# 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**

**Sec. 1. 24-A MRSA §4320-N, sub-§1, ¶A-1** is enacted to read:

A-1. "Associated conditions" means the symptoms or side effects associated with metastatic cancer or its treatment and that, in the judgment of the health care practitioner, further jeopardize the health of a patient if left untreated.

**Sec. 2. 24-A MRSA §4320-N, sub-§1, ¶C-1** is enacted to read:

C-1. "Metastatic cancer" means cancer that has spread from the primary or original site of the cancer to nearby tissues, lymph nodes or other areas or parts of the body.

**Sec. 3. 24-A MRSA §4320-N, sub-§8** is enacted to read:

**8. Step therapy for metastatic cancer and associated conditions prohibited.** Notwithstanding subsection 6, paragraph B, with respect to coverage of a prescription drug on a carrier's formulary for the treatment of metastatic cancer and associated conditions, a carrier or utilization review organization may not require that the enrollee use a step therapy protocol before the carrier provides coverage of a prescription drug approved by the United States Food and Drug Administration.

**Sec. 4. Appropriations and allocations.** The following appropriations and allocations are made.

**ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF**

**Departments and Agencies - Statewide 0016**

Initiative: Provides funding to allow enrollees to use step therapy protocols before the carrier provides coverage of prescription drugs approved by the United States Food and Drug Administration. The expanded requirements apply to health plans issued or renewed on or after January 1, 2026.

| GENERAL FUND | 2025-26 | 2026-27 |
|---|---|---|
| All Other | $0 | $7,176 |
| GENERAL FUND TOTAL | $0 | $7,176 |

| HIGHWAY FUND | 2025-26 | 2026-27 |
|---|---|---|
| All Other | $0 | $2,496 |
| HIGHWAY FUND TOTAL | $0 | $2,496 |

See title page for effective date.

## CHAPTER 449
## H.P. 138 - L.D. 215

### An Act Regarding Large Recovery Residences

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

**Sec. 1. 22 MRSA §4305, sub-§3-E** is enacted to read:

**3-E. Maximum levels of assistance for large recovery residences.** Municipalities shall establish maximum levels of assistance for housing assistance provided to or on behalf of a person residing in a recovery residence, as described in section 4309, subsection 6, with occupancy of 26 or more beds, in an amount equal to 70% of the maximum levels of assistance for recovery residences with occupancy of 25 or fewer beds.

**Sec. 2. 22 MRSA §4311, sub-§1-D** is enacted to read:

**1-D. Reimbursement for large recovery residences.** The department shall reimburse each municipality for housing assistance provided to or on behalf of a person residing in a recovery residence, as described in section 4309, subsection 6, with occupancy of 26 or more beds, in an amount equal to 100% of housing assistance granted to that individual.

**Sec. 3. Department to convene stakeholder group; report.** The Department of Health and Human Services shall convene a stakeholder group of interested parties, including, but not limited to, individuals in recovery, operators of recovery residences, municipal officials and individuals representing the entity responsible for the certification of recovery residences in the State to review options for managing the costs of general assistance provided for residents of recovery residences, including possible expansion or creation of state-funded subsidy programs. The department shall report its findings by February 1, 2026 to the Joint Standing Committee on Health and Human Services. The committee may report out legislation related to the report to the Second Regular Session of the 132nd Legislature or to any special session of the 132nd Legislature.

See title page for effective date.