LAWS

OF THE

STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND THIRTY-SECOND LEGISLATURE

SECOND REGULAR SESSION
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TITLE 3, SECTION 163-A, SUBSECTION 4.

Augusta, Maine
2026

REPORTING OF FIREARM FATALITIES ~~AND~~, HOSPITALIZATIONS AND MENTAL HEALTH ASSESSMENT DATA

Sec. 2. 22 MRSA §1425, as amended by PL 2021, c. 676, Pt. A, §32, is further amended by amending the section headnote to read:

§1425. Annual report on firearm fatalities ~~and~~, hospitalizations and mental health assessment data

Sec. 3. 22 MRSA §1425, sub-§1, ¶C, as enacted by PL 2021, c. 369, §1, is amended to read:

C. Unintentional discharges, further separated by the ages of the victims; ~~and~~

Sec. 4. 22 MRSA §1425, sub-§2, as amended by PL 2021, c. 676, Pt. A, §32, is further amended to read:

2. Hospitalizations. Hospitalizations that occurred as a result of a firearm but did not result in death~~.~~; and

Sec. 5. 22 MRSA §1425, sub-§3 is enacted to read:

3. Risk assessments. The number of assessments by a medical practitioner performed pursuant to Title 34-B, section 3862-A, the number of individuals assessed who received a referral for mental health treatment and services and any aggregate demographic information about the individuals assessed that can be released without risking individual identification.

See title page for effective date.

CHAPTER 712

H.P. 986 - L.D. 1502

An Act to Update the Requirements for Health Insurance Coverage of Prostate Cancer Screening

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

Sec. 1. 24 MRSA §2325-C, as enacted by PL 1997, c. 754, §1, is amended to read:

§2325-C. Coverage for prostate cancer screening

1. ~~Definition~~ Services for the early detection of prostate cancer; definition. As used in this section, "services for the early detection of prostate cancer" means the following procedures provided to a man for the purpose of early detection of prostate cancer:

A. A digital rectal examination; and

B. A prostate-specific antigen test.

1-A. Nationally recognized clinical practice guideline; definition. As used in this section, unless the context otherwise indicates, "nationally recognized clinical practice guideline" means an evidence-based clinical practice guideline:

A. Developed using a transparent methodology and reporting structure by an independent organization or medical professional society that has adopted a conflict of interest policy;

B. That establishes a standard of care informed by a systematic review of evidence and an assessment of the benefits and risks of alternative care options; and

C. That includes recommendations intended to optimize patient care.

2. Required coverage for prostate cancer screening. All individual and group nonprofit hospital and medical services plan contracts must provide coverage for services for the early detection of prostate cancer. The contracts must reimburse for services for the early detection of prostate cancer, if recommended by a physician, ~~at least once a year for men 50 years of age or older until a man reaches the age of 72~~ when supported by medical and scientific evidence according to the most recently published nationally recognized clinical practice guideline.

~~**3. Application.** The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after September 1, 1998. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.~~

4. Cost sharing prohibited. An individual or group nonprofit hospital and medical services plan contract may not impose any deductible, copayment, coinsurance or other cost-sharing requirement for the costs of services for the early detection of prostate cancer required to be covered under subsection 2. This subsection does not apply to a contract offered for use with a health savings account unless the federal Internal Revenue Service determines that the requirements in this subsection are permissible in a high deductible health plan as defined in the federal Internal Revenue Code of 1986, Section 223(c)(2).

Sec. 2. 24-A MRSA §2745-G, as reallocated by RR 1997, c. 2, §51, is amended to read:

§2745-G. Coverage for prostate cancer screening

1. ~~Definition~~ Services for the early detection of prostate cancer; definition. As used in this section, "services for the early detection of prostate cancer" means the following procedures provided to a man for the purpose of early detection of prostate cancer:

A. A digital rectal examination; and

B. A prostate-specific antigen test.

1-A. Nationally recognized clinical practice guideline; definition. As used in this section, unless the context otherwise indicates, "nationally recognized clinical practice guideline" means an evidence-based clinical practice guideline:

A. Developed using a transparent methodology and reporting structure by an independent organization or medical professional society that has adopted a conflict of interest policy;

B. That establishes a standard of care informed by a systematic review of evidence and an assessment of the benefits and risks of alternative care options; and

C. That includes recommendations intended to optimize patient care.

2. Required coverage for prostate cancer screening. All individual insurance policies and contracts except accidental injury, specified disease, hospital indemnity, Medicare supplement, long-term care and other limited benefit health insurance policies and contracts must provide coverage for services for the early detection of prostate cancer. The contracts must reimburse for services for the early detection of prostate cancer, if recommended by a physician, ~~at least once a year for men 50 years of age or older until a man reaches the age of 72~~ when supported by medical and scientific evidence according to the most recently published nationally recognized clinical practice guideline.

~~**3. Application.** The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after September 1, 1998. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.~~

4. Cost sharing prohibited. An individual insurance policy or contract may not impose any deductible, copayment, coinsurance or other cost-sharing requirement for the costs of services for the early detection of prostate cancer required to be covered under subsection 2. This subsection does not apply to a policy or contract offered for use with a health savings account unless the federal Internal Revenue Service determines that the requirements in this subsection are permissible in a high deductible health plan as defined in the federal Internal Revenue Code of 1986, Section 223(c)(2).

Sec. 3. 24-A MRSA §2837-H, as reallocated by RR 1997, c. 2, §52, is amended to read:

§2837-H. Coverage for prostate cancer screening

1. ~~Definition~~ Services for the early detection of prostate cancer; definition. As used in this section, "services for the early detection of prostate cancer" means the following procedures provided to a man for the purpose of early detection of prostate cancer:

A. A digital rectal examination; and

B. A prostate-specific antigen test.

1-A. Nationally recognized clinical practice guideline; definition. As used in this section, unless the context otherwise indicates, "nationally recognized clinical practice guideline" means an evidence-based clinical practice guideline:

A. Developed using a transparent methodology and reporting structure by an independent organization or medical professional society that has adopted a conflict of interest policy;

B. That establishes a standard of care informed by a systematic review of evidence and an assessment of the benefits and risks of alternative care options; and

C. That includes recommendations intended to optimize patient care.

2. Required coverage for prostate cancer screening. All group insurance policies and contracts except accidental injury, specified disease, hospital indemnity, Medicare supplement, long-term care and other limited benefit health insurance policies and contracts must provide coverage for services for the early detection of prostate cancer. The contracts must reimburse for services for the early detection of prostate cancer, if recommended by a physician, ~~at least once a year for men 50 years of age or older until a man reaches the age of 72~~ when supported by medical and scientific evidence according to the most recently published nationally recognized clinical practice guideline.

~~**3. Application.** The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after September 1, 1998. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.~~

4. Cost sharing prohibited. A group insurance policy or contract may not impose any deductible, copayment, coinsurance or other cost-sharing requirement for the costs of services for the early detection of prostate cancer required to be covered under subsection 2. This subsection does not apply to a policy or contract offered for use with a health savings account unless the federal Internal Revenue Service determines that the requirements in this subsection are permissible in a high deductible health plan as defined in the federal Internal Revenue Code, Section 223(c)(2).

Sec. 4. 24-A MRSA §4244, as reallocated by RR 1997, c. 2, §53, is amended to read:

§4244. Coverage for prostate cancer screening

1. ~~Definition~~ Services for the early detection of prostate cancer; definition. As used in this section, "services for the early detection of prostate cancer" means the following procedures provided to a man for the purpose of early detection of prostate cancer:

A. A digital rectal examination; and

B. A prostate-specific antigen test.

1-A. Nationally recognized clinical practice guideline; definition. As used in this section, unless the context otherwise indicates, "nationally recognized clinical practice guideline" means an evidence-based clinical practice guideline:

A. Developed using a transparent methodology and reporting structure by an independent organization or medical professional society that has adopted a conflict of interest policy;

B. That establishes a standard of care informed by a systematic review of evidence and an assessment of the benefits and risks of alternative care options; and

C. That includes recommendations intended to optimize patient care.

2. Required coverage for prostate cancer screening. All health maintenance organization individual and group contracts must provide coverage for services for the early detection of prostate cancer. The contracts must reimburse for services for the early detection of prostate cancer, if recommended by a physician, ~~at least once a year for men 50 years of age or older until a man reaches the age of 72~~ when supported by medical and scientific evidence according to the most recently published nationally recognized clinical practice guideline.

~~**3. Application.** The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after September 1, 1998. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.~~

4. Cost sharing prohibited. An individual or group contract may not impose any deductible, copayment, coinsurance or other cost-sharing requirement for the costs of services for the early detection of prostate cancer required to be covered under subsection 2. This subsection does not apply to a contract offered for use with a health savings account unless the federal Internal Revenue Service determines that the requirements in this subsection are permissible in a high deductible health plan as defined in the federal Internal Revenue Code, Section 223(c)(2).

Sec. 5. Application. This Act applies to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2027. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

See title page for effective date.

CHAPTER 713

H.P. 1093 - L.D. 1652

An Act to Expand the Dental Care Access Credit

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

Sec. 1. 36 MRSA §5219-CCC is enacted to read:

§5219-CCC. Dental care access credit

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Eligible dentist" means a person licensed as a dentist under Title 32, chapter 143 who, on or after January 1, 2027:

(1) First begins practicing dentistry in the State by joining an existing dental practice in an underserved area or establishing a new dental practice or purchasing an existing dental practice in an underserved area;

(2) Agrees to practice full-time for at least 5 years in an underserved area;

(3) Is an enrolled MaineCare provider serving a patient panel consisting of no less than 15% MaineCare members; and

(4) Is certified under subsection 3 to be eligible by the oral health program.

B. "Oral health program" means the program within the Department of Health and Human Services with responsibility for oral health promotion and dental disease prevention activities.

C. "Underserved area" means an area in the State that is a dental health professional shortage area as defined by the federal Department of Health and Human Services, Health Resources and Services Administration.

2. Credit. An eligible dentist determined to be eligible on or after January 1, 2027 but before January 1, 2033 is allowed a credit for each tax year, not to exceed $6,000 in the first year, $9,000 in the 2nd year, $12,000 in the 3rd year, $15,000 in the 4th year and $18,000 in the 5th year, against the taxes due under this Part. The credit may be claimed in the first year that the eligible dentist meets the conditions of eligibility for at least 6