MAINE STATE LEGISLATURE

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	FIRST R	EGULAR SE	SSION					
ONE	HUNDRED AN	D TWELFTH	LEGISLATURE					
Legislative Doc	ument		No. 1501					
S.P. 555	V-MIN		In Senate, May 9, 1985					
Reference to ordered printed.	the Committee of	on Business ar	nd Commerce suggested and					
		JOY J. O'F	BRIEN, Secretary of the Senate					
Presented by Sen Cosponsored Armstrong of Wi	by Representativ		of Portland and Representative					
	STAT	E OF MAIN	E					
IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND EIGHTY-FIVE								
	nse of Main		nts to Defray the he Bureau of					
Be it enacte follows:	ed by the Pe	ople of tl	he State of Maine as					
Sec. 1.	24 MRSA §2	332 is en	acted to read:					
late or m	ed to the re	gulation (ice organ:	pment of expenses re- of nonprofit hospital izations and nonprof-					
the Superint tal or medic health care State in pro	endent of I cal service plans li portion to red from bus	nsurance organizations organization to compare the com	nt levied annually by upon nonprofit hospitions and nonprofit o do business in this pective subscription rations in this State					

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The annual assessment upon all hospital or medical service organizations and health care plans shall be applied to the budget of the bureau for the fiscal year commencing July 1st. The assessment shall be in an amount not exceeding .00015 of subscription income. When the superintendent calculates the amount of the annual assessment, he shall consider, among other factors, the staffing level required to administer the nonprofit health care regulatory program of the bureau.

- 1. Expense of examination. The expense of examination of any corporation described in section 2301 shall continue to be borne by the corporation examined. The expense of examination consistent with section 2307 shall not be considered when determining the assessment for the recoupment of expenses related to the nonprofit health care regulatory program of the bureau.
- 2. Subscription income. Based on the annual statement filed by each nonprofit hospital or medical service organization or health care plan pursuant to section 2306, the superintendent shall ascertain the amount of subscription income received in that year. For the purpose of this section only, "subscription income" means and includes subscription premium and other considerations received by hospital or medical service organizations and health care plans, on account of certificates or contracts covering risks located, resident or to be performed in this State, after deducting subscription or other contract consideration returns.
- 3. Minimum assessment. In any year in which a nonprofit hospital or medical service organization or health care plan has no subscription income derived from business operations in this State, or in which subscription income is not sufficient to produce at the rate prescribed an amount equal to or in excess of \$100, the minimum assessment payable shall be \$100.
- 4. Notification of assessment. On or before April 30th of each year, the superintendent shall notify each nonprofit hospital or medical service organization and health care plan of the assessment due.

1 5. Time of payment. Payment shall be made on or before June 1st.

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- 6. Revocation or suspension. If the assessment is not paid to the superintendent on or before the prescribed date, the certificate of authority of any nonprofit hospital or medical service organization or health care plan to transact business in this State may be revoked or suspended by the superintendent after a hearing thereon or upon waiver of hearing by the nonprofit hospital or medical service organization or health care plan until the assessment is paid.
- 7. Recalculation of assessment. Immediately following the close of the fiscal year ending June 30, 1987, and at the close of each 2nd succeeding fiscal year, the superintendent shall recalculate the assessment made against each party assessed after giving recognition to actual expenditures for the nonprofit health care regulatory program of the bureau during the preceding biennial period. On or before October 1st, the superintendent shall render to each party assessed a statement showing the difference between their respective recalculated assessment and the amount they had paid with respect to the preceding biennium. Any overpayment of annual assessment resulting from complying with the requirements of this section shall be refunded or, at the option of the assessed party, applied as a credit against the assessment for the succeeding fiscal year. Any overpayment of \$100 or less shall be applied as a credit against the assessment for the succeeding fiscal year.
- 33 8. Deposit with Treasurer of State. The super34 intendent shall deposit all payments made pursuant to
 35 this section with the Treasurer of State. The money
 36 shall be used for the sole purpose of recouping the
 37 expenses related to the nonprofit health care regula38 tory program of the Bureau of Insurance.
- 39 9. Applicability. This section applies with re-40 spect to fiscal years commencing on or after July 1, 41 1986.
 - Sec. 2. 24-A MRSA §237 is enacted to read:

§237. Assessment for expense of maintaining the Bureau of Insurance

The expense of maintaining the Bureau of Insurance shall be assessed annually by the Superintendent of Insurance against all insurers licensed to do business in this State in proportion to their respective direct gross premium written on business in this State during the year ending December 31st immediately preceding the fiscal year for which assessment is made. The annual assessment upon all insurers shall be applied to the budget of the bureau for the fiscal year commencing July 1st. The assessment shall be in an amount not exceeding .0015 of total direct premiums written. When the superintendent calculates the amount of the annual assessment, he shall consider, among other factors, the staffing level required to administer the responsibilities of the bureau.

- 1. Expense of examination. The expense of examination of an insurer or of any person regulated by section 222 shall continue to be borne by the person examined. The expense of examination consistent with section 228 shall not be considered when determining the assessment for maintaining the Bureau of Insurance.
- 2. Direct gross premium. Based on the annual statement filed by each insurer pursuant to section 423 the superintendent shall ascertain the amount of direct gross premium it received in that year. For the purpose of this section only, "direct gross premiums" means and includes policy, membership, annuity considerations and other fees, policy dividends applied in payment for insurance and other considerations for insurance received by insurers, on account of policies or contracts covering subjects of insurance, or risks located, resident or to be performed in this State, after deducting return premiums or dividends actually returned or credited to policyholders.
- 3. Minimum assessment. In any year in which an insurer has no direct gross premium writings in this State, or in which direct gross premium written is not sufficient to produce at the rate prescribed an amount equal to or in excess of \$100, the minimum assessment payable by any insurer shall be \$100.

4. Notification of assessment. On or before April 20th of each year, the superintendent shall notify each insurer of the assessment due. When an extension of the time of filing an annual statement is granted for good cause by the superintendent pursuant to section 423, subsection 1, the insurer shall be assessed a provisional amount of \$100. Upon receipt of the insurer's annual statement the provisional assessment shall be adjusted to effect a final assessment for the fiscal year at the same rate utilized by the superintendent and which was levied upon all insurers by the general assessment of April 20th.

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- 5. Time of payment. Payment shall be made on or before June 1st.
 - 6. Revocation or suspension. If the assessment is not paid to the superintendent on or before the prescribed date, the license or certificate of authority of any insurer to transact business in this State may be revoked or suspended by the superintendent after a hearing thereon or upon waiver of hearing by the insurer until the assessment is paid. There shall be no reinstatement of certificate of authority prior to payment of the balance of the assessment.
- 7. Recalculation of assessment. Immediately following the close of the fiscal year ending June 30, 1987, and at the close of each 2nd succeeding fiscal year, the superintendent shall recalculate the assessment made against each party assessed after giving recognition to actual expenditures of the bureau during the preceding biennial period. On or before October 1st, the superintendent shall render each party assessed a statement showing the difference between their respective recalculated assessment and the amount they had paid with respect to the preceding biennium. Any overpayment of annual assessment resulting from complying with the requirements of this section shall be refunded or, at the option of the assessed party, applied as a credit against the assessment for the succeeding fiscal year. Any overpayment of \$100 or less shall be applied as a credit against the assessment for the succeeding fiscal year.

8. Deposit with Treasurer of State. The superintendent shall deposit all payments made pursuant to this section with the Treasurer of State. The money shall be used for the sole purpose of paying the expenses of the Bureau of Insurance.

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- 9. Exclusions. This section does not apply to fraternal benefit societies, as defined in section 4101; assessment mutual insurance companies, as defined in section 3603; joint underwriting associations, subject to section 2322; and health maintenance organizations, as defined in section 4203.
- 12 10. Applicability. This section applies with 13 respect to fiscal years commencing on or after July 14 1, 1986.
- 15 Sec. 3. 24-A MRSA §604, sub-§2, as amended by PL 16 1973, c. 625, §136, is further amended to read:
- 2. The Treasurer of State shall credit the following funds to the Insurance Regulatory Fund:
- 19 A. The balance, if any, remaining on January 1, 20 1970 of funds allocated to the bureau pursuant to 21 Title 24, section 372;
- 22 B. Fees, licenses and other charges collected 23 and remitted by the superintendent under section 24 601 (fee schedule), or as increased pursuant to 25 section 428 (retaliatory provision); and
- 26 C. Amounts collected for investigation reports 27 under section 1519; and
- D. Such other amounts as may be expressly required by law to be so credited. Amounts assessed by the superintendent under Title 24, section 2332;
- 32 E. Amounts assessed by the superintendent under section 237;
- F. Amounts assessed by the superintendent under Title 39, section 29; and
- 36 G. Such other amounts as may be expressly re-37 quired by law to be so credited.

Sec. 4. 39 MRSA §29 is enacted to read:

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§29. Assessment for the expenses of administering the self-insurer's Workers' Compensation Program

There shall be an assessment levied annually by the Superintendent of Insurance upon self-insuring employers approved pursuant to section 23, respecting the operations of each self-insurer conducted in this State to defray the cost of administration of the Bureau of Insurance. The annual assessment upon approved self-insuring employers shall be calculated using imputed annual standard premium relating to business operations in this State which each selfinsurer would have paid during the previous calendar year pursuant to manual rates established by the principal rating organization in this State and using the experience rating procedure approved by the Superintendent of Insurance for that self-insurer. The assessment shall be applied to the budget of the bureau for the fiscal year commencing July 1st. assessment shall be in an amount not exceeding 1/10 of 1% of imputed annual standard premium. When the superintendent calculates the amount of the annual assessment, he shall consider, among other things, the staffing level required to administer workers compensation self-insurance oversight responsibilities of the bureau.

- 1. Annual standard premium. The superintendent shall utilize annual standard premium for each approved self-insurer as reported to the Bureau of Insurance by the Maine Self-Insurance Guarantee Association pursuant to section 23-A, subsection 4, in determining the amount of the assessment.
- 2. Expense of examination. The expense of examination of group self-insurers subject to section 23, subsection 4, paragraph L shall continue to be borne by the person examined.
 - 3. Minimum assessment. In any year in which a self-insurer has no annual standard premium in this State or in which the annual standard premium is not sufficient to produce at the rate prescribed by law an amount equal to or in excess of \$100, the minimum

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- 4. Notification of assessment. On or before April 1st, next following receipt of the report from the Maine Self-Insurance Guarantee Association, the Superintendent of Insurance shall notify each self-insurer of the assessment due.
- 5. Time of payment. Payment shall be made on or before June 1st.
- 6. Revocation or termination. If the assessment is not paid on or before June 1st, the right of any individual or group to continue the option of self-insurance may be revoked or terminated by the Super-intendent of Insurance.
- 7. Recalculation of assessment. Immediately following the close of the fiscal year ending June 30, 1987, and at the close of each fiscal year thereafter, the Superintendent of Insurance shall recalculate the assessment upon each self-insurer subject to this section. If, in any instance, any assessment paid under this section is based in whole or in part upon annual standard premium estimated in the calendar year utilized for assessment purposes, the recalculation shall recognize actual audited annual standard premium, as available, for each fected self-insurer. Actual expenditures of the Bureau of Insurance during the preceding fiscal year shall also be recognized. On or before October 1st, the Superintendent of Insurance shall render to each self-insurer a statement showing the difference between their respective recalculated assessment and the amount they paid during the preceding fiscal year. Any overpayment of annual assessment resulting from complying with the requirements of this section shall be refunded or, at the option of the assessed party, applied as a credit against the assessment for the succeeding fiscal year. Any overpayment of \$100 or less shall be applied as a credit against the assessment for the succeeding fiscal year.
- 8. Deposit with Treasurer of State. The Superintendent of Insurance shall deposit all payments made pursuant to this section with the Treasurer of State. The money shall be used for the sole purpose

- of paying the expenses of the Bureau of Insurance for administration of the Self-insurer's Workers' Compensation Program.
- 4 9. Exclusions. This section does not apply to the State or the University of Maine.
- 6 10. Applicability. This section applies with 7 respect to fiscal years commencing on or after July 8 1, 1986.

STATEMENT OF FACT

This bill provides dedicated funding for the Bureau of Insurance by the application of an annual assessment upon those insurers, self-insurers and non-profit service organizations doing business in the State. Assessments will track consistently with the approved budget for the Bureau of Insurance. Recognizing actual expenditures of the bureau, recalculations of the assessments will be performed by the superintendent and any overpayment will be refunded or credited against future assessments.

Section 1 provides for an assessment upon non-profit hospital or medical service organizations and health care plans in an amount not in excess of .00015 of subscription income derived from business operations in this State during the preceding calendar year for the recoupment of expenses related to the nonprofit health care regulatory program of the Bureau of Insurance.

Section 2 provides for an assessment not in excess of .0015 of total direct premiums written on business in this State during the preceding calendar year. This distribution of the costs of operation of the Bureau of Insurance is apportioned ratably to those insurers requiring the most attention or receiving the most services from the bureau.

Section 3 authorizes the funds to be credited to the Insurance Regulatory Fund.

Section 4 provides for an assessment upon approved workers' compensation self-insurers to defray

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