our elderly citizens. We have heard time and again of citizens who merely put their prescriptions written by their doctors in a drawer. They cut their pills in half and take them every other day instead of every day. They have to choose between the prescription drugs and between food or heat. LD 2552 directs the Department of Human Services to pursue a waiver, which would provide the

Medicaid cost of prescription drugs to our elderly and disabled. It doesn't sit around and wait for the waiver to get here. Beginning July 1 and every quarter thereafter, it releases the money and asks the department, through rulemaking, to expend it as it sees fit to do the most good for the most citizens.

Another exciting and important piece of this bill is a very real achievement which can reduce the cost of health care to all of us. It is a \$4.6 million allocation to insure people, 10,000 Maine citizens who are now uninsured. It has the support of the Maine Hospital Association, the Maine Medical Association and the Maine Restaurant Association. Those groups recognize and have told us loudly and clearly that one of the most important ways that we can reduce the cost of health care to all of us is to make sure that more citizens have access to health care. Imagine 10,000 Maine citizens being able to achieve primary care. Ten thousand Maine citizens not leaving their health unattended until it becomes a crisis. Ten thousand Maine citizens who would not then present themselves as emergency cases in the emergency room where their costs would become a matter of charity care and be passed on to the rest of us to pay for.

The Majority Report of LD 2552 makes substantial investments in the Start Me Right Program. It is something that we all endorsed last year and said was a critical investment necessary to improve the health and well being of Maine children. It does so by ensuring that there will be more home visitation to the parents of newborn children. It also invests a substantial amount in the issue of child care because it recognizes that by far the majority of Maine citizens who have children today are working and that they work better when they know that their children are supervised in a safe, clean and stimulating environment. It especially serves rural area of Maine, northern Maine and other underserved geographical areas. It allocates funds for off hours child care to serve those Maine citizens who work in mills and in hospitals on the second and third shift.

I think it is important for you to be aware of some of the substantial differences between the Majority and Minority Reports. I would ask you to read the third column on the salmon sheet of paper. First, and perhaps the most important, is the fact that the Minority Report allocates only \$9 million to the issue of tobacco cessation and control. It allocates only one-sixth of the annual tobacco payment to the issue of addressing our high rate of smoking. It ignores the recommendations of Doctor Dora Mills, the head of the Bureau of Health, that we do so in a comprehensive community and school based action. Secondly, the Minority Report allocates \$18 million to address a short fall in our Medicaid account. That short fall is very real, but Medicaid is a General Fund account and today we have in our possession \$345 million General Fund dollars. Surely we can pay our bills without missing this extraordinary and historic opportunity to invest in a way that will fundamentally improve the health and well being of Maine citizens. Thirdly, the Minority Report allocates \$10 million for biomedical research. I believe that there is support in this building for biomedical research. By voting for the Majority Report today, you will not be saying that the issue of biomedical research is off the table and only that it is a conversation, which needs to take place in the context of the General Fund Budget. Fourthly, the Minority Report allocates \$4 million as an incentive to health care providers who provide services to Medicaid recipients. It was the feeling of the members who signed onto the Majority Report that we expect

high quality care from our practitioners with or without such an incentive. Fifthly, an important distinction between the two reports is the method in which they set aside unspent funds. The Majority Report of LD 2552 adheres to the statute, which we put in place last year, which establishes a reserve account of up to \$27 million and locks it up highly in a trust fund so that it will be extremely hard for it to be accessed and moved to other programs. The Minority Report leaves \$32 million in unallocated surplus, which as you may know, can be moved by financial order.

I am extremely proud of the work that my committee has done and the work done by the Health and Human Services Committee. I am proud of the broad and diverse coalition that supports this bill. I know that today is an extraordinary opportunity for us all. I urge you to join me in voting for the Majority Ought to Pass Report. Mr. Speaker, when the vote is taken, I request that it be taken by the yeas and nays.

The same Representative **REQUESTED** a roll call on her 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 Saco, Representative Kane.

Representative **KANE**: Mr. Speaker, Men and Women of the House. I heartedly endorse the Majority Report of LD 2552. Most of the programs in this proposal have been supported by the majority of the Health and Human Services Committee during both sessions of the 119th Legislature. I won't recount all of them as the previous speaker already did that. You may recall that the child care related programs and home visitation known as Start Me Right received overwhelming bipartisan support at the public hearing last year. In fact, the bipartisan leadership of both the House and Senate gave strong advocacy for this proposal at the public hearing. In fact, LD 1477, a bill which would provide medical coverage for 10,000 working low-income families up to 150 percent of poverty level received unanimous committee support for the program although we divided last year as to the source of funding with the minority specifying the tobacco fund. Now 2552 responds to that position. It draws the funding for this expansion of Medicaid to low-income working parents from the tobacco fund. Public opinion polls clearly show that 2552, the bill before us, reflects the priorities of the people of Maine, those who sent us here to advance their interests.

Men and women of the House, the time has come for us to respond to their priorities and LD 2552 is the vehicle with which to do it. I urge your support for the Majority Report. Thank you Mr. Speaker.

The **SPEAKER**: The Chair recognizes the Representative from Raymond, Representative Bruno.

Representative **BRUNO**: Mr. Speaker, Men and Women of the House. I agree with the Chair of the Appropriations Committee, the good Representative from Portland, that this committee has done wonderful work. We disagree on this bill. It is a bold bill. It has a lot of great programs in it. It has a lot of good steps forward, but we cannot sustain the funding that is found in this bill. The Republicans on that committee all agreed to the \$18.7 million last year that you see on this salmon colored sheet. We agree that there needs to be more done for substance abuse. We agree on the Prescription Drug Program. We agree on the home visiting for parents. What we don't agree

on is starting new programs that we cannot fund with tobacco money down the road.

In the late 1980s, we started a program called the Maine Health Program. It was a wonderful idea. Where is it 12 years later? Where was it 10 years later? Where was it seven years later? Ladies and gentlemen, the program died. There was no money left to fund it. Yet, this bill is proposing to do the same thing. This will fund 10,000 or 12,000. You hear different numbers all the time, but yet it is okay to have a waiting list in this program. Down the road you are going to hear about more waiting lists and we shouldn't have waiting lists, but why is it okay in this program when you don't have the funding. To me, we are going down the wrong path all over again. It is déjà vu all over again according to Yogi Berra. When you look at the original intent of the state's lawsuit, it was to recover funding for Medicaid costs spent on smoking and smoking illnesses. The Minority Report has \$18 million going towards that. We realize that \$60 million a year is spent out of the Medicaid fund for smoking related illness. We think that the original intent of the lawsuit and why the money came to Maine is to fund the Medicaid shortfall that we have and that is \$62 million. This is a good step towards that shortfall.

The Minority Report has a Prescription Drug Program that actually has a plan. We give the money July 1st, right off the bat, so people don't have to wait once a quarter to get relief from the high prescription drug costs in the state. We offer a catastrophic plan that says if you spend a lot of money out of pocket, you shouldn't have to spend that much more once you reach a certain level out of pocket. We offer a plan that says that we think it is affordable that we can fund all generic drug costs in this state at an 80/20 level if you are in the program. We don't sit and wait for a federal waiver that we have been told will probably not happen. I take exception to the fact that the Minority Report supposedly puts in unallocated surplus that we can move around with financial order. What our plan does is it moves it into an interest bearing account and goes back to the Fund for a Healthy Maine.

We hear about an incentive program for doctors. Ladies and gentlemen, fifty five percent of the pregnant women in Maine smoke. What our plan does is it sets aside \$4 million that says it is not a good idea to smoke when you are pregnant. Let's spend some extra time at the physician's office. Let's make sure you are not harming that fetus that you are carrying. It is not an incentive program. It is a follow-up visit when you are pregnant to help you stop smoking or if you have emphysema as asthma or if you have children who have asthma. Let's stop you from smoking. When you look at this salmon piece of paper, don't only take the \$9 million that is in there, but also look at the \$4 million that goes to paying physicians to spend extra time with those patients to get them to stop smoking.

Ladies and gentlemen, there are a lot of good things in both bills. What we need is to sit down again at the table and work out a compromise bill, one that does the right things for the State of Maine. The Minority Report is not the Governor's bill. The Majority Report is not the Governor's bill. We can reach a compromise and I am very confident of that. We have proven it in our committee. Let's take the good things from both bills and work out a compromise. There was no effort to do that. This was on the fast track from the word go and it was the wrong thing to do in this session. I think we offer an alternative that can have a lot of support, but I also know there is a lot of support for the Speaker's bill. I ask you to compare them and think about what

you think is good in both bills. I know, ladies and gentlemen, that sooner or later we are going to have to work out a compromise. Don't denigrate the Minority Report as not having merit, because we put just as much thought into our bill without bankrupting the State of Maine further down the road. Thank you Mr. Speaker.

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

Representative BERRY: Mr. Speaker, Men and Women of the House. In my opinion the time is now to put this money to work. Maine has the highest rate of low-income uninsured parents in New England, forty five percent higher. The Majority Report would help working parents and their families with health care, but not emergency room care. I especially want to make the plea from my colleagues from rural areas in Maine. I think that this really brings broad help across the state, whether it is smoking prevention or cessation. We have worked with the Governor's people to incorporate the school health initiatives and community health initiatives. Child care is an important issue to rural areas, as the Representative from Portland mentioned earlier. Many of us work shift work. Many of us have to travel greater distances to work. A 9 to 4 daycare just doesn't cut it. The Majority Report offers some alternatives and some incentives for additional access.

I want to use as an example, there is a professional that just joined the staff at Franklin Memorial Hospital. I know that she came to Maine looking for a place for her daughter in the community, the greater Farmington area. In all the certified daycare, there was no space available. This is an opportunity for us to help these communities, help working people, to find the daycare or good quality daycare that we need, which also creates jobs in our communities. I want to say that this bill, especially the low-income health insurance piece will help our community hospitals by reducing their burden and charity care costs. Charity care costs over the past 10 years have doubled nationally. We have a chance here. We are paying for the care as an expensive emergency room health care. I think we have the chance to give some good quality health care to parents before they get into where they need emergency care.

I won't keep you long. I feel strongly that this is going to help rural Maine. I think there is the question of not maintaining the cost. There is a trigger built into it, much like the Cub Care Program. We said if the money is not there, we have to scale back the program. That could be by scaling back, whether it is the federal income levels that would qualify. It is something we will have to do. There is language existing that we set aside ten percent of the tobacco money each year for the first five years. It gives us a cushion to back out of this if something happens to the tobacco money. Some people say it will happen. Others are willing to say that it won't happen. I would just ask that you consider this Majority Report. I think it is good for the State of Maine. I think it is good to keep this out of the General Fund discussion. I think we have a real opportunity to make a difference in our lives. We have all been paying the bills whether we smoke or not. I think this is a chance to really make a difference for the future of Maine. Thank you.

The SPEAKER: The Chair recognizes the Representative from Acton, Representative Nass.

Representative NASS: Mr. Speaker, Men and Women of the House. I, too, agree with the House Chair of Appropriations. Both reports are the product of a great deal of work in the Appropriations Committee. I want to point out again that there is some consensus here on the prevention part of this, which I

consider the most important piece. If we are getting tobacco money for and as a result of cigarette smoking, then it ought to be strong on the prevention piece. In fact, that probably will be part of the final solution. I would like to take a few minutes here just to point out, again, the differences that I think should help you believe, as I do, that if we adopt all of the Majority Report, we are going to adopt programs, which we cannot pay for in the future. Representative Raymond talked about a past effort. When I came here one of the first things that we did was repeal that. It was an effort we tried to fund to provide insurance to a whole number of folks in Maine and it failed. I would suggest to you that the Majority Report is a prescription for failure. The words you want to remember are waiting lists. In recent times we have legislated by waiting lists in this body. I am suggesting to you that that is the wrong way to go. If we pass programs, they are going to result in a waiting list and we don't have the money to support it, then we are left collectively with a job of explaining why and perhaps shutting down programs. We have to face up to this now. By example, home visits to parents, both reports provide for a substantial amount of money for continuing an effort that was adopted last year. You wouldn't know that by looking at the salmon sheet. What I am talking about here is the expansion of this program. Currently, in a program that will start the first of July, we are willing to pay about \$500 per family for a new child. I guess that is a good way to look at it, for home visits. The new program would expand that to \$1,300 per child or per family, multiple visits. That is an expansion, which I suggest is not warranted. It is something we can't afford to pay for in the future and we ought to draw a line right now that reflects the future, not future needs, but future ability to pay. The needs are endless. The question is, how much can we pay for?

Medicaid coverage for parents, another item here, great idea. We would all like to have coverage for everybody. This expands, as you have heard before, to an additional 10,000 families. Great thing, but you can't pay for it in the future. The future of tobacco money, in my mind, if you read the newspapers and the press and listen is very much in doubt. We start this program now that thing collapses and what are we going to tell these people? Is there General Fund money to support this? Are you going to have insurance today and not tomorrow? What are you going to have? Nothing. On the positive side, the Medicaid shortfall bailout, this money in the tobacco suit by the state's attorney generals was allocated to pay for tobacco related diseases. This is the allocation from the current shortfall of over \$60 million that can be reasonably associated with tobacco diseases. We ought to include it in the tobacco money. Thank you Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Kennebunk, Representative Murphy.

Representative MURPHY: Mr. Speaker, Men and Women of the House. I am hoping that during the next few weeks I will be able to cast my vote for a comprehensive plan that focuses on prevention and saving present and future lives. That proposal isn't before us now. There is agreement, and I have to compliment the majority on the Appropriations Committee for the movement that they have made in the last week. The facts, dealing with tobacco, there can be no argument against those facts. Seven Mainers in this state die every single day from tobacco. On a yearly basis, that is seven fully loaded 747s crashing year after year. Where we differ today is where this proposal addresses tobacco, it does not address tobacco related heart disease, strokes, cancer, lung disease and diabetes, plus

alcohol. If you take the time today to think about your own families and you think about your neighbors and you think about what has happened in your personal lives over the last 10 or 15 years, heart related disease, strokes, cancer, lung disease, diabetes and the effects of alcohol. This bill does not address those tobacco related diseases. When you look at the depth charts over the last 30 or 40 years for those tobacco related diseases, the only word that you can use is epidemic. Those are family members and our neighbors who are dying. The bill that is before us now ignores the fact that we have an ever-aging high-risk population in this state. I personally believe that not only do we need to attack tobacco use, but we need to attack this epidemic of tobacco related chronic disease and that means prevention. Prevention saves lives.

I am really pleased to see that with the proposal and the Majority and Minority Reports before us, that we are beginning that attack on youth tobacco. That was discouraging a little less than a year ago that when we went to spend that first money, basically the purpose of the settlement, at least what people said when the settlement was announced, was to attack youth smoking. Ironically, we got a bonus in the distribution of the tobacco money because so many of our young people smoke. There has been a lot of movement on the tobacco side. I think those of us that are teachers, who are in this chamber right now, know what it is like when you have a 15 or 16 year old come into your classroom and they have been addicted for four to five years already. We all understand the reason they are addicted. Up to now, and hopefully in the next couple of weeks we can come together on a bill, they won't have to do it alone. They won't have to do it cold turkey. They will get some help. I am also pleased to see that there has been some movement on the part of the majority members to finally move toward outreach to high risk populations, such as teens and pregnant women, people living in poverty, the training of the cessation specialists, Quit Line, we have seen that type of movement. We have seen that acceptance of a concept that was not endorsed just a few weeks ago.

Again, what is missing from this bill is the community effort and the school based effort. When you have such a huge number of Mainers dying, the only way that you are going to turn that around is for the community and the school to be involved. That is not part of the report that is before us. We heard earlier about the criticism of the Medicaid costs included in the Minority Report. We have 168,000 Maine people who have Medicaid insurance. That number is climbing by 1,000 a month. That is part of the Medicaid shortfall or crisis that we face and if you continue in this chamber, that Medicaid crisis will only get worse. Let's put a face on the Medicaid. It is part of our aging population. It is part of our high-risk population. It has been criticized. It has been introduced into the debate. If you think of your family members and you think of your neighbors, that portion covers radiation, chemotherapy, surgery, biopsies, oxygen tanks from those suffering from emphysema. Pain medications to kill the ungodly pain that too many Mainers live with, bypass operations, cancerous lung removal, cardiac rehabilitation and all the things that the tobacco companies have done to your family members and to your neighbors.

I really believe and I agree with the Representative from Portland. We have a historic opportunity, but if we don't address prevention and if we don't address risk reduction, the body count will not change. That body count of your family members and your neighbors and we will lose a historic opportunity if we do not

include the payment for the treatment of the health problems caused by tobacco addiction.

The hearing on the two bills was very informative. I think the key to that as you look at the choice between entitlement programs and community-based prevention programs is a short trip to Franklin County where a project has been going on for over two decades. They made a very good case that if we do nothing that when you look at two factors, your rural nature in a county and the low per capita income, you have a high-risk population and you have a high death rate. We saw at the hearing the charts. If you live in rural Maine and it is a poor county, you die at a higher rate than your counterparts who live in an urban center or make higher income. The chart doesn't lie. You have got to think about that because you are representing a low-income area. After 20 years of that program, the risk factors and the death rate for Franklin County is lower, much lower, than Cumberland and York Counties. It flies in the face of the statistics for each and every county. That is community based and that is school-based prevention.

We are used to a lot of surpluses rolling into this state treasury. It seems like increasingly the money just keeps rolling in. We can't look just beyond this bill, we have to think about the future. If we are successful and we cut the addiction rate and the sales here in Maine, less money is available for these programs. Will the General Fund step in to fund these entitlement programs that we have heard about; already that there is probably a shortfall building? I circulated to this chamber last week the news article about the Attorney General concerned about the potential bankruptcy of the tobacco companies. We followed that up and we called their association, which, ironically, based upon various lawyers and perceptions of lawyers, their organization is named NAG. Last week a panel of those four attorney generals began interviewing council in preparation for the potential bankruptcy of the tobacco companies. If that bankruptcy occurs, the payment stops. If you have made promises on entitlement programs, you will have to step in with dramatic General Fund monies to pay for that. Will that come out of GPA? Will it come out of new school construction? Will it come out of help for our seniors? Who will pay the price if we have misjudged the cash coming in or if the cash ends?

In the future, my vote will be for prevention. The only choice that I have before me today is a program that has its focus entitlement programs and does not provide Medicaid monies for the help that Mainers are struggling with in terms of health related disease. I am hoping that down the road in the next week or two we will get to a bill that addresses prevention and saving lives. Thank you Mr. Speaker.

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

Representative **TOWNSEND**: Mr. Speaker, Men and Women of the House. I feel that I must clarify some of what you have heard because I think there are some misconceptions about both the Majority Report and the Minority Report, as well as current statute. First of all, you have heard that the Medicaid proposal, the bailout proposal, to be found in the Minority Report, will be targeted towards those aspects of the Medicaid population, which are driven by the use of tobacco. That simply is not true. The only language in the bill says it would cover an anticipated Medicaid shortfall. It will be at the discretion of the commissioner to use it to pay the bills. We have heard repeatedly from Commissioner Concannon that what is driving the shortfall in the Medicaid account is the high cost of prescription medication, the

effort to bring home damaged children who are currently in out of state institutions and the fact that the state was sued and lost the case and the ruling was we need to serve all citizens, including young people with mental health problems. Those are the issues, which are driving the high cost of Medicaid.

I think you need to know that there is language in the Minority Report which says that should there be a loss of tobacco revenues in the future, all programs are curtailed except for the Medicaid Program. That can be found on page 2 of the Minority Report. There is potential that all tobacco money could be eaten up by the Medicaid Program and not go to any of the additional programs such as Start Me Right.

You have heard that for some reason the Majority Report does not address the issue of chronic disease in community and school-based programs. That simply is not true. I would ask you to turn to page 3 of the Majority Report, section B2, which starts with the words grants provided. It contains language, which says that funds may be used to reduce physical inactivity, poor nutrition and other risk factors in order to reduce tobacco related diseases. Those include chronic diseases, such as heart disease and diabetes. This is language provided to us by the director of the Bureau of Health.

You have heard by insuring 10,000 Maine citizens who currently do not have health insurance, that you will create waiting lists. That simply is not true. The language in the Minority Report gives the commissioner the discretion to tailor the program to fit the amount of money available. I, for one, simply cannot follow the argument that goes because we can't do it for everybody, we shouldn't do it for anyone.

Fourthly, you have heard there is no plan associated with the prescription drug proposal in the Majority Report. That is not true. The Majority Report seeks a waiver for the federal government to reduce the cost of prescription drugs to our elderly and disabled citizens and beginning July 1st and continuing until such time as a waiver arrives, it gives the department the discretion to use that money to serve the most people. The Minority Report offers to pay eighty percent of the cost of generic drugs. The average cost of a generic drug is in the \$10 to \$15 range. The average cost of a sole cost, name brand drug is \$46. I think that those of us who need prescription drug assistance would like to have more assistance with the more expensive medication.

You have heard that this issue was put through on a fast track. That simply is not true. We have debated and discussed this issue for close to a year and a half now. We put together, unanimously, a statute last year, which provided a framework for the allocation. We give this year, three long involved work sessions in our committee, as well as having it reviewed by the Committee on Health and Human Services.

Finally, you have heard that there is some sense that the tobacco money will go away. I think it is important that you should know that we were approached last year by several bond houses. Bond houses are not known as bastions of liberalism. They tend to be a very conservative organizations. They offered to write us a check for \$500 million in order that they would then receive the annual payments from the tobacco industry. Somebody felt that the tobacco money would continue well into the future.

Again, I am extremely proud of the work done by my committee on LD 2552 and by the Committee on Health and Human Services. I am proud of the broad diverse coalition supporting the Majority Report, which can be found on the purple

piece of paper on your desk. I urge your support for the Majority Ought to Pass Report.

The SPEAKER: The Chair recognizes the Representative from Bangor, Representative Baker.

Representative BAKER: Mr. Speaker, Men and Women of the House. I am proud that both bills contain provisions for Start Me Right. I am delighted with the bipartisan support. I remember last spring when we differed by party on the amounts. I was assured by the leadership of the other side of the House that there would be support for full funding for Start Me Right out of the tobacco money. Let me just remind you that Start Me Right is a plan endorsed by virtually everyone across the state to provide for quality and affordable child care to support parents through home visits and to encourage support from businesses and communities. We need these programs and we need them funded in their entirety. The home visiting portion of LD 2552 is not about increasing funding to increase the amount of money spent per family. I just need to clarify this point. It is not about raising the cost from \$500 to \$1,300 per family, it is about increasing the number of families served. Last year there were 13,000 plus births in Maine with only eight percent receiving home visits. What that means is most rural families did not receive visits.

The funds provided last year would increase those numbers of families to forty two percent served. However, that leaves fifty eight percent of Maine newborns without access to home visits. Therefore, Start Me Right, in the second year seeks to increase the funding by another \$5 million providing these services to nearly 4,000 additional families so that by the end of 2001, seventy one percent of Maine families would be served. Let me emphasize that seventy one percent of Maine families would be served. What this means is that these Maine families and the children of these families will enter schools healthier, better able to learn, more developmentally ready and there will be greatly reduced instances of child abuse and neglect. I think of the longest standing home visiting program in the state, which happens to be in Waldo County, the research tells us that in those years home visited families have shown only two documented cases of child abuse and neglect. That is a tremendous statistic, which will save us much money later. Also, those who received home visits showed that developmental delays in children were reduced by half by the time those children entered school. That is a tremendous savings for special education. We know from the research that parents who receive home visits are four times more likely to quit smoking. This includes pre-natal visits and post-natal visits. The result of this cessation in dollar terms alone is incalculatable. The saving to the state in the potential lives of these children is also incalculatable. I encourage this body to support the entire amount for Start Me Right. Thank you.

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

Representative BERRY: Mr. Speaker, Men and Women of the House. I just want to respond to some of the comments made earlier regarding where will we be regarding these programs if the money isn't there? As with any other program in the State of Maine, it is under the review of the Legislature that we have the ability to do that annually, rate the progress, rate the revenues and to see what is working and what isn't. It is an annual review. I am not afraid of that. I want to compare this. I have been a firefighter for 25 years now and I will put it in my terms. We have got a structure fire going and it is families in

Maine being consumed by substance abuse. We have the highest rate of tobacco use by teens in Maine. We are fighting domestic violence. We are trying to deal with neglect to make sure that our children are taken care of properly and safely. When I am trying to attack a fire, I want to commit as many resources as it takes up front. I can go to the fire with just one truck and I can wait for it to burn down to where I can put it out. You can save a cellar or I can call in the troops and we can make an effort up front. When we deal with substance abuse, the savings of substance abuse every dollar spent saves us \$7. Those are the figures we have heard. It is the same thing down the line. Child care is connected to substance abuse. It really is with our children and the education process and they are not ready to learn because they are dealing with so many problems at home. Teachers have a hard time keeping order in their class because students come in and they are still dealing with issues that they live with at home. I just want to strongly urge you to vote for the Majority Report. There has been compromise from the original two bills proposed. It is a good package. It is a good package for Maine. Thank you.

The SPEAKER: The Chair recognizes the Representative from Manchester, Representative Fuller.

Representative FULLER: Mr. Speaker, Ladies and Gentlemen of the House. I would just like to voice my strong support for LD 2552 as it has been amended by the Majority Report. As many of you know, I was the director of the Bureau of Medical Services for a number of years before I retired from state government. I was there during the time that we had the Maine Health Program. I was also there during the time that the Maine Health Program was phased out during the economic downturn in the early '90s. However, I would argue that just because we may at some future date lose funding for a program that we have started, that we shouldn't deny services to people that we can provide those services during the time that funding is available. I am not one of those doomsayers that think that the tobacco money is going to dry up and go away. I think it is going to be with us and we need to do what we can to provide health insurance for those families that need it and for the parents of children who are covered by Medicaid. Studies have shown that if the parents have health insurance coverage, that the children also receive better health care. It is really important that we cover these people.

I would also point out that Maine has been a leader in the past in doing innovative things with the Medicaid Program. The proposal to fund elderly drugs in this state under a Medicaid waiver is an effort that we need to go forward with and be able to expand coverage for our elderly folks who are spending so much money on prescription drugs that they ought to have to make tough decisions. I urge your support of this Majority Report. Thank you.

The SPEAKER: The Chair recognizes the Representative from Old Town, Representative Dunlap.

Representative DUNLAP: Mr. Speaker, Men and Women of the House. On this issue I am looking at it in a couple of different ways. The first way I am looking at it is in terms of the raw numbers. I am not real familiar with budget writing processes and anybody in this chamber who might be scurrilous enough to look at my school records and see my math class transcripts, would probably sleep much better at night knowing that I don't have much contact with budget writing processes. However, I do have a little bit of knowledge in terms of sums. Looking at the history of how we fund some of these particular

programs like Medicaid, it is my understanding, if I am in error, I hope someone will endeavor to correct me, but traditionally we have seen a certain level of growth and demand on the Medicaid Programs. In the last budget cycle we didn't really fund that anticipated growth level so that we wind up with a shortfall of \$18 million. I think by not addressing the shortfall in terms of this one-time or short term tobacco settlement money, we discourage the temptation of using sort of, if you will, bonus money to fund an ongoing demand and then taking whatever money you would have used in the General Fund and then using it for other things. I think it is much more prudent to use the General Fund to fund Medicaid at the levels that it needs to be funded at and then use the tobacco settlement money to actually try to help some people. That does not answer, I suppose, the question about a new program like the Maine Health Program. It is a legitimate concern. Why create a program that you will not be able to sustain into the future? That is a legitimate concern. However, if you are not going to use the money to help people, then what are you going to use it for? I guess that is a question I would ask rhetorically. I think these are good programs. I certainly strongly support the Majority Report on this because I think it does very much to help people in the areas that the tobacco settlement money would therefore prescribe. I would urge your support of the Majority Report and thank you very much.

The SPEAKER: The Chair recognizes the Representative from Bath, Representative Mayo.

Representative **MAYO**: Mr. Speaker, Ladies and Gentlemen of the House. I rise this morning in support of the Majority Report. I had the privilege of being a cosponsor of LD 2552. I agreed with it then and I agree with it today. I am a little concerned that some in this chamber today are attempting to cast this particular issue in a partisan manner. Smoking cessation and all that goes with it should not be cast as a partisan manner. It is a bipartisan statewide issue. There are four things in the Majority Report that are near and dear to my heart. I speak as a former smoker, two to three packs a day at one point in my life. I like the amount of money that is allocated in the smoking prevention and cessation. The \$17 million in that particular item.

The second item that was dealt with by the good Representative from Bangor being the home visiting for children. All of the material that I have read on this particular issue would indicate that that type of program will have an affect, not only on the children growing up, but on their parents. Last summer I had the privilege of serving on a task force that met four or five times dealing with child care and Headstart, so that the \$7.2 million allocated in the Majority Report in that area strikes very, very close to home. I am also much involved in a child care situation, both as a volunteer and having a daughter who is employed and in that field and also runs her own child care.

The last thing that I liked very much in the Majority Report is the set aside and the fact that there are strings attached to that particular item. For those five reasons, I would urge you to put aside any partisan feelings on this particular issue and to support the Majority Ought to Pass as Amended Report. Thank you.

The SPEAKER: The Chair recognizes the Representative from Raymond, Representative Bruno.

Representative **BRUNO**: Mr. Speaker, Men and Women of the House. This is the Maine House of Representatives and things get partisan every once and a while. Let me alert you to that fact in case you didn't know. We all agree there are good points in both bills. We agree that child care is important. We

agree that health care is important. We agree that smoking cessation is important, but what we disagree on is the funding levels on these bills and how we sustain them. We agree that smoking cessation should be the number one cause in this bill. We don't agree on the truck stop police going into a truck stop, looking at a menu and saying this is not a healthy menu, you ought to change it. That shouldn't be the role of government, but that is part of the CVC recommendation. The original intent of the tobacco lawsuit was to fund Medicaid related illness. That is why the state's won. The state said we are spending a lot of money to fund disease prevention, health related costs due to people smoking. We need some help coming back from the tobacco companies to fund those costs. That is why we have \$18 million in there going to do just what the lawsuit was intended for. There are good points in both bills. We don't disagree. We disagree on sustainability and how we achieve the end result. That is what we disagree on. It is too bad that some people think this is a partisan issue because it is not. We all agree we need to stop people from smoking. We all agree that the best way to save money in Medicaid is to stop people from smoking. Unfortunately, nice people disagree many times. That is why we are having a debate right now. No one is evil because of what they propose. They have a different philosophy of how we achieve the end result. That is why we are elected and that is why we have a two-party system. I don't want this to be a partisan debate. There is a Minority and a Majority Report. There are different funding mechanisms, different philosophies and some of us look farther out into the future and some of us remember the past. Thank you Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Easton, Representative Kneeland.

Representative **KNEELAND**: Mr. Speaker, Men and Women of the House. We have heard from both the Majority and the Minority Reports this morning and many sheets of paper have come across our desk. They both have good points, all of them. We need to get back to reality. Last year we passed three budget bills by a wide two-thirds majority. We can do it again, but we need to get our feet out of the cement and let's go back to the table and take points from both sides and come out with a good bill that will work and address the problems with tobacco. I ask you this morning to please vote against the pending motion. Thank you.

The SPEAKER: The Chair recognizes the Representative from Rockport, Representative Powers.

Representative **POWERS**: Mr. Speaker, Men and Women of the House. It is a little confusing to me that there is a request for more work and more compromise. There has been a lot of work on this bill. It began last year. You can all see on the salmon colored sheet how much was accomplished. We were limited in our decision making last year by the Executive Branch holding us to spending only that, which was in hand in the treasury at that time. There was legislation, a statute passed, which gave clear direction as to how tobacco settlement money would be spent in the thereafter. This is what we have had, at least three long work sessions on in the Appropriations Committee. So, a vote was taken. We are coming to the end of this session. It is time to move on. When the vote was taken, LD 2552 was the report that divided the Executive's bill sponsored by the Minority Leader, LD 2555 was voted Ought Not to Pass. You now have a Majority and a Minority Report. That is the background. That is my experience in having worked it, the bill, in these two years.

There are a couple of other pieces of information floating around here, which confused me and for those of you who have not been digging into this in a regular way over the course of this session, you may also be confused. One, there has been some comparison to a former health insurance program that the state tried to run. In an attempt to throw us from the fact that Medicaid is going to be extended to uninsured parents of Cub Care children now. The Medicaid Program is much more able to identify these needy parents than it was a few years ago when the Maine Health Program was instituted. The Maine Health Program included a large number of single individuals with very significant health problems, a group with which the state had no cost experience at the time. It is true that the state over extended itself and was not able to continue that program. That is not what is being proposed here. This legislation to cover the parents of children who are insured with Cub Care now contains an explicit provision requiring the commissioner of Human Services to lower eligibility limits for applicants if necessary to operate the program within its budget.

This is also, and I would agree with the Representative from Manchester who spoke on this after our House Chair, not money that is going to dry up and go away. We have had the commitment that this money is in perpetuity and the decision of our Attorney General was not to sell it to someone else and make due with what was left.

Finally, I was somewhat confused by the remarks of our Minority Leader in referencing that there was no money for substance abuse treatment and prevention in this Majority Report. Indeed there is. As a member of the Task Force on Substance Abuse that met two summers ago and presented its report, the LD 1360 that came from that was carried over until this session, until the tobacco settlement funding was concluded. I was a member of that task force. It is that task force that made a request initially of \$8 million. That was paired down from an identified need of \$24 million worth of services and programs in the state at this time. This is a state that spends \$1.2 billion annually dealing with the effects of alcoholism and substance abuse. That amounts to \$2,000 per taxpayer. We do have a need to address this. I agree entirely with the Minority Leader about that. What I want to point out is that the Majority Report to LD 2552 thoroughly addresses this. It does not go the full length. It is not possible with this money. We are not overextending ourselves. There are ongoing monies now of \$5 million having allocated one out of the money last year for programs of prevention and rehabilitation. There are one time expenditures just under \$5 million for the establishment of programs in rural areas where substance abuse is a major problem. It is a problem that causes a huge expense in many other areas, health, domestic violence and loading up our Corrections System. Those one time expenses are to get programs and facilities up and running in those rural areas that presently cannot serve the numbers of people who need help for substance abuse. I consider that directly relatable to the money from the Tobacco Settlement Fund. Drugs are drugs folks. They cause the problems that we need to address and that we are fortunate enough to be able to address now with these monies. I urge you to support the Majority Ought to Pass as Amended Report. Thank you.

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

Representative COLWELL: Mr. Speaker, Men and Women of the House. I rise to just address three very brief points. The

first one being, as I go through my district to the diners, library and basketball games and talk with my constituents, they view this tobacco settlement as a great opportunity for the State of Maine to get a handle on one of our big problems, the fact that we lead the nation in youth smoking, the fact that way too many of our citizens parish from tobacco related illnesses and they overwhelmingly charge me with whatever you do Pat, we want to make sure that there is enough emphasis put on cessation and prevention programs throughout the State of Maine so we can get at that handle. That is why I am supporting the Majority Ought to Pass. There is a one hundred percent difference, \$18 million would be dedicated towards smoking prevention and cessation in the Majority Report as opposed to \$9 million in the Minority Report. This is what it is about for the people I represent. That is a very significant difference.

The second point I would like to address is it has come up a number of times in support of the Minority Report that we are afraid that the sustainability will not be there to maintain the anti-smoking programs, the very modest Cub Care additions and I might add that the Cub Care Program, increasing access to health insurance for kids throughout the State of Maine is incredibly infinitesimal percentage of the total Medicaid budget. I believe less than one-tenth of one percent. My second point really is that if sustainability is the issue, why would the Minority Report choose to spend \$18 million for that most basic of ongoing programs, the Medicaid Budget in the State of Maine? That is why I support the Majority Ought to Pass Report. Thank you Mr. Speaker.

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

Representative GLYNN: Mr. Speaker, Ladies and Gentlemen of the House. I really rise on a bill that is not in front of my committee, but I wish to take this opportunity to speak on this LD. I will be voting against the pending motion and will, hopefully, supporting the Minority Report for many of the reasons my colleagues of the other side of the aisle have pointed out. That is, essentially, we have a real crisis in Maine Medicaid. I have worked for the last five years in the community mental health field and I have seen the effects of substance abuse on our clients and I have seen the effects of it on state budgets. When this lawsuit was initiated, it was very clear to me that it was to make good on the high cost that smoking have passed onto the taxpayers of this great State of Maine. We have an opportunity to repay the funds to the Medicaid Program, Maine's safety net, to fund the continued substance abuse and tobacco related illnesses, to stand up to the plate and see to it that the taxpayers who have been subsidizing these problems created by the tobacco industry are made whole. That is why I am moving on to the Minority Report because I feel very strongly that we owe it to the taxpayers of this state not to sit in our chairs here in Augusta and increase spending and come up with new programs, but, in fact, fund the very credible substance abuse and tobacco related cessation programs that we currently have in place and stand behind Maine's safety net, the Medicaid Program, which will enable us to get matching federal dollars. Thank you.

The SPEAKER: The Chair recognizes the Representative from Bangor, Representative Bragdon.

Representative BRAGDON: Mr. Speaker, Men and Women of the House. I wanted to rise and explain to you why I am supporting the Minority Report. That is, in part, due to the prescription drug coverage. As a member of the Health and

Human Services Committee, I often hear regularly about the high cost of prescription drugs and the lack of access that people have to prescription drugs. The Minority Report, although it allocates the same amount as the Majority Report, offers a real plan. It will cover eighty percent of the cost of all generic drugs, which as the Representative from Portland pointed out are cheaper and we would want to encourage people to use them. Additionally, for the first time ever, the Minority Report offers a catastrophic coverage plan. Individuals who have diseases that aren't covered under the Low-Cost Coverage for the Elderly Program, once they reach a certain threshold regardless of what disease they are buying the prescription for, will automatically have the state pay eighty percent of the cost. To me, this is real prescription drug coverage for Maine's elderly and disabled.

I wanted to just mention another thing. The Majority Report talks about prescription drug coverage contingent on a federal waiver. Last Friday I had the opportunity to travel to New York City with a delegation from this body that is meeting with legislators around New England and New York to look at the prescription drug issue. There, over lunch, I had the opportunity to talk to the regional head of the Department of Health and Human Services. I asked her about our waiver, which is currently pending before them. She explained to me that it would be extremely unlikely for us to get this waiver. Maine is looking for expanding its Medicaid Program for one service, prescription drugs, for a particular population and that never before in the history of Medicaid has that type of waiver or that type of expansion been allowed. To me, I think that is a false promise that we are making to Maine's elderly and disabled. I urge you to support the Minority Report, which offers real prescription drug benefits for Maine's elderly and disabled. 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. 495

YEA - Ahearne, Bagley, Baker, Berry RL, Bolduc, Bouffard, Brennan, Brooks, Bryant, Bull, Chizmar, Clark, Colwell, Cote, Cowger, Davidson, Desmond, Dudley, Dugay, Dunlap, Duplessie, Etnier, Fisher, Fuller, Gagne, Gagnon, Gerry, Goodwin, Green, Hatch, Jabar, Jacobs, Kane, LaVerdiere, Lemoine, Mailhot, Martin, Matthews, Mayo, McDonough, McGlocklin, McKee, Mitchell, Muse, Norbert, O'Brien LL, O'Neal, O'Neil, Perry, Pieh, Povich, Powers, Quint, Richard, Richardson J, Rines, Samson, Sanborn, Savage W, Saxl JW, Saxl MV, Shiah, Sirois, Skoglund, Stanley, Sullivan, Tessier, Thompson, Townsend, Tracy, Tripp, Tuttle, Twomey, Usher, Volenik, Watson, Williams, Mr. Speaker.

NAY - Andrews, Belanger, Berry DP, Bowles, Bragdon, Bruno, Buck, Bumps, Cameron, Campbell, Carr, Chick, Cianchette, Clough, Collins, Cross, Daigle, Davis, Duncan, Foster, Gillis, Glynn, Gooley, Heidrich, Honey, Jodrey, Jones, Joy, Kasprzak, Kneeland, Labrecque, Lemont, Lindahl, Lovett, MacDougall, Mack, Marvin, McAlevey, McKenney, McNeil, Mendros, Murphy E, Murphy T, Nass, Nutting, O'Brien J, Peavey, Perkins, Pinkham, Richardson E, Rosen, Savage C, Schneider, Sherman, Shields, Shorey, Snowe-Mello, Stanwood, Stedman, Tobin D, Tobin J, Trahan, Treadwell, True, Waterhouse, Weston, Wheeler EM, Wheeler GJ, Winsor.

ABSENT - Frechette, Madore, Plowman, Stevens.

Yes, 78; No, 69; Absent, 4; Excused, 0.

78 having voted in the affirmative and 69 voted in the negative, with 4 being absent, and accordingly the Majority Ought to Pass as Amended Report was ACCEPTED.

The Bill was READ ONCE. Committee Amendment "A" (H-941) was READ by the Clerk and ADOPTED. The Bill was assigned for SECOND READING Wednesday, March 29, 2000.

Majority Report of the Committee on **APPROPRIATIONS AND FINANCIAL AFFAIRS** reporting **Ought Not to Pass** on Bill "An Act to Promote Equity in Funding of Ferry Services" (H.P. 1894) (L.D. 2635)

Signed:

Senators:

MICHAUD of Penobscot
CATHCART of Penobscot
HARRIMAN of Cumberland

Representatives:

STEVENS of Orono
POWERS of Rockport
BRUNO of Raymond
KNEELAND of Easton
NASS of Acton
WINSOR of Norway
TESSIER of Fairfield
BERRY of Livermore

Minority Report of the same Committee reporting **Ought to Pass** on same Bill.

Signed:

Representatives:

TOWNSEND of Portland
MAILHOT of Lewiston

READ.

Representative TOWNSEND of Portland moved that the House **ACCEPT** the Majority **Ought Not to Pass** Report.

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

Majority Report of the Committee on **CRIMINAL JUSTICE** reporting **Ought Not to Pass** on Bill "An Act to Adopt a New Interstate Compact Regarding Adults Who are on Probation or Parole" (H.P. 1875) (L.D. 2612)

Signed:

Senators:

MURRAY of Penobscot
DAVIS of Piscataquis
O'GARA of Cumberland

Representatives:

CHIZMAR of Lisbon
SHERMAN of Hodgdon
TOBIN of Dexter
POVICH of Ellsworth
PEAVEY of Woolwich

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (H-946)** on same Bill.

Signed:

Representatives: