

CHAPTER 251

COMMUNICABLE DISEASES

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(REPEALED)

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SUBCHAPTER 1-A

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(REPEALED)

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(REPEALED)

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SECTION HISTORY

PL 1977, c. 304, §1 (RP).

SUBCHAPTER 2-A

IMMUNIZATION

§1061. Definitions

1. Clinic. "Clinic," as used in this subchapter, shall mean any place, establishment or institution which operates for the purpose of dispensing immunizing agents to persons who are not confined in that place.

[PL 1977, c. 304, §2 (NEW).]

2. Immunizing agent. "Immunizing agent" means a vaccine, antitoxin or other substance used to increase an individual's immunity to a disease.

[PL 1977, c. 304, §2 (NEW).]

SECTION HISTORY

PL 1977, c. 304, §2 (NEW).

§1062. Distribution of immunizing agents

The department shall have authority to purchase or receive by gift and dispense immunizing agents and other pharmaceuticals for use in the prevention and control of diseases and disabilities. The department shall provide and distribute immunizing agents throughout the State when necessary to protect the public health. [PL 1977, c. 304, §2 (NEW).]

SECTION HISTORY

PL 1977, c. 304, §2 (NEW).

§1063. Clinics

1. Immunization; immunity from liability. The department may offer immunization to the public for protection in case of an epidemic or threatened epidemic as ordered by the commissioner.

Notwithstanding any inconsistent provision of any other law, no person who works as a volunteer in a public immunization program set up by the department pursuant to this subsection, without the expectation or receipt of monetary compensation for any aspect of such a program, shall be liable:

A. For damages or injuries alleged to have been sustained by a person immunized under the program; nor [PL 1977, c. 304, §2 (NEW).]

B. For damages for the death of a person immunized under the program, unless it is established that the injuries or the death were caused willfully, wantonly, recklessly or by gross negligence by the volunteer. [PL 1977, c. 304, §2 (NEW).]

[PL 1977, c. 304, §2 (NEW).]

2. Free immunization clinics. The department may conduct free immunization clinics for the public subject to whatever guidelines and regulations the department deems necessary. The department shall notify the public of the free immunization clinics, publicize the time and place of the clinic and require that a record be kept of those immunized.

[PL 1977, c. 304, §2 (NEW).]

3. Municipal immunization programs. The department may cooperate with the local health officer of a municipality offering immunization to or conducting free clinics for persons within its jurisdiction. Municipal immunization programs shall be subject to whatever guidelines and regulations the department deems necessary.

[PL 1977, c. 304, §2 (NEW).]

SECTION HISTORY

PL 1977, c. 304, §2 (NEW).

§1064. Immunization information system

The department shall establish an immunization information system and require all immunization providers who participate in the department's immunization distribution system to submit to the department a record of each immunization administered. [PL 1997, c. 670, §1 (NEW).]

The department shall adopt rules to implement this section. The rules must include, but are not limited to, provisions for: permitting a person or the parent or guardian of that person to choose not to be included in the system; the format for reporting information; the confidentiality of information in the system; penalties for unauthorized disclosure of information; immunity for good-faith disclosure of information; data transmission; and the confidentiality of information of persons who have chosen not to be included in the system, except that the department may have access to this information to control an outbreak of a disease preventable by immunization. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter II-A. [PL 1997, c. 670, §1 (NEW).]

The department may establish an immunization system. The department must pursue federal funding to support the cost of the information system. Any state match required to secure federal funding must be made available from existing budget resources. [PL 1997, c. 670, §1 (NEW).]

SECTION HISTORY

PL 1997, c. 670, §1 (NEW).

§1065. Influenza immunizing agent distribution report

(REPEALED)

SECTION HISTORY

PL 2005, c. 628, §1 (NEW). PL 2011, c. 320, Pt. A, §1 (RP).

§1066. Universal Childhood Immunization Program

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE UNTIL 7/01/26)

1. Program established. The Universal Childhood Immunization Program is established to provide all children from birth until 19 years of age 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. The program is overseen by the Maine Vaccine Board.

[PL 2009, c. 595, §2 (NEW).]

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

A. "Advisory committee" means the Advisory Committee on Immunization Practices of the United States Department of Health and Human Services, Centers for Disease Control and Prevention or its successor organization. [PL 2009, c. 595, §2 (NEW).]

B. "Assessed entity" means a health insurance carrier or a 3rd-party administrator registered under Title 24-A. [PL 2009, c. 652, Pt. E, §1 (AMD); PL 2009, c. 652, Pt. E, §3 (AFF).]

C. "Board" means the Maine Vaccine Board established in subsection 3. [PL 2009, c. 595, §2 (NEW).]

D. "Child" means a person who has not attained 19 years of age and who resides in the State. [PL 2009, c. 595, §2 (NEW).]

E. "Covered life months" means the number of months during a calendar year that a person is covered under a health insurance plan provided or administered by an assessed entity. [PL 2009, c. 652, Pt. E, §2 (AMD); PL 2009, c. 652, Pt. E, §3 (AFF).]

F. "Fund" means the Childhood Immunization Fund established in subsection 7. [PL 2009, c. 595, §2 (NEW).]

G. "Health insurance carrier" means:

- (1) An insurance company licensed in accordance with Title 24-A to provide health insurance;
- (2) A health maintenance organization licensed pursuant to Title 24-A, chapter 56;
- (3) A preferred provider arrangement administrator registered pursuant to Title 24-A, chapter 32;
- (4) A fraternal benefit society as defined in Title 24-A, section 4101;
- (5) A nonprofit hospital or medical service organization or health plan licensed pursuant to Title 24;
- (6) A multiple-employer welfare arrangement approved by the superintendent under Title 24-A, section 6603; or
- (7) A self-insured employer subject to state regulation as described in Title 24-A, section 2848-A. [PL 2009, c. 595, §2 (NEW).]

H. "New vaccine" means a vaccine recommended by the advisory committee for which an initial federal contract price is established by the United States Department of Health and Human

Services, Centers for Disease Control and Prevention between October 1st and July 1st. [PL 2009, c. 595, §2 (NEW).]

I. "Program" means the Universal Childhood Immunization Program established in subsection 1. [PL 2009, c. 595, §2 (NEW).]

J. "Provider" means a person licensed by this State to provide health care services to individuals or a partnership or corporation made up of those persons. [PL 2009, c. 595, §2 (NEW).]

K. "Service agent" means a person or entity qualified by good business reputation, training, education and experience to administer the fund and perform responsibilities assigned by the board. A service agent must hold all licenses, registrations and permits required to engage in activities or undertake responsibilities assigned by the board. [PL 2009, c. 595, §2 (NEW).]

L. "Superintendent" means the Superintendent of Insurance. [PL 2009, c. 595, §2 (NEW).]

M. "Total costs of the fund" means the costs of vaccines provided under the program to children 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. [PL 2009, c. 595, §2 (NEW).]

[PL 2009, c. 652, Pt. E, §§1, 2 (AMD); PL 2009, c. 652, Pt. E, §3 (AFF).]

3. Maine Vaccine Board. The Maine Vaccine Board is established pursuant to this subsection to oversee the program.

A. The board consists of 9 members.

(1) The commissioner shall serve as an ex officio, nonvoting member.

(3) The Governor shall appoint 8 members, as follows:

(a) Three representatives of health insurance carriers, appointed from a list of nominees submitted by a statewide association of health insurance carriers;

(b) Three representatives of providers in the State, appointed from lists of nominees submitted by statewide associations of providers, including associations of primary care providers, allopathic and osteopathic physicians, nurse practitioners and persons with expertise in public health;

(c) A representative of employers that self-insure for health coverage, appointed from lists of nominees submitted by statewide associations of employers; and

(d) A representative of the pharmaceutical manufacturing industry, appointed from a list of nominees submitted by a statewide association of pharmaceutical manufacturers. [PL 2017, c. 7, §1 (AMD).]

B. With the exception of the representative of the pharmaceutical manufacturing industry, who serves a one-year term, 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. [PL 2009, c. 595, §2 (NEW).]

C. The board shall elect a chair from among its members to serve a 2-year term or for the duration of that person's term. The chair may serve successive terms. Five voting members constitute a quorum. Decisions of the board require the affirmative vote of 5 members. [PL 2009, c. 595, §2 (NEW).]

D. The board shall meet 4 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. [PL 2009, c. 595, §2 (NEW).]

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;
- (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. [PL 2009, c. 595, §2 (NEW).]

F. The board shall contract for staff, administrative support services and, if necessary, legal representation; review financial, cost and other information about the program annually or more often as determined by the chair; and pay the costs of the service agent under subsection 9, legal representation and contracted services from the fund. [PL 2009, c. 595, §2 (NEW).]

[PL 2017, c. 7, §1 (AMD).]

4. Program requirements. The program shall make available to providers vaccines as determined by the board pursuant to subsection 3, paragraph E.

[PL 2009, c. 595, §2 (NEW).]

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

- (1) Determine the total costs of the fund for the succeeding program year;
- (2) Add a reserve of up to 10% of the total costs of the fund under subparagraph (1) for unanticipated costs associated with providing vaccines to children covered by the assessed entity;
- (3) Subtract the amount of any unexpended assessments collected in the preceding year and any unexpended interest accrued to the fund during the preceding year; and
- (4) Calculate the assessment on a monthly basis per child to be paid by an assessed entity by dividing the amount determined in accordance with subparagraphs (1), (2) and (3) by the number of children projected to be covered by the assessed entity during the succeeding program year divided by 12. [PL 2009, c. 595, §2 (NEW).]

B. The board shall provide the assessed entity with notice of the assessment amount for the succeeding program year no later than January 1, 2011 and annually thereafter. [PL 2009, c. 595, §2 (NEW).]

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

(1) An assessed entity shall pay a quarterly assessment equal to the monthly assessment rate per child as described under paragraph A, subparagraph (4) multiplied by the number of child 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. [PL 2009, c. 595, §2 (NEW).]

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 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 in the succeeding program year as required under paragraph A, subparagraph (3). [PL 2009, c. 595, §2 (NEW).]

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. [PL 2009, c. 595, §2 (NEW).]

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. [PL 2009, c. 595, §2 (NEW).]

G. If the assessments under this subsection are insufficient to cover the cost of vaccines to be provided to children covered by assessed entities, the State is not required to cover the cost of vaccines for those children. [PL 2009, c. 595, §2 (NEW).]

[PL 2009, c. 595, §2 (NEW).]

6. Failure to pay assessment. If an assessment under subsection 5 is not paid on the due date established by the board, the provisions of this subsection apply.

A. The board shall submit a report to the superintendent listing each assessed entity that has failed to pay an assessment under subsection 5. [PL 2009, c. 595, §2 (NEW).]

B. If an assessed entity has not paid an assessment under subsection 5 within 45 days following the close of the calendar quarter, interest accrues at 12% per annum on or after the due date. Interest paid under this paragraph must be deposited into the fund. Upon application, the board may waive such interest payments for good cause shown. [PL 2009, c. 595, §2 (NEW).]

The superintendent may take any action authorized under Title 24-A to enforce collection of any unpaid assessment or fine and may impose any penalty authorized under Title 24-A for noncompliance with this section if the assessed entity has engaged in a pattern of conduct that demonstrates a lack of good faith in complying with the requirements of this subsection.

[PL 2009, c. 595, §2 (NEW).]

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 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.

[PL 2009, c. 595, §2 (NEW).]

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 and the assets, investments and expenditures of the fund.

[PL 2009, c. 595, §2 (NEW).]

9. Service agent. The board, by written contract, may delegate administration of the fund to a service agent. The service agent:

A. May contract with attorneys acceptable to the board for legal representation for the board; [PL 2009, c. 595, §2 (NEW).]

B. May levy assessments, institute collection procedures, including legal action if necessary, and deposit money in the fund with the Treasurer of State if those funds are not needed to meet immediate cash flow demands; and [PL 2009, c. 595, §2 (NEW).]

C. Shall make recommendations to the board regarding policies, rules and standards necessary for the proper administration of the fund. [PL 2009, c. 595, §2 (NEW).]

[PL 2009, c. 595, §2 (NEW).]

10. Freedom from liability. There is no liability on the part of, and a cause of action may not arise against, a member of the board for any acts or omissions in the performance of the member's duties under this section. This immunity does not extend to willful neglect or malfeasance that would otherwise be actionable.

[PL 2009, c. 595, §2 (NEW).]

11. Rules. The department and the board shall jointly adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A.

[PL 2009, c. 595, §2 (NEW).]

SECTION HISTORY

PL 2009, c. 595, §2 (NEW). PL 2009, c. 652, Pt. E, §§1, 2 (AMD). PL 2009, c. 652, Pt. E, §3 (AFF). PL 2017, c. 7, §1 (AMD).

§1066. Universal Immunization Program

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 7/01/26)

1. Program established. The Universal Immunization Program is established to provide all 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 individuals in the State. The program is overseen by the Maine Vaccine Board.

[PL 2025, c. 440, §2 (AMD); PL 2025, c. 440, §17 (AFF).]

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

A. "Advisory committee" means the Advisory Committee on Immunization Practices of the United States Department of Health and Human Services, Centers for Disease Control and Prevention or its successor organization. [PL 2009, c. 595, §2 (NEW).]

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. [PL 2025, c. 440, §3 (NEW); PL 2025, c. 440, §17 (AFF).]

B. "Assessed entity" means a health insurance carrier or a 3rd-party administrator registered under Title 24-A. [PL 2009, c. 652, Pt. E, §1 (AMD); PL 2009, c. 652, Pt. E, §3 (AFF).]

C. "Board" means the Maine Vaccine Board established in subsection 3. [PL 2009, c. 595, §2 (NEW).]

D. [PL 2025, c. 440, §4 (RP); PL 2025, c. 440, §17 (AFF).]

E. "Covered life months" means the number of months during a calendar year that a person is covered under a health insurance plan provided or administered by an assessed entity. [PL 2009, c. 652, Pt. E, §2 (AMD); PL 2009, c. 652, Pt. E, §3 (AFF).]

F. "Fund" means the Immunization Fund established in subsection 7. [PL 2025, c. 440, §5 (AMD); PL 2025, c. 440, §17 (AFF).]

G. "Health insurance carrier" means:

- (1) An insurance company licensed in accordance with Title 24-A to provide health insurance;
- (2) A health maintenance organization licensed pursuant to Title 24-A, chapter 56;
- (3) A preferred provider arrangement administrator registered pursuant to Title 24-A, chapter 32;
- (4) A fraternal benefit society as defined in Title 24-A, section 4101;
- (5) A nonprofit hospital or medical service organization or health plan licensed pursuant to Title 24;
- (6) A multiple-employer welfare arrangement approved by the superintendent under Title 24-A, section 6603; or
- (7) A self-insured employer subject to state regulation as described in Title 24-A, section 2848-A. [PL 2009, c. 595, §2 (NEW).]

G-1. "Individual" means a person who resides in the State. [PL 2025, c. 440, §6 (NEW); PL 2025, c. 440, §17 (AFF).]

H. "New vaccine" means a vaccine recommended by the advisory committee for which an initial federal contract price is established by the United States Department of Health and Human Services, Centers for Disease Control and Prevention between October 1st and July 1st. [PL 2009, c. 595, §2 (NEW).]

I. "Program" means the Universal Immunization Program established in subsection 1. [PL 2025, c. 440, §7 (AMD); PL 2025, c. 440, §17 (AFF).]

J. "Provider" means a person licensed by this State to provide health care services to individuals or a partnership or corporation made up of those persons. [PL 2009, c. 595, §2 (NEW).]

K. "Service agent" means a person or entity qualified by good business reputation, training, education and experience to administer the fund and perform responsibilities assigned by the board.

A service agent must hold all licenses, registrations and permits required to engage in activities or undertake responsibilities assigned by the board. [PL 2009, c. 595, §2 (NEW).]

L. "Superintendent" means the Superintendent of Insurance. [PL 2009, c. 595, §2 (NEW).]

M. "Total costs of the fund" means the costs of vaccines provided under the program to 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. [PL 2025, c. 440, §8 (AMD); PL 2025, c. 440, §17 (AFF).]

[PL 2025, c. 440, §§3-8 (AMD); PL 2025, c. 440, §17 (AFF).]

3. Maine Vaccine Board. The Maine Vaccine Board is established pursuant to this subsection to oversee the program.

A. The board consists of 9 members.

(1) The commissioner shall serve as an ex officio, nonvoting member.

(3) The Governor shall appoint 8 members, as follows:

(a) Three representatives of health insurance carriers, appointed from a list of nominees submitted by a statewide association of health insurance carriers;

(b) Three representatives of providers in the State, appointed from lists of nominees submitted by statewide associations of providers, including associations of primary care providers, allopathic and osteopathic physicians, nurse practitioners and persons with expertise in public health;

(c) A representative of employers that self-insure for health coverage, appointed from lists of nominees submitted by statewide associations of employers; and

(d) A representative of the pharmaceutical manufacturing industry, appointed from a list of nominees submitted by a statewide association of pharmaceutical manufacturers. [PL 2017, c. 7, §1 (AMD).]

B. 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. [PL 2025, c. 440, §9 (AMD); PL 2025, c. 440, §17 (AFF).]

C. The board shall elect a chair from among its members to serve a 2-year term or for the duration of that person's term. The chair may serve successive terms. Five voting members constitute a quorum. Decisions of the board require the affirmative vote of 5 members. [PL 2009, c. 595, §2 (NEW).]

D. The board shall meet 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. [PL 2025, c. 440, §10 (AMD); PL 2025, c. 440, §17 (AFF).]

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 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; 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. [PL 2025, c. 440, §11 (AMD); PL 2025, c. 440, §17 (AFF).]

F. The board shall contract for staff, administrative support services and, if necessary, legal representation; review financial, cost and other information about the program annually or more often as determined by the chair; and pay the costs of the service agent under subsection 9, legal representation and contracted services from the fund. [PL 2009, c. 595, §2 (NEW).]
[PL 2025, c. 440, §§9-11 (AMD); PL 2025, c. 440, §17 (AFF).]

4. Program requirements. The program shall make available to providers vaccines as determined by the board pursuant to subsection 3, paragraph E.
[PL 2009, c. 595, §2 (NEW).]

5. Assessments. By January 1, 2011 and annually thereafter, the board shall determine 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 individuals. The board may conduct an audit of the number of covered life months for 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 subfund for the succeeding program year;
- (2) Add a reserve of up to 10% of the total costs of the subfund under subparagraph (1) for unanticipated costs associated with providing vaccines to 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 subfund during the preceding year; and
- (4) Calculate the assessment on a monthly basis per 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 individuals projected to be covered by the assessed entity during the succeeding program year divided by 12. [PL 2025, c. 440, §12 (AMD); PL 2025, c. 440, §17 (AFF).]

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. [PL 2025, c. 440, §12 (AMD); PL 2025, c. 440, §17 (AFF).]

C. Beginning July 1, 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 individual as described under paragraph A, subparagraph (4) multiplied by the number of 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. [PL 2025, c. 440, §12 (AMD); PL 2025, c. 440, §17 (AFF).]

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 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). [PL 2025, c. 440, §12 (AMD); PL 2025, c. 440, §17 (AFF).]

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. [PL 2009, c. 595, §2 (NEW).]

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. [PL 2009, c. 595, §2 (NEW).]

G. If the assessments under this subsection are insufficient to cover the cost of vaccines to be provided to individuals covered by assessed entities, the State is not required to cover the cost of vaccines for those individuals. [PL 2025, c. 440, §12 (AMD); PL 2025, c. 440, §17 (AFF).]

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. [PL 2025, c. 440, §12 (NEW); PL 2025, c. 440, §17 (AFF).]
- [PL 2025, c. 440, §12 (AMD); PL 2025, c. 440, §17 (AFF).]

6. Failure to pay assessment. If an assessment under subsection 5 is not paid on the due date established by the board, the provisions of this subsection apply.

A. The board shall submit a report to the superintendent listing each assessed entity that has failed to pay an assessment under subsection 5. [PL 2009, c. 595, §2 (NEW).]

B. If an assessed entity has not paid an assessment under subsection 5 within 45 days following the close of the calendar quarter, interest accrues at 12% per annum on or after the due date. Interest paid under this paragraph must be deposited into the fund. Upon application, the board may waive such interest payments for good cause shown. [PL 2009, c. 595, §2 (NEW).]

The superintendent may take any action authorized under Title 24-A to enforce collection of any unpaid assessment or fine and may impose any penalty authorized under Title 24-A for noncompliance with this section if the assessed entity has engaged in a pattern of conduct that demonstrates a lack of good faith in complying with the requirements of this subsection.

[PL 2009, c. 595, §2 (NEW).]

7. Fund. The Immunization Fund is established for the sole purpose of funding the program, including any costs of vaccines provided under the program to 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.

[PL 2025, c. 440, §13 (AMD); PL 2025, c. 440, §17 (AFF).]

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 individuals and the assets, investments and expenditures of the fund.

[PL 2025, c. 440, §14 (AMD); PL 2025, c. 440, §17 (AFF).]

9. Service agent. The board, by written contract, may delegate administration of the fund to a service agent. The service agent:

A. May contract with attorneys acceptable to the board for legal representation for the board; [PL 2009, c. 595, §2 (NEW).]

B. May levy assessments, institute collection procedures, including legal action if necessary, and deposit money in the fund with the Treasurer of State if those funds are not needed to meet immediate cash flow demands; and [PL 2009, c. 595, §2 (NEW).]

C. Shall make recommendations to the board regarding policies, rules and standards necessary for the proper administration of the fund. [PL 2009, c. 595, §2 (NEW).]

[PL 2009, c. 595, §2 (NEW).]

10. Freedom from liability. There is no liability on the part of, and a cause of action may not arise against, a member of the board for any acts or omissions in the performance of the member's duties under this section. This immunity does not extend to willful neglect or malfeasance that would otherwise be actionable.

[PL 2009, c. 595, §2 (NEW).]

11. Rules. The department and the board shall jointly adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A.

[PL 2009, c. 595, §2 (NEW).]

SECTION HISTORY

PL 2009, c. 595, §2 (NEW). PL 2009, c. 652, Pt. E, §§1, 2 (AMD). PL 2009, c. 652, Pt. E, §3 (AFF). PL 2017, c. 7, §1 (AMD). PL 2025, c. 440, §§1-14 (AMD). PL 2025, c. 440, §17 (AFF).

SUBCHAPTER 3

SEXUALLY TRANSMITTED DISEASES

ARTICLE 1

GENERAL PROVISIONS

§1091. Federal aid and cooperation

(REPEALED)

SECTION HISTORY

PL 1989, c. 487, §13 (RP).

§1092. Examination and treatment

(REPEALED)

SECTION HISTORY

PL 1989, c. 487, §13 (RP).

§1093. Information bulletins

(REPEALED)

SECTION HISTORY

PL 1989, c. 487, §13 (RP).

§1094. Reports by physicians and institutions

(REPEALED)

SECTION HISTORY

PL 1971, c. 330, §2 (AMD). PL 1977, c. 304, §§3,4 (AMD). PL 1989, c. 487, §14 (RP).

§1095. Examination requested

(REPEALED)

SECTION HISTORY

PL 1977, c. 304, §5 (RPR). PL 1989, c. 487, §15 (RP).

§1096. Cure supervised

(REPEALED)

SECTION HISTORY

PL 1977, c. 304, §6 (RP).

§1097. Penalty

(REPEALED)

SECTION HISTORY

PL 1977, c. 304, §6 (RP).

ARTICLE 2

PROPHYLACTIC RUBBER ARTICLES

§1131. License for sale

(REPEALED)

SECTION HISTORY

PL 1975, c. 75, §1 (RP).

§1132. Kinds of licenses

(REPEALED)

SECTION HISTORY

PL 1975, c. 75, §1 (RP).

§1133. Wholesale license

(REPEALED)

SECTION HISTORY

PL 1975, c. 75, §1 (RP).

§1134. Retail license

(REPEALED)

SECTION HISTORY

PL 1975, c. 75, §1 (RP).

§1135. Application for license

(REPEALED)

SECTION HISTORY

PL 1975, c. 75, §1 (RP).

§1136. Fees

(REPEALED)

SECTION HISTORY

PL 1975, c. 75, §1 (RP).

§1137. Term of license

(REPEALED)

SECTION HISTORY

PL 1975, c. 75, §1 (RP).

§1138. Information furnished

(REPEALED)

SECTION HISTORY

PL 1975, c. 75, §1 (RP).

§1139. License not transferable

(REPEALED)

SECTION HISTORY

PL 1975, c. 75, §1 (RP).

§1140. License for separate locations

(REPEALED)

SECTION HISTORY

PL 1975, c. 75, §1 (RP).

§1141. Display of license

(REPEALED)

SECTION HISTORY

PL 1975, c. 75, §1 (RP).

§1142. Penalty

(REPEALED)

SECTION HISTORY

PL 1975, c. 75, §1 (RP).

§1143. Disposition of fines

(REPEALED)

SECTION HISTORY

PL 1975, c. 75, §1 (RP).

ARTICLE 3

PREMARITAL MEDICAL EXAMINATIONS

§1181. Test required

(REPEALED)

SECTION HISTORY

PL 1971, c. 330, §3 (AMD). PL 1971, c. 622, §§70,71 (AMD). PL 1985, c. 8, §1 (RP).

§1182. Waiver in emergency

(REPEALED)

SECTION HISTORY

PL 1967, c. 8 (AMD). PL 1971, c. 330, §4 (AMD). PL 1985, c. 8, §2 (RP).

§1183. Physician's statement and laboratory test

(REPEALED)

SECTION HISTORY

PL 1985, c. 8, §3 (RP).

§1184. Free blood test if unable to pay

(REPEALED)

SECTION HISTORY

PL 1971, c. 330, §5 (RP).

§1185. Exception to requirement of physician's certificate

(REPEALED)

SECTION HISTORY

PL 1985, c. 8, §3 (RP).

§1186. Fee**(REPEALED)**

SECTION HISTORY

PL 1971, c. 622, §72 (AMD). PL 1985, c. 8, §4 (RP).

§1187. Form sheets; certificates**(REPEALED)**

SECTION HISTORY

PL 1971, c. 622, §73 (AMD). PL 1985, c. 8, §5 (RP).

§1188. Appeals**(REPEALED)**

SECTION HISTORY

PL 1985, c. 8, §6 (RP).

§1189. Misrepresentation; penalty**(REPEALED)**

SECTION HISTORY

PL 1985, c. 8, §6 (RP).

ARTICLE 4**PRENATAL EXAMINATION****§1231. Blood sample for laboratory test**

Every physician attending a woman in the State by reason of her being pregnant during gestation shall in the case of every woman so attended take or cause to be taken, with her consent, a sample of blood of such woman, and submit such sample for a standard serological test for syphilis and Rh factors to a laboratory of the department or to a laboratory approved for these tests by the department. Such laboratory tests as are required by sections 1231 to 1234 must be made on request without charge by the department. [RR 2009, c. 2, §18 (COR).]

SECTION HISTORY

RR 2009, c. 2, §48 (COR).

§1232. Standard tests approved by department

The department is authorized to approve one or more tests for syphilis and rh factor which shall be known as standard tests, and may approve and appoint other laboratories in addition to the state laboratory to make such tests. Whenever such laboratory performs a test for syphilis which reveals the possibility of syphilitic infection, it shall report this finding and the name, address, age and sex of the person from whom the specimen was taken to the department. [PL 1971, c. 330, §6 (AMD).]

SECTION HISTORY

PL 1971, c. 330, §6 (AMD).

§1233. Blood specimens accompanied by information blank; report

Blood specimens sent to a laboratory in compliance with section 1231 shall be accompanied by an information blank which shall contain the initials of the person whose blood is submitted or a number or other suitable means of identification, and the word "Prenatal" to indicate the purpose of the examination.

If the person in question is found to be infected with syphilis, the physician in charge shall make a report to the Bureau of Health on a regular blank, supplied by the bureau for the reporting of venereal diseases, adding thereto the word "Prenatal" in addition to such other information as may be indicated on said blanks.

Such reports shall be kept in a special file at the bureau and shall not be considered a public record. Such reports may be produced in any court procedure where they may be material and relevant on an order of the justice presiding.

§1234. Civil action not maintainable

No civil action shall be maintainable for failure to comply with sections 1231 to 1233.

ARTICLE 5

EXPEDITED PARTNER THERAPY

§1241. Definitions

As used in this article, unless the context otherwise indicates, the following terms have the following meanings. [PL 2009, c. 533, §1 (NEW).]

1. Department. "Department" means the Department of Health and Human Services, Maine Center for Disease Control and Prevention.
[PL 2009, c. 533, §1 (NEW).]

2. Expedited partner therapy. "Expedited partner therapy" means prescribing, dispensing, furnishing or otherwise providing prescription antibiotic drugs to the sexual partner or partners of a person clinically diagnosed as infected with a sexually transmitted disease without physical examination of the partner or partners.
[PL 2009, c. 533, §1 (NEW).]

3. Health care professional. "Health care professional" means an allopathic physician licensed pursuant to Title 32, chapter 48, an osteopathic physician licensed pursuant to Title 32, chapter 36, a physician associate licensed pursuant to Title 32, chapter 36 or 48, an advanced practice registered nurse who has a written collaborative agreement with a collaborating physician that authorizes the provision of sexually transmitted disease therapy or expedited partner therapy or an advanced practice registered nurse who possesses appropriate clinical privileges in accordance with Title 32, chapter 31.
[PL 2019, c. 627, Pt. B, §5 (AMD); PL 2025, c. 316, §3 (REV).]

4. Sexually transmitted disease. "Sexually transmitted disease" means a bacterial, viral, fungal or parasitic disease determined by rule of the department to be sexually transmitted, to be a threat to the public health and welfare and to be a disease for which a legitimate public interest will be served by providing for its regulation and treatment.
[PL 2009, c. 533, §1 (NEW).]

SECTION HISTORY

PL 2009, c. 533, §1 (NEW). PL 2019, c. 627, Pt. B, §5 (AMD). PL 2025, c. 316, §3 (REV).

§1242. Expedited partner therapy

Notwithstanding any other provision of law, a health care professional who makes a clinical diagnosis of a sexually transmitted disease may provide expedited partner therapy for the treatment of the sexually transmitted disease if in the judgment of the health care professional the sexual partner is unlikely or unable to present for comprehensive health care, including evaluation, testing and treatment for sexually transmitted diseases. Expedited partner therapy is limited to a sexual partner who may have been exposed to a sexually transmitted disease within the previous 60 days and who is able to be contacted by the patient. [PL 2009, c. 533, §1 (NEW).]

1. Counseling. A health care professional who provides expedited partner therapy shall provide counseling for the patient, including advice that all women and symptomatic persons, and in particular women with symptoms suggestive of pelvic inflammatory disease, are encouraged to seek medical attention. The health care professional shall also provide written materials provided by the department to be given by the patient to the sexual partner that include at a minimum the following.

A. A warning that a woman who is pregnant or might be pregnant should not take certain antibiotics and should immediately contact a health care professional for an examination; [PL 2009, c. 533, §1 (NEW).]

B. Information about the antibiotic and dosage provided or prescribed; clear and explicit allergy and side effect warnings, including a warning that a sexual partner who has a history of allergy to the antibiotic or the pharmaceutical class of antibiotic should not take the antibiotic and should be immediately examined by a health care professional; [PL 2009, c. 533, §1 (NEW).]

C. Information about the treatment and prevention of sexually transmitted diseases; [PL 2009, c. 533, §1 (NEW).]

D. The requirement of abstinence until a period of time after treatment to prevent infecting others; [PL 2009, c. 533, §1 (NEW).]

E. Notification of the importance of the sexual partner's receiving examination and testing for the human immunodeficiency virus and other sexually transmitted diseases and information regarding available resources; [PL 2009, c. 533, §1 (NEW).]

F. Notification of the risk to the sexual partner, others and the public health if the sexually transmitted disease is not completely and successfully treated; [PL 2009, c. 533, §1 (NEW).]

G. . The responsibility of the sexual partner to inform that person's sexual partners of the risk of sexually transmitted disease and the importance of prompt examination and treatment; [PL 2009, c. 533, §1 (NEW).]

H. Advice to all women and symptomatic persons, and in particular women with symptoms suggestive of pelvic inflammatory disease, to seek medical attention; and [PL 2009, c. 533, §1 (NEW).]

I. Information other than the information under paragraphs A to H as determined necessary by the department. [PL 2009, c. 533, §1 (NEW).]
[PL 2009, c. 553, §1 (NEW).]

2. Department to develop and disseminate materials. Taking into account the recommendations of the federal Department of Health and Human Services, Centers for Disease Control and Prevention and other nationally recognized medical authorities, the department shall provide information and technical assistance as appropriate to health care professionals who provide expedited partner therapy. The department shall develop and disseminate in electronic and other formats the following written materials:

A. Informational materials for sexual partners, as described in subsection 1; [PL 2009, c. 533, §1 (NEW).]

B. Informational materials for persons who are repeatedly diagnosed with sexually transmitted diseases; and [PL 2009, c. 533, §1 (NEW).]

C. Guidance for health care professionals on the safe and effective provision of expedited partner therapy. [PL 2009, c. 533, §1 (NEW).]

The department may offer educational programs about expedited partner therapy for health care professionals and pharmacists licensed under the Maine Pharmacy Act.
[PL 2009, c. 533, §1 (NEW).]

3. Immunity for health care professional. A health care professional who provides expedited partner therapy in good faith without fee or compensation under this section and provides counseling and written materials as required in subsection 1 is not subject to civil or professional liability in connection with the provision of the therapy, counseling and materials, except in the case of willful and wanton misconduct. A health care professional is not subject to civil or professional liability for choosing not to provide expedited partner therapy.
[PL 2009, c. 533, §1 (NEW).]

4. Immunity for pharmacist or pharmacy. A pharmacist or pharmacy is not subject to civil or professional liability for choosing not to fill a prescription that would cause that pharmacist or pharmacy to violate any provision of the Maine Pharmacy Act.
[PL 2009, c. 533, §1 (NEW).]

5. Rules. The department shall adopt rules, which are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A, to implement this section. The department shall consider designating certain diseases as sexually transmitted diseases, including, but not limited to, chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum, genital herpes simplex, chlamydia, nongonococcal urethritis, pelvic inflammatory disease, acute salpingitis, syphilis, Acquired Immune Deficiency Syndrome and human immunodeficiency virus, and shall consider the recommendations and classifications of the federal Department of Health and Human Services, Centers for Disease Control and Prevention and other nationally recognized medical authorities.
[PL 2009, c. 533, §1 (NEW).]

SECTION HISTORY

PL 2009, c. 533, §1 (NEW).

SUBCHAPTER 4

QUARANTINE OF INFECTED VESSELS

§1271. Examination of passengers and crew

(REPEALED)

SECTION HISTORY

PL 1977, c. 304, §7 (RP).

§1272. Anchorage at proper distance

(REPEALED)

SECTION HISTORY

PL 1977, c. 304, §7 (RP).

§1273. Regulations

(REPEALED)

SECTION HISTORY

PL 1977, c. 304, §7 (RP).

§1274. Duty of pilots to give notice

(REPEALED)

SECTION HISTORY

PL 1977, c. 304, §7 (RP).

§1275. Penalty for violation or evasion after notice

(REPEALED)

SECTION HISTORY

PL 1977, c. 304, §7 (RP).

§1276. Red flags on vessels

(REPEALED)

SECTION HISTORY

PL 1977, c. 304, §7 (RP).

§1277. Expenses

(REPEALED)

SECTION HISTORY

PL 1977, c. 304, §7 (RP).

SUBCHAPTER 5

RABIES OR HYDROPHOBIA

§1311. Killing or impounding of dogs

The department may, in the case of an emergency or threatened epidemic of rabies or hydrophobia when in its opinion the health and safety of the people in a community are endangered, issue orders to the mayor of any city or the municipal officers of any town or plantation to have killed any dogs found loose in violation of quarantine regulations and impounded for a period of 72 hours without being claimed by their owner.

The mayor of any city or the municipal officers of any town or plantation shall forthwith direct that such dogs be killed by a police officer or constable.

§1312. Immunization of dogs

(REPEALED)

SECTION HISTORY

PL 1967, c. 121 (NEW). PL 1969, c. 244, §2 (RP).

§1313. Procedures for the transportation, quarantine, euthanasia and testing of animals suspected of having rabies

1. Establishment of procedures. The commissioner, in consultation with the Commissioner of Agriculture, Conservation and Forestry and the Commissioner of Inland Fisheries and Wildlife, shall adopt rules, in accordance with the Maine Administrative Procedure Act, establishing procedures for

responding to a report of an animal suspected of having rabies. The procedures must include provisions for the transportation, quarantine, euthanasia and testing of an animal suspected of having rabies and, when that animal has bitten a person, provisions for the notification of the animal control officer in the locality where the bite occurred. The procedures may differ based on the perceived public health threat determined in part by consideration of the following factors:

- A. Whether the animal is a domesticated animal for which a known effective vaccine exists and, if so, whether the animal's vaccination status can be verified; [PL 2007, c. 133, §1 (AMD).]
- B. Whether the animal has bitten a person or exhibited other aggressive behavior; and [PL 2007, c. 133, §1 (AMD).]
- C. Whether the animal is a wolf hybrid that has bitten or may have otherwise exposed a person or a domesticated animal to rabies. [PL 2007, c. 133, §1 (NEW).]
[PL 2007, c. 133, §1 (AMD); PL 2011, c. 657, Pt. W, §6 (REV).]

2. Role of animal control officer; game warden. An animal control officer appointed in accordance with Title 7, section 3947 receiving a report of an animal suspected of having rabies shall ensure that the procedures established pursuant to this section and sections 1313-A and 1313-B are carried out. If the animal is an undomesticated animal, other than a wolf hybrid, a game warden shall assist the animal control officer.
[PL 2007, c. 133, §1 (AMD).]

3. Costs associated with transportation, quarantine, testing and euthanasia. The Department of Inland Fisheries and Wildlife shall provide for or pay all necessary costs for transportation and euthanasia of an undomesticated animal suspected of having rabies. The owner of a domesticated animal or a wolf hybrid suspected of having rabies shall pay all costs for transportation, quarantine, euthanasia and testing of the animal. If a domesticated animal or a wolf hybrid is a stray or the owner is unknown, the municipality in which the animal was apprehended is responsible for transportation, quarantine, euthanasia and testing costs. Cost of testing animals judged by the department to have created a public health risk of rabies must be borne by the department through its General Fund appropriations.

[PL 2007, c. 133, §1 (AMD).]

SECTION HISTORY

PL 1993, c. 468, §23 (NEW). PL 1999, c. 350, §3 (AMD). PL 1999, c. 731, §Q1 (AMD). PL 2007, c. 133, §1 (AMD). PL 2011, c. 657, Pt. W, §6 (REV).

§1313-A. Provisions for immediate destruction of certain animals

If an undomesticated animal suspected of having rabies bites or may have otherwise exposed to rabies a person or a domestic animal, an animal control officer or a game warden shall immediately either remove the undomesticated animal or cause the undomesticated animal to be removed and euthanized for testing. If a wolf hybrid suspected of having rabies bites or may have otherwise exposed to rabies a person or a domestic animal, an animal control officer or a law enforcement officer shall immediately cause the animal to be euthanized for testing. When in the judgment of the animal control officer, game warden or law enforcement officer the animal poses an immediate threat to a person or domestic animal, the animal control officer, game warden or law enforcement officer may immediately kill or order killed that animal without destroying the head. The Department of Inland Fisheries and Wildlife shall arrange for the transportation of the head to the State Health and Environmental Testing Laboratory, except that the animal control officer shall make the arrangements if the animal is a wolf hybrid. [PL 2007, c. 598, §11 (AMD).]

The Department of Inland Fisheries and Wildlife shall pay transportation and testing costs for undomesticated animals. The owner of a domesticated ferret, domesticated wolf or domesticated wolf hybrid shall pay transportation and testing costs for that animal. [PL 1993, c. 468, §23 (NEW).]

SECTION HISTORY

PL 1993, c. 468, §23 (NEW). PL 1997, c. 704, §11 (AMD). PL 2007, c. 133, §2 (AMD). PL 2007, c. 598, §11 (AMD).

§1313-B. Civil violation, court authorization for removal and other remedies

1. Violation. A person who violates a rule established under this chapter commits a civil violation for which a forfeiture of not less than \$100 nor more than \$500 may be adjudged for each offense. In addition, the court may include an order of restitution as part of the sentencing for costs including removing, controlling and confining the animal.
[PL 1997, c. 704, §12 (NEW).]

2. Court authorization for removal. When home quarantine procedures, as described on the official notice of quarantine, have been violated, or in the case of a wolf hybrid, when the owner fails to bring the animal to a veterinarian for euthanasia and testing or to turn the animal over to authorities as required by rules established pursuant to this chapter, an animal control officer, person acting in that capacity or law enforcement officer shall apply to the District Court or Superior Court for authorization to take possession of the animal for placement, at the owner's expense, in a veterinary hospital, boarding kennel or other suitable location for the remainder of the quarantine period or, in the case of a wolf hybrid, removal for euthanasia. At the end of the quarantine period for domestic animals, or if the animal shows signs of rabies, the person in possession of the animal shall report to the court, and the court shall either dissolve the possession order or order the animal euthanized and tested for rabies.
[PL 2007, c. 133, §3 (AMD).]

3. Other remedies. In addition to filing a civil action to enforce this section:

A. The municipality may record a lien against the property of the owner or keeper of an animal if the person fails or refuses to comply with an order to confine or quarantine the animal; [PL 1997, c. 704, §12 (NEW).]

B. The municipal officers or their designated agent, such as the animal control officer, shall serve written notice on the owner or keeper of the animal that specifies the action necessary to comply with the order and the time limit for compliance; [PL 1997, c. 704, §12 (NEW).]

C. If the owner or keeper of the animal fails to comply within the time stated, the animal control officer must apply to District Court or Superior Court for an order to seize the animal and make arrangements for quarantine or euthanasia at the owner's or keeper's expense; and [PL 1997, c. 704, §12 (NEW).]

D. If the owner or keeper of the animal fails to pay the costs of confinement or quarantine within 30 days after written demand from the municipal officers, the municipal assessors may file a record of lien against the property of the owner or keeper of the animal. [PL 1997, c. 704, §12 (NEW).]
[PL 1997, c. 704, §12 (NEW).]

SECTION HISTORY

PL 1997, c. 704, §12 (NEW). PL 2007, c. 133, §3 (AMD).

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