

# MAINE STATE LEGISLATURE

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**LAWS**  
**OF THE**  
**STATE OF MAINE**

**AS PASSED BY THE**

**ONE HUNDRED AND TWENTY-EIGHTH LEGISLATURE**

**SECOND SPECIAL SESSION**  
**June 19, 2018 to September 13, 2018**

**THE GENERAL EFFECTIVE DATE FOR**  
**SECOND SPECIAL SESSION**  
**NON-EMERGENCY LAWS IS**  
**DECEMBER 13, 2018**

**ONE HUNDRED AND TWENTY-NINTH LEGISLATURE**

**FIRST REGULAR SESSION**  
**December 5, 2018 to June 20, 2019**

**THE GENERAL EFFECTIVE DATE FOR**  
**FIRST REGULAR SESSION**  
**NON-EMERGENCY LAWS IS**  
**SEPTEMBER 19, 2019**

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

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**Augusta, Maine**  
**2019**

~~B. Less than 50 years of age and at~~ At high risk for colorectal cancer according to the most recently published colorectal cancer screening guidelines of a national cancer society.

**Sec. 7. 24-A MRSA §4254, sub-§1**, as enacted by PL 2007, c. 516, §4 and affected by §5, is amended to read:

**1. Colorectal cancer screening.** For the purposes of this section, "colorectal cancer screening" means a all colorectal cancer examination examinations and laboratory test tests recommended by a health care provider in accordance with the most recently published colorectal cancer screening guidelines of a national cancer society.

**Sec. 8. 24-A MRSA §4254, sub-§2, ¶A**, as enacted by PL 2007, c. 516, §4 and affected by §5, is amended to read:

~~A. Fifty years of age or older~~ At average risk for colorectal cancer according to the most recently published colorectal cancer screening guidelines of a national cancer society; or

**Sec. 9. 24-A MRSA §4254, sub-§2, ¶B**, as enacted by PL 2007, c. 516, §4 and affected by §5, is amended to read:

~~B. Less than 50 years of age and at~~ At high risk for colorectal cancer according to the most recently published colorectal cancer screening guidelines of a national cancer society.

**Sec. 10. Application.** The requirements of this Act apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2020. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

**Sec. 11. Exemption from review.** Notwithstanding the Maine Revised Statutes, Title 24-A, section 2752, this Act is enacted without review and evaluation by the Department of Professional and Financial Regulation, Bureau of Insurance.

See title page for effective date.

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**CHAPTER 87**

**H.P. 494 - L.D. 673**

**An Act To Amend the Laws  
Governing the Circumstances  
of Death That Must Be  
Reported to the Office of Chief  
Medical Examiner**

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

**Sec. 1. 22 MRSA §3025, sub-§1**, as amended by PL 2011, c. 420, Pt. D, §2 and affected by §6, is further amended to read:

**1. Circumstances of death that must be reported.** A medical examiner case may exist and must be reported as provided in section 3026 when remains are found that may be human and raise suspicion that death has occurred under any of the following circumstances:

A. Death is suspected of having been caused by any type of physical injury, including poisoning, regardless of whether the suspected manner of death is homicide, suicide or accident. This circumstance must be reported irrespective of whether the deceased had been attended by a physician, was a patient in a hospital, survived for a considerable time following the physical injury or died from terminal natural causes consequent to and following the physical injury;

B. Suddenly when the person is in apparent good health and has no specific natural disease sufficient to explain death;

C. During diagnostic or therapeutic procedures under circumstances indicating gross negligence or when clearly due to trauma or poisoning unrelated to the ordinary risks of those procedures;

D. Death when the person is in custody pursuant to an arrest, confined in a state correctional or detention facility, county jail, other county correctional or detention facility or local lockup or is on the way to or from a courthouse or any of these places while in the custody of a law enforcement officer or county or state corrections official;

E. Death while the person is a patient or resident of a facility of the Department of Health and Human Services or residential care facility maintained or licensed by the Department of Health and Human Services, unless clearly certifiable by an attending physician as due to specific natural causes;

F. Death suspected of being due to a threat to the public health when the authority of the medical examiner is needed to adequately study the case for the protection of the public health;

G. Death suspected of not having been certified, including, but not limited to, bodies brought into the State and any buried remains uncovered other than by legal exhumation;

H. Deaths suspected of being medical examiner cases which may have been improperly certified or inadequately examined, including, but not limited to, bodies brought into the State under those circumstances;

I. Sudden infant death syndrome deaths and all other deaths of children under the age of 18 unless clearly certifiable by an attending physician as due to specific natural causes unrelated to abuse or neglect;

J. Whenever human or possibly human remains are discovered not properly interred or disposed of, for which the responsibility to do so cannot be readily determined; or

K. Any cause when there is no attending physician capable of certifying the death as due to natural causes. When a person dies who is under the care of a religious practitioner who uses prayer and spiritual means of healing, the fact that the deceased has been under such religious care does not warrant suspicion of foul play or investigation beyond that warranted by the other facts of the case.

In the absence of any of the circumstances outlined in this subsection, the fact that a patient dies within 24 hours of admission to a hospital or other health care facility need not be reported to the Office of Chief Medical Examiner.

In any case in which the necessity of a report is questionable, a report must be made.

**Sec. 2. 22 MRSA §3025, sub-§1-A, ¶A,** as enacted by PL 2003, c. 433, §4, is amended to read:

A. Deaths due to the consequences of ~~long term alcohol use,~~ long-term exposure to environmental or occupational toxins or long-term exposure to carcinogens;

**Sec. 3. 32 MRSA §1405, 2nd ¶,** as amended by PL 2017, c. 284, Pt. GGG, §1, is further amended to read:

The body of a deceased person may not be cremated within 48 hours after death unless the person died of a contagious or infectious disease, and in no event may the body of a deceased person be cremated, buried at sea, used by medical science or removed from the State until the person, firm or corporation in charge of the disposition has received a certificate from a duly appointed medical examiner or medicolegal death investigator appointed pursuant to Title 22, section 3023-A that the medical examiner or medicolegal death investigator has made personal inquiry into the cause and manner of death and is satisfied that further examination or judicial inquiry concerning the cause and manner of death is not necessary. This certificate, a certified copy of the death certificate and a burial transit permit when presented by the authorized person as defined in Title 22, section 2846 is sufficient authority for cremation, burial at sea, use by medical science or removal from the State, and the person, firm or corporation in charge of the disposition may not refuse to cremate or otherwise dispose of the body

solely because these documents are presented by such an authorized person. The certificate must be retained by the person, firm or corporation in charge of the cremation or disposition for a period of 15 years. For the certificate, the medical examiner must receive a fee of \$25 payable by the person requesting the certificate. This fee may be waived at the discretion of the Chief Medical Examiner.

See title page for effective date.

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## CHAPTER 88

### H.P. 745 - L.D. 1003

#### An Act To Ensure Accurate Explanations of Electric Bills

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

**Sec. 1. 35-A MRSA §3106** is enacted to read:

#### **§3106. Consumer protections; bill information**

The commission by rule shall establish customer bill information requirements for investor-owned transmission and distribution utilities that:

**1. Historical rate information.** Require investor-owned transmission and distribution utilities to include, once per year, as an insert or attachment to customer bills, an informational chart produced by the commission that displays a 10-year history of transmission, distribution and standard-offer service rates available to the customer's rate class, along with a statement of the total percentage change in transmission, distribution and standard-offer service rates over the 10-year period. The commission shall post the informational charts produced pursuant to this subsection on the commission's publicly accessible website;

**2. Consumer assistance.** Require a customer bill issued by an investor-owned transmission and distribution utility to display clearly and prominently the toll-free telephone number for the commission's consumer assistance and safety division and a statement of the consumer assistance services available by calling the division; and

**3. Correction of misleading information.** Establish a process by which, if the commission finds that an investor-owned transmission and distribution utility has included on customer bills, or inserts or attachments to customer bills, information that is misleading, deceptive or inaccurate, the transmission and distribution utility is required to provide to customers a statement that corrects the misleading, deceptive or inaccurate information that was disseminated. Upon request of the Public Advocate, the commission shall investigate the truth and accuracy of information in-