

# MAINE STATE LEGISLATURE

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

**AS PASSED BY THE**  
**ONE HUNDRED AND TWENTY-FIRST LEGISLATURE**

**FIRST SPECIAL SESSION**  
**August 21, 2003 to August 22, 2003**

**The General Effective Date For**  
**First Special Session**  
**Non-Emergency Laws Is**  
**November 22, 2003**

**SECOND REGULAR SESSION**  
**January 7, 2004 to January 30, 2004**

**The General Effective Date For**  
**Second Regular Session**  
**Non-Emergency Laws Is**  
**April 30, 2004**

**SECOND SPECIAL SESSION**  
**February 3, 2004 to April 30, 2004**

**The General Effective Date For**  
**Second Special Session**  
**Non-Emergency Laws Is**  
**July 30, 2004**

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

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**Penmor Lithographers**  
**Lewiston, Maine**  
**2004**

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**REVISOR'S REPORT  
2003**

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**CHAPTER 1**

**Sec. 1. 1 MRSA §146**, as enacted by PL 2003, c. 256, §1, is reallocated to 1 MRSA §147.

**EXPLANATION**

This section corrects a numbering problem created by Public Law 2003, chapters 56 and 256, which enacted 2 substantively different provisions with the same section number.

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**Sec. 2. 5 MRSA §1764-A, sub-§2**, as enacted by PL 2003, c. 497, §1, is corrected to read:

**2. Rules.** The Bureau of General Services, in consultation with the Energy Resources Council and the Public Utilities Commission, shall by rule require that all planning and design for the construction of new or substantially renovated state-owned or state-leased buildings and buildings built with state funds, including buildings funded through state bonds or the Maine Municipal Bond Bank:

A. Involve consideration of architectural designs and energy systems that show the greatest net benefit over the life of the building by minimizing long-term energy and operating costs;

B. Include an energy-use target that exceeds by at least 20% the energy efficiency standards in effect for commercial and institutional buildings pursuant to Title 10, section 1415-D; and

C. Include a life-cycle cost analysis that explicitly considers cost and benefits over a minimum of 30 years and that explicitly includes the public health and environmental benefits associated with energy-efficient building design and construction, to the extent they can be reasonably quantified.

Rules adopted pursuant to this section apply to all new or substantially renovated state-owned or state-leased buildings and buildings built with state funds, including buildings funded ~~through~~ through state bonds or the Maine Municipal Bond Bank, regardless of whether the planning and design for construction is subject to approval by the department.

Rules adopted pursuant to this section may provide for exemptions, waivers or other appropriate consideration for buildings with little or no energy usage, such as unheated sheds or warehouses.

The Bureau of General Services shall adopt rules pursuant to this section by July 1, 2004. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

**EXPLANATION**

This section corrects a clerical error by replacing the word "though" with the word "through."

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**Sec. 3. 5 MRSA §1811, sub-§8**, as amended by PL 2003, c. 79, §1, is corrected to read:

**8. Cooperative purchasing.** To permit any political subdivision or school administrative district in the State or nonprofit free health care clinic that provides free primary or preventative services to make purchases of foodstuffs, materials, equipment and supplies through the Bureau of General Services, subject to such procedures, rules and regulations as may be prescribed by the director. This subsection applies to a municipality notwithstanding any provision in its municipal charter to the contrary; and

**EXPLANATION**

This section corrects a clerical error.

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**Sec. 4. 5 MRSA §17652, sub-§4**, as enacted by PL 2003, c. 404, §1, is reallocated to 5 MRSA §17652, sub-§5.

**EXPLANATION**

This section corrects a numbering problem created by Public Law 2003, chapters 261 and 404, which enacted 2 substantively different provisions with the same subsection number.

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**Sec. 5. 10 MRSA §1497, sub-§1**, as enacted by PL 2003, c. 327, §1, is corrected to read:

**1. Definitions.** As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

A. "E-mail" means electronic mail sent or delivered by transmission over the Internet.

B. "E-mail service provider" means a business or organization qualified to do business in this

State that provides individuals, corporations or other entities the ability to send or receive e-mail through equipment located in this State or that is an intermediary in sending or receiving e-mail.

C. "Unsolicited commercial e-mail" means an e-mail, other than an e-mail sent at the request of the recipient, sent via an e-mail service provider to 2 or more recipients in this State with whom the sender does not have an existing business relationship for the purpose of:

- (1) Offering real property, goods or services for sale or rent;
- (2) Conveying information on real property, goods or services to solicit sales or purchase;
- (3) Conveying information on the extension of credit; or
- (4) Promoting or soliciting charitable contributions.

"Unsolicited commercial e-mail" does not include an e-mail message to which an e-mail service provider has attached an advertisement if the e-mail service provider has an agreement with the recipient under which the e-mail service provider allows the recipient free use of an e-mail account in exchange for allowing the e-mail service provider to send such advertisements.

~~"Unsolicited commercial e-mail" does not include an e-mail message to which an e-mail service provider has attached an advertisement if the e-mail service provider has an agreement with the recipient under which the e-mail service provider allows the recipient free use of an e-mail account in exchange for allowing the e-mail service provider to send such advertisements.~~

#### EXPLANATION

This section corrects a formatting error.

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**Sec. 6. 11 MRSA §2-1525**, as enacted by PL 1991, c. 805, §4, is corrected by amending the headnote to read:

**§2-1525. Lessor's right to identify goods to lease contract possession of goods**

#### EXPLANATION

This section corrects a headnote.

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**Sec. 7. 12 MRSA §6729**, as enacted by PL 2003, c. 63, §2, is reallocated to 12 MRSA §6728-A.

#### EXPLANATION

This section corrects a numbering problem created by Public Law 2003, chapters 63 and 319, which enacted 2 substantively different provisions with the same section number.

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**Sec. 8. 12 MRSA §7463-A, sub-§12**, as amended by PL 2003, c. 403, §22, is corrected to read:

**12. Authority of commissioner.** The commissioner may issue applications for moose hunting permits, issue permits and make all rules pertaining to moose hunting permits, including ~~provisions~~ provisions for permittees who are selected for a permit but unable to use the permit. The commissioner may make all other rules that the commissioner considers necessary for the protection of the moose resource.

#### EXPLANATION

This section corrects a clerical error.

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**Sec. 9. 12 MRSA §13056, sub-§2, ¶G**, as enacted by PL 2003, c. 414, Pt. A, §2 and affected by Pt. D, §7, is corrected to read:

G. A- motorboat used exclusively for racing purposes that displays on its hull in a prominent manner a valid boat number issued by a recognized racing association.

**Sec. 10. Effective date.** That section of this report that corrects the Maine Revised Statutes, Title 12, section 13056, subsection 2, paragraph G takes effect 90 days after the adjournment of the Second Regular Session of the 121st Legislature.

#### EXPLANATION

These sections correct a clerical error and make the correction effective 90 days after the adjournment of the Second Regular Session of the 121st Legislature.

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**Sec. 11. 18-A MRSA §2-405**, as amended by PL 1983, c. 480, Pt. A, §14, is corrected to read:

**§2-405. Estate property exempt**

Notwithstanding any provisions to the contrary, any part of the decedent's estate which shall be exempt under Title 14, section ~~4421~~ 4422, on the date of

decendent's death, shall not be liable for payment of debts of the decedent or claims against his estate; provided that nothing in this section may be deemed to affect the provisions of sections 2-401 through 2-404.

#### EXPLANATION

This section corrects a cross-reference.

**Sec. 12. 21-A MRSA §673, sub-§5**, as enacted by PL 2003, c. 407, §19, is reallocated to 21-A MRSA §673, sub-§6.

#### EXPLANATION

This section corrects a numbering problem created by Public Law 2003, chapters 395 and 407, which enacted 2 substantively different provisions with the same subsection number.

**Sec. 13. 21-A MRSA §1017-A, sub-§5**, as corrected by RR 1995, c. 2, §37, is corrected to read:

**5. Penalties.** A party committee is subject to the penalties in section 1020-A, subsection ~~4~~ 4-A.

#### EXPLANATION

This section corrects a cross-reference.

**Sec. 14. 21-A MRSA §1020-A, sub-§7**, as amended by PL 1999, c. 426, §32, is corrected to read:

**7. Final notice of penalty.** After a commission meeting, notice of the commission's final determination and the penalty, if any, imposed pursuant to this subchapter must be sent to the candidate and the treasurer.

If no determination is requested, the commission staff shall calculate the penalty as prescribed in subsection ~~4~~ 4-A and shall mail final notice of the penalty to the candidate and treasurer. A detailed summary of all notices must be provided to the commission.

#### EXPLANATION

This section corrects a cross-reference.

**Sec. 15. 22 MRSA §328, sub-§17-A**, as enacted by PL 2003, c. 469, Pt. C, §5, is corrected to read:

**17-A. New health service.** "New health service" means:

**1. Capital expenditure.** ~~The obligation of any capital expenditures by or on behalf of a health care facility of \$110,000 or more that is associated with the addition of a health service that was not offered on a regular basis by or on behalf of the health care facility within the 12-month period prior to the time the services would be offered;~~

**2. Addition of health service.** ~~The addition of a health service that is to be offered by or on behalf of a health care facility that was not offered on a regular basis by or on behalf of the health care facility within the 12-month period prior to the time the services would be offered and that, for the 3rd fiscal year of operation, including a partial first year following addition of that service, is projected to entail incremental annual operating costs directly attributable to the addition of that health service of at least \$400,000; or~~

**3. Addition of health care practitioner.** ~~The addition in the private office of a health care practitioner, as defined in Title 24, section 2502, subsection 1-A, of new technology that costs \$1,200,000 or more. The department shall consult with the Maine Quality Forum Advisory Council established pursuant to Title 24-A, section 6952, prior to determining whether a project qualifies as a new technology in the office of a private practitioner. Beginning September 30, 2004 and annually thereafter, the threshold amount for review must be updated by the commissioner to reflect the change in the Consumer Price Index medical index. With regard to the private office of a health care practitioner, "new health service" does not include the location of a new practitioner in a geographic area.~~

~~"New health service" does not include a health care facility that extends a current service within the defined primary service area of the health care facility by purchasing within a 12-month time period new equipment costing in the aggregate less than the threshold provided in section 328, subsection 16;~~

A. The obligation of any capital expenditures by or on behalf of a health care facility of \$110,000 or more that is associated with the addition of a health service that was not offered on a regular basis by or on behalf of the health care facility within the 12-month period prior to the time the services would be offered;

B. The addition of a health service that is to be offered by or on behalf of a health care facility that was not offered on a regular basis by or on behalf of the health care facility within the 12-month period prior to the time the services would be offered and that, for the 3rd fiscal year of operation, including a partial first year following addition of that service, is projected to

entail incremental annual operating costs directly attributable to the addition of that health service of at least \$400,000; or

C. The addition in the private office of a health care practitioner, as defined in Title 24, section 2502, subsection 1-A, of new technology that costs \$1,200,000 or more. The department shall consult with the Maine Quality Forum Advisory Council established pursuant to Title 24-A, section 6952, prior to determining whether a project qualifies as a new technology in the office of a private practitioner. Beginning September 30, 2004 and annually thereafter, the threshold amount for review must be updated by the commissioner to reflect the change in the Consumer Price Index medical index. With regard to the private office of a health care practitioner, "new health service" does not include the location of a new practitioner in a geographic area.

"New health service" does not include a health care facility that extends a current service within the defined primary service area of the health care facility by purchasing within a 12-month time period new equipment costing in the aggregate less than the threshold provided in section 328, subsection 16;

#### EXPLANATION

This section corrects formatting errors.

**Sec. 16. 22 MRSA §1718**, as enacted by PL 2003, c. 469, Pt. C, §15, is corrected to read:

#### **§1718. Consumer information**

Each hospital or ambulatory surgical center licensed under chapter 405 shall maintain a price list of the most common inpatient services and outpatient procedures provided by the licensee.

A. For inpatient services, the price list must include a per diem bed charge and an average charge for all ancillary charges for the 15 most common nonemergent services involving inpatient stays. If the per diem bed charge includes all ancillary charges for a procedure, no further information is required.

B. For outpatient nonemergent procedures for which an individual would not incur a bed charge, the price list must include average charges for the 20 most common surgical and diagnostic procedures, excluding laboratory services.

C. For emergency services, the price list must include average charges for facility and physi-

cian services according to the level of emergency services provided by the hospital and based on the time and intensity of services provided.

The hospital or ambulatory surgical center licensed under chapter 405 shall post in a conspicuous place a statement about the availability of the price list as required by this section. Posting of the price list is not required.

The hospital or ambulatory surgical center licensed under chapter 405 shall provide its price list upon request of a consumer.

The price list may include a statement that actual charges may vary depending on individual need and other factors.

**1. Inpatient services.** For inpatient services, the price list must include a per diem bed charge and an average charge for all ancillary charges for the 15 most common nonemergent services involving inpatient stays. If the per diem bed charge includes all ancillary charges for a procedure, no further information is required.

**2. Outpatient nonemergent procedures.** For outpatient nonemergent procedures for which an individual would not incur a bed charge, the price list must include average charges for the 20 most common surgical and diagnostic procedures, excluding laboratory services.

**3. Emergency services.** For emergency services, the price list must include average charges for facility and physician services according to the level of emergency services provided by the hospital and based on the time and intensity of services provided.

The hospital or ambulatory surgical center licensed under chapter 405 shall post in a conspicuous place a statement about the availability of the price list as required by this section. Posting of the price list is not required.

The hospital or ambulatory surgical center licensed under chapter 405 shall provide its price list upon request of a consumer.

The price list may include a statement that actual charges may vary depending on individual need and other factors.

#### EXPLANATION

This section corrects a formatting error.

**Sec. 17. 22 MRSA §2699**, as enacted by PL 2003, c. 430, §1 and affected by §3, is reallocated to 22 MRSA §2698-A.

**Sec. 18. Effective date.** That section of this report that reallocates Title 22, section 2699 takes effect July 1, 2004.

#### EXPLANATION

These sections correct a numbering problem created by Public Law 2003, chapters 430 and 456, which enacted 2 substantively different provisions with the same section number, and make the correction effective July 1, 2004.

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**Sec. 19. 22 MRSA §3174-AA**, as enacted by PL 2003, c. 20, Pt. K, §12 and amended by c. 451, Pt. XX, §1, is reallocated to 22 MRSA §3174-EE.

#### EXPLANATION

This section corrects a conflict created by Public Law 2003, chapter 20, Part K, section 12, which enacted a new provision of law using a section number that already existed, by reallocating that new section to an available section.

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**Sec. 20. 24-A MRSA §601, sub-§5, ¶E**, as amended by PL 2003, c. 203, §1, is corrected to read:

E. Issuance fee for original nonresident producer license \$70;

Appointment of such producer, each insurer, health maintenance organization, fraternal benefit society, nonprofit hospital or medical service organization, viatical settlement provider or risk retention group \$70;

Biennial fee for appointment, each insurer, health maintenance organization, fraternal benefit society, nonprofit hospital or medical service organization, viatical settlement ~~or~~ provider or risk retention group \$70;

#### EXPLANATION

This section corrects a clerical error.

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**Sec. 21. 24-A MRSA §4303, sub-§9**, as enacted by PL 2003, c. 110, §1, is reallocated to 24-A MRSA §4303, sub-§11.

#### EXPLANATION

This section corrects a numbering problem created by Public Law 2003, chapters 110 and 218, which

enacted 2 substantively different provisions with the same subsection number.

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**Sec. 22. 24-A MRSA §6910, sub-§3**, as enacted by PL 2003, c. 469, Pt. A, §8, is corrected to read:

**3. Carrier participation requirements.** To qualify as a carrier of Dirigo Health Insurance, a health insurance carrier must:

A. Provide the comprehensive health services and benefits as determined by the board, including a standard benefit package that meets the requirements for mandated coverage for specific health services, specific diseases and for certain providers of health services under Title 24 and this Title and any supplemental benefits the board wishes to make available; and

B. Ensure that:

(1) Providers contracting with a carrier contracted to provide coverage to plan enrollees do not charge plan enrollees or 3rd parties for covered health care services in excess of the amount allowed by the carrier the provider has contracted with, except for applicable copayments, deductibles or coinsurance or as provided in section 4204, subsection 6;

(2) Providers contracting with a carrier contracted to provide coverage to plan enrollees do not refuse to provide services to a plan enrollee on the basis of health status, medical condition, previous insurance status, race, color, creed, age, national origin, citizenship status, gender, sexual orientation, disability or marital status. This subparagraph may not be construed to require a provider to furnish medical services that are not within the scope of that provider's license; and

(3) Providers contracting with a carrier contracted to provide coverage to plan enrollees are reimbursed at the negotiated reimbursement rates between the carrier and its provider network.

~~Health insurance carriers that seek to qualify to provide Dirigo Health Insurance must also qualify as health plans in Medicaid.~~

Health insurance carriers that seek to qualify to provide Dirigo Health Insurance must also qualify as health plans in Medicaid.

#### EXPLANATION

This section corrects a formatting error.

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**Sec. 23. 25 MRSA §1574, sub-§§4 and 5**, as amended by PL 2003, c. 393, §3, are corrected to read:

**4. Applicable offenses for persons convicted after January 1, 1996 and before October 1, 2001.** This ~~subsection~~ section applies to a person convicted after January 1, 1996 and before October 1, 2001 of one or more of the following offenses or an attempt of one or more of the following offenses:

- A. Murder or criminal homicide in the first or 2nd degree;
- B. Felony murder;
- C. Manslaughter;
- D. Aggravated assault;
- D-1. Elevated aggravated assault;
- E. Gross sexual assault, including that formerly denominated as gross sexual misconduct;
- E-1. Rape;
- F. Sexual abuse of a minor;
- G. Unlawful sexual contact;
- G-1. Visual sexual aggression against a child;
- G-2. Sexual misconduct with a child under 14 years of age;
- H. Kidnapping;
- I. Criminal restraint;
- J. Burglary;
- K. Robbery;
- L. Arson;
- M. Aggravated criminal mischief; or
- N. Any lesser included offense of any crime identified in paragraphs A to M if the greater offense is initially charged. "Lesser included offense" has the same meaning as in Title 17-A, section 13-A.

**5. Applicable offenses for persons convicted on or after October 1, 2001.** This ~~subsection~~ section applies to a person convicted on or after October 1, 2001 of one or more of the following offenses or an attempt of one or more of the following offenses:

- A. Murder;

- B. A Class A, B or C crime;
- C. Sexual abuse of a minor;
- D. Unlawful sexual contact;
- E. Visual sexual aggression against a child;
- F. Sexual contact with a child under 14 years of age;
- G. Solicitation of a child by a computer to commit a prohibited act; or
- H. Any lesser included offense of any crime identified in paragraphs A to G if the greater offense is initially charged. "Lesser included offense" has the same meaning as in Title 17-A, section 13-A.

**Sec. 24. 25 MRSA §1574, sub-§6**, as enacted by PL 2003, c. 393, §3, is corrected to read:

**6. Applicable offenses for juveniles adjudicated on or after October 1, 2003.** This ~~subsection~~ section applies to a juvenile adjudicated on or after October 1, 2003 of committing a juvenile crime that, if committed by an adult, would constitute one or more of the following offenses or an attempt of one or more of the following offenses:

- A. Murder;
- B. Felony murder;
- C. Manslaughter;
- D. Aggravated assault;
- E. Elevated aggravated assault;
- F. Gross sexual assault;
- G. Unlawful sexual contact;
- H. Kidnapping;
- I. Criminal restraint;
- J. Burglary;
- K. Robbery;
- L. Arson;
- M. Aggravated criminal mischief; or
- N. Causing a catastrophe.

#### EXPLANATION

These sections correct a cross-reference.

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**Sec. 25. 25 MRSA §2465**, as amended by PL 2003, c. 452, Pt. N, §6 and affected by Pt. X, §2, is corrected by amending the headnote to read:

**§2465. Adoption of ~~regulations~~ rules**

**EXPLANATION**

This section corrects a headnote to reflect the intent of the provision of law.

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**Sec. 26. 28-A MRSA §704, sub-§2**, as repealed and replaced by PL 2003, c. 452, Pt. P, §3 and affected by Pt. X, §2, is reallocated to 28-A MRSA §704, sub-§1-A.

**Sec. 27. Effective date.** That section of this report that reallocates the Maine Revised Statutes, Title 28-A, section 704, subsection 2 takes effect July 1, 2004.

**EXPLANATION**

These sections correct a numbering conflict created when Public Law 2003, chapter 452, Part P, section 3 enacted the Maine Revised Statutes, Title 28-A, section 704, subsection 2, which existed already, and make that correction effective July 1, 2004.

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**Sec. 28. 29-A MRSA §1301, sub-§8**, as enacted by PL 2003, c. 397, §4, is reallocated to 29-A MRSA §1301, sub-§9.

**EXPLANATION**

This section corrects a numbering problem created by Public Law 2003, chapters 394 and 397, which enacted 2 substantively different provisions with the same subsection number.

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**Sec. 29. 29-A MRSA §1925**, as enacted by PL 2003, c. 340, §4, is reallocated to 29-A MRSA §1926.

**EXPLANATION**

This section corrects a numbering problem created by Public Law 2003, chapters 340 and 397, which enacted 2 substantively different provisions with the same section number.

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**Sec. 30. 29-A MRSA §2089**, as enacted by PL 2003, c. 128, §1, is reallocated to 29-A MRSA §2090.

**EXPLANATION**

This section corrects a numbering problem created by Public Law 2003, chapters 128 and 397, which enacted 2 substantively different provisions with the same section number.

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**Sec. 31. 29-A MRSA §2455, sub-§3, ¶B**, as amended by PL 2001, c. 511, §4, is corrected to read:

B. When required, satisfactory completion of a substance abuse treatment program or rehabilitation program approved or licensed by the Department of ~~Behavioral~~ Behavioral and Developmental Services; and

**EXPLANATION**

This section corrects a spelling error.

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**Sec. 32. 30-A MRSA §3755-A, sub-§4**, as enacted by PL 1993, c. 173, §6, is corrected to read:

**4. Revocation or suspension of permit.** For purposes of section ~~3758~~ 3758-A, subsection ~~3~~ 5, each of the standards set forth in this section are conditions of a permit.

**EXPLANATION**

This section corrects a cross-reference.

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**Sec. 33. 32 MRSA §1228, sub-§4**, as amended by PL 2003, c. 204, Pt. E, §1, is corrected to read:

**4. Examination.** An applicant is required to pass an examination administered by the board to test the applicant's knowledge of the subjects of accounting and auditing and such other related subjects as the board may specify by rule in order to qualify for a certificate. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. The board may make the use of all or any part of the Uniform Certified Public Accountant Examination and the Advisory Grading Service of the American Institute of Certified Public ~~Accountant~~ Accountants or any other examination approved by the board and may contract with 3rd parties to perform such administrative services with respect to the examination as it considers appropriate to assist it in performing its duties under this section.

**EXPLANATION**

This section corrects the name of an organization.

**Sec. 34. 32 MRSA §1866, sub-§4, ¶B**, as amended by PL 2003, c. 499, §6, is corrected to read:

B. In addition to the payment of the refund value, the initiator of the deposit under section 1863-A, subsection 3 shall reimburse the dealer or local redemption center for the cost of handling beverage containers subject to section 1863-A in an amount that equals at least 3¢ per returned container for containers picked up by the initiator before March 1, 2004 and at least 3 1/2¢ for containers picked up on or after March 1, 2004. The initiator of the deposit may reimburse the dealer or local redemption center directly or indirectly through a contracted agent or ~~though~~ through a party with which it has entered into a commingling agreement.

#### EXPLANATION

This section corrects a clerical error by replacing the word "though" with the word "through."

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**Sec. 35. 34-A MRSA c. 9, sub-c. 6**, as enacted by PL 2003, c. 500, §1, is corrected by amending the headnote to read:

#### SUBCHAPTER 67

#### THE INTERSTATE COMPACT FOR JUVENILES

#### EXPLANATION

This section corrects a numbering problem created by Public Law 2003, chapters 495 and 500, which enacted 2 substantively different provisions with the same subchapter number.

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**Sec. 36. 34-A MRSA §9903, sub-§11**, as enacted by PL 2003, c. 500, §1, is corrected to read:

**11. ~~Date~~ Data collection; records.** The interstate commission shall collect standardized data concerning the interstate movement of juveniles as directed through rules specifying the data to be collected, the means of collection and data exchange and the reporting requirements. These methods of data collection, exchange and reporting must, insofar as is reasonably possible, conform to up-to-date technology and coordinate the interstate commission's information functions with the appropriate repository of records.

#### EXPLANATION

This section corrects a clerical error by replacing the word "date" with the word "data."

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**Sec. 37. 36 MRSA §5122, sub-§2, ¶P**, as enacted by PL 2001, c. 679, §4 and affected by §6, is reallocated to 36 MRSA §5122, sub-§2, ¶T.

**Sec. 38. 36 MRSA §5122, sub-§2, ¶Q**, as repealed and replaced by PL 2003, c. 479, §3, is corrected to read:

Q. A fraction of any amount previously added back by the taxpayer to federal adjusted gross income pursuant to subsection 1, paragraph N.

(1) With respect to property first placed in service during taxable years beginning in 2002, the adjustment under this paragraph is available for each year during the recovery period, beginning 2 years after the beginning of the taxable year during which the property was first placed in service. The fraction is equal to the amount added back under subsection 1, paragraph N with respect to the property, divided by the number of years in the recovery period minus 2.

(2) With respect to all other property, for the taxable year immediately following the taxable year during which the property was first placed in service, the fraction allowed by this paragraph is equal to 5% of the amount added back under subsection 1, paragraph N with respect to the property. For each subsequent taxable year during the recovery period, the fraction is equal to 95% of the amount added back under subsection 1, paragraph N with respect to the property, divided by the number of years in the recovery period minus 2.

In the case of property expensed pursuant to Section 179 of the Code, the term "recovery period" means the recovery period that would have been applicable to the property had Section 179 not been applied-; and

#### EXPLANATION

These sections correct punctuation and a numbering conflict created by Public Law 2001, chapters 559 and 679, which enacted 2 substantively different provisions with the same paragraph letter.

**Sec. 39. PL 1987, c. 512, §2, amending clause** is corrected to read:

**Sec. 2. 25 MRSA §1542**, as repealed and replaced by PL 1975, c. 763, §5 and amended by PL 1981, c. 493, §101 ~~§2~~, is repealed.

#### EXPLANATION

This section corrects an amending clause.

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**Sec. 40. PL 2001, c. 442, §§6 and 7**, as enacted by PL 2003, c. 387, §15, are reallocated to PL 2001, c. 442, §§7 and 8.

#### EXPLANATION

This section reallocates sections to correct a section numbering conflict created by PL 2003, chapters 324 and 387.

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**Sec. 41. PL 2001, c. 572, §7, amending clause** is corrected to read:

**Sec. 7. 7 MRSA §1306**, as repealed and replaced by PL 1977, c. 694, §116 and amended by PL 1999, c. 547, Pt. B, §78 and affected by §80, is further amended to read:

#### EXPLANATION

This section corrects an amending clause.

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**Sec. 42. PL 2001, c. 572, §37, amending clause** is corrected to read:

**Sec. 37. 7 MRSA §1808**, as amended by PL 1993, c. 367, §1 and PL 1999, c. 547, Pt. B, §78 and affected by §80, is further amended to read:

#### EXPLANATION

This section corrects an amending clause.

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**Sec. 43. PL 2001, c. 617, §11, amending clause** is corrected to read:

**Sec. 11. 17 MRSA §1031, sub-§1, ¶G**, as amended by PL 2001, c. 414, §1 and c. 425, §5, is further amended to read:

#### EXPLANATION

This section corrects an amending clause.

**Sec. 44. PL 2001, c. 714, Pt. HH, §1, amending clause** is corrected to read:

**Sec. HH-1. PL 2001, c. 666, Pt. B, §1** is amended to read:

#### EXPLANATION

This section corrects an amending clause.

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**Sec. 45. PL 2003, c. 220, §3, amending clause** is corrected to read:

**Sec. 3. 7 MRSA §552**, as amended by PL 1981, c. 314 and PL 1999, c. 547, Pt. B, §78 and affected by Pt. B, §80, is repealed.

#### EXPLANATION

This section corrects an amending clause.

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**Sec. 46. PL 2003, c. 386, §19, amending clause** is corrected to read:

**Sec. 19. 22 MRSA ~~§2823-B~~ §2383-B, sub-§6**, as enacted by PL 2001, c. 308, §2, is amended to read:

#### EXPLANATION

This section corrects an amending clause.

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**Sec. 47. PL 2003, c. 389, §16, amending clause** is corrected to read:

**Sec. 16. ~~34-A~~ 34-B MRSA §5473, sub-§1**, as amended by PL 1995, c. 560, Pt. K, §59, is further amended to read:

#### EXPLANATION

This section corrects an amending clause.

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**Sec. 48. PL 2003, c. 452, Pt. B, §16, amending clause** is corrected to read:

**Sec. B-16. 7 MRSA §1706**, as repealed and replaced by PL 2001, c. 572, §24 ~~§21~~, is repealed and the following enacted in its place:

#### EXPLANATION

This section corrects an amending clause.

**Sec. 49. PL 2003, c. 452, Pt. F, §30, amending clause** is corrected to read:

**Sec. F-30. 12 MRSA §6858, sub-§1**, as amended by PL 1991, c. 39 390, §9, is further amended to read:

**EXPLANATION**

This section corrects an amending clause.

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**Sec. 50. PL 2003, c. 452, Pt. N, §1, amending clause** is corrected to read:

**Sec. N-1. 25 MRSA §2001**, as amended by PL 2003, c. 414, Pt. B, ~~§36 §§36 and 37~~ and affected by Pt. D, §7, is repealed.

**EXPLANATION**

This section corrects an amending clause.

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**Sec. 51. PL 2003, c. 452, Pt. Q, §49, amending clause** is corrected to read:

**Sec. Q-49. 29-A MRSA §2076, sub-§3**, as enacted by PL 1995, c. 247, §5 ~~and affected by Pt. B, §5~~, is amended to read:

**EXPLANATION**

This section corrects an amending clause.

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**Sec. 52. PL 2003, c. 452, Pt. R, §13, amending clause** is corrected to read:

**Sec. R-13. 32 MRSA §14512, sub-§1**, as amended by PL 2001, c. 324, §11, is further amended to read:

**EXPLANATION**

This section corrects an amending clause.