LAWS

OF THE

STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND THIRTY-SECOND LEGISLATURE

SECOND REGULAR SESSION
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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

the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

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

Sec. 1. 32 MRSA §1524-C, first ¶, as enacted by PL 2019, c. 284, §12, is amended to read:

No more than one conditional license may be issued to a person who has completed the education requirements of this chapter. A conditional license may be held no more than ~~4~~ 5 years, except that a ~~5th~~ 6th year may be granted by the director upon demonstration of extreme hardship.

Sec. 2. 32 MRSA §1524-C, sub-§3, ¶A, as enacted by PL 2021, c. 48, §5, is amended by amending subparagraph (1) to read:

(1) An associate degree or higher in any field, including an associate degree or higher in American Sign Language, American Sign Language interpreting or deaf studies, from an accredited college or university; or

Sec. 3. 32 MRSA §1525-A, sub-§3 is enacted to read:

3. Emergencies. This chapter does not apply to a person providing communication assistance during an emergency. For purposes of this subsection, "emergency" means a determination by the director, after consultation with the Commissioner of Professional and Financial Regulation, that a serious, unexpected and potentially dangerous situation is occurring, or did occur, that requires an immediate need for interpreting services to be provided as part of an emergency response.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

Effective March 23, 2026.

CHAPTER 586

H.P. 1423 - L.D. 2108

An Act to Establish the Suicide Mortality Review Panel

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

Whereas, Maine has one of the highest suicide rates in New England, with a suicide rate consistently above the national average; and

Whereas, suicide is the 2nd leading cause of death for Maine residents who are 10 to 24 years of age, highlighting an urgent need to identify targeted prevention efforts for youth and young adults; and

Whereas, Maine recently completed a comprehensive, cross-sector planning process, jointly funded by the United States Department of Veterans Affairs and the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, to plan for the implementation of a panel designed to conduct thorough and thoughtful retrospective case reviews of individuals who died by suicide in an effort to identify policy and systems gaps that, if addressed, could reduce the incidence of death by suicide in Maine; and

Whereas, Maine has several retrospective mortality review panels, but none focused specifically on deaths by suicide, and establishing such a panel as soon as possible is essential to strengthening the State's suicide prevention efforts by providing a deeper understanding of the factors leading to these deaths; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

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

Sec. 1. 22 MRSA §266 is enacted to read:

§266. Suicide Mortality Review Panel

1. Panel established. The Suicide Mortality Review Panel is established to review deaths by suicide.

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

A. "Director" means the Director of the Maine Center for Disease Control and Prevention.

B. "Next of kin" means a living relative of a deceased individual, as determined in accordance with the order of priority established under applicable state law for purposes of inheritance or notification. "Next of kin" includes, but is not limited to:

(1) A surviving spouse or domestic partner;

(2) An adult child;

(3) A parent; and

(4) An adult sibling.

"Next of kin" may also include a legal guardian or any other individual identified as a primary contact person or personal representative of the deceased individual.

C. "Panel" means the Suicide Mortality Review Panel established in subsection 1.

D. "Panel coordinator" means an employee of the Maine Center for Disease Control and Prevention who is appointed by the director.

E. "Record" means any written, electronic, oral or recorded information, document, report or material that is created, received, maintained or possessed by any person, agency, organization or entity in connection with an individual's health, behavior, social services, education, legal matters or circumstances surrounding the individual's death.

F. "Suicide" means the act of intentionally causing one's own death. "Suicide" includes deaths that are:

(1) Confirmed suicides, as determined by a medical examiner, coroner or other authorized official;

(2) Suspected suicides, for which the circumstances, evidence or history reasonably indicate an intentional self-inflicted death, even if the official manner of death has not been conclusively determined; and

(3) Undetermined deaths, for which intent is unclear but suicide cannot be ruled out based on the available evidence.

3. Composition. The panel consists of health care and social service providers, public health officials, persons with experience working with veterans and military service-connected individuals, persons who provide services to youth, law enforcement officers and first responders and other persons with professional expertise or lived experience related to suicide. The director shall appoint the members of the panel, who serve at the pleasure of the director. Individuals with unique expertise may be invited as guests by the panel coordinator to support case reviews as necessary. Any guests of the panel are subject to the same confidentiality requirements as panel members pursuant to subsection 9.

4. Terms; meetings; chair. The term for each member of the panel is 3 years, except that members serve at the pleasure of the director. A member may serve until a successor has been appointed. Members may be reappointed. A vacancy must be filled as soon as practicable by appointment for the unexpired term. The panel shall meet at least 4 times each year and sufficiently frequently to carry out its duties and to guarantee the timely and comprehensive reviews of all deaths as required in this section. The director or the director's designee shall call the first meeting. The panel shall elect a chair from among its members annually.

5. Contact with next of kin. The first contact pursuant to this section with the next of kin of an individual who died by suicide may not occur prior to 4 months after the death of the individual and must:

A. Be by letter from the director on letterhead of the Maine Center for Disease Control and Prevention;

B. Include an invitation to participate in a voluntary interview about the deceased individual by the panel coordinator or a designated next of kin interviewer; and

C. Include information on services available to the next of kin in the aftermath of a suicide.

6. Panel coordinator; appointment; powers and duties. The director shall appoint an employee of the Maine Center for Disease Control and Prevention to serve as the panel coordinator. The panel coordinator must have completed a nationally certified training program for conducting death investigations or must complete the training within 6 months of appointment as panel coordinator. The panel coordinator has the following powers and duties.

A. The panel coordinator shall conduct preliminary reviews of all deaths by suicide.

B. The panel coordinator may access the following records:

(1) Death certificates;

(2) Autopsy, medical examiner and coroner reports;

(3) State-level data collected and reported in the United States Department of Health and Human Services, Centers for Disease Control and Prevention's National Violent Death Reporting System;

(4) Emergency medical personnel reports and documentation;

(5) Health care information pursuant to section 1711-C, subsection 6, paragraph X. For the purposes of this subparagraph, "health care information" has the same meaning as in section 1711-C, subsection 1, paragraph E;

(6) Military service information;

(7) Police investigation records and other law enforcement records; and

(8) Social services records.

Notwithstanding any provision of law to the contrary, the panel coordinator has access to information or records from the department determined by the panel coordinator to be necessary to carry out the panel coordinator's duties. The department shall provide the panel coordinator with direct access to the information or records or provide the information or records necessary and relevant as soon as practicable upon oral or written request of the panel coordinator.

C. The panel coordinator may conduct voluntary interviews with parties that may have relevant information for a preliminary review.

(1) The purpose of an interview must be limited to gathering information or data for the panel, provided in summary or abstract form without family names or identification of the deceased individual.

(2) The panel coordinator may delegate the responsibility to conduct interviews pursuant to this paragraph to an individual who has completed a nationally certified training program for conducting critical incident or death investigations.

(3) An individual conducting an interview under this paragraph may make a referral for bereavement counseling if indicated for and desired by the individual being interviewed.

D. The panel coordinator shall try to minimize the burden imposed on health care providers, hospitals and social service providers.

E. The panel coordinator shall prepare a summary and abstract of relevant trends in deaths of the population of individuals who died by suicide for comparison to cases reviewed by the panel pursuant to subsection 7.

F. The panel coordinator shall prepare a review, summary or abstract of information regarding each case, as determined to be useful to the panel and at a time determined to be timely, without the name or identifier of the deceased individual, to be presented to the panel.

G. The panel coordinator shall, in conjunction with the department, establish and maintain in a confidential manner a state mortality database that includes, but is not limited to, the following information regarding death by suicide:

(1) Name, age, sex and race or ethnicity of the deceased individual;

(2) Description of the events leading to the death of the individual and the immediate circumstances of the death;

(3) Location of the death, such as the home, community setting, hospital or hospice;

(4) Immediate and secondary causes of death;

(5) Whether an autopsy was conducted and a narrative of any findings from the autopsy;

(6) Findings of the preliminary reviews of all deaths by the panel coordinator pursuant to paragraph A;

(7) Findings of the comprehensive reviews by the panel pursuant to subsection 7; and

(8) Recommendations for corrective actions pursuant to subsection 7, paragraph B issued by the panel and information related to the implementation of those recommended corrective actions.

H. The panel coordinator shall determine the records that are made available to the panel for the purposes of reviewing cases of death by suicide. The panel coordinator shall maintain custody of all records.

7. Panel; powers and duties. The panel shall conduct comprehensive multidisciplinary reviews of data presented by the panel coordinator.

A. The panel shall review all cases of death by suicide that are referred by the panel coordinator. A review of a case by the panel is a comprehensive evaluation of the circumstances surrounding the death, including the overall care of the individual who died by suicide, quality of life issues, the death event and the medical care that preceded and followed the event.

B. The panel shall submit a report, no later than January 2nd of each year beginning in 2027, to the Governor, the commissioner and the joint standing committee of the Legislature having jurisdiction over health and human services matters. The report must contain the following:

(1) Factors contributing to suicide-related mortality;

(2) Strengths and weaknesses of the system of care;

(3) Recommendations for the commissioner to decrease the rate of death by suicide;

(4) Recommendations about methods to improve the system for prevention of death by suicide, including modifications to law, rules, training, policies and procedures;

(5) Recommendations for improving the availability of sources of information relating to the investigation of reported deaths by suicide; and

(6) Any other information the panel considers necessary.

C. The panel shall offer a copy of the annual report under paragraph B to any party who granted permission for an interview conducted by the panel coordinator pursuant to subsection 6, paragraph C.

D. Following the submission of the annual report to the Governor, the commissioner and the joint standing committee of the Legislature having jurisdiction over health and human services matters pursuant to paragraph B, the report must be released to the public.

E. In addition to the annual report under paragraph B, the panel may periodically make available, in a

general manner that does not reveal confidential information about individual cases, only the aggregate findings of the panel's reviews and the panel's recommendations for preventive actions to allow for timely consideration and implementation of those actions.

F. The panel shall coordinate with the State's child death and serious injury review panel; maternal, fetal and infant mortality review panel; Accidental Drug Overdose Death Review Panel; and any other statutorily established mortality review panel that reviews cases of individuals who died by suicide to share and receive information relevant to the panel's findings and to ensure efficiency in the work of the review panels.

8. Access to information and records. In any case subject to review by the panel under subsection 7, upon oral or written request of the panel, notwithstanding any provision of law to the contrary, a person that possesses information or records that are necessary and relevant to a panel review shall as soon as practicable provide the panel with the information or records. A person disclosing or providing information or records upon request of the panel is not civilly or criminally liable for disclosing or providing information or records in compliance with this subsection.

9. Confidentiality. Records held by the panel coordinator or the panel are confidential to the same extent they are confidential while in the custody of the entity that provided the record to the panel coordinator or the panel. Records relating to interviews conducted pursuant to subsection 6, paragraph C by the panel coordinator and proceedings of the panel are confidential and are not subject to subpoena, discovery or introduction into evidence in a civil or criminal action. The commissioner shall disclose conclusions of the panel upon request, but may not disclose information, records or data that are otherwise classified as confidential.

10. Rulemaking. The department shall adopt rules to implement this section, including rules on collecting information and data, for the use of a standardized review tool, establishing time frames for reviews, identifying criteria for prioritizing cases involving individuals from vulnerable populations for case review, selecting and setting any limits on the number of terms for the members of the panel, managing and avoiding conflicts of interest of members of the panel, collecting and using individually identifiable health information and conducting reviews. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 2. 22 MRSA §1711-C, sub-§6, ¶V, as amended by PL 2025, c. 332, §2, is further amended to read:

V. To a panel coordinator of the Aging and Disability Mortality Review Panel pursuant to section 264, subsection 5, paragraph B, subparagraph (4) for the purposes of reviewing health care information of an adult receiving services who is deceased, in accordance with section 264, subsection 5, paragraph A. For purposes of this paragraph, "panel coordinator" has the same meaning as in section 264, subsection 2, paragraph B; ~~and~~

Sec. 3. 22 MRSA §1711-C, sub-§6, ¶W, as enacted by PL 2025, c. 332, §3, is amended to read:

W. To the medical director of the Office of Child and Family Services or a child and adolescent psychiatric consultant or nurse consultant employed by the Office of Child and Family Services, or to case aide staff when acting under the direction of the medical director or a child and adolescent psychiatric consultant or nurse consultant employed by the Office of Child and Family Services, for the exclusive purpose of coordinating health care of an individual who has not attained 18 years of age and is in the department's custody pursuant to chapter 1071. The department shall request records directly from the individual's providers. Disclosure under this paragraph may include allowing access to health information from a state-designated statewide health information exchange. Information accessed through a state-designated statewide health information exchange may be used only for understanding and providing continuity of treatment with regard to any current health conditions, medications and immediate medical needs of the individual~~.~~; and

Sec. 4. 22 MRSA §1711-C, sub-§6, ¶X is enacted to read:

X. To a panel coordinator of the Suicide Mortality Review Panel pursuant to section 266, subsection 6, paragraph B, subparagraph (5) for the purposes of reviewing health care information of an individual who died by suicide, in accordance with section 266, subsection 6, paragraph A. For purposes of this paragraph, "panel coordinator" has the same meaning as in section 266, subsection 2, paragraph D.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

Effective March 23, 2026.