

# 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.**

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**Augusta, Maine**  
**2025**

Sec. 1. 36 MRSA §1484, sub-§3, ¶A, as amended by PL 2007, c. 627, §33, is further amended to read:

A. The excise tax on a motor vehicle owned by an individual resident of this State must be paid in the place where the owner resides. If the individual resident of this State does not have a residing place, the excise tax may be paid directly to the Secretary of State if:

- (1) The motor vehicle was previously registered in this State to the individual resident;
- (2) The Secretary of State confirms with the municipality where the individual resides that the municipality refused to receive the excise tax of the individual who does not have a residing place; and
- (3) The individual resident holds a license pursuant to Title 29-A, section 1251.

See title page for effective date.

**CHAPTER 144  
H.P. 441 - L.D. 702**

**An Act to Designate January 6th as A Day to Remember**

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

Sec. 1. 1 MRSA §150-W is enacted to read:

**§150-W. A Day to Remember**

January 6th of each year is designated as A Day to Remember, and the Governor shall annually issue a proclamation honoring the resilience of democracy during the events of January 6, 2021 in Washington, D.C., encouraging the people of the State to use the day as an opportunity for reflection on the values of democracy, civic responsibility and the importance of protecting constitutional governance and encouraging educational institutions, civic organizations and public libraries to observe the day with discussions, events and programming to educate citizens about the importance of civic engagement and the rule of law.

See title page for effective date.

**CHAPTER 145  
H.P. 449 - L.D. 710**

**An Act to Expand Access and Reduce Barriers to Access to Naloxone Hydrochloride and Other Opioid Overdose-reversing Medications**

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

Sec. 1. 22 MRSA §2353, sub-§2, as amended by PL 2023, c. 161, §3, is further amended to read:

**2. Prescription; possession; administration.**

The prescription, possession and administration of naloxone hydrochloride or another opioid overdose-reversing medication is governed by this subsection.

A. A health care professional may directly or by standing order prescribe naloxone hydrochloride or another opioid overdose-reversing medication to an individual at risk of experiencing an opioid-related drug overdose. Over-the-counter naloxone hydrochloride or another opioid overdose-reversing medication approved for over-the-counter dispensation by the federal Food and Drug Administration or its successor organization may be provided or administered with or without a prescription.

A-1. A pharmacist may prescribe and dispense naloxone hydrochloride or another opioid overdose-reversing medication in accordance with protocols established under Title 32, section 13815 to an individual of any age at risk of experiencing an opioid-related drug overdose. Over-the-counter naloxone hydrochloride or another opioid overdose-reversing medication approved for over-the-counter dispensation by the federal Food and Drug Administration or its successor organization may be provided or administered with or without a prescription.

B. An individual to whom naloxone hydrochloride or another opioid overdose-reversing medication is prescribed or dispensed in accordance with paragraph A or A-1 may provide the naloxone hydrochloride or another opioid overdose-reversing medication so prescribed or dispensed to a member of that individual's immediate family to possess and administer to the individual if the family member believes in good faith that the individual is experiencing an opioid-related drug overdose.

C. A health care professional may directly or by standing order prescribe naloxone hydrochloride or another opioid overdose-reversing medication to a member of an individual's immediate family or a friend of the individual or to another person in a position to assist the individual if the individual is

at risk of experiencing an opioid-related drug overdose. Over-the-counter naloxone hydrochloride or another opioid overdose-reversing medication approved for over-the-counter dispensation by the federal Food and Drug Administration or its successor organization may be provided or administered with or without a prescription.

C-1. A pharmacist may prescribe and dispense naloxone hydrochloride or another opioid overdose-reversing medication in accordance with protocols established under Title 32, section 13815 to a person of any age who is a member of an individual's immediate family or a friend of the individual or to another person in a position to assist the individual if the individual is at risk of experiencing an opioid-related drug overdose. Over-the-counter naloxone hydrochloride or another opioid overdose-reversing medication approved for over-the-counter dispensation by the federal Food and Drug Administration or its successor organization may be provided or administered with or without a prescription.

D. If a member of an individual's immediate family, friend of the individual or other person is prescribed or provided naloxone hydrochloride or another opioid overdose-reversing medication in accordance with paragraph C or C-1, that family member, friend or other person may administer the naloxone hydrochloride or another opioid overdose-reversing medication to the individual if the family member, friend or other person believes in good faith that the individual is experiencing an opioid-related drug overdose.

Nothing in this subsection affects the provisions of law relating to maintaining the confidentiality of medical records.

**Sec. 2. 22 MRSA §2353, sub-§4,** as amended by PL 2023, c. 71, §1 and c. 161, §3, is further amended to read:

**4. Community-based drug overdose prevention programs; standing orders for naloxone hydrochloride or another opioid overdose-reversing medication.** Acting under standing orders from a licensed health care professional authorized by law to prescribe naloxone hydrochloride or another opioid overdose-reversing medication, a public health ~~an~~ agency that provides services to populations at high risk for a drug overdose may establish an overdose prevention program in accordance with rules adopted by the department and the provisions of this subsection.

A. Notwithstanding any provision of law to the contrary, an overdose prevention program established under this subsection may store and dispense naloxone hydrochloride or another opioid overdose-reversing medication without being subject to the provisions of Title 32, chapter 117 as

long as these activities are undertaken without charge or compensation.

B. An overdose prevention program established under this subsection may distribute unit-of-use packages of naloxone hydrochloride or another opioid overdose-reversing medication and the medical supplies necessary to administer the naloxone hydrochloride or another opioid overdose-reversing medication to a person ~~who has successfully completed training provided by the overdose prevention program that meets the protocols and criteria established by the department,~~ so that the person may possess and administer naloxone hydrochloride or another opioid overdose-reversing medication to an individual who appears to be experiencing an opioid-related drug overdose.

C. With the express consent of a municipality, an overdose prevention program established under this subsection may provide and maintain naloxone hydrochloride or another opioid overdose-reversing medication in a wall-mounted box or other visible and accessible container, including, but not limited to, a vending machine, on publicly accessible property of the municipality, including a municipal building, public restroom, public library or public park or recreational facility, for use by a member of the public in response to an opioid-related drug overdose.

The department shall adopt rules to implement this subsection. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

**Sec. 3. 22 MRSA §2353, sub-§4-A, ¶B,** as amended by PL 2023, c. 161, §3, is repealed.

**Sec. 4. 22 MRSA §2353, sub-§4-A, ¶C,** as amended by PL 2023, c. 161, §3, is further amended to read:

C. A licensed health care professional authorized by law to prescribe naloxone hydrochloride or another opioid overdose-reversing medication shall distribute unit-of-use packages of naloxone hydrochloride or another opioid overdose-reversing medication and any medical supplies necessary to administer the naloxone hydrochloride or another opioid overdose-reversing medication to a recovery residence ~~that has provided training described in paragraph B~~ so that the recovery residence may possess and administer naloxone hydrochloride or another opioid overdose-reversing medication to an individual who appears to be experiencing a drug-related overdose.

**Sec. 5. 22 MRSA §2353, sub-§5, ¶C,** as enacted by PL 2023, c. 71, §2, is amended to read:

C. A municipality or overdose prevention program is immune from criminal and civil liability for

providing or maintaining naloxone hydrochloride containers or containers of another opioid overdose-reversing medication under subsection 4, paragraph C.

**Sec. 6. 22 MRSA §2353, sub-§5, ¶D**, as enacted by PL 2023, c. 154, §2, is amended to read:

D. A person not described in this section as being authorized to possess, obtain, store, administer or dispense naloxone hydrochloride or another opioid overdose-reversing medication or a person, notwithstanding any provision of law to the contrary, acting in good faith and with reasonable care, is immune from criminal and civil liability and is not subject to professional or other disciplinary action for providing to another person naloxone hydrochloride or another opioid overdose-reversing medication, or for administering naloxone hydrochloride or another opioid overdose-reversing medication to an individual whom the person believes in good faith is experiencing an opioid-related drug overdose or for any outcome resulting from such actions.

See title page for effective date.

track progress toward the goal of increasing the State's research and development spending as a percentage of the State's gross domestic product to meet the national average by 2030 and maintaining that national average each year thereafter. By December 1st of each year, the council shall submit an annual accountability update that summarizes the State's aggregate commitment to research and development investments and provides data on the commercialization of laboratory-based innovation projects that occurred in the most recently available year to the Governor and the joint standing committee of the Legislature having jurisdiction over research and economic development matters and the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs.

After reviewing the annual accountability update, the joint standing committee of the Legislature having jurisdiction over research and economic development matters and the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs may each report out legislation to implement any recommendations contained in the update or to address any other issues identified in the update.

See title page for effective date.

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**CHAPTER 146  
S.P. 348 - L.D. 788**

**An Act to Promote an  
Innovation-driven Economy by  
Increasing Research and  
Development Spending**

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

**Sec. 1. 10 MRSA §929-C**, as enacted by PL 2007, c. 420, §6, is amended to read:

**§929-C. Research and development budgetary recommendations**

The Maine Economic Growth Council, established in section 929-A, with input from the Office of Innovation, established pursuant to Title 5, section 13105, and the Maine Innovation Economy Advisory Board, under section 949, shall ~~review the innovation economy action plan, as described in Title 10, chapter 107-D, and develop specific annual budgetary recommendations to support the plan's vision and goals. These recommendations must include specific bonding and General Fund appropriations investment levels. By June 1st of each year, the council shall submit its recommendations, along with an annual accountability update that summarizes the State's commitment to research and development investments in the prior year, to the Governor, the Legislature and the joint standing committee of the Legislature having jurisdiction over business, research and economic development issues~~ support and

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**CHAPTER 147  
H.P. 534 - L.D. 848**

**An Act Regarding the Retired  
County and Municipal Law  
Enforcement Officers and  
Municipal Firefighters Health  
Insurance Program**

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

**Sec. 1. 5 MRSA §286-M, sub-§12**, as enacted by PL 2005, c. 636, Pt. A, §3, is amended to read:

**12. Report.** The division shall submit a report to the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters in the Second Regular Session of the 124th Legislature, and biennially thereafter, on the status of the program, program participation, including enrollment data, and the financing of the program, including the status of the fund, expenditures from the fund, current and projected premium costs to the program and to program enrollees and a projection of funding needs for the next 5 years. The report must provide options, based on projections of future need, for changing the method of funding any state-paid premium subsidy, if such a subsidy is authorized by law, and employee contributions.

**Sec. 2. Open enrollment of Retired County and Municipal Law Enforcement Officers and Municipal Firefighters Health Insurance Program for current employees.** Notwithstanding the