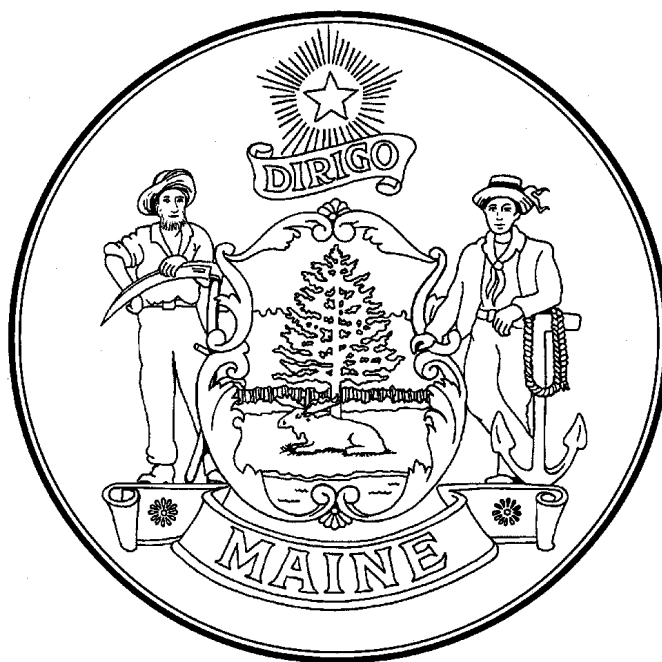


MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND THIRTY-SECOND LEGISLATURE

SECOND REGULAR SESSION
JANUARY 7, 2026 to APRIL 29, 2026

THE GENERAL EFFECTIVE DATE FOR
SECOND REGULAR SESSION
NONEMERGENCY LAWS IS
JULY 29, 2026

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

Augusta, Maine
2026

3. Fee. Except as provided in subsection 3-A and 3-B, stickers are furnished by the Chief of the State Police at \$2.50 each.

Sec. 3. 29-A MRSA §1766, sub-§3-B is enacted to read:

3-B. Fee for business that rents noncommercial motor vehicles. Stickers furnished by the Chief of the State Police to a business that rents noncommercial vehicles pursuant to section 1751, subsection 1-A are 2 times the fee for stickers under subsection 3.

Sec. 4. Effective date. This Act takes effect January 1, 2027.

Effective January 1, 2027.

CHAPTER 639 S.P. 896 - L.D. 2195

An Act to Prohibit the Appointment or Assignment of an Attorney to Provide Indigent Legal Services Without That Attorney's Consent

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

Sec. 1. 4 MRSA §1802-A, as repealed and replaced by PL 2025, c. 511, §2, is amended by amending the section headnote to read:

§1802-A. Employed counsel and public defender; ~~direct assignment prohibited court appointment and assignment of counsel~~

Sec. 2. 4 MRSA §1802-A, sub-§3 is enacted to read:

3. Compensation of attorneys appointed or assigned by court to provide indigent legal services. The commission is not required to reimburse the expenses of or to compensate an attorney appointed or assigned by a court to provide indigent legal services unless the attorney is an assigned counsel; the commission has determined that the attorney is eligible for appointment or assignment in the type of court proceeding to which the attorney has been appointed or assigned; and the attorney consents in advance to the appointment or assignment.

See title page for effective date.

CHAPTER 640 H.P. 1482 - L.D. 2203

An Act to Limit Rates Charged to Low-income Electricity Consumers

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

Sec. 1. 35-A MRSA §3203, sub-§4-D is enacted to read:

4-D. Low-income assistance program; rate limitation. A competitive electricity provider may not provide to a customer receiving low-income assistance authorized by section 3214, subsection 2 generation service at a rate that is greater than the standard-offer service rate established under section 3212 that would otherwise be applicable to that customer. The commission may adopt rules to implement this subsection, including, but not limited to, rules governing the sharing of low-income assistance customer data by a transmission and distribution utility with a competitive electricity provider. Rules adopted under this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

See title page for effective date.

CHAPTER 641 S.P. 690 - L.D. 1772

An Act to Establish the Fund for a Healthy Maine Stabilization Fund

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

Whereas, Fund for a Healthy Maine funds are essential for funding tobacco use prevention and treatment, other chronic disease prevention initiatives and health promotion efforts in the State, particularly for the benefit of children and families in the State; and

Whereas, the disputed payments under the tobacco Master Settlement Agreement pursuant to the lawsuit *State of Maine v. Philip Morris, et al.*, Kennebec County Superior Court, Docket No. CV-97-134 that the State expects to receive as early as April 2026 for fiscal year 2026-27 and fiscal year 2027-28 offer an opportunity to eliminate the need for a working capital advance, but the exact arrival date of those payments is uncertain; and

Whereas, in order to help stabilize the Fund for a Healthy Maine, provide support in public health planning and policy making and eliminate reliance on a