

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

(2) In any calendar year, affecting more than 1% of the total annual valuation of taxable land in the municipality.

Sec. 3. 7 MRSA §60-A, sub-§4, as enacted by PL 2007, c. 301, §1, is amended to read:

4. Rules. The department shall adopt rules governing farm support arrangements. Rules adopted under this subsection are ~~major substantive~~ routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

See title page for effective date.

CHAPTER 217

H.P. 965 - L.D. 1473

An Act to Require Gas Utilities to Assess for Natural Gas Leaks and to Require Reporting of Gas Leak Information

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

Sec. 1. 35-A MRSA §4713 is enacted to read:

§4713. Assessment and report of natural gas leaks

1. Gas utilities to assess for natural gas leaks. A gas utility shall assess its natural gas system for natural gas leaks, including every natural gas main and meter under its jurisdiction, as frequently as may be required by the commission by rule, but no less frequently than every 3 years.

2. Gas utility; reporting. Each gas utility shall provide reports to the commission at a frequency as established by the commission by rule regarding the number of natural gas leaks identified by the gas utility and the actions taken by the gas utility to address the natural gas leaks. The reports must protect individually identifiable customer information by omitting customer names and addresses, except that the reports must include street location information for the identified natural gas leaks. The commission shall post the reports received from gas utilities in accordance with this subsection on the commission's publicly accessible website.

3. Commission; reporting. No later than April 1, 2026 and annually thereafter, the commission shall provide a report to the joint standing committee of the Legislature having jurisdiction over utility matters. The report must list each gas utility providing service in the State and the number of natural gas leaks identified by the gas utility in the prior calendar year by street location and must describe any action taken by the gas utility to address the natural gas leaks. The report must protect individually identifiable customer information by

omitting customer names and addresses. The commission shall post the reports required by this subsection on the commission's publicly accessible website.

4. Compliance. The commission shall periodically assess gas utility compliance with the requirements of subsections 1 and 2 at a frequency determined by the commission.

5. Rules. The commission may adopt rules to carry out the purposes of this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

See title page for effective date.

CHAPTER 218

H.P. 981 - L.D. 1497

An Act to Amend the Laws Governing Primary Care Reporting by the Maine Quality Forum and to Establish the Primary Care Advisory Council

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

Sec. 1. 24-A MRSA §6951, sub-§12, as enacted by PL 2019, c. 244, §2, is repealed.

Sec. 2. 24-A MRSA §6951, sub-§12-A is enacted to read:

12-A. Primary care reporting. Beginning January 15, 2026 and annually thereafter, the forum shall submit to the Department of Health and Human Services and the joint standing committees of the Legislature having jurisdiction over health and human services matters and health coverage and health insurance matters a report on at least one of the following key measures reflecting the status of primary care in the State:

- A. Annual primary care expenditures as a percentage of overall health care spending and investment;
- B. Annual utilization of primary care services as a percentage of overall utilization of health care services;
- C. The capacity of the primary care provider workforce to care for all residents of the State;
- D. The ability of residents of the State to have timely access to primary care services; and
- E. The overall health of residents of the State using metrics that reflect the use of preventive and screening services.

This subsection is repealed January 15, 2031.

Sec. 3. **24-A MRSA §6951, sub-§14** is enacted to read:

14. Primary Care Advisory Council. The Primary Care Advisory Council, referred to in this subsection as "the advisory council," is established. The forum shall convene and staff the council.

For purposes of this subsection, "primary care" means physicians, nurse practitioners and physician assistants practicing in family medicine, general pediatric medicine, general internal medicine, obstetrics and gynecology and geriatric medicine.

A. The advisory council shall identify specific actions required to create a sustainable high-functioning primary care system in the State. The advisory council shall, at a minimum:

- (1) Assess the overall status of primary care in the State using available data, including, but not limited to, timely access to primary care services, utilization of services, quality of care, equity and the adequacy and sustainability of the State's primary care workforce;
- (2) Identify gaps in the status of primary care in the State and potential approaches to address those gaps; and
- (3) Make recommendations for specific policy changes to address identified gaps that will:
 - (a) Ensure sufficient investment in primary care services that will result in better health for residents of the State and lower overall health expenditures;
 - (b) Ensure a sufficient number and geographic distribution of primary care providers so that each resident of the State has a primary care provider near that resident's home, with a focus on ensuring equity in all counties;
 - (c) Ensure a resident's ability to access services from a primary care provider in a timely manner; and
 - (d) Improve the health of residents by ensuring adequate access to preventive and screening services.

Beginning January 15, 2026 and annually thereafter, the advisory council shall submit a report detailing its activities and recommendations under this paragraph to the Department of Health and Human Services and the joint standing committee of the Legislature having jurisdiction over health coverage and health insurance matters.

B. The advisory council consists of the following 18 members:

- (1) Seven members representing primary care providers licensed in the State, appointed by

the board of directors of the Maine Health Data Organization established under Title 22, section 8703. At least 3 members must be actively practicing primary care clinicians, working at least 20 or more clinical hours per week, and at least one member must be a nurse practitioner or physician assistant. Appointments under this subparagraph must be made as follows:

- (a) One member must be appointed from nominations provided by a statewide association of physicians;
 - (b) One member must be appointed from nominations provided by a statewide association of osteopaths;
 - (c) One member must be a provider working in an independently owned practice setting;
 - (d) One member must be appointed from nominations provided by a statewide association of community health centers, and that member must be working at a federally qualified health center;
 - (e) One member must be appointed from nominations provided by a statewide association of nurse practitioners;
 - (f) One member must be appointed from nominations provided by a statewide association of physician assistants; and
 - (g) One member must be appointed from nominations provided by a statewide association of hospitals;
- (2) Five members must represent stakeholder groups with an interest in primary care as follows:
- (a) Two members must represent 3rd-party payors and must be appointed from a list of 3rd-party payors provided by a statewide association of health plans providing or administering health insurance coverage;
 - (b) One member must represent employers and must be appointed from a list of employers provided by a statewide association of health care purchasers; and
 - (c) Two members must represent consumers and must be appointed from a list provided by a statewide association that advocates for access to affordable health care. For the purposes of this division, "consumer" means a person who is not affiliated with or employed by a 3rd-party payor, a provider or an association representing 3rd-party payors or providers; and

(3) Four members must be appointed as follows:

(a) Two members must be appointed by the Commissioner of Health and Human Services, one representing the office of MaineCare services and one representing the office of the commissioner;

(b) One member of the Senate, appointed by the President of the Senate; and

(c) One member of the House of Representatives, appointed by the Speaker of the House.

The Superintendent of Insurance or the superintendent's designee and the executive director of the Permanent Commission on the Status of Racial, Indigenous and Tribal Populations or the executive director's designee serve as ex officio members.

In the event of a vacancy in the advisory council membership, the vacancy must be filled in the manner of the original appointment for the remainder of the term. For the purposes of reappointment, any partial term filled after a vacancy must be considered a full term.

C. Except for members who are Legislators and the ex officio members, members of the advisory council serve 3-year terms. A member may not serve more than 2 consecutive terms. The terms of Legislators serving as members of the advisory council coincide with those members' legislative terms of office.

D. Except for members who are Legislators, members of the advisory council are eligible for compensation as provided under Title 5, chapter 379.

E. A quorum is a majority of the members of the advisory council.

F. The advisory council shall choose one of its members to serve as chair for a 2-year term.

G. The advisory council shall meet at least 4 times a year at regular intervals and may meet at other times at the call of the chair. Meetings of the advisory council are public proceedings under Title 1, chapter 13, subchapter 1.

This subsection is repealed January 15, 2031.

Sec. 4. Staggered terms. Notwithstanding the Maine Revised Statutes, Title 24-A, section 6951, subsection 14, paragraph C, of the initial nonlegislative and non-ex officio appointments made to the Primary Care Advisory Council, 4 members must be appointed to one-year terms, 5 members must be appointed to 2-year

terms and 5 members must be appointed to 3-year terms.

See title page for effective date.

CHAPTER 219

H.P. 1061 - L.D. 1607

An Act to Require Law Enforcement Agencies to Adopt Written Policies Regarding Compliance with Certain Constitutional Obligations Related to Disclosure of Evidence

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

Sec. 1. 25 MRSA §2803-B, sub-§1, ¶N, as amended by PL 2023, c. 394, Pt. A, §8, is further amended to read:

N. Unannounced execution of search warrants; and

Sec. 2. 25 MRSA §2803-B, sub-§1, ¶O, as enacted by PL 2023, c. 394, Pt. A, §9, is amended to read:

O. By January 1, 2024, the confidentiality of attorney-client communications, which must include, at a minimum, processes to protect and ensure confidentiality of attorney-client communications and processes to be followed in the event that there is a breach of attorney-client confidentiality;

Sec. 3. 25 MRSA §2803-B, sub-§1, ¶P is enacted to read:

P. By January 1, 2026, requirements for the law enforcement agency to assist a prosecuting agency in complying with the prosecuting agency's constitutional obligations under *Brady v. Maryland*, 373 U.S. 83 (1963) and *Giglio v. United States*, 405 U.S. 150 (1972); and

Sec. 4. 25 MRSA §2803-B, sub-§1, ¶Q is enacted to read:

Q. By January 1, 2026, requirements for the law enforcement agency to comply with mandatory disclosures to the Maine Criminal Justice Academy.

See title page for effective date.
