

§3025. Medical examiner case

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; [PL 2003, c. 433, §1 (AMD).]
- B. Suddenly when the person is in apparent good health and has no specific natural disease sufficient to explain death; [PL 1985, c. 611, §6 (RPR).]
- 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; [PL 1985, c. 611, §6 (RPR).]
- 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; [PL 2011, c. 420, Pt. D, §2 (AMD); PL 2011, c. 420, Pt. D, §6 (AFF).]
- 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; [PL 1985, c. 611, §6 (RPR); PL 1995, c. 560, Pt. K, §82 (AMD); PL 1995, c. 560, Pt. K, §83 (AFF); PL 2001, c. 354, §3 (AMD); PL 2003, c. 689, Pt. B, §6 (REV).]
- 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; [PL 1985, c. 611, §6 (RPR).]
- 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; [PL 1985, c. 611, §6 (RPR).]
- 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; [PL 1991, c. 339, §3 (AMD).]
- 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; [PL 1985, c. 611, §6 (RPR).]
- 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 [PL 1985, c. 611, §6 (RPR).]
- 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. [PL 1985, c. 611, §6 (RPR).]

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.
[PL 2019, c. 87, §1 (AMD).]

1-A. Medical examiner case determination. Notwithstanding that a case must be reported under subsection 1, the acceptance of any reported death as a medical examiner case is to be determined by the Chief Medical Examiner unless acceptance is specifically ordered by the Attorney General or district attorney having jurisdiction.

The following deaths that must be reported need not be accepted by the Chief Medical Examiner as a medical examiner case:

- A. Deaths due to the consequences of long-term exposure to environmental or occupational toxins or long-term exposure to carcinogens; [PL 2019, c. 87, §2 (AMD).]
- B. Deaths in the elderly who have sustained limb or axial fractures, excluding the head, for which they are or have been hospitalized; or [PL 2003, c. 433, §4 (NEW).]
- C. Sudden natural deaths in the elderly who have not had previous specific symptoms or who were not under treatment by a physician for the specific natural cause that is considered to be the cause of death. [PL 2003, c. 433, §4 (NEW).]

These reportable deaths may be referred back to the attending physician by the Chief Medical Examiner for certification of the death, even though the attending physician has not treated the patient for the specific natural disease that the attending physician will enter as the physician's diagnosis.
[PL 2019, c. 87, §2 (AMD).]

2. Attendance by physician.

[PL 2003, c. 433, §5 (RP).]

3. Transplant operations. An operation for the transplant of an organ or a portion of an organ may not take place, when the donor's death occurs under circumstances indicating a medical examiner case, without approval of the medical examiner. A doctor performing a transplant operation when the donor has died under these circumstances shall note the condition of the vital organs in the region of surgery and shall include this notation in a written report of the operation and manner in which death was pronounced, with the report to be given to the medical examiner upon the medical examiner's request. The medical examiner may choose to be present during the removal of the donated organ.
[RR 2021, c. 2, Pt. B, §151 (COR).]

4. Questionable cases and cases that may constitute exceptions.

[PL 2003, c. 433, §6 (RP).]

5. Delayed reports. When a death has occurred that falls under this law as a medical examiner case and the body has already been released for final disposition, the case may be accepted and the body ordered held for examination by a medical examiner, but no exhumation may take place when the body has been finally interred, except pursuant to section 3029.
[PL 1985, c. 611, §6 (NEW).]

SECTION HISTORY

PL 1967, c. 534, §2 (NEW). PL 1973, c. 567, §20 (AMD). PL 1979, c. 538, §5 (RPR). PL 1985, c. 611, §6 (RPR). PL 1987, c. 296, §3 (AMD). PL 1991, c. 339, §3 (AMD). PL 1995, c. 560, §K82 (AMD). PL 1995, c. 560, §K83 (AFF). PL 2001, c. 222, §§4-6 (AMD). PL 2001, c. 354, §3 (AMD). PL 2003, c. 433, §§3-6 (AMD). PL 2003, c. 689, §B6 (REV). PL 2011, c. 60, §1

(AMD). PL 2011, c. 420, Pt. D, §2 (AMD). PL 2011, c. 420, Pt. D, §6 (AFF). PL 2019, c. 87, §§1, 2 (AMD). RR 2021, c. 2, Pt. B, §151 (COR).

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