# MAINE STATE LEGISLATURE

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1	L.D. 1634
2	(Filing No. H-394 )
3 4 5 6	STATE OF MAINE HOUSE OF REPRESENTATIVES 112TH LEGISLATURE FIRST REGULAR SESSION
7 8 9	HOUSE AMENDMENT 'C" to H.P. 1127, L.D. 1634, Bill, "AN ACT to Improve the Workers' Compensation System and Reform the Rate-making Process."
10 11	Amend the bill in the emergency preamble by inserting after the 5th paragraph the following:
12 13	'Whereas, workers' compensation insurance is a matter of vital importance to Maine's economy; and
14 15 16 17 18	Whereas, the method used to determine workers' compensation insurance rates affects all participants in the system, including employers who purchase insurance, insurers who provide that insurance and employees who receive benefits; and
19 20 21 22	Whereas, reform of the current ratemaking process is immediately necessary to protect the integrity of the workers' compensation system and the interests of all concerned parties; and'
23 24	Further amend the bill by inserting after the enacting clause the following:
25	'PART A'
26 27 28 29	Further amend the bill in section 4 in the 4th line from the end (page 3, line 18 in L.D.) by striking out the following: "§88" and inserting in its place the following: '§89'
30 31 32 33 34	Further amend the bill in section 6 in that part designated "§42-A." in subsection 5, in the 4th and 5th lines (page 5, lines 9 and 10 in L.D.) by striking out the following: "include," and inserting in its place the following: 'include'

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- 1 Further amend the bill in section 7 in that part designated "§61." in subsection 1, in the 2nd line 2 3 (page 5, line 22 in L.D.) by striking out the under-4 lined word "as"
- Further amend the bill in section 7 in that part designated "§61." in subsection 3, in the 4th line (page 6, line 36 in L.D.) by striking out the under-6 lined word "shall" and inserting in its place the un-8 derlined word 'must
- 10 Further amend the bill in section 7 in that part 11 designated "§62." in subsection 2, in the first and 2nd lines (page 7, lines 27 and 28 in L.D.) by strik-12 ing out the underlined words "is authorized to " and 13 inserting in their place the underlined word 'may' 14
- Further amend the bill in section 7 in that part designated "§62." in subsection 3, paragraph C, sub-paragraph (1) in the 2nd line (page 7, line 39 in L.D.) by striking out the underlined word "actural" 18 19 and inserting in its place the underlined word 20 'actual'
- Further amend the bill in section 7 in that part 21 designated "§63." in subsection 1, paragraph A, in 22 23 the first line (page 8, line 34 in L.D.) by striking out the underlined word "shall" and inserting in its 24 place the underlined word 'must' 25
- Further amend the bill in section 7 in that part designated " $\S63$ ." in subsection 1, paragraph D, in the 2nd line (page 9, line 5 in L.D.) by striking out 26 27 28 the underlined words "shall be" and inserting in 29 their place the underlined word 'is' 30
- 31 Further amend the bill in section 7 in that part designated "§63." in subsection 1, paragraph G, in 32 the first line (page 9, line 24 in L.D.) by striking out the underlined word "shall" and inserting in its 33 34 35 place the underlined word 'must'

- Further amend the bill in section 7 in that part designated "§63." in subsection 1, paragraph H, in the first line (page 9, line 31 in L.D.) by striking out the underlined word "shall" and inserting in its place the underlined word 'may'
- Further amend the bill in section 15 in that part designated "§53-A."in the last 2 lines (page 12, lines 22 and 23 in L.D.) by striking out the following: "Employment Security Commission" and inserting in its place the following: 'Maine Unemployment Insurance Commission'
- 12 Further amend the bill by striking out all of section 16 and inserting in its place the following:
- 'Sec. 16. 39 MRSA §54, as amended by PL 1983, c. 479, §8, is further amended by adding at the end a new paragraph to read as follows:
- This section does not apply to injured employees governed by section 54-A.'

- Further amend the bill in section 17 in that part designated "§54-A." in the first paragraph in the 9th and 10 lines (page 12, lines 36 and 37 in L.D.) by striking out the the following: "Employment Security Commission" and inserting in its place the following: 'Maine Unemployment Insurance Commission' and in the 3rd line from the end (page 13, line 1 in L.D.) by striking out the underlined word "shall" and inserting in its place the underlined word 'may'
- Further amend the bill in section 17 in that part designated "§54-A." in the 2nd paragraph in the 9th and 10th lines from the end (page 13, lines 21 and 22 in L.D.) by striking out the following: "Employment Security Commission" and inserting in its place the following: 'Maine Unemployment Insurance Commission'
- Further amend the bill in section 17 in that part designated "§54-A." in the 2nd paragraph, in the 8th

line from the end (page 13, line 23 in L.D.) by striking out the underlined word "<a href="mailto:shall">shall</a>" and insert-3 ing in its place the underlined word 'may' 4 Further amend the bill in section 17 in that part designated "54-A." by inserting after the 3rd para-5 graph the following: 7 'This section applies only to employees injured on and after the effective date of this section. 8 9 Further amend the bill by striking out all of 10 section 18 and inserting in its place the following: 'Sec. 18. 39 MRSA §55, as amended by PL 1983, c. 11 12 479, §9, is further amended by adding at the end a 13 new paragraph to read as follows: 14 This section does not apply to injured employees 15 governed by section 55-A. 16 Further amend the bill in section 19 in that part designated "55-A." in the first paragraph in the 11th 17 and 12th lines (page 14, lines 15 and 16 in L.D.) by striking out the following: "Employment Security 18 19 Commission" and inserting in its place the following: 20 Maine Unemployment Insurance Commission' and in the 21 13th line (page 14, line 17 in the L.D.) by striking out the underlined word "shall" and inserting in its 22 23 place the underlined word 'may 24 25 Further amend the bill in section 19, in that part designated "55-A." by adding at the end a new 26 27 paragraph to read as follows: 28 This section applies only to employees injured on 29 and after the effective date of this section. Further amend the bill in section 20 in that part designated "§56." in the first paragraph in the 5th 30 31 32 line from the end (page 15, line 1 in L.D.) by strik-33 following: "Employment Security ing out the

Further amend the bill in section 20 in that part designated "§56." in the last paragraph in the 4th and 5th lines (page 16, lines 34 and 35 in L.D.) by striking out the following: "Employment Security Commission" and inserting in its place the following: 'Maine Unemployment Insurance Commission' and in the 14th line (page 17, line 5 in L.D.) by striking out the underlined word "shall" and inserting in its place the underlined word 'may' and in the 7th and 8th lines from the end (page 17, lines 7 and 8 in L.D.) by striking out the following: "Employment Se-curity Commission" and inserting in its place the following: 'Maine Unemployment Insurance Commission'

Further amend the bill in section 22 in subsection 8, in the first and 2nd lines (page 18, lines 16 and 17 in L.D.) by striking out the underlined words "is not applicable" and inserting in their place the underlined words 'does not apply'

Further amend the bill in section 23 in that part designated "§57-B." in subsection 1, paragraph E, in the first line (page 19, line 4 in L.D.) by striking out the underlined word "shall" and inserting in its place the underlined word  $\overline{\phantom{a}}$ 

Further amend the bill in section 23 in that part designated "§57-B." in subsection 4, paragraph A, in the 3rd line (page 20, line 8 in L.D.) by striking out the underlined word "shall" and inserting in its place the underlined word 'must'

Further amend the bill in section 23 in that part designated "§57-B." in subsection 6, paragraph A, in the first line (page 20, line 28 in L.D.) by striking out the underlined word " $\frac{1}{2}$  and inserting in its place the underlined word ' $\frac{1}{2}$  and in the 4th line from the end (page 20, line  $\frac{1}{2}$ 8 in L.D.) by striking out the underlined word "shall" and inserting in its

place the underlined word 'must'

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Further amend the bill in section 23 in that part 2 designated " $\S57-B$ ." in subsection 6, paragraph B, subparagraph (2), in the 4th and 5th lines (page 21, 3 4 lines 23 and 24 in L.D.) by striking out the underlined word "preceding" and inserting in its place the 5 underlined word 'before' 8 Further amend the bill in section 23 in that part designated " $\S57-B$ ." in subsection 6, paragraph F, in 9 the first line (page 22, line 12 in L.D.) by striking out the underlined words "shall not be" and inserting in their place the underlined words 'are not' 10 11 12 13 Further amend the bill in section 23 in that part designated "§57-B" in subsection 7, paragraph A, 14 the first line (page 22, line 18 in L.D.) by striking out the underlined words "shall not be" and inserting 15 16 17 in their place the underlined words 'is not' 18 Further amend the bill in section 23 in that part designated "§57-C." in subsection 2, in the 2nd line 19 (page 24, line 11 in L.D.) by striking out the under-20 lined words "shall be" and inserting in their place 21 22 the underlined word 'is' 23 Further amend the bill by striking out all of 24 section 24 and inserting in its place the following: 2.5 'Sec. 24. 39 MRSA §58, as amended by PL 1983, c. 26 479, §10, is further amended by adding at the end a 27 new paragraph to read as follows: 28 This section does not apply to injured employees 29 governed by section 58-A. 30 Further amend the bill in section 25 in that part designated "58-A." in the first paragraph, in the 10th line (page 26, line 6 in L.D.) by striking out the underlined word "State" and inserting in its 31 32 33 34 place the underlined word 'state' and in the 11th and

- 12th lines (page 26, lines 7 and 8 in L.D.) by striking out the following: "Employment Security Commission" and inserting in its place the following: 3 Maine Unemployment Insurance Commission' and in the 15th line (page 26, line 11 in L.D.) by striking out the underlined word "State" and inserting in its 4 5 6 7 place the underlined word 'state' and in the 4th line 8 from the end (page 26, line 14 in L.D.) by striking 9 out the following: "that," and inserting in its place the following: 'that' 10
- 11 Further amend the bill in section 25, in that 12 part designated "58-A." by inserting after the first 13 paragraph the following:
- 'This section applies only to employees injured on and after the effective date of this section.'
- Further amend the bill in section 25 in that part designated "§58-A." in subsection 2, in the 9th line (page 26, line 33 in L.D.) by striking out the following: "step-children" and inserting in its place the following: 'stepchildren,'
- Further amend the bill in section 28 in the first paragraph, in the first line (page 30, line 9 in L.D.) by striking out the underlined words "shall be" and inserting in their place the underlined word 'are'
- Further amend the bill in section 29 in that part designated "§82." in subsection 3, in the 3rd line (page 31, line 13 in L.D.) by striking out the underlined words "shall have" and inserting in their place the underlined word 'has'
- Further amend the bill in section 29 in that part designated "§82." in subsection 3, paragraph D, in the 2nd line (page 31, line 30 in L.D.) by striking out the underlined words "pursuant to" and inserting in their place the underlined word 'under'

- Further amend the bill in section 29 in that part designated "§83." in subsection 4, paragraph B, in the first line (page 35, line 19 in L.D.) by striking out the underlined words "shall be" and inserting in their place the underlined word 'are'
- Further amend the bill in section 29 in that part designated "§85." in subsection 3, paragraph B, in the 2nd line (page 37, line 39 in L.D.) by striking out the underlined word "level"
- Further amend the bill in section 29 in that part designated "§87." in subsection 4, in the 4th line (page 40, line 29) by striking out the underlined words "pursuant thereto" and inserting in their place the underlined words 'under this chapter'
- Further amend the bill in section 29 in that part designated "§88." in subsection 1, in the 9th line (page 41, line 37 in L.D.) by striking out the underlined word "shall" and inserting in its place the underlined word 'does'
- Further amend the bill in section 31, subsection 21 8, in the 4th line (page 44, line 36 in L.D.) by striking out the underlined words "pursuant to" and inserting in their place the underlined word 'under'
- Further amend the bill in section 39 in that part designated "§100-A." in subsection 1, paragraph A, in the first line (page 48, line 27 in L.D.) by inserting after the underlined word "of" the following: 'employment during'
- Further amend the bill in section 43 by striking out all of that part designated "§110." and inserting in its place the following:
- 32 '§110. Witness and attorney's fees allowable
- 33 <u>1. Injuries prior to effective date of sec-</u> 34 tion. When the commission or commissioner finds that

- an employee has instituted proceedings under this 2 chapter on reasonable grounds and in good faith or 3 that the employer through or under his insurance carrier has instituted proceedings under this chapter, 5 the commission or commissioner may assess the employer costs of witness fees and a reasonable attorney's fee, when in the commission's or commissioner's judgment the witnesses and the services of the attorney 6 7 8 9 were necessary to the proper and expeditious disposition of the case. The employer may not be assessed costs of an attorney's fee attributable to services 10 11 12 rendered prior to one week after the informal confer-13 ence under section 94-B or, if the informal confer-14 ence is waived, services rendered prior to the date 15 of that waiver, unless a party adverse to the employ-16 ee was so represented at that stage.
- 17 attorney representing an employee in a proceeding under this Act may receive any fee from that client 18 for an appearance before the commission, including preparation for that appearance, except as provided 19 20 21 in section 94-B, subsection 3. Any attorney who vio-22 lates this paragraph shall lose his fee and shall be 23 liable in a court suit to pay damages to the client 24 equal to 2 times the fee charged for that client.
- 25 Notwithstanding any other provision of this subsection, the employer may be assessed a reasonable attorney's fee for services rendered to the employee in 26 27 28 executing an agreement under section 100, subsection 29 4, paragraph A.
- 30 This subsection does not apply to injured employees 31 governed by subsection 2.
- 32 2. Injuries on or after effective data of tion. If an employee prevails in any proceeding in-Injuries on or after effective date of sec-33 volving a controversy under this Act, the commission or commissioner may assess the employer costs of a 34 35 reasonable attorney's fee and witness fees whenever 36 37 the witness was necessary for the proper and expeditious disposition of the case.

- The employer may not be assessed costs of an attorney's fee attributable to services rendered prior to 3 one week after the informal conference under section 4 94-B or, if the informal conference is waived, ser-5 vices rendered prior to the date of that waiver, un-6 less a party adverse to the employee was so repre
  - sented at that stage.
- 8 No attorney representing an employee who prevails in a proceeding under this Act may receive any fee from 9 10 that client for an appearance before the commission, including preparation for that appearance, except as 11 provided in section 83, subsection 7 and section 94-B, subsection 3. Any attorney who violates this paragraph shall lose his fee and be liable in a court 12 13
- 14
- 15 suit to pay damages to his client equal to 2 times
- 16 the fee charged for that client.
- 17 This subsection applies only to employees injured on 18 and after the effective date of this subsection.
- 19 For the purposes of this subsection, vail" means to obtain or retain more compensation 20 or benefits under the Act than were offered to the employee by the employer in writing before the proceeding was instituted. If no such offer was made, "prevail" means to obtain or retain compensation or benefits under the Act. 21 22 23 24 25
- B. Any employee, employer or insurance carrier involved in any proceeding involving a controver-26 27 28 sy under this Act shall report to the commission, on forms provided by the commission, any amounts 29 30 that he has paid for legal assistance in that 31 proceeding, including any amount paid for an
- 32 employee's legal fees under this subsection.
- 33 Further amend the bill by striking out all of 34 section 44 and inserting in its place the following:
- 35 'Sec. 44. 39 MRSA §112, as amended by PL 1977,

1 2	c. 696, $\S409$ , is further amended by adding at the end a new paragraph to read as follows:
3 4	This section does not apply to injured employees governed by section 112-A.
5 6 7	Further amend the bill in section 45, in that part designated " $\underline{112-A}$ ." by adding at the end the following:
8 9	'This section applies only to employees injured on and after the effective date of this section.'
10 11 12	Further amend the bill in section 51 in the first paragraph, in the 6th line (page 55, line 21 in L.D.) by inserting after the word "reduce" the word 'the'
13 14 15 16	Further amend the bill in section 51 in the 6th paragraph in the 6th line (page 55, line 41 in L.D.) by striking out the word "concerning" and inserting in its place the word "concerned'
17 18	Further amend the bill by inserting after section $54$ the following:
19 20 21 22 23 24	'Sec. 55. Allocation of the Employment Rehabilitation Fund. Income to the Employment Rehabilitation Fund for the next 2 fiscal years, from July 1, 1985 to June 30, 1986, and from July 1, 1986 to June 30, 1987, shall be segregated, apportioned and disbursed as designated in the following schedule.
25	<u>1985-86</u> <u>1986-87</u>
26 27	WORKERS' COMPENSATION COMMISSION
28 29 30 31 32	Employment Rehabilita- tion Program All Other \$375,000 \$1,130,000 Provides funds for repayment to employ-

1 2 3 4 5 6 7 8 9 10 11 12	ees for subsequent injuries to rehabili- tated workers, repay- ment to employers for expenses of unsuc- cessful rehabilita- tion and any legal fees incurred by the State under the Maine Revised Statutes, Ti- tle 39, section 57-B.'
13 14	Further amend the bill by inserting before the emergency clause the following:
15	'PART B
16 17	Sec. 1. 24-A MRSA c. 25, first 2 lines are repealed and the following enacted in their place:
18	CHAPTER 25
19	RATES AND RATING ORGANIZATIONS
20	SUBCHAPTER I
21	GENERAL PROVISIONS
22 23 24	Sec. 2. 24-A MRSA §2302, sub-§3, as enacted by PL 1969, c. 132, §1, is repealed and the following enacted in its place:
25 26 27 28	3. Workers' compensation shall first be subject to chapter 25, subchapter II, but any other parts of this chapter and Title 39 not inconsistent with those sections shall also apply.
29 30	Sec. 3. 24-A MRSA $\S 2303$ , sub- $\S 1$ , $\P C$ , as amended by PL 1983, c. 17, is further amended to read:
31	C. Due consideration shall be given.

1 2	(1) To past and prospective loss experience within and outside this State;
3 4	(2) To the conflagration and catastrophe hazards;
5 6	(3) To a reasonable margin for underwriting profit and contingencies;
7 8 9 10	(4) To dividends, savings or unabsorbed premium deposits allowed or returned by in- surers to their policyholders, members or subscribers;
11 12 13	(5) To past and prospective expenses both countrywide and those specially applicable to this State;
14 15	(6) To all other relevant factors within and outside this State;
16 17 18 19 20	(6-A) In the case of workers' compensation rates, consideration shall be given to the information required to be filed under Title 39, section $22$ $22-D$ , subsections $2$ and $3$ $4$ and $5$ ; and
21 22 23 24 25 26	(7) In the case of fire insurance rates, consideration shall be given to the experience of the fire insurance business during a period of not less than the most recent 5-year period for which such experience is available.
27 28	<pre>Sec. 4. 24-A MRSA §2303, sub-§1, ¶F, as enacted by PL 1983, c. 551, §1, is repealed.</pre>
29 30	Sec. 5. 24-A c. 25, sub-c. II is enacted to read:
31	SUBCHAPTER II

1	WORKERS' COMPENSATION COMPETITIVE RATING ACT
2	§2331. Title
3 4 5	This subchapter shall be known and may be cited as the "Workers' Compensation Competitive Rating Act."
6	§2332. Purposes
7	The purposes of this Act are:
8 9 10	1. Prohibit price fixing. To prohibit price fixing agreements and other anticompetitive behavior by insurers;
11 12 13 14	2. Protect policyholders and the public. To protect policyholders and the public against the adverse effects of excessive, inadequate or unfairly discriminatory rates.
15 16 17	3. Promote price competition. To promote price competition among insurers so as to provide rates that are responsive to competitive market conditions;
18 19 20	4. Provide regulatory procedures. To provide regulatory procedures for the maintenance of appropriate data reporting systems;
21 22	5. Create improvements. To improve availability, fairness and reliability of insurance; and
23 24 25 26 27	6. Authorize cooperative action. To authorize essential cooperative action among insurers in the process of gathering and sharing data and to regulate that activity to prevent practices that tend to substantially lessen competition or create a monopoly.
28	§2333. Definitions
29	As used in this subchapter, unless the context

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- indicates otherwise, the following terms have the 2 following meanings.
- . Advisory organization. "Advisory organiza-3 tion" means an entity which has 2 or more member in-5 surers or is controlled either directly or indirectly 6 by 2 or more insurers and which assists insurers in 7 rate-making related activities.
- 8 Two or more insurers having a common ownership or operating in this State under common man-9 10 agement or control, constitute a single insurer 11 for the purpose of this definition.
- 12 B. Advisory organization does not include a 13 joint underwriting association, an actuarial or legal consultant or an employee of an insurer or 14 insurers under common control or management or their employees or manager. 15 16
  - 2. Classification system or classification. "Classification system" or "classification" means the insurance plan, system or arrangement for recognizing differences in exposure to hazards among industries, occupations or operations of insurance policyholders.
- "Competitive 22 Competitive market. 23 means a market which has not been found to be noncom-24 petitive pursuant to section 2335.
- 25 Expenses. "Expenses" means that portion of a rate attributable to acquisition, field supervision 26 27 and collection expenses, general expenses, taxes, li-28 censes and fees.
- 5. Experience rating. "Experience rating" means a rating procedure utilizing past insurance experi-29 30 ence of the individual policyholder to forecast fu-31 32 ture losses by measuring the policyholder's loss experience against the loss experience of policyholders 33 34 in the same classification to produce a prospective 35 premium credit, debit or unity modification.

- 6. Loss ratio. "Loss ratio" means the ratio of actual incurred losses during the previous 3-year period to the actual earned premiums during that period.
- 5 <u>7. Loss trending. "Loss trending" means a procedure for projecting developed losses to the average date of loss for the period during which the policies are to be effective.</u>
- 9 8. Lost-time claim. "Lost-time claim" means a claim for which compensation is paid under Title 39, section 54-A, 55-A, 56, 56-A or 58-A.
- 9. Market. "Market" means the interaction between buyers and sellers of workers' compensation insurance within this State pursuant to this subchapter. A specific market may be identified by geographic area or schedule or classification system category.
- 18 10. Merit rating. "Merit rating" means a rating
  19 procedure utilizing the past insurance experience of
  20 an individual policyholder with a premium too small
  21 to be eligible for experience rating to adjust the
  22 policyholder's future premiums to reflect anticipated
  23 experience that is better or worse than average.
- 11. Noncompetitive market. "Noncompetitive market" means a market for which there is a ruling in effect pursuant to section 2335 that a reasonable degree of competition does not exist.
- 28 12. Pure premium rate. "Pure premium rate" means
  29 that portion of the rate which represents the loss
  30 cost per unit of exposure, including lost adjustment
  31 expense.
- 32 <u>13. Rate. "Rate" means the cost of insurance per</u> 33 <u>exposure base unit, prior to any application of indi-</u> 34 <u>vidual risk variations based on loss or expense con-</u>

1	siderations. Rate does not include minimum premiums.
2 3 4 5 6	14. Residual market mechanism. "Residual market mechanism" means an arrangement involving participation by insurers in the equitable apportionment among them of insurance which may be afforded applicants who are unable to obtain insurance through ordinary
7	methods. It includes the Accident Prevention Account
8	and the Safety Pool.
9	15. Schedule rating. "Schedule rating" means an
LO	insurance rating procedure where the premium for an
L1	insured may be modified in accordance with rating
12	rules to reflect characteristics of the risk not re-
L3 ,	flected in its experience.
4	16. Statistical plan. "Statistical plan" means
15	the plan, system or arrangement used to collect data.
16	17. Superintendent. "Superintendent" means the
17	Superintendent of Insurance.
.8	18. Supplementary rate information. "Supplementary rate information" means a manual or plan of
19	tary rate information" means a manual or plan of
20	rates, classification system, rating schedule, mini-
21	mum premium, policy fee, rating rule, rating plan and
22	any other similar information needed to determine the
23	applicable premium for an insured.
24	19. Supporting information. "Supporting informa-
25	tion" means the experience and judgment of the filer
26	and the experience or data of other insurers or orga-
27	nizations relied on by the filer, the interpretation
28	of any statistical data relied on by the filer, de-
29	scriptions of methods used in making the rates and
30	any other similar information required to be filed by
31	the superintendent.
32	§2334. Scope of application
33	This subchapter applies to workers' compensation

- 1 in connection therewith.
- 2 §2335. Competitive market
- A competitive market is presumed to exist unless
  the superintendent, after hearing, determines that a
  reasonable degree of competition does not exist in
  the market.
- 7 <u>1. Order. On that determination, the superin-</u> 8 tendent shall issue an order to that effect.
- 9 2. Time. The order shall specify its expiration 10 date. That date shall be a date deemed reasonable by 11 the superintendent to insure that the market has re-12 turned to a reasonable degree of competition.
- 3. Factors. In determining whether a reasonable degree of competition exists, the superintendent shall consider relevant tests of workable competition pertaining to market structure, market performance and market conduct, including:
- 18 A. The extent to which any insurer controls a market;
- B. Whether the total number of companies writing insurance is sufficient to provide multiple options to an employer;
- 23 C. The disparity among rates and among classifi-24 cations and subclassifications to the extent that 25 they result in rate differentials;
- D. The availability of insurance and the number of insurers and self-insurers actively providing workers' compensation coverage and the level of and changes in market share of insurers and self-insurers;
- E. The degree of participation of employers in the residual market mechanism;

1 2	F. Whether rate levels in the market are excessive, inadequate or unfairly discriminatory; or
3 4 5	G. The relationship between the premiums charged and the cost of providing coverage, with due con- sideration of investment income.
6 7 8 9	4. Basis of order. Any single factor under subsection 3 may be a sufficient basis for determining that a reasonable degree of competition does not exist in a market.
10 11 12 13 14 15 16 17 18 19 20	5. Report. The superintendent shall issue a report annually, beginning in 1987, on or before September 1, detailing the state of competition in the market on a statewide basis and identifying specific markets in which competition may not exist or may be threatened. The report shall be based on the criteria of subsection 3, with appropriate weight given to all factors and shall be supported with specific evidence. The report shall be sent to the Governor, the President of the Senate and the Speaker of the House of Representatives.
22 23 24	The following standards shall be used in determining the reasonableness of rates for insurance under this chapter.
25 26	1. General. Rates shall not be excessive, inadequate or unfairly discriminatory.
27 28	2. Excessiveness. Standards of excessiveness shall be as follows:
29 30	A. Rates in a competitive market are presumed not to be excessive;
3.1	R Rates are excessive if.

1 2 3 4	(1) The rate is likely to produce a profit or a return on capital and surplus allocable to risks in this State that is unreasonably high for the insurance provided;
5 6 7	(2) Expenses included in the rate are un- reasonably high in relation to services ren- dered; or
8 9 10	(3) The rate includes excessive subsidization of Safety Pool loss experience.
11	3. Inadequacy. Rates are inadequate if:
12 13	A. They are clearly insufficient to sustain projected losses and expenses; and
14	B. The use of these rates, if continued, would:
15	(1) Endanger the solvency of the insurer;
16 17	(2) Tend to unreasonably limit competition; or
18 19	(3) Tend to create a monopoly in the market.
20 21 22 23 24 25 26 27 28	4. Unfair discrimination. Unfair discrimination exists if, after allowing for practical limitations, rate price differentials fail to reflect equitably the differences in expected losses and expenses. A rate is not unfairly discriminatory because different premiums result for policyholders with like loss exposures but different expenses, or like expenses but different loss exposures, so long as the rate reflects those differences with reasonable accuracy.  §2337. Rating criteria
30 31	In determining whether rates comply with the standards of section 2336, the following criteria

- 1 shall apply.
- 2 Basic factors in rates. Due consideration may 3 be given to past and prospective loss and expense ex-4 perience within and outside of this State, to catas-5 trophe hazards and contingencies, to events or trends 6 within and outside of this State, to loadings for 7 leveling premium rates over time for dividends or 8 savings to be allowed or returned by insurers to their policyholders, members or subscribers and to all other relevant factors, including judgment. 9 10
- 2. Expenses. The expense provisions included in the rates to be used by an insurer shall reflect the operating methods of the insurer and, so far as it is credible, its own actual and anticipated expense experience.
- 3. Profit. The rates may contain provisions for contingencies and an allowance permitting a reasonable profit. In determining the reasonableness of profit, consideration shall be given to all investment income attributable to premiums and the reserves associated with those premiums and to a reasonable return on capital and surplus allocable to the coverage of risks in this State.
- 24 §2338. Filing of rates and other rating information
- Every insurer shall file with the superintendent all rates and supplementary rate information which are to be used in this State, except that information contained in the uniform plans to which each insurer must adhere under section 2341.
- 1. Competitive markets. In a competitive market, rates and supplementary rate information shall be filed not later than 5 days after their effective date.
- A. If the superintendent finds, after notice and hearing, that an insurer's rates require closer

- B. If prefiling is required, the insurer shall file with the superintendent at least 30 days before the effective date all such rates and such supplementary rate information and supporting information as prescribed by the superintendent. Upon application by the filer, the superintendent may authorize an earlier effective date.
- 2. Noncompetitive market. In a noncompetitive market, rates and supplementary rate information shall be filed and shall not take effect until a determination is made by the superintendent. For state-wide rates in a noncompetitive market:
- A. The filing shall include the information required in a filing under Title 39, section 22-D, subsections 4 and 6, and, to the extent ordered by the superintendent, the information required in a filing under subsection 5;
- B. This Title and Title 39, section 22-D shall apply; and
- C. If the State as a market is found to be noncompetitive, the Public Advocate, as appointed
  under Title 35, section 1-A, may be a party to
  proceedings under Title 39, section 22-D, relating to rates. A filing requesting that proceeding shall pay a filing fee as provided under section 2350, subsection 3, paragraph B.
- 31 3. Filings open to inspection. All rates, supplementary rate information and any supporting information for risks filed under this Act shall, as soon
  as filed, be open to public inspection at any reasonable time. Copies may be obtained by any person on
  request and upon payment of a reasonable charge.

## HOUSE AMENDMENT " $\boldsymbol{c}$ " to H.P. 1127, L.D. 1634

1 §2339. Disapproval of rates

2	1. Timing. A rate may be disapproved within the following time limits.
3	Tollowing time limits.
4	A. A rate may be disapproved at any time subse-
5	quent to the effective date.
5	quent to the effective date.
6	B. A rate subject to prefiling under section
7	2338 may also be disapproved before the effective
8	date.
Ū	4400.
9	C. A rate for a noncompetitive or a residual
10	market shall not become effective until estab-
11	lished by the superintendent pursuant to Title
12	39, section 22-D.
13	2. Bases of disapproval. The bases for disap-
14	proval are as follows.
15	A. The superintendent shall disapprove a rate if
16	the insurer fails to comply with the filing re-
17	quirements under section 2338.
18	B. The superintendent shall disapprove a rate
19	for use in a competitive market if he finds that
20	the rate violates the standards of section 2336
21	or any other applicable requirement of this Act.
22	3. Disapproval procedure; order; interim
23	rates. The superintendent may disapprove rates in
24	accordance with the following procedures.
2.5	3 (7)
25	A. The procedure for disapproval shall be as
26	follows.
27	(1) If the comprise and at finds and an
27 28	(1) If the superintendent finds under sec-
28 29	tion 2335 that a reasonable degree of compe-
29 30	tition does not exist or believes that rates violate the standards of section 2336 or any
31	violate the standards of section 2336 or any
J 1	other applicable requirement of this Act, he

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1
                may require the insurers to file supporting
 2
                information in support of existing rates
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                within 30 days or within a reasonable time
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                extension for good cause shown as the super-
                intendent may fix. If, after reviewing the supporting rate information, the superintendent believes that such rates may violate
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                 any of the requirements of this Act, he
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                 shall call a hearing prior to any disapprov-
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                al.
11
                                                     disapprove,
                (2) The superintendent may
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                without hearing, rates prefiled pursuant to
13
                section 2338, subsection 1, that have not
                become effective. The insurer whose rates
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15
                have been disapproved shall be given a hear-
                ing upon a written request made within 30 days after the disapproval order.
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           B. If the superintendent disapproves a rate, he
           shall issue an order specifying in what respects
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           it fails to meet the requirements of this sub-
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           chapter and stating when that rate shall be dis-
           continued for any policy issued or renewed after
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           a date specified in the order. The order shall
           be issued within 30 days after the close of the
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           hearing or within a reasonable time extention for
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           good cause shown as the superintendent may fix.
           The order may include a provision for premium ad-
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           justment for the period after the effective date of the order for policies in effect on that date.
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           C. Whenever an insurer has no legally effective
rates, the superintendent shall specify interim
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           rates for the insurer that correspond to the
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           rates in effect at that time for the Safety Pool.
           He may order that a specified portion of the pre-
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           miums be placed in an escrow account approved by
           him. When new rates become legally effective,
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           the superintendent shall order the escrowed funds
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           or any overcharge in the interim rates to be dis-
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tributed appropriately, except that refunds of

1 2	less than \$10 per policyholder shall not be required.
3	§2340. Monitoring competition and compliance
4	1. Monitoring competition. The superintendent
5	1. Monitoring competition. The superintendent shall monitor the degree of competition in this
6	State. In doing so, he shall utilize existing
7	relevent information, analytical systems and other
8	sources, cause or participate in the development of
9	new relevant information, analytical systems and oth-
10	er sources or rely on some combination thereof.
11	These activities may be conducted internally within
12	the insurance bureau, in cooperation with other state
13	insurance departments, through outside contractors
14	and in any other appropriate manner.
15 16 17 18	2. Monitoring rate compliance. The superintendent shall make or cause to be made investigations as he may deem necessary to satisfy himself that rates comply with the requirements of this Act.
19 20	§2341. Uniform administration of classifications; reporting of rates and other information
21	1. Uniform classification system. Every work-
22	ers' compensation insurer, including self-insurers,
23	shall adhere to a uniform classification system and
24 25	uniform experience rating plan filed with the super-
25	intendent by an advisory organization designated by
26	the superintendent and subject to his disapproval.
27	An insurer may develop subclassifications of the uni-
28	form classification system on which a rate may be
29	made, provided that:
20	
30	A. A subclassification must be filed with the
31	superintendent 30 days prior to its use.
32	B. The superintendent may disapprove a
33	subclassification if:

1	(1) The insurer fails to demonstrate that
2	the data produced may be reported consistent
3	with the uniform statistical plan and clas-
4	sification system; or
5	(2) The proposed subclassification:
6 7	(a) Is not reasonably related to the exposure;
8	(b) Is not adequately defined;
9 10 11	(c) Has not been shown to distinguish among insured based on the potential for or hazard of loss; or
12 13	(d) Is likely to be unfairly discriminatory.
14	2. Statistical advisory organization. The super-
15	intendent shall designate an advisory organization to
16	assist him in gathering, compiling and reporting rel-
17	evant statistical information. Every workers' compen-
18	sation insurer shall record and report its workers'
19	compensation experience to the designated advisory
20	organization as set forth in the uniform statistical
21	plan.
22	3. Manual rules. The designated advisory organi-
23	3. Manual rules. The designated advisory organization shall develop and file manual rules, subject
24	to the approval of the superintendent, reasonably re-
25	lated to the recording and reporting of data pursuant
26	to the uniform statistical plan, uniform experience
27	rating plan and the uniform classification system.
28	A. Every workers' compensation insurer shall ad-
29	here to the approved manual rules and experience
30	rating plan in writing and reporting its busi-
31	ness.
32	B. No insurer may agree with any other insurer
33	or with an advisory organization to adhere to

1	manual rules which are not reasonably related to
2	the recording and reporting of data pursuant to
3	the uniform classification system or the uniform
4	statistical plan.
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5	§2342. Payment of dividends
6	The following provisions apply to the payment of
7	dividends, savings or unabsorbed premium deposits al-
8	lowed or returned by insurers to their policyholders,
9	members or subscribers.
-	
10	1. Discrimination. The payment shall not unfair-
11	ly discriminate between policyholders.
12	2. Rating plan. A plan for payment of dividends,
13	savings or unabsorbed premium deposits is not consid-
14	ered a rating plan or system.
15	§2343. Uniform experience and merit rating plans
16	An experience or merit rating plan shall contain
17	reasonable eligibility standards and provide adequate
18	incentives for loss prevention and for sufficient
19	premium differentials to encourage safety.
20	1. Experience rating plan. The uniform experi-
21	ence rating plan shall be the exclusive means for
22	providing prospective premium adjustment based upon
23	the past claim experience of an individual insured.

28 3. Merit rating plan. If an insured is not eli-29 gible for an experience rating plan, a merit rating 30 plan shall be applied.

2. Retrospective premium adjustments. Insurers

may file rating plans that provide for retrospective premium adjustments based on an insured's past expe-

A. A plan shall provide for the following minimum credits or maximum debits to be applied to

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rience.

1 2 3 4	the otherwise applicable manual premium, based on the number of lost-time claims of the insured during the most recent 3-year period for which statistics are available:
5 6	(1) No claims or a loss ratio of less than 1.0, an 8% credit;
7 8	(2) One claim resulting in a loss ratio greater than 1.0, no credit or debit; and
9 10	(3) Two or more claims resulting in a loss ratio greater than 1.0, an 8% debit.
11 12 13	B. The insurer shall notify the insured of the premium adjustment, credit or debit and the reason for it.
14 15	4. Applicability. No insurer may apply a merit rating plan prior to January 1, 1987.
16	§2344. Schedule rating
17 18 19 20 21	An insurer may file a schedule rating plan which permits modification to the otherwise applicable premium after the application of experience rating but before any premium discounts and loss constants. A plan shall not apply to the residual market.
22 23 24 25 26 27	1. Disapproval. The superintendent may disapprove any schedule rating plan, pursuant to section 2339, if the plan is unfairly discriminatory, if the filer has failed to demonstrate that experience can be accurately reported, or the plan otherwise fails to comply with the requirements of this section.
28 29	$\underline{\text{2. Standards. The following provisions shall apply to a plan.}}$
30 31 32	A. A modification may not be applied unless supported by evidence contained in the file of the insurer at the time the modification is applied.

1 2 3	B. The effective date of a modification shall not precede the receipt by the insurer of the evidence supporting the modification.
4 5	C. An explanation of the modification shall be provided to the insured.
6 7 8	D. The insurer shall provide an opportunity for the insured to correct any information by evidence provided to the insurer.
9	E. The plan may include the following factors:
10	(1) Condition of the premises;
11	(2) Classification peculiarities;
12 13	(3) Availability of medical facilities or services;
14	(4) Presence and use of safety devices;
15 16	(5) Methods of employee selection, training and supervision;
17 18	(6) Cooperation between management and the insurer on safety and prevention programs;
19 20	(7) Compliance with federal, state and lo- cal safety and health regulations;
21 22	(8) Participation in an organized safety training and education program;
23 24	(9) Participation in retraining or rehabil- itation programs for injured employees; and
25 26	(10) Management organization that encourages safety.
27	F. Eligibility may not be based on a minimum

#### 1 premium.

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- 3. Applicability; limitations. No insurer may file a schedule rating plan prior to January 1, 1987.
  In the time period extending from January 1, 1987, to December 31, 1988, no scheduled rating credit may exceed 25% and no debits may be applied. On or after January 1, 1989, no scheduled rating credit or debit may exceed 25%.
  - §2345. Complaints on rates or filings
- Every insurer or advisory organization shall provide within this State reasonable means whereby, on written request, any person aggrieved by the application of its rates or filings may be heard on the manner in which the rating system has been applied.
- 15 1. Response time. If the insurer or advisory or-16 ganization fails to grant or reject the request with-17 in 30 days, an applicant may proceed as if the appli-18 cation had been rejected.
- 2. Appeal. Any party aggrieved by the action of the insurer or advisory organization on that request may, within 30 days after written notice of that action, appeal to the superintendent. After a hearing held on not less than 10 days written notice to the appellant and to the insurer or advisory organization, the superintendent may affirm, modify or reverse that action.
- 27 §2346. Licensing advisory organizations
- No advisory organization may provide services relating to insurance subject to this subchapter and no insurer may utilize the services of an organization for those purposes, unless the organization has obtained a license under this section.
- 33 <u>1. Availability of services. No licensed advis-</u> 34 ory organization may refuse to supply services for

- which it is licensed in this State to an insurer authorized to do business in this State and offering to pay the fair and usual compensation for the services.
- 2. Licensing. In addition to the requirements contained in section 2321, the advisory organization shall include in its application the following:
- 7 A. A statement showing its technical qualifica-8 tions for acting in the capacity for which it 9 seeks a license; and
- B. Other relevant information and documents that the superintendent may require.
- 3. Change of circumstances. An advisory organization which has applied for a license shall notify the superintendent of every material change in the facts or documents on which its application was based. An amendment to a document shall be filed at least 30 days before it becomes effective.
- 4. Granting of license. If the superintendent finds that the applicant and the natural persons 18 19 through whom it acts are competent, trustworthy and 20 technically qualified to provide the services pro-21 22 posed and that all requirements are met, he shall is-23 sue a license specifying the authorized activity of 24 the applicant. He shall not issue a license if the 25 proposed activity tends to create a monopoly or to 26 substantially lessen competition in the market.
- 27 <u>5. Duration. Licenses shall remain in effect un-</u>
  28 <u>til the licensee withdraws from the State or until</u>
  29 <u>the license is suspended or revoked.</u>
- 30 6. Suspension or revocation. The license of an advisory organization which does not comply with the requirements and standards of this chapter may be suspended or revoked by the Administrative Court.
- 34 §2347. Insurers and advisory organizations; prohib-

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- 1. Restraint of trade. No insurer or advisory organization may make any arrangement with any other insurer, advisory organization or other person which has the purpose or effect of unreasonably restraining trade or substantially lessening competition in the business of insurance.
- 2. Rate agreements. No insurer may agree with any other insurer or with an advisory organization to adhere to or use a rate or rating plan, other than a uniform experience or classification rating plan or rating rule, except as needed to comply with the requirements of section 2341.
- 3. Proof of agreement. The fact that 2 or more insurers, whether or not members or subscribers of an advisory organization, use the same rule, rating plan, rating schedule, rating rule, policy form, rate classification, underwriting rule, survey or inspection or similar material is not sufficient in itself to support a finding that an agreement exists.
- 4. Common ownership. Two or more insurers having a common ownership or operating in this State under common management or control may act as if they constituted a single insurer.
- 5. Advisory organizations. Except as specifically permitted under section 2348, no advisory organization may:
- A. Compile or distribute recommendations relating to rates that include:
- 30 (1) Expenses, other than loss adjustment expenses;
- 32 (2) Profit; or
  - (3) Actuarial projections or trending\_fac-

tors;

Z	B. File rates, supplementary rate information or
3	supporting information on behalf of an insurer;
4	or
5	C. Engage in any activity which is prohibited by
6	chapter 23.
7	§2348. Advisory organizations; permitted activity
8	Any advisory organization, in addition to other
9	activities not prohibited, may:
10	1. Develop statistical plans. Develop statisti-
11	cal plans, including class definitions;
12	2. Collect data. Collect statistical data from
13	members, subscribers or any other source;
14	3. Prepare pure premiums. Prepare and distribute
15	pure premium rate data in accordance with its statis-
16	tical plans. The data shall be in sufficient detail
17	to permit insurers to modify the pure premiums based
18	on their own rating methods or interpretations of un-
19	derlying data. Appropriate actuarial projection and
20	trending factor data may be prepared and submitted to
21	the superintendent to the extent necessary to estab-
22	lish proper residual market rates;
23	4. Prepare rating rules. Prepare and distribute
24	manuals of rating rules and rating schedules that do
25	not contain any rules or schedules containing final
26	rates or permitting calculation of final rates with-
27	out information outside the manuals;
28	5. Distribute information. Distribute informa-
29	tion that is filed with the superintendent and open
30	to public inspection;
31 -	6. Conduct research. Conduct research and col-
32	lect statistics in order to discover, identify and

classify information relating to causes 1 or2 preventions of losses; 3 7. File policy forms. Prepare and file policy 4 forms and endorsements and consult with members, sub-5 scribers and others relative to their use and appli-6 cation; 7 8. Distribute pricing information. Collect, com-8 pile and distribute past and current prices of individual insurers if the information is made available 9 10 to the general public; 9. Evaluate benefit changes. Conduct research and collect information to determine the impact of 11 12 13 benefit level changes on pure premium rates; and 14 10. Calculate experience rating modifications. 15 Prepare and distribute rules and rating values for 16 the uniform experience rating plan; calculate and 17 disseminate individual values for the uniform experi-18 ence rating plan; and calculate and disseminate indi-19 vidual risk premium modifications. 20 §2349. Advisory organizations; filing requirements An advisory organization shall file with the su-21 22 perintendent every pure premium rate, manual of rating rules, rating schedule and change, amendment or modification of them, proposed for use in this State, not more than 5 days after it is distributed to mem-23 24 25 26 bers, subscribers or others. 27 §2350. Residual market mechanism The residual market mechanism shall be composed 28 29 of an Accident Prevention Account and a Safety Pool. 30 1. Accident Prevention Account. The Accident Prevention Account shall be an insurance plan that 31

provides for the equitable apportionment among insur-

ers of insurance which may be afforded applicants who

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1 are in good faith entitled to but unable to procure 2 that insurance through ordinary methods because of 3 their demonstrated accident frequency problem, 4 measurably adverse loss ratio over a period of years, 5 or demonstrated attitude of noncompliance with safety 6 requirements. 7 A. All insurers authorized to write workers' compensation and employers' liability insurance 8 9 in this State shall participate in the plan. 10 The plan shall include an experience rating 11 system and merit rating plan whereby the premium 12 of each employer in the account is modified ei-13 ther prospectively or retrospectively. An experience modification shall only be applied to the 14 manual rate of the plan. The plan shall also provide for premium surcharges for employers based on their specific loss experience within a speci-15 16 17 fied period or other factors which are reasonably related to their risk of loss. The sensitivity of 18 19 a rating system may vary by size of the risk in-20 21 volved. C. The plan shall produce the least possible subsidization of the account's loss experience 22 23 24 consistent with this chapter and sound actuarial 25 principles. Subsidization shall be borne equally 26 by the voluntary market and the Safety Pool based 27 on premium amounts. 28 Commissions under a plan shall be established at a level that is neither an incentive nor a 29 30 disincentive to place an employer in the account. 31 An employer is eligible for insurance from 32 the Accident Prevention Account if: 33 (1) He has a loss ratio greater than 1.00 over the last 3 years for which data is 34 35 available; and

1 2	(2) He has attempted to obtain insurance in the voluntary market and has been refused by
2 3	at least 2 insurers which write that insur-
4	ance in this State.
5 6	F. A designated advisory organization shall submit a plan for the superintendent's approval
7	within 30 days of the effective date of this sec-
8	tion. A plan or amendment shall not take effect
9	until approved by the superintendent.
10 11	(1) The following applies to premium
11	surcharges.
12	(a) No premium surcharges may be ap-
13	plied until on or after January 1,
14	<u>1987.</u>
15	(b) Premium surcharges apply to a pre-
16	mium that is experience or merit rating
17	modified.
18	(c) Premium surcharges may not exceed
19	10% prior to January 1, 1989.
20	(d) Premium surcharges shall be based
21	on an insured's adverse deviation from
22	expected incurred losses in this State.
23	The surcharge shall be based on the ra-
24	tio of "A" to "B" where:
25	(i) "A" is the actual incurred
26	losses of a risk during the previ-
27	ous 3-year experience period as
28	reported; and
29	(ii) "B" is the expected incurred
30	losses of a risk during that peri-
31	od as calculated under the uniform
32	experience or merit rating plan
33	times the risk's current experi-
34	ence or merit rating modification

1	factor.
2 3	(e) The premium surcharge shall be as follows:
4	Ratio of "A" to "B" Surcharge
5	Less than 1.20 None
6 7	1.20 or greater, but less than 1.30 5%
8 9	1.30 or greater, but less than 1.40 10%
10 11	1.40 or greater, but less than 1.50 15%
12	1.50 or greater 20%
13 14 15	G. The Accident Prevention Account shall be subject to Title 39, section 22-D, and shall be considered to be an insurer under this subchapter.
16 17 18	2. Safety Pool. The Safety Pool is an insurance plan that provides for an alternative source of insurance for employers with good safety records.
19 20 21	A. The Safety Pool is created. It is intended to operate within the framework of the voluntary insurance market.
22 23 24 25	(1) The Safety Pool is not a state fund and the State shall have no proprietary interest in the Safety Pool or contributions made to it.
26 27 28 29 30	(2) The Safety Pool shall be exempt from any budgetary control or supervision by state agencies, except to the extent an insurance company is so supervised or controlled.

1 2	B. An employer shall be eligible for the Safety Pool if he:
3 4 5 6	(1) Has had no more than one lost-time claim in the last 3 years for which data is available, regardless of the resulting loss ratio;
7 8 9	(2) Has a loss ratio which does not exceed 1.0 over the last 3 years for which data is available; or
10 11 12 13	(3) Has been in business for less than 3 years, provided that his eligibility shall terminate if his loss ratio exceeds 1.0 at the end of any year.
14 15 16 17	C. A member of the Safety Pool who becomes ineligible under paragraph B shall be ordered to leave the Safety Pool after notice under Title 39, section 23, subsection 1.
18 19 20	D. The Safety Pool shall be subject to Title 39, section 22-D, and shall be considered to be an insurer under this chapter.
21 22 23	(1) There should be no subsidization of the Safety Pool's loss experience by employers not in the Safety Pool.
24 25 26	(2) The superintendent shall annually review the rates in the Safety Pool to determine if subsidization exists.
27 28 29	E. Every insurance company which is a participant in the Accident Prevention Account shall also be a participant in the Safety Pool.
30 31 32	F. The superintendent, after notice and hearing, shall adopt and may amend a plan for the operation of the Safety Pool.

### HOUSE AMENDMENT " $\mathbf{C}$ " to H.P. 1127, L.D. 1634

1 2 3 4 5 6	(1) An advisory organization designated by the superintendent shall submit a plan, including rates, supplementary rate information and policy forms, for the superintendent's approval within 30 days of the effective date of this section.
7 8 9	(2) The superintendent may require additional information he deems necessary to properly evaluate the plan.
10 11 12 13	(3) Commissions under a plan shall be established at a level that is neither an incentive nor a disincentive to place an employer in the Safety Pool.
14 15 16	(4) A plan, or any amendment to it, shall not take effect until approved by the superintendent.
17 18 19 20 21 22	G. The superintendent shall annually issue a report, beginning in 1987, on or before September 1st, to the Governor, the President of the Senate and the Speaker of the House of Representatives. The report shall include at least the following information relating to the Safety Pool:
23 24	(1) The percentage of total insured premium in this State written in the Safety Pool;
25 26	(2) The percentage of all insured employers in this State written in the Safety Pool;
27 28 29	(3) The number of employers in the Safety Pool and the number who have entered or left;
30 31	(4) The total earned premium, paid losses, reserves and incurred losses; and
32	(5) The investment income of the Safety

- Pool and its method of allocation or determination.
  - 3. Rate filings. Rate filings for rates in the Accident Prevention Account and the Safety Pool shall be made at the same time or not sooner than 180 days apart. If filed together, they shall be considered together.
    - A. A rate filing for the Safety Pool shall include experience and merit rating plans. The experience rating plan shall be the uniform experience rating plan. The merit plan shall provide the maximum credits possible to Safety Pool members on the basis of individual loss experience, including frequency and severity, consistent with this chapter and sound actuarial principles.
      - B. The Public Advocate, as appointed under Title 35, section 1-A, shall be a party to proceedings under Title 39, section 22-D, relating to rates for the Accident Prevention Account or Safety Pool.
        - C. A filer requesting a proceeding under Title 39, section 22-D, relating to rates for the Accident Prevention Account or Safety Pool, shall pay to the superintendent at the time of the filing a filing fee, which shall be immediately credited to the Public Advocate. The fee shall be segregated and expended for the purpose of employing outside consultants to fulfill the requirements of paragraph B and any portion not so expended shall be returned to the filer. For a filing filed in 1985, 1986 or 1987, the fee shall be \$75,000; in 1988, \$65,000; and in 1989 or thereafter, \$50,000. If filings in the Accident Prevention Account and the Safety Pool are made together, only one fee shall be paid, which shall be evenly divided between the 2 filers.
      - D. The designated advisory organization may make

and file the plan of operation, rates, rating 2 plans, rules and policy forms for the Accident 3 Prevention Account or Safety Pool, or both. 4 4. Review. The superintendent shall review the 5 rates, including rates for individual classifications and subclassifications, in the Accident Prevention 7 Account and the Safety Pool at least once every 2 8 years and may review rates more frequently if he believes it necessary. 10 Rates. The insurance rates for the Accident 11 Prevention Account and the Safety Pool shall be gov-12 erned by section 2355. 13 §2351. Safety groups A safety group shall be an insured plan that pro-14 15 vides for an alternative source of insurance for members of an organization or association. An insurer 16 may issue a workers' compensation and employers' lia-bility policy or policies insuring a safety group if 17 18 the requirements of this section are met. 19 20 Filings. The organization or association shall file with the superintendent: 21 22 A copy of its articles of incorporation and 23 bylaws or its agreement of association and rules 24 governing the conduct of its business, all certi-25 fied by the custodian of the originals; 26 B. An agreement that only members of the organi-27 zation or association shall be eligible for in-28 surance as a member of the group and that it will

notify its insurer within 10 days if any member

fails to remain a member in good standing in accordance with the standards and rules of the or-

C. A description of the operation and makeup of

a safety committee which, by means of education

ganization or association;

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- and otherwise, will seek to reduce the incidence and severity of accidents or claims; and
- 3 If a group policy, an agreement in writing duly executed guaranteeing that, if the insurer notifies the safety group of the nonpayment of a 5 premium by an insured member within 60 days after 6 7 the premium was due, the safety group will pay to 8 the insurer the amount of any past due premium 9 which does not exceed the amount of the dividends 10 that are due the safety group or its members from 11 the insurer. The safety group shall promptly no-12 tify the insurer of the known insolvency of any 13 member of the group and shall request, upon 14 learning of the insolvency, the removal of the member from the group. A copy of the resolution of the governing board of the group authorizing the execution of the guarantee agreement shall be 15 16 17 filed with the superintendent and with the insur-18 er issuing the group policy. 19
- 20 2. Advance premium discounts. Any advance premium discount for any new or existing safety group shall be filed with the superintendent not later than 5 days after the effective date.

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- 3. Management. The safety group shall designate a person to act as the manager or authorized representative of the group. The manager or the group may be remunerated by the members for expenses, including all ordinary operating expenses of the group, but in no instance shall the amount charged to members exceed 10% of earned premiums.
- 4. Dividends. Dividends or returned premiums paid or credited to a safety group shall be paid or credited to the individual members of the group, except that the indebtedness for any unpaid premium shall be first deducted from any dividend or premium returned.
- 37 <u>5. Other requirements. Any safety group formed</u>

- or operating under this section shall be subject to
- the requirements of sections 2931 to 2940, except
- 3 that the safety group or the insurer may establish
- 4 reasonable underwriting standards regarding eligibil-5 ity for acceptance and continued membership of the
- 6 safety group. These underwriting standards shall be
- 7 filed with the superintendent and may be disapproved
- by the superintendent if they unreasonably limit mem-
- 9 bership in the safety group.

#### 10 §2352. Examinations

- 11 1. Examination. The superintendent may examine 12 an insurer or advisory organization as he deems nec-13 essary to ascertain compliance with this subchapter.
- 2. Records. Every insurer and advisory organization shall maintain reasonable records of the type and kind reasonably adapted to its method of operation, containing its experience or the experiences of its members, including the data, statistics or information collected or used by it in its activities.
- A. These records shall be available at all reasonable times.
- B. These records shall be maintained in an office within this State or shall be made available to the superintendent at his office on reasonable notice.
- 26 3. Cost. The reasonable costs of an examination 27 shall be paid by the examined party on presentation 28 of a detailed account of these costs.
- 4. Report. In lieu of an examination, the superintendent may accept the report of an examination by the insurance supervisory official of another state, made pursuant to the laws of that state.
- 33 §2353. Penalties

- 1. Civil penalties. A person or organization in violation of a provision of this chapter shall be assessed a civil penalty of not more than \$1,000 for each violation, except that where a violation is willful, a civil penalty of not more than \$10,000 shall be assessed for each violation. These penalties may be in addition to any other penalty provided by law.
- 9 2. Separate violation. For purposes of this section, an insurer using a rate for which that insurer has failed to file the rate, supplementary rate information or supporting information as required by this subchapter, shall have committed a separate violation for each day that failure continues.
- 3. License. The license of an advisory organization or insurer which fails to comply with an order of the superintendent may be suspended or revoked by the Administrative Court.
- 19 §2354. Judicial review
- An order, rule or decision of the superintendent made after a hearing is subject to judicial review in accordance with section 236.
- 23 §2355. Rate change limitations
- The following provisions shall apply to all workers' compensation insurance rates under this subchapter and Title 39, sections 22-C and 22-D.
- 1. Purpose. The provisions of this section reflect the rate effect of amendments to Title 39 implemented by Public Law 1983, chapter 479 and by this
  Act and the consideration of investment income attributable to insurance premiums and reserves which
  income has not previously been considered in establishing present rates.
- 34 2. Rate reduction. A rate filing shall not be

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- effective after the effective date of this section unless the overall manual rate level is reduced at 2 least 8% from the overall manual rate level in effect on January 1, 1985. If no rate filing is effec-3 4 5 tive after the effective date of this section, the 6 superintendent shall immediately promulgate rates, to 7 be effective on August 1, 1985, whose overall manual rate level is reduced at least 8% from the overall 8 9 manual rate level effective on January 1, 1985. The 10 superintendent's determination without a filing shall require notice and hearing as provided under Title 5, 11 chapter 375, subchapter IV; and the notice and hearing provisions of this Title and Title 39, sections 22-C and 22-D shall not apply. 12 13 14
  - A. "Overall manual rate level" means the projected total amount of money to be generated by the application of manual rates per \$100 of payroll on file with the superintendent, exclusive of any rating system adjustments, including minimum premiums, loss constants, experience or retrospective rating plans or dividend plans.
  - B. An insurer may not use a rate for workers' compensation insurance higher than this rate.
- 3. Rates during 1985 and 1986. From July 1, 1985, to December 31, 1986, each insurer's rates shall not exceed the workers' compensation rates in effect on June 30, 1985, except that this rate shall be adjusted under subsection 2.
- 4. Rates during 1987. From January 1, 1987, to
  December 31, 1987, each insurer's rates shall not exceed the workers' compensation rates in effect on December 31, 1986, increased by no more than 10%.
- 5. Rates during 1988. From January 1, 1988, to
  December 31, 1988, each insurer's rates shall not exceed the workers' compensation rates allowed under
  subsection 4, increased by no more than 10%.

- 6. Application. The rate limitations in this 2 section shall apply to all workers' compensation in-3 surance written in this State and to rates in the 4 competitive and residual markets. For policies in 5 effect on the effective date of this section, the 6 premiums due or paid shall be reduced on a pro rata basis for the remainder of the term of that policy after August 1, 1985, to reflect the reduction under 7 8 9 subsection 2.
  - 7. Report. The superindentent shall issue a report on or before May 1, 1987, detailing the realized savings or reduced expenses which have resulted from the amendments to Title 39 implemented by Public Law 1983, chapter 479 and this Act, including a specific allocation of those savings or reduced expenses to the specific changes in law. The report shall be based on reported data from insurers for calendar years 1984, 1985 and 1986 and information derived from one or more public hearings. Its conclusions shall be supported with specific evidence. It shall also include recommendations to implement any adjustments to the estimated savings reflected in the reduction of subsection 2 for actual experience. The report shall be sent to the Governor, the President of the Senate and the Speaker of the House.
- 26 §2356. Costs

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- In any proceeding under section 2335 or 2338, the superintendent may employ staff personnel and outside consultants. The reasonable costs related to the conduct of the proceeding, including conduct of any hearings, shall be borne by the insurer involved in the proceeding.
- 33 §2357. Nonseverability
- In the event that any portion of this subchapter, except section 2355, is held invalid, it is the intent of the Legislature that this entire subchapter, except section 2355 and this section, is invalidated

### HOUSE AMENDMENT " $_{\bullet}$ " to H.P. 1127, L.D. 1634

- and the provisions of Title 39, section 22-C, subsec-1 tion 13 and section 22-D are also invalidated. In 2 the event that section 2355 is held invalid, it 3 the intent of the Legislature that this entire sub-chapter and the provisions of Title 39, section 22-C, 5 6 subsection 13; sections 22-D, 53-A, 54-A, 55-A, 58-A 7 and 62-B; section 94, subsection 13; section 110, 8 subsection 2; and section 112-A are also invalidated, provided that the effective date of the invalidation 9 10 of sections 53-A, 54-A, 55-A, 58-A, and 62-B; section 94, subsection 13; section 110, subsection 2; and section 112-A shall be 60 days after the date of a 11 12 court decision effectively invalidating section 2355 if the Legislature is in regular session on the date 13 14 of that court decision, or, if the Legislature is not in regular session on that date, 60 days after 15 16 17 the date of the convening of the next regular ses-18 sion.
- 21 Sec. 7. 39 MRSA  $\S22-C$ , sub- $\S13$  is enacted to 22 read:
- 23 13. Application. This section does not apply to rate filings governed by section 22-D and Title 24-A, chapter 25, subchapter II. This section is repealed on January 1, 1989.
- 27 Sec. 8. 39 MRSA §22-D is enacted to read:
- 28 §22-D. Approval of insurance policies and rates
- The following provisions apply to determination of insurance policies and rates by the Superintendent of Insurance as provided in Title 24-A, chapter 25, subchapter II.
- 1. Policies. Every insurance company issuing
  workers' compensation insurance policies covering the
  payment of compensation and benefits provided for in

1 2	this Act shall file with the Superintendent of Insurance:
3 4 5	A. A copy of the form of the policies. A policy may not be issued until the superintendent has approved the form;
6 7 8	B. Its classification of risks and their premium rates and any subsequent proposed classifications and premium rates; and
9 10	C. Any premium rates less than those approved which may be used.
11 12 13 14 15	Premium rates for insurance issued in the residual market shall not take effect until established by the superintendent. All other premium rates shall take effect as provided in Title 24-A, chapter 25, subchapter II.
16 17 18 19	2. Determination of rates. The superintendent shall apply the procedures and standards of this section in investigating, reviewing and determining just and reasonable rates.
20 21 22 23 24	A. He may require the filing of specific rates for workers' compensation insurance, including classifications of risks, experience or any other rating information from insurance companies authorized to transact insurance in this State.
25 26 27 28	B. He may make or cause to be made investigations as he deems necessary to satisfy himself that the rates to be promulgated are just and reasonable.
29 30 31	C. He may at any time, after public hearing, withdraw his approval of a previously approved rate filing.
32 33	3. Notice of filing. At least 45 days prior to any filing for rates under this section, a filer

## HOUSE AMENDMENT " $\mathbf{c}$ " to H.P. 1127, L.D. 1634

1	shall notify the superintendent in writing of its in-
2	tention to file and shall disclose the approximate
3	amount of a requested increase or decrease and a de-
4	scription of major rating rule changes to be pro-
5	posed. Within 10 days of receipt, the superintendent
6	shall notify the public by publication in the state
7	paper and notify the Public Advocate that a rate fil-
8	ing is to be made.
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9	4. Contents of filing. A rate filing shall in-
10	clude, for each company included in the filing:
10	crude, for each company included in the fiffing:
11	A For each of the 2 calendar warms immediately
	A. For each of the 3 calendar years immediately
12	preceding the date of the filing:
10	( 1 ) m 1
13	(1) The actual gross earned premium alloca-
14	ble to the coverage of risks in this State;
15	(2) For unearned premium, earned premium,
16	loss and loss expense reserve funds and cap-
17	ital and surplus subject to investment, al-
18	locable to the coverage of risks in this
19	State:
20	(a) The amount of investments of each
21	type of funds;
22	(b) The types of investments of all
23	these funds; and
24	(c) The annual income amounts, before
25	taxes, generated by the aggregate of
26	these investments;
	errors and the state of the sta
27	(3) The gross rate of return on admitted
28	assets;
2.0	assecs;
29	(A) The emount of dissiple of the continu
	(4) The amount of dividends or the equiva-
30	lent allowed or returned to policyholders,
31	members or subscribers;
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32	(5) The aggregate annual expenses allocable

# HOUSE AMENDMENT " $\mathbf{C}$ " to H.P. 1127, L.D. 1634

1 2 3 4 5 6 7 8	to the coverage of risks in this State, in- cluding acquisition and field supervision expenses, taxes, licenses and fees, other than federal income tax and general ex- penses, each stated separately. Safety en- gineering expense and loss control services' expense shall be stated separately under general expense;
9 10 11	(6) The aggregate annual losses and loss adjustment expenses allocable to the cover- age of risks in this State;
12 13 14 15 16	(7) The total loss reserves for this coverage being held at the beginning and end of each calendar year and the annual paid losses, including methods and interest rates used in determining present value for the reserves to which they apply; and
18 19 20	(8) The changes and improvements instituted in loss control and employee safety engi- neering;
21	B. For each risk classification:
22 23	(1) The rate presently applicable to the classification;
24 25	(2) The rate proposed for the classification;
26 27 28 29 30 31 32 33 34	of the 3 most recent years available, including, in each classification, payroll, number of serious workers' compensation cases, number of nonserious cases, the losses, including medical expenses incurred with respect to each type of case, loss adjustment expense and the total of all losses and expenses incurred; and

1	(4) The information required by this para- graph shall be presented in tabular form;
3 4 5	C. If data reported is determined by percentage factors, rather than actual expense, an explana- tion of the basis of the factors used;
6 7 8 9 10 11	D. Statements or exhibits that reasonably substantiate assumptions, methodology or calculations used in support of the proposed rates or to generate the information or data in the filing and identification of any of those that are known or believed to be contrary to established policy of the superintendent; and
13 14	E. Any other information required to be included by the superintendent.
15 16 17 18 19 20 21 22 23 24 25 26 27	5. Aggregate data. Aggregate expense data, annual losses, loss adjustment expense data and loss experience data required to be reported under subsection 4, paragraph A, subparagraphs (5) and (6); and paragraph B, subparagraph (3), shall be based on expense and experience data pertaining to this State, except as otherwise provided in this subsection. The rate of return on capital and surplus used in establishing the rates requested, the rate of return on the investment allocable to the coverage of risks in this State and the facts, assumptions and calculations employed to derive each rate of return shall also be reported in the aggregate.
28 29 30 31	A. To the extent that the Maine expense and experience data is not fully creditable, the superintendent may allow reporting of and consider data from outside this State.
32	B. Aggregate loss experience data shall:
33 34 35	(1) Include and be categorized as required in subsection 4, paragraph B, subparagraph (3); and

1 2 3 4 5	(2) Be presented in tabular form. The tables shall indicate, with respect to each classification, the relative weight given to experience in this State and to national experience in determining the applicable rate.
6 7 8 9 10	6. Additional information. The superintendent may require, at any time, any additional information he deems necessary and may reasonably extend the time periods established in subsection 9 to allow time to provide that information.
11 12 13	A. Within 30 days of receipt of a filing, the superintendent shall determine if the filing is complete.
14 15 16	(1) If the filing is incomplete, the super- intendent shall notify the applicant and all parties in writing of those deficiencies.
17 18 19	(2) An applicant shall complete or amend the filing within 30 days of that written notice.
20 21 22 23 24 25 26 27	(3) An action or inaction by the superintendent under this paragraph does not constitute a substantive finding that the information in the filing is sufficient to establish that any action or relief should be granted or that any facts have been proven or limit the superintendent's authority to request further information or data.
28 29 30	B. If the applicant fails to furnish the information within the time prescribed, the superintendent may issue an order dismissing the filing.
31 32 33 34	C. For all purposes, the date of completing the filing shall be deemed the date on which the last document that made the filing complete was re- ceived by the superintendent, except that the su-

1 2 3 4 5 6 7 8	perintendent may treat the day that the incomplete filing was filed as the filing date if the incompleteness is found to be immaterial or not to have delayed, impeded or interfered with the ability of the bureau or any party to respond to, investigate or process the filing.  7. Standard for approval. This subsection applies to determination of just and reasonable rates for a filing.
10 11 12	A. The superintendent shall establish rates, based on the filing and sworn testimony, which are, in addition to any other requirements:
13 14	(1) Just and reasonable and not excessive, inadequate or unfairly discriminatory;
15 16	(2) Based only on a just and reasonable profit; and
17 18 19 20 21	(3) Based on reported loss reserves, including the discount rates applied to those reserves, that do not result in rates that are excessive, inadequate or unfairly discriminatory.
22 23	B. In establishing just and reasonable rates, the superintendent shall consider:
24 25 26	(1) The reasonableness of any return on capital and surplus allocable to the coverage of risks in this State;
27 28 29	(2) The reasonableness of the amounts of capital and surplus allocable to the coverage of risks in this State;
30 31 32	(3) The reported investment income earned or realized from funds generated from business in this State;

1 2 3 4	(4) The reported loss reserves, including the methods and the interest rates used in determining the present value for reported reserves;
5 6	(5) The reported annual losses and loss adjustment expenses;
7 8 9	(6) The measures taken to contain costs, including loss control, loss adjustment and employee safety engineering programs;
10 11 12 13 14	(7) The relationship of the aggregate amount of operating expenses reported by all companies to the annual operating expenses reported in the filing and the annual insurance expense exhibits filed by each company with the bureau; and
16 17	(8) The operating and management efficiency of the companies.
18 19 20	C. The justness and reasonableness of rates shall be determined for the period in which the rates are in effect.
21 22 23	D. The filer shall have the burden of proving that the rates meet the requirements of this section and Title 24-A, chapters 23 and 25.
24 25 26 27 28	E. The superintendent may not approve an increase or decrease in rates unless he finds that the information supplied in the filing and sworn testimony is accurate and sufficient to meet the requirements of this section.
29 30 31 32 33 34	F. For the introduction of a new rate for a new classification or the adjustment of a single rate for an existing classification, the requirements of paragraph A, subparagraph (1); subsection 2; subsection 4, paragraphs B to E; and subsections 8, 9, 10, 12 and 13 shall apply. The superintend-

- ent shall establish the new rate at a level which is not unfairly discriminatory in relation to the currently approved rates for other classifications.
- 5 8. Public record. A rate filing shall be a pub-6 lic record and shall be available for public review 7 and inspection.
  - 9. Information for parties and intervenors. A party or intervenor may make written application to the superintendent for an order that a filer produce any information relevant to whether the filing rates meet the requirements of this section and Title 24-A, except for information relating to a particular claim. If the filer fails to furnish the information within the time prescribed by the superintendent, the party or intervenor making the request may make written application to the superintendent for an order dismissing the filing. If, after a hearing, the superintendent determines that the failure to furnish the information was without good cause, he shall issue an order for dismissal of the filing.
    - 10. Public hearing. The superintendent shall hold a public hearing, as provided in Title 24-A, sections 229 and 235, on each filing. The public hearing shall be conducted no sooner than 30 days and no later than 120 days of the date the rate filing is deemed complete by the superintendent, unless the superintendent extends these limits under subsection 6. The superintendent shall establish just and reasonable rates and state his findings in a written order issued within 180 days from the date the filing is completed, unless he extends this limit under subsection 6. If the superintendent denies or dismisses a filing, any further filing shall be deemed to be a new filing, subject to this public hearing requirement.
- 37 <u>11. Subsequent filing. A filer may not file a</u> 38 rate filing within 180 days of receiving a rate in-

l crease or decrease.

- 12. Procedure; rules. Subject to the applicable requirements of the Maine Administrative Procedure Act, Title 5, chapter 375, the superintendent may adopt rules establishing procedures for the administration of this section, including, but not limited to, procedures governing submission of petitions for intervenor status, prefiling of testimony and exhibits, information requests, subpoenas, prehearing conferences and conduct of hearings.
- 13. Costs. For the purpose of determining wheth12 er a filing meets the requirements of this section,
  13 the superintendent may employ staff personnel and
  14 outside consultants. The reasonable costs related to
  15 the review of workers' compensation rate filings, in16 cluding conduct of the hearing, shall be borne by the
  17 advisory organization or insurer making the filing.
- 18 14. Application. This section applies as provided in Title 24-A, chapter 25, subchapter II.'
- Further amend the bill by striking out all of the emergency clause and inserting in its place the following:
- 'Emergency clause. In view of the emergency cited in the preamble, this Act shall take effect as follows:
- Part A Sections 3, 5 to 9, 15 to 21, 24 to 27, 30, 32, 34, 40, 41 and 43 to 54 shall take effect on June 30, 1985, and shall apply only as to injuries occuring on and after that date. The remainder of Part A shall take effect on January 1, 1986, and shall apply only as to injuries occuring on and after January 1, 1986.
- Part B The following sections within Part B, section 5 shall take effect on July 1, 1985: Sections 2341 and 2346; section 2348, subsections 1, 4,

5 and 10; section 2350, subsection 1, paragraph E and subsection 2, paragraph F; and section 2355. Part B, 3 section 6 shall take effect on January 1, 1987, and the remainder of Part B shall take effect on January 5 1, 1986.' 6 Further amend the bill in the fiscal note by add-7 ing at the end the following: 8 'The assessment on insurers for actual paid 9 losses is expected to raise \$375,000 and \$1,130,000 for the Employment Rehabilitation Program in fiscal 10 11 years 1985-86 and 1986-87, respectively.'

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#### STATEMENT OF FACT

This amendment enacts the Workers' Compensation Competitive Rating Act in order to promote competition in the workers' compensation insurance market in this State. In the current prior approval process, insurers file rate requests through a central rating bureau and the Superintendent of Insurance is responsible for approving or disapproving the rates before they may be used. There is little opportunity or incentive for one insurance company to charge different rates than other companies do. The report of the Special Study Commission on Workers' Compensation Insurance criticized this system because in producing one set of rates for all insurers, it stifles price competition, protects inefficient insurers and reduces the options available to employers purchasing insurance. The Legislature believes that a competitive rating system would alleviate these problems, lower insurance prices for employers and lead to more equigood table treatment of employers with records.

Under this amendment, each insurer will file and use its own rates without the need to first make a complex rate filing and obtain the superintendent's approval. Safeguards include the Superintendent of Insurance's authority to monitor the market and to disapprove rates that are excessive, inadequate and thereby a threat to the carrier's solvency or which are unfairly discriminatory. In addition, if the superintendent finds that a reasonable degree of competition does not exist in a market, he may place it back under the prior approval system and determine insurance rates.

To encourage competition, the amendment enacts several mechanisms designed to give incentives to employers to maintain safe workplaces and to ensure that employers with good records are not required to subsidize those with poor records. These include experience rating, merit rating for employers too small

- to be experienced rated, scheduled rating and a system of surcharges for those with the poorest records.
- The amendment establishes 2 insurance pools, the Accident Prevention Account and the Safety Pool.

The Accident Prevention Account is limited to employers with a demonstrably poor safety record. The insurance rates provide for premium surcharges based on loss experience. The surcharges serve as an incentive to improve loss records, yet are limited to prevent rate increases so large that they threaten the employers' ability to stay in business.

The Safety Pool ensures that small employers with good safety records and loss experience are not relegated to the Accident Prevention Account solely because of their small size. These employers are least able to bargain for favorable insurance rates. A strong competitive market will lead to increased opportunities for these small employers to obtain insurance in the voluntary market, but the Safety Pool exists as a safety mechanism for these employers.

To provide a reasonable transition period, maximum rates are fixed at the current level until January 1, 1987, and rates may not increase by more than 10% in 1987 and 1988. The amendment also contains a "pass-through provision" whereby insurance carriers pass savings resulting from decreases in workers' compensation benefits along to employers through decreased premiums.

The "pass-through" provision requires an 8% reduction in current premium rates. The amount of this pass-through is based on the estimated savings in insurance expenses because of the benefit changes adopted in this bill. These estimated savings were generated from figures prepared by the National Council on Compensation Insurance. In addition, the reduction is also based on estimated savings from the administrative changes in the workers' compensation

was also based on projections and estimates by the 2 3 National Council on Compensation Insurers. Finally, 4 the reduction also takes into account the fact that 5 investment income has never been considered in estab-6 lishing the current workers compensation insurance 7 rates, even though it is now a required factor. 8 cause the pass-through is only an estimate, though it is based on the best available information, the amendment also requires the Superintendent of Insur-9 10 ance to investigate and report on actual realized 11 12 savings, and recommend any necessary adjustments. 13 Finally, this amendment incorporates technical 14 changes in the bill to correct errors and incorporate 15 the competitive rating provisions with the adminis-

procedures that were adopted in 1983. This estimate

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trative and benefit changes.