Janet T. Mills Governor

Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

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Senator Joseph Baldacci, Chair Representative Michele Meyer, Chair Members, Joint Standing Committee on Health and Human Services 100 State House Station Augusta, ME 04333-0100

Re: LD 228 – An Act to Require Substance Use Disorder to Be Disclosed as a Cause of Death on Death Certificates

Dear Senator Baldacci, Representative Meyer, and Members of the Health and Human Services Committee:

This letter is to provide information as the Committee considers LD 228 – An Act to Require Substance Use Disorder to Be Disclosed as a Cause of Death on Death Certificates, and the potential impact of the proposed legislation, if enacted. The Maine Center of Disease Control and Prevention (Maine CDC) is neither for nor against this bill and offers the following comments for consideration.

This bill requires that if substance use disorder is a factor in the cause or the proximate cause in the death of a person, the death certificate must include substance use disorder as a factor in the cause or proximate cause of the death and identify the substance underlying the disorder.

Vital records in Maine are collected by Maine CDC - Data, Research, and Vital Statistics (DRVS). The U.S. Standard Death Certificate is used by the certifier to record the immediate cause of death and up to three diseases, injuries or complications that are a sequence of events that lead to the immediate cause. Alcohol and drug use are often indicated in these fields. The death certificate also captures significant conditions that may be present, but do not directly lead to the death, and it includes a question which asks whether tobacco use contributed to the death. If the record is certified by a medical examiner as an overdose, the drug(s) will be listed in the field for the cause of death, and, if alcohol was involved, that will be noted on the death certificate as well.

Except when the death falls under the jurisdiction of the medical examiner (ME), the certifying physician, nurse practitioner or physician assistant must have attended the deceased before death, although not necessarily for the reason of the illness or condition which resulted in death. The cause of death need not be a condition for which the patient was specifically treated by the certifying physician if the stated cause is reasonable and consistent with the general state of health of the patient and the circumstances surrounding the death.

There are some inconsistencies in classification and certification of deaths caused by or suspected to be caused by a substance of use. Deaths, including drug toxicity, are complicated and a certifying physician may have no knowledge of a decedent's substance use or to suspect a substance use disorder. The bill language is broad as 'substance use disorder' can encompass several substances. As written, it is not clear whether a certifier must report drugs, alcohol and nicotine as factors in the cause of death.

The medical certifier is expected to use their best professional judgment. DRVS staff assumes this to be true and that the cause is determined after an assessment of the events of the death and the information available to make the determination. While some certifiers are already reporting these data as required, if a substance use disorder is not reflected on a death record, it may be because it was determined that it was not a factor, it was omitted, or the certifier did not access medical records and had no knowledge of the decedent's substance abuse disorder. For these reasons, the substance use disorder data reported is inconsistent and not reliable. DRVS does not have the capacity to follow up on all certificates timely to confirm whether the certifier reported this field accurately. Health care providers who fail to complete the medical certification of the cause of death fully, may be reported by DRVS to the respective professional licensing board, and, additionally, should there be a need for correcting an error, the existing law provides for a process for amending the record.

Thank you for your considering these points in your determination of the final outcome of the proposed legislation. The Maine CDC is available to provide additional information at the Committee's request and to participate in future sessions.

Respectfully,

Nancy Beardsley, Deputy Director

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Maine Center for Disease Control and Prevention