

# 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**

that the person making and signing the above request:

Initials of Witness 1:

..... 1. Is personally known to us or has provided proof of identity;

..... 2. Signed this request in our presence on the date of the person's signature;

..... 3. Appears to be of sound mind and not under duress, fraud or undue influence; and

..... 4. Is not a patient for whom either of us is the attending physician.

Printed Name of Witness 1: .....

Signature of Witness 1/Date: .....

Initials of Witness 2:

..... 1. Is personally known to us or has provided proof of identity;

..... 2. Signed this request in our presence on the date of the person's signature;

..... 3. Appears to be of sound mind and not under duress, fraud or undue influence; and

..... 4. Is not a patient for whom either of us is the attending physician.

Printed Name of Witness 2: .....

Signature of Witness 2/Date: .....

NOTE: One witness must be a person who is not a relative by blood, marriage or adoption of the person signing this request, is not entitled to any portion of the person's estate upon death and does not own or operate or is not employed at a health care facility where the person is a patient or resident. The person's attending physician at the time the request is signed may not be a witness. If the person is an inpatient at a long-term care facility, one of the witnesses must be an individual designated by the facility.

25. Form of interpreter attachment. The form of an attachment for purposes of providing interpretive services as described in subsection 5, paragraph B must be in substantially the following form:

I, ....., am fluent in English and (language of patient).

On (date) at approximately (time) I read the "REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER" to (name of patient) in (language of patient).

Mr./Ms. (name of patient) affirmed to me that he/she understands the content of this form, that he/she desires to sign this form under his/her own power and volition and that he/she requested to sign the form after consultations with an attending physician and a consulting physician.

Under penalty of perjury, I declare that I am fluent in English and (language of patient) and that the contents of this form, to the best of my knowledge, are true and correct.

Executed at (name of city, county and state) on (date).

Interpreter's signature: .....

Interpreter's printed name: .....

Interpreter's address: .....

See title page for effective date.

CHAPTER 272

S.P. 144 - L.D. 479

An Act Concerning Spousal Support

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

Sec. 1. 19-A MRSA §951-A, sub-§4, as amended by PL 2013, c. 327, §1, is further amended to read:

4. Modification. An award of spousal support issued before October 1, 2013 is subject to modification when it appears that justice requires unless and to the extent the order awarding or modifying spousal support expressly states that the award, in whole or in part, is not subject to future modification. An award of spousal support issued on or after October 1, 2013 is subject to modification when there is a substantial change in financial circumstances and it appears that justice requires.

Sec. 2. 19-A MRSA §951-A, sub-§12, as enacted by PL 2013, c. 327, §2, is repealed.

See title page for effective date.