

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND THIRTY-SECOND LEGISLATURE

FIRST REGULAR SESSION
December 4, 2024 to March 21, 2025

FIRST SPECIAL SESSION
March 25, 2025 to June 25, 2025

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NONEMERGENCY LAWS IS
JUNE 20, 2025

THE GENERAL EFFECTIVE DATE FOR
FIRST SPECIAL SESSION
NONEMERGENCY LAWS IS
SEPTEMBER 24, 2025

PUBLISHED BY THE REVISOR OF STATUTES
IN ACCORDANCE WITH THE MAINE REVISED STATUTES ANNOTATED,
TITLE 3, SECTION 163-A, SUBSECTION 4.

Augusta, Maine
2025

the State Floodplain Mapping Fund established in Title 12, section 409 and the Community Resilience Partnership Program established in Title 5, section 3109. Until that contingency is met, the Department of Agriculture, Conservation and Forestry shall continue to administer the floodplain management program and the State Floodplain Mapping Fund and the Office of Policy Innovation and the Future shall continue to administer the Community Resilience Partnership Program. The Director of the Maine Office of Community Affairs shall notify the Secretary of State, the Secretary of the Senate, the Clerk of the House of Representatives and the Revisor of Statutes when the State Resilience Office receives funds sufficient to administer the programs under this section.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

Effective April 22, 2025, unless otherwise indicated.

CHAPTER 34

S.P. 14 - L.D. 5

An Act to Clarify the Law Regarding Prior Authorization for Air Ambulances

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, Public Law 2023, chapter 591 prohibits a health insurance carrier from requiring an air ambulance service provider to obtain prior authorization before transporting an enrollee to a hospital or between hospitals for urgent care; and

Whereas, the Legislature intended to limit the application of that provision to air ambulance service providers that are nonprofit organizations; and

Whereas, the language clarifying that the provision applied to air ambulance service providers that are nonprofit organizations was inadvertently omitted from Public Law 2023, chapter 591; and

Whereas, this legislation corrects that omission and must take effect as soon as possible in order to effectuate the Legislature's intent; and

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

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

Sec. 1. 24-A MRSA §4303-F, sub-§1, ¶E, as amended by PL 2023, c. 591, §3, is further amended to read:

E. A carrier may not require a ground ambulance service provider to obtain prior authorization before transporting an enrollee to a hospital, between hospitals or from a hospital to a nursing home, hospice care facility or other health care facility, as defined in Title 22, section 328, subsection 8. A carrier may not require an air ambulance service provider that is a nonprofit organization to obtain prior authorization before transporting an enrollee to a hospital or between hospitals for urgent care.

Sec. 2. Retroactivity. This Act applies retroactively to August 9, 2024.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

Effective April 22, 2025.

CHAPTER 35

S.P. 261 - L.D. 580

An Act to Protect Maine Consumers by Prohibiting Fees Charged for Receiving Paper Statements from Financial Institutions and Credit Card Issuers

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

Sec. 1. 10 MRSA §9420, sub-§2, as enacted by PL 2011, c. 226, §1, is repealed.

See title page for effective date.

CHAPTER 36

H.P. 401 - L.D. 633

An Act Concerning the Restoration of Electricity During Emergencies for Certain Medically Vulnerable Individuals Who Rely on Electronic Medical Apparatuses

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

Sec. 1. 35-A MRSA §3144, sub-§2, ¶E, as enacted by PL 2019, c. 120, §1, is amended to read:

E. Procedures for deployment of internal and external resources during an emergency, including

field employees, supplies and equipment needed;
~~and~~

Sec. 2. 35-A MRSA §3144, sub-§2, ¶F, as enacted by PL 2019, c. 120, §1, is amended to read:

F. Provisions to ensure the safety of the employees and external contractors engaged in emergency response efforts; and

Sec. 3. 35-A MRSA §3144, sub-§2, ¶G is enacted to read:

G. Procedures for the identification of and outreach plans regarding customers who have a documented need of electricity for essential medical equipment, including an apnea monitor for an infant, a cuirass respirator, a hemodialysis machine, an intravenous feeding machine, an intravenous infusion machine, an oxygen concentrator, a positive-pressure respirator, a respirator or ventilator, a rocking bed respirator, an aspirator, a tank-type respirator or any other medical equipment necessary for an individual whose medical condition is likely to be significantly triggered or exacerbated by a continued loss of electricity in a way that will adversely impact that individual's health.

See title page for effective date.

CHAPTER 37

H.P. 495 - L.D. 765

An Act to Amend the Laws Governing the Controlled Substances Prescription Monitoring Program

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

Sec. 1. 22 MRSA §7246, sub-§5, as amended by PL 2017, c. 360, §2, is further amended to read:

5. Prescriber. "Prescriber" means a licensed health care professional or veterinarian with prescriptive authority, including a licensed health care professional or veterinarian who uses telehealth in providing health care to prescribe controlled substances to patients located in this State.

Sec. 2. 22 MRSA §7246, sub-§8 is enacted to read:

8. Telehealth. "Telehealth" has the same meaning as in Title 24-A, section 4316, subsection 1, paragraph C.

Sec. 3. 22 MRSA §7249, sub-§1, as amended by PL 2017, c. 360, §3, is further amended to read:

1. Information required. Except as provided in subsection 1-A or 1-B, each dispenser shall submit to the department, by electronic means or other format

specified in a waiver granted by the department, specific items of information regarding dispensed controlled substances as determined by the department from the following list: through rules adopted to implement this subsection.

~~A. The dispenser identification number;~~

~~B. The date the prescription was filled;~~

~~C. The prescription number;~~

~~D. Whether the prescription is new or is a refill;~~

~~E. The National Drug Code (NDC) for the drug dispensed;~~

~~F. The quantity dispensed;~~

~~G. The dosage;~~

~~H. The patient identification number;~~

~~I. The patient name;~~

~~J. The patient address;~~

~~K. The patient date of birth;~~

~~L. The prescriber identification number;~~

~~M. The date the prescription was issued by the prescriber; and~~

~~N. The department issued serial number if the department chooses to establish a serial prescription system.~~

Sec. 4. 22 MRSA §7250, sub-§8, as enacted by PL 2017, c. 460, Pt. F, §6, is amended to read:

8. Report regarding program. The department shall provide to the joint standing committee of the Legislature having jurisdiction over health and human services matters on or before ~~January~~ April 15th of each year, and at such other times as the committee requests, data pertaining to the aggregate number of prescriptions of each drug required to be included in the program, the number of prescribers participating in the program categorized by specialty, any historical trends or patterns in prescribing practices within the State, any progress in the implementation of information sharing agreements authorized by subsection 4-A and any other information pertaining to the work of the program as requested by the committee that is reasonably available to the department, as long as all information reasonably likely to reveal the patient or the prescriber or other person who is the subject of the information has been removed.

Sec. 5. 22 MRSA §7254, as amended by PL 2017, c. 213, §11, is repealed.

Sec. 6. 32 MRSA §2210, sub-§2, ¶A, as enacted by PL 2015, c. 488, §13, is amended by amending subparagraph (5) to read:

(5) Other circumstances determined in rule by the Department of Health and Human Services