

# 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 Twenty-Sixth Legislature**  
**State of Maine**

**Daily Edition**

**Second Regular Session**

beginning January 8, 2014

beginning page H-1301

An Act To Reduce Tobacco-related Illness and Lower Health Care Costs in MaineCare

(H.P. 261) (L.D. 386)  
(S. "A" S-337 to C. "A" H-247)

TABLED - January 14, 2014 (Till Later Today) by Representative BERRY of Bowdoinham.

PENDING - **RECONSIDERATION** (Returned by the Governor without his approval).

The **SPEAKER**: The Chair recognizes the Representative from Gorham, Representative Sanborn.

Representative **SANBORN**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise today to strongly object to the Chief Executive's veto of LD 386. LD 386 provides comprehensive evidence-based coverage in accordance with both the United State Preventative Services Task Force and the United States Public Health Service clinical practice guidelines on treating tobacco use and dependence. The unanimous vote of the HHS Committee and this entire body, save one vote, made the right choice in supporting such coverage.

In the Chief Executive's veto letter, he states, "I believe that cost sharing is an essential component of maintaining fiscal responsibility in our welfare programs as well as improving the success rate of welfare programs generally." No doubt, he is well intentioned and he may well believe that cost sharing improves the success rate but clinical studies tell us that he is wrong. In a letter from CMS to Medicaid Directors dated 6/24/2011, the Public Health Services guidelines recommend specifically that there be no co-pays or deductibles as "small co-pays or deductibles have been proven to reduce utilization of cessation services." Reductions in patient out-of-pocket costs increase both the use of cessation services and the overall quit rate.

We have a lot of data about tobacco use in our MaineCare population. A full 42.4 percent of the MaineCare population are smokers compared to 17.5 percent of the non-MaineCare population. This is very costly to the state. We also know that Maine's Medicaid population wants to stop smoking at a rate of almost 63 percent. Unfortunately, in 2012 the Maine Legislature eliminated the tobacco cessation benefit with MaineCare as a move to "save money." In reality, it is reducing tobacco use that saves money, and lots of it. Maine taxpayers pay an estimated \$216 million annually to treat tobacco related disease.

Money is saved and disease is prevented for every cigarette that is not smoked. And it doesn't take long. A positive return on investment was seen in Massachusetts's Medicaid tobacco cessation program within one year of implementation. A comprehensive tobacco cessation benefit was demonstrated to save \$3.12 for every dollar invested by reducing the prevalence of smoking and related illness. In addition, a 46 percent decrease in the probability of hospitalization for heart attacks occurred in the same year. That is big savings in health care costs. Better yet, the small fiscal note on this bill can be covered by unspent tobacco settlement funds.

For these reasons, we should eliminate every barrier to helping people quit smoking including cost sharing, prior authorizations or limits on attempts. That is what LD 386 will do. We keep hearing of the shortfalls in our MaineCare budget, year after year. Overriding the ill-informed veto will not only result in improved health outcomes for MaineCare members, but also short-term and long-term cost savings. Please join me in pressing your green button – this is good health policy and good fiscal policy. Thank you.

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

Representative **SANDERSON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I did not prepare any written testimony because I felt fairly certain that the good Representative from Gorham would have all those facts to lay out for us. Though it may appear that we differ on all issues of health care policy, in many cases, we do understand the value of certain services and this is one value that we certainly agree with. Forty percent of the individuals on MaineCare smoke. It seems as though if we are really interested in reducing the cost of these services that we must provide folks who utilize our MaineCare program, then we must also fund the programs that will help keep them healthier. I am also incredibly pleased that as we're going into a contentious session, that this is indeed something that we all do agree on. I am going to vote green to override the veto on this and I would urge my fellow caucus members to join with me and do so as well. Thank you.

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

Representative **FREDETTE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Obviously, along with each of these vetoes from the Chief Executive comes a letter, so I think it's important for me to read a portion of the Chief Executive's letter as it relates to this particular bill. In it, the Chief Executive states that "This bill goes beyond the provisions of the federal Affordable Care Act, under which Maine already provides tobacco cessation coverage for MaineCare members, and precludes certain cost sharing, such as co-pay, for pregnant women. This bill would eliminate all forms of cost sharing for all MaineCare members. I am supportive of MaineCare members taking steps to stop smoking; however I believe that cost sharing is an essential component of maintaining fiscal responsibility in our welfare programs as well as improving the success rate of welfare programs generally. Without a cost share component, this bill expands welfare unchecked and does nothing to move us in the direction of a sound fiscal house. This bill presents an opportunity to make clear that Maine lawmakers are ready and able to make tough choices on spending and entitlement programs, and I call on the legislature to find the courage to take that step. For these reasons, I return LD 386 unsigned and vetoed."

Mr. Speaker, Ladies and Gentlemen of the House, we have tough decisions to make this session. We know that we have substantial fiscal challenges that we need to make decisions on and make priorities on. The Chief Executive here is expressing his concern that in this particular program there is no skin in the game by the member, by the person taking advantage of the program. And the Chief Executive certainly, again, recognizes the need and the importance of these kinds of programs but having a degree of personal responsibility, people that are receiving the benefits having something on the table. I think that's laudable. We will be making tough decisions this session on many tough bills. I think this is the beginning of the process into the conversation of where this state is going to be at the end of this session, and, therefore, I urge you to support me in helping to support and sustain the veto. Thank you.

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

Representative **McGOWAN**: Thank you, Mr. Speaker. I rise to ask my colleagues to override this veto. I also read the Chief Executive's letter. I was particularly struck by the statement "I am supportive of MaineCare members taking steps to stop smoking; however I believe that cost sharing is an essential component of maintaining fiscal responsibility in our welfare programs as well as improving the success rate of welfare programs generally."

I would like to think the success of welfare programs is to keep people alive. This is not a question of cost sharing. Think about these people, roughly \$11,000 to \$15,000 a year. Let me remind you, as the co-chair of the Cancer Commission, 30 percent of all cancers in Maine are tobacco related. One thousand people die in Maine every year due to tobacco related cancers. Two thousand five hundred people experience tobacco related cancer. Think of the cost of treating those diseases versus preventing them. Ninety-eight percent of the smokers start before they are 26 years old. There is a direct correlation between smoking and people's economic level. The highest level of death from cancer in Maine for men and women is lung cancer. Maine receives \$50 million in the tobacco settlement a year. We only spend 27 percent of that money on tobacco related programs. The federal CDC Center recommends that we spend 47 percent. There was \$1.6 million in our Fund for a Healthy Maine budget last year allocated to be spent on tobacco prevention. It was not spent. This is a disease that we can do something about. This is not a fight about cost sharing amongst poor people in our state. I ask you to join me and recognize this as a place that we cannot only save lives; we can save money in the MaineCare program. Thank you, Mr. Speaker.

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

Representative **DORNEY**: Thank you, Mr. Speaker. I think that there is actually evidence that suggests that when there is skin in the game, it actually reduces costs in some ways. For instance, if you have skin in the game and you have to choose whether to have a knee replacement, you might actually put it off for six months. But do we really want to reduce the chance of people quitting smoking, which is what "skin in the game" would mean in this kind of situation. We have the choice. There was a study, for instance, on diabetics, if they have to pay. There was an insurance company that decided to pay for eye screenings for all diabetics with no copays, which found that they actually would go and they were less likely to go blind. Do we really want these people to quit smoking because that actually will save their lives, as other people have said, and it will also save us lots of money in the MaineCare program and we want to do that. In this situation, I would say we don't want skin in the game. We want to get people to actually quit smoking and I hope that you will help me override this veto.

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

Representative **PRINGLE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I agree with the Chief Executive that people should have skin in the game. I disagree with him, however, about what skin in the game is. Skin in the game is not just money. It's showing up for an appointment. It's choosing to quit smoking. It's participating with your tobacco cessation counselor. It's filling your prescription. It's taking your prescription. And it's working to quit smoking. I believe that we need to look at outcomes and overall cost, and I believe that we should have government at the lowest possible cost with a best possible outcome. I strongly encourage you to vote to override the veto. Thank you.

The SPEAKER: The Chair recognizes the Representative from Arundel, Representative Parry.

Representative **PARRY**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I voted for this bill the first time. I will vote to override this bill this time. But I do agree with the Chief Executive on people needing skin in the game. One question I can't quite wrap my hands around is they can't afford the \$2 copay, but they can afford a \$7 pack of cigarettes.

Subsequently, after reconsideration, the House proceeded to vote on the question, 'Shall this Bill become a law notwithstanding the objections of the Governor?' A roll call was taken.

The SPEAKER: The pending question before the House is 'Shall this Bill become a law notwithstanding the objections of the Governor?' All those in favor will vote yes, those opposed will vote no.

**ROLL CALL NO. 465V**

YEA - Beaudoin, Beaulieu, Beavers, Beck, Bennett, Berry, Boland, Bolduc, Briggs, Brooks, Campbell J, Campbell R, Carey, Casavant, Cassidy, Chase, Chenette, Chipman, Clark, Cooper, Cotta, Crafts, Crockett, Daughtry, Davis, DeChant, Devin, Dickerson, Dill, Dion, Dorney, Dunphy, Duprey, Espling, Evangelos, Farnsworth, Fitzpatrick, Fowle, Gattine, Gideon, Gilbert, Gillway, Graham, Grant, Guerin, Hamann, Harlow, Harvell, Hayes, Herbig, Hickman, Hobbins, Hubbell, Jones, Jorgensen, Kaenrath, Kent, Keschl, Kinney, Knight, Kornfield, Kruger, Kumiega, Kusiak, Lajoie, Libby A, Libby N, Lockman, Longstaff, Luchini, MacDonald S, MacDonald W, Maker, Malaby, Marean, Marks, Mason, McCabe, McClellan, McElwee, McGowan, McLean, Monaghan-Derrig, Moonen, Moriarty, Morrison, Nadeau A, Nadeau C, Nelson, Newendyke, Noon, Nutting, Parry, Pease, Peoples, Peterson, Plante, Priest, Pringle, Rankin, Reed, Rochelo, Rotundo, Russell, Rykerson, Sanborn, Sanderson, Saucier, Saxton, Schneck, Short, Sirocki, Stanley, Stuckey, Theriault, Timberlake, Tipping-Spitz, Treat, Turner, Verow, Villa, Volk, Wallace, Welsh, Werts, Willette, Wilson, Winchenbach, Winsor, Wood, Mr. Speaker.

NAY - Ayotte, Cray, Doak, Fredette, Gifford, Jackson, Johnson P, Long, Peavey Haskell, Weaver.

ABSENT - Black, Chapman, Frey, Goode, Johnson D, Mastraccio, Pouliot, Powers, Shaw, Tyler.

Yes, 131; No, 10; Absent, 10; Excused, 0.

131 having voted in the affirmative and 10 voted in the negative, with 10 being absent, and accordingly the Veto was **NOT SUSTAINED**. Sent for concurrence.

An Act To Correct Minor Technical Errors and Inconsistencies in the Unified Budget Bill

(H.P. 1141) (L.D. 1572)

(H. "A" H-575; H. "B" H-581)

TABLED - January 14, 2014 (Till Later Today) by Representative BERRY of Bowdoinham.

PENDING - **RECONSIDERATION** (Returned by the Governor without his approval).

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

Representative **ROTUNDO**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. LD 1572 corrects minor technical errors and inconsistencies in the biennial budget legislation that were made in the drafting of the biennial budget bill, which over two-thirds of this body has already voted for. There is no new policy in the bill before you. It reflects the intent of the unanimous bipartisan report that came from the Appropriations Committee. It corrects errors in the drafting of the unanimous bipartisan report on the biennial budget that came from the Appropriations Committee and that over two-thirds of the members of this chamber have already voted for. I should add that over two-thirds...

The SPEAKER: Will the Representative please defer? I think members are having a hard time hearing the Representative, so if we could keep the chatter to a minimum that would be great. The Representative may proceed.