

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.

Augusta, Maine
2019

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.

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-

cluded on customer bills, or inserts or attachments to customer bills.

Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

See title page for effective date.

CHAPTER 89
S.P. 324 - L.D. 1092

**An Act To Amend the Laws
Governing Critical Incident
Stress Management Teams**

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

Sec. 1. 25 MRSA §4201, sub-§1, as amended by PL 2015, c. 112, §1, is further amended to read:

1. Critical incident. "Critical incident" means a work-related incident that causes or has the potential to cause an employee ~~or member of or emergency dispatcher for a criminal justice~~ public safety agency or an organization involved in emergency care or response, a corrections officer as defined in section 2801-A, subsection 2 or an employee of a county jail or a detention or correctional facility operated by the Department of Corrections to experience emotional or physical stress. "Critical incident" includes, but is not limited to, use-of-force encounters that may result in the death of or serious injury to another person or an officer, ~~member or employee,~~ fatal motor vehicle accidents, child abuse investigations, emergency care or response operations and death investigations.

Sec. 2. 25 MRSA §4201, sub-§§1-A and 1-B are enacted to read:

1-A. Critical incident stress management peer support. "Critical incident stress management peer support" means services provided to an employee or member of a public safety agency or an organization involved in emergency care or response, a corrections officer as defined in section 2801-A, subsection 2 or an employee of a county jail or a detention or correctional facility operated by the Department of Corrections when that person has been involved in a critical incident that can reasonably have a devastating, long-lasting effect on that person. "Critical incident stress management peer support" includes assisting the employee, member or officer to appropriately process the trauma and stress and connecting that person to appropriate resources.

1-B. Critical incident stress management peer support person. "Critical incident stress management peer support person" means a person who provides critical incident stress management peer support and is

trained in accordance with national best practices and standards established by rule by the Commissioner of Public Safety. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 3. 25 MRSA §4201, sub-§2, as amended by PL 2015, c. 112, §1, is repealed and the following enacted in its place:

2. Critical incident stress management team. "Critical incident stress management team" means:

A. A team of critical incident stress management peer support persons designated by the chief or director of a public safety agency or of an organization involved in emergency care or response, the sheriff of a county jail or the head of a detention or correctional facility, or that person's designee; or

B. A volunteer team coordinator by a nonprofit entity that is trained, in accordance with national best practices and standards established by rule by the Commissioner of Public Safety, to assist and provide critical incident stress management peer support.

A critical incident stress management team shall have an established relationship with a licensed mental health clinician who is available for consultation with members of the critical incident stress management team as the members determine to be necessary and for at least one meeting annually with the team. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 4. 25 MRSA §4201, sub-§3, as enacted by PL 2015, c. 112, §2, is repealed.

Sec. 5. 25 MRSA §4201, sub-§4 is enacted to read:

4. Public safety agency. "Public safety agency" has the same meaning as in section 2921, subsection 6-B.

Sec. 6. 25 MRSA §4202, sub-§1, as enacted by PL 2009, c. 289, §1, is amended to read:

1. Information confidential. Except as provided in subsection 2, all proceedings, communications and records, including, but not limited to, information concerning the identity of a person seeking or being furnished assistance, connected in any way with the work of a critical incident stress management team, including critical incident stress management peer support persons, are confidential and are not subject to compulsory legal process or otherwise discoverable or admissible in evidence in any civil action unless the confidentiality is waived by the affected person. Statistical data not identifying a person seeking the assistance of a critical incident stress management team