

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

be paid in full or in part by the commissioner except that the commissioner may not provide or reimburse parents for providing transportation of students over roads that have not been accepted by the county as public roads or do not meet Department of Transportation standards. ~~Beginning with fiscal year 2009-10, the commissioner may not reimburse parents for the transportation of a student.~~

Sec. 3. 20-A MRSA §3271, sub-§3, as amended by PL 2011, c. 614, §8, is further amended to read:

3. Exceptions. Attendance at school or an alternative education program is not required of:

A. A person who has graduated from high school before the person's 17th birthday;

B. A person who ~~is~~ has attained at least 15 years ~~old of age~~, has completed the 9th grade and has permission to leave school to participate in a suitable program of training or combined work and study from a parent and the commissioner; ~~and~~

C. A person who has been adjudged a truant and has been excused from attendance pursuant to procedures established by the commissioner; ~~or~~

D. A person who has matriculated and is attending an accredited postsecondary degree-granting institution as a full-time student. An exception to attendance in public school under this paragraph must be approved by the commissioner.

Sec. 4. 20-A MRSA §3272, sub-§3, ¶B, as amended by PL 2007, c. 304, §2, is further amended to read:

B. An appointment with a health professional that must be made during the regular school day ~~and the absence has prior approval;~~

See title page for effective date.

CHAPTER 438

H.P. 19 - L.D. 55

An Act to Amend the Law Governing the Accrual of Earned Paid Leave

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

Sec. 1. 26 MRSA §637, sub-§3, as enacted by PL 2019, c. 156, §3 and affected by §4, is amended to read:

3. Accrual. An employee is entitled to earn one hour of paid leave from a single employer for every 40 hours worked, up to 40 hours in one year of employment. Accrual of leave begins at the start of employment, but the employer is not required to permit use of

the leave before the employee has been employed by that employer for 120 days during a one-year period. Accrued and unused hours of earned paid leave from the previous year of employment must be available for use by an employee in the year of employment immediately following the previous year. Accrued and unused hours of earned paid leave carried forward from the previous year of employment may not reduce the total amount of hours of paid leave an employee is entitled to earn in the year of employment immediately following the previous year, up to 40 hours or the accrual limit specified in the employer's policy governing paid leave, whichever is higher. The Department of Labor shall enforce this subsection within existing resources using strategic enforcement.

See title page for effective date.

CHAPTER 439

H.P. 34 - L.D. 70

An Act to Fund Free Health Clinics

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

Sec. 1. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Maine Center for Disease Control and Prevention 0143

Initiative: Provides one-time funding for the State's free health clinics. The funding is to be distributed based on a formula adopted by the Department of Health and Human Services using the number of clients served and a base amount for each clinic.

GENERAL FUND	2025-26	2026-27
All Other	\$50,000	\$50,000
GENERAL FUND TOTAL	\$50,000	\$50,000

See title page for effective date.

CHAPTER 440

H.P. 58 - L.D. 93

An Act to Reduce Cost and Increase Access to Disease Prevention by Expanding the Universal Childhood Immunization Program to Include Adults

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

Sec. 1. 22 MRSA §1066, as amended by PL 2017, c. 7, §1, is further amended by amending the section headnote to read:

§1066. Universal Childhood Immunization Program

Sec. 2. 22 MRSA §1066, sub-§1, as enacted by PL 2009, c. 595, §2, is amended to read:

1. Program established. The Universal Childhood Immunization Program is established to provide all ~~children from birth until 19 years of age~~ individuals in the State with access to a uniform set of vaccines as determined and periodically updated by the Maine Vaccine Board. The program is administered by the department for the purposes of expanding access to immunizations against all diseases as recommended by the federal Department of Health and Human Services, Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, optimizing public and private resources and lowering the cost of providing immunizations to ~~children~~ individuals in the State. The program is overseen by the Maine Vaccine Board.

Sec. 3. 22 MRSA §1066, sub-§2, ¶A-1 is enacted to read:

A-1. "AAF" means an assessment adjustment factor to adjust for variations between health insurance carriers to maintain equity in assessment allocations among assessed entities.

Sec. 4. 22 MRSA §1066, sub-§2, ¶D, as enacted by PL 2009, c. 595, §2, is repealed.

Sec. 5. 22 MRSA §1066, sub-§2, ¶F, as enacted by PL 2009, c. 595, §2, is amended to read:

F. "Fund" means the ~~Childhood~~ Immunization Fund established in subsection 7.

Sec. 6. 22 MRSA §1066, sub-§2, ¶G-1 is enacted to read:

G-1. "Individual" means a person who resides in the State.

Sec. 7. 22 MRSA §1066, sub-§2, ¶I, as enacted by PL 2009, c. 595, §2, is amended to read:

I. "Program" means the Universal ~~Childhood~~ Immunization Program established in subsection 1.

Sec. 8. 22 MRSA §1066, sub-§2, ¶M, as enacted by PL 2009, c. 595, §2, is amended to read:

M. "Total costs of the fund" means the costs of vaccines provided under the program to ~~children~~ individuals projected to be covered by assessed entities during the succeeding program year and the annual operating expenses of the board, including costs the board may incur for staff, a service agent, legal representation, administrative support services and other expenses approved by the board.

Sec. 9. 22 MRSA §1066, sub-§3, ¶B, as enacted by PL 2009, c. 595, §2, is amended to read:

~~B. With the exception of the representative of the pharmaceutical manufacturing industry, who serves a one-year term, the~~ The term of an appointed member to the board is 3 years. All members, with the exception of the representative of the pharmaceutical manufacturing industry, may serve successive terms. A member whose term has expired may serve until the appointment of the member's successor.

Sec. 10. 22 MRSA §1066, sub-§3, ¶D, as enacted by PL 2009, c. 595, §2, is amended to read:

D. The board shall meet 4 not fewer than 2 times per year and when a meeting is called by the chair and shall oversee the fund and program and adopt policies and procedures to administer the program and the fund.

Sec. 11. 22 MRSA §1066, sub-§3, ¶E, as enacted by PL 2009, c. 595, §2, is amended to read:

E. By January 1, 2011 and annually thereafter, the board shall determine the list of vaccines to be made available by the program during the succeeding program year beginning July 1st. In making its determination, the board shall consider:

- (1) Vaccines ~~recommended by the advisory committee~~ that are available under contract with the United States Department of Health and Human Services, Centers for Disease Control and Prevention, by direct manufacturer purchase, through the Minnesota Multistate Contracting Alliance for Pharmacy or a successor organization or by any other low-cost bulk purchase option;
- (2) Recommendations of the department; ~~based on the department's review of the advisory committee recommendations;~~ and
- (3) Clinical and cost-benefit analyses.

The board shall review new vaccines and update the list of vaccines to be made available through the program on a timely basis in accordance with the considerations described in this paragraph.

Sec. 12. 22 MRSA §1066, sub-§5, as enacted by PL 2009, c. 595, §2, is amended to read:

5. Assessments. By January 1, 2011 and annually thereafter, the board shall determine ~~an assessment one or more assessments~~ for each assessed entity in accordance with this subsection. The board shall provide a mechanism to protect against duplicate counting of ~~children~~ individuals. The board may conduct an audit of the number of covered life months for ~~children~~ individuals as reported by an assessed entity. An assessment

determination made pursuant to this subsection is an adjudicatory proceeding within the meaning of Title 5, chapter 375, subchapter 4.

A. In determining the amount of the assessment, the board shall, as it determines appropriate following a public hearing, establish one or more subfunds by age and coverage type and, for each subfund:

(1) Determine the total costs of the ~~fund~~ subfund for the succeeding program year;

(2) Add a reserve of up to 10% of the total costs of the ~~fund~~ subfund under subparagraph (1) for unanticipated costs associated with providing vaccines to ~~children~~ individuals covered by the assessed entity;

(2-A) Add an administrative allowance for the department of up to 10% of the total costs of the subfund;

(3) Subtract the amount of any unexpended assessments collected in the preceding year and any unexpended interest accrued to the ~~fund~~ subfund during the preceding year; and

(4) Calculate the assessment on a monthly basis per ~~child~~ individual to be paid by an assessed entity by dividing the amount determined in accordance with subparagraphs (1), (2), (2-A) and (3) by the number of ~~children~~ individuals projected to be covered by the assessed entity during the succeeding program year divided by 12.

B. The board shall provide the assessed entity with notice of the assessment amount for each subfund established pursuant to paragraph A for the succeeding program year no later than January 1, 2011 and annually thereafter.

C. Beginning July 1, ~~2011~~ 2025, the assessment must be paid on a quarterly basis as follows:

(1) An assessed entity shall pay a quarterly assessment for each subfund established pursuant to paragraph A equal to the monthly assessment rate per ~~child~~ individual as described under paragraph A, subparagraph (4) multiplied by the number of ~~child~~ individual member months covered by the assessed entity in the preceding calendar quarter; and

(2) The assessment must be paid within 45 days following the close of the calendar quarter.

D. After the close of a program year, the board shall reconcile the total assessments paid by assessed entities, including interim assessments determined under paragraph E, with the actual costs of vaccines provided under the program to ~~children~~ individuals covered by assessed entities during that

program year and the annual operating expenses of the program during that program year. Any unexpended assessments must be used to reduce the assessment for the respective subfund established pursuant to paragraph A in the succeeding program year as required under paragraph A, subparagraph (3).

E. The board may determine an interim assessment for new vaccines that the board has made available through the program pursuant to subsection 3, paragraph E. The board shall calculate the interim assessment in accordance with paragraph A, and the interim assessment is payable the calendar quarter that begins no less than 30 days following the establishment of the federal contract price. The board may not impose more than one interim assessment per year, except in the case of a public health emergency declared in accordance with state or federal law.

F. If the combination of funding available from the United States Department of Health and Human Services, Centers for Disease Control and Prevention, Vaccines for Children Program and the immunization grant program under the federal Public Health Service Act, Section 1928 of the Social Security Act, 42 United States Code, Section 1396s is insufficient to provide coverage for vaccines for the children who qualify for vaccines under the Vaccines for Children Program, money from the fund may not be used to cover the cost of vaccines for children who would otherwise be provided vaccines under the Vaccines for Children Program.

G. If the assessments under this subsection are insufficient to cover the cost of vaccines to be provided to ~~children~~ individuals covered by assessed entities, the State is not required to cover the cost of vaccines for those ~~children~~ individuals.

H. For any subfund established pursuant to paragraph A after June 2025, after one year of operation and until discontinued by a 2/3 vote of the board determining that the adjustments described in this paragraph are not needed to maintain equity in assessment allocations among assessed entities, the following apply:

(1) Annually, assessed entities shall supply such data as may be determined by the board to be necessary for the purposes of this subsection and reasonably convenient for the assessed entities to supply in order to enable the calculations of the AAF for each entity, to multiply by the otherwise applicable assessment amount to adjust for variations between entities in the split between participating and nonparticipating providers in vaccine costs of that entity's covered individuals. The service agent shall compute the AAF annually for each entity based on supplied data;

(2) Annually, AAF calculations must be completed during the first quarter of each calendar year; and

(3) Each assessment amount otherwise calculated in accordance with this subsection must be multiplied by the AAF for the respective entity to compute the final assessment due.

Sec. 13. 22 MRSA §1066, sub-§7, as enacted by PL 2009, c. 595, §2, is amended to read:

7. Fund. The ~~Childhood~~ Immunization Fund is established for the sole purpose of funding the program, including any costs of vaccines provided under the program to ~~children~~ individuals and any costs the board may incur for staff, a service agent, administrative support services, legal representation and contracted services. The fund is administered by the board or the service agent, which shall act as a fiduciary and manage and invest the fund in conformance with prudent investor standards and maintain complete records of all assets, investments, deposits, disbursements and other transactions of the fund. All money and securities in the fund must be held in trust by the Treasurer of State for the purpose of making payments under this section and are not money or property for the general use of the State. The Treasurer of State is the custodian of the fund and may make disbursements only upon written direction from the board or the service agent. All assessments collected pursuant to this section, all interest on the balance in the fund and all income from any other source must be deposited into the fund. The fund does not lapse. No portion of the fund may be used to subsidize other programs or budgets.

Sec. 14. 22 MRSA §1066, sub-§8, as enacted by PL 2009, c. 595, §2, is amended to read:

8. Reporting. By January 15th of each year, the board shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the operation of the program, the progress of the program in expanding access to immunizations for ~~children~~ individuals and the assets, investments and expenditures of the fund.

Sec. 15. 22 MRSA §1963, sub-§3, ¶1, as enacted by PL 2017, c. 312, Pt. A, §1, is amended to read:

I. Support for activities of programs within the Maine Center for Disease Control and Prevention, including, but not limited to, the Universal ~~Childhood~~ Immunization Program under section 1066 and environmental health and tuberculosis programs;

Sec. 16. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Maine Center for Disease Control and Prevention 0143

Initiative: Establishes 2 Public Health Educator III positions in the Maine Center for Disease Control and Prevention program, effective July 1, 2026, to expand the Universal Childhood Immunization Program to provide immunizations to and cover the costs of recommended vaccines for adults in the State and provides funding for related All Other costs.

FEDERAL EXPENDITURES FUND	2025-26	2026-27
POSITIONS -	0.000	2.000
LEGISLATIVE COUNT		
Personal Services	\$0	\$202,025
All Other	\$0	\$19,536
FEDERAL EXPENDITURES	\$0	\$221,561
FUND TOTAL		

Medical Care - Payments to Providers 0147

Initiative: Reduces funding to reflect cost savings in the Medical Care - Payments to Providers program resulting from the procurement of vaccines for adults in the MaineCare program at the discounted United States Centers for Disease Control and Prevention price beginning July 1, 2026.

GENERAL FUND	2025-26	2026-27
All Other	\$0	(\$302,107)
GENERAL FUND TOTAL	\$0	(\$302,107)

FEDERAL EXPENDITURES FUND	2025-26	2026-27
All Other	\$0	(\$482,180)
FEDERAL EXPENDITURES	\$0	(\$482,180)
FUND TOTAL		

HEALTH AND HUMAN SERVICES, DEPARTMENT OF		
DEPARTMENT TOTALS	2025-26	2026-27
GENERAL FUND	\$0	(\$302,107)
FEDERAL	\$0	(\$260,619)
EXPENDITURES FUND		
DEPARTMENT TOTAL - ALL FUNDS	\$0	(\$562,726)

Sec. 17. Effective date. This Act takes effect July 1, 2026.

Effective July 1, 2026.