MAINE STATE LEGISLATURE

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116th MAINE LEGISLATURE

FIRST REGULAR SESSION-1993

Legislative Document

No. 586

H.P. 460

House of Representatives, February 22, 1993

An Act to Allow Elementary and Secondary Schools to Obtain Insurance Coverage through the Bureau of General Services.

Reference to the Committee on Education suggested and ordered printed.

OSEPH W. MAYO, Clerk

Presented by Representative MITCHELL of Vassalboro. Cosponsored by Representatives: CATHCART of Orono, CHASE of China, FAIRCLOTH of Bangor, GOULD of Greenville, KONTOS of Windham, LARRIVEE of Gorham, MELENDY of Rockland, MORRISON of Bangor, NORTON of Winthrop, O'GARA of Westbrook, OLIVER of Portland, PFEIFFER of Brunswick, RAND of Portland, RYDELL of Brunswick, ST. ONGE of Greene, STEVENS of Orono, Senator: O'DEA of Penobscot.

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 5 MRSA §1728-A, sub-§1, as amended by PL 1991, c. 376, §21, is further amended to read:

The director shall provide insurance advice and Duties. services for the State Government and any department or agency thereof of State Government for all forms of insurance, except for those departments or agencies and those types of insurance otherwise provided for by law. The director shall provide insurance advice and services for family foster homes, as defined in Title 22, section 8101, subsection 3; respite care providers, as defined in Title 34-B, section 6201, subsection 2-A; group homes for persons receiving services from the Department of Mental Health and Mental Retardation, Bureau of Mental Retardation under Title 34-B, chapter 5 and from the Department of Mental Health and Mental Retardation, Bureau of Children with Special Needs under Title 34-B, chapter 6; specialized children's homes, as defined in Title 22, section 8101, subsection 5; the Casco Bay Island Transit District created by Private and Special Law 1981, chapter 22; and commercial applicators and spray contracting firms that are required to provide proof of financial responsibility in custom application pursuant to Title 22, section 1471-D, subsection 4, and private applicators as defined in Title 22, section 1471-C, subsection 22, who may be required to provide proof of insurance. The director is responsible for the acquisition and administration of all insurance purchased by the State, including the authority to purchase, on a competitive bid basis, insurance for the State for automobile, fire, liability and any other type of coverage necessary to protect the State from financial loss. The director may enter into contracts for various types of claims management services in order to ensure the most economically advantageous insurance protection in the operation of the State's insurance coverage program. these-regards,-the The director has the following duties:

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A. To review annually the entire subject of insurance as it applies to all state property and activities and other persons pursuant to this section, and to provide to the commissioner a statement of its activities during the year ending the preceding June 30th. This report shall must include:

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An evaluation of the state insurance program;

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(2) A complete statement of all types and costs of insurance in effect;

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(3) Names of agents and companies of record; and

2	determines to be appropriate and necessary or as the commissioner may-request requests;
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6	B. To recommend to the commissioner such insurance protection as <u>that</u> the director maydeem <u>determines</u> necessary or desirable for the protection of all state
8	property or activities or other insureds under this section;
10	C. Pursuant to programs approved by the commissioner, to provide insurance protection for state property and
12	liability insurance in accordance with the Maine Tort Claims Act, Title 14, section 8116, and premises liability, when
14	required by a state lease or private property approved by the Attorney General, by self-insured retention, as
16	provided, or purchase of insurance from companies or agents licensed to do business in this State, or by both, to effect
18	the best possible contracts as to services, coverages and costs. The purchase of insurance under this section normally
20	shall <u>must</u> be made upon competitive bidding, except that the director may, in appropriate circumstances, purchase
22	insurance by negotiation.
24	In the event of the purchase of insurance upon competitive bidding by qualified insurers, the director shall announce
26 28	the low bid at a meeting advertised for the opening of bids, which, when approved by the commissioner, shall constitute an award of a contract of insurance;
30	D. To determine and review the values of property in which the State has an insurable or legal interest and recommend
32	limits and types of insurance protection for that property;
34	E. To establish and promote safety and other loss prevention programs;
36	F. To receive and, with the assistance of the Attorney
38	General, administer all claims for personal injury and property damage against the State; and
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42	G. With the assistance of the Attorney General, to pursue all claims against 3rd parties in all cases in which the State may be subrogated to the rights of injured employees
44	or where when damage to state property may have resulted from the negligence of a 3rd party-; and
46	H. To administer the fund established by section 1737.
48	Sec. 2. 5 MRSA §1728-A, sub-§§1-A and 5 are enacted to read:
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1-A. Additional duties. The director shall provide insurance advice and services for all lines of property and casualty insurance for school administrative units and for private schools that are approved for tuition purposes when more than 60% of the schools' students are publicly funded.

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5. Actuarial services. Each fiscal year the director shall retain the services of a member of the American Academy of Actuaries who is qualified as a casualty and loss reserve specialist as defined by the National Association of Insurance Commissioners and who is a member of a nationally recognized actuarial firm each fiscal year to provide advice in the development of insurance premiums charged for the succeeding fiscal year by the division and make recommendations to the commissioner and the director regarding the levels of premiums and reserves necessary to protect the fund established by section 1737. Within 30 days of receiving the report of the actuary, the director shall consult with the Superintendent of Insurance about the recommended levels of premiums and reserves. Within 60 days of receiving the recommendations from the actuarial firm, the director shall report to the Department of Professional and Financial Regulation, Bureau of Insurance and to the joint standing committee of the Legislature having jurisdiction over banking and insurance matters stating the recommended levels of premiums and reserves, the director's implementation of those levels and any reasons for deviations from the recommendations in order to make the fund substantially actuarially sound.

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Sec. 3. 5 MRSA §1731, as repealed and replaced by PL 1991, c. 591, Pt. III, §11, is amended to read:

§1731. Reserve fund for self-insured retention losses

A reserve fund, in this chapter called the "self-insurance fund," is created to indemnify the State or the State's designated payee for self-insured retention losses and related loss adjustment expenses from those perils insured against under a deductible or self-insured retention program, as recommended by the director and approved by the commissioner. With the approval of the commissioner, the self-insurance fund may be used for loss prevention programs administered by either the Risk--Management Division Bureau of General Services or the Bureau of Human The total amount of the self-insurance fund provided for loss prevention programs in any given year may not exceed 5% of the self-insurance fund as of July 1st of that fiscal year. The self-insurance fund is a continuing fund and may not lapse. Funds provided from the reserve self-insurance fund to the Bureau of Human Resources are similarly nonlapsing and are carried forward through the Bureau of Human Resources' Dedicated Revenue Account.

2	As approved by the commissioner, up to 15% of the amount of the self-insurance fund as of July 1st of each fiscal year may be used to ensure the prompt payment of workers' compensation claims
4	for state agencies as required by law. Any funds so transferred shall must be repaid to the self-insurance fund by use of a
6	written agreement which the transfer was made.
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10	With-the-approval-of-the-eommissioner,-up-to15%-of-the unreserved-amount-of-the-fund-as-of-July-l1989,-may-be-used-for theinitialcapitalizationoftheWorkersCompensation
12	Management-Fund-established-by-section-1833+
14	Sec. 4. 5 MRSA §1731-A, first \P , as amended by PL 1989, c. 857, §21, is further amended to read:
L6	Deductible or self-insured retention provisions hereunder
L8	may not exceed 25% of the <u>self-insurance</u> fund as of July 1st of the current fiscal year per occurrence with respect to any risk
20	of loss.
22	Sec. 5. 5 MRSA §1732, as amended by PL 1991, c. 780, Pt. Y, §52, is further amended to read:
24	§1732. Administration
28	The <u>self-insurance</u> fund mustbe <u>is</u> administered by the Commissioner of Administrative and Financial Services. The commissioner shall deposit the <u>self-insurance</u> fund with the
30	Treasurer of State for investment. All proceeds of such that investment accrue to the self-insurance fund.
32	Sec. 6. 5 MRSA §1733, as amended by PL 1989, c. 857, §22, is
4	further amended to read:
6	§1733. Capitalization of the fund
8	The <u>self-insurance</u> fund is capitalized by legislative appropriations, by payments from state departments and agencies,
0	by any investment income accruing to the self-insurance fund and by such any other means as the Legislature may approve.
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4	Appropriations—and—payments—to—the—fund—in—respect—to general—fund—departments—and—agencies—may—not—exceed—an—amount equal—to—the—difference—between—the—premium—for—insurance

proposed-to-be-purchased-and-the-premium-for-mandatory-deductible or-full--insurance-coverage-plus-a-pro-rata-share-of-the-cost-of

the-stop-loss-insurance--In-any-instance-in-which-the-State-has-a 100%-self-insured-retention,-the-premium-must-be-that-for-full

insurance-coverage-adjusted-for-any-mandatory-deductible.

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2	Allother Payments to the self-insurance fund from state
4	departments and agencies,exceptthose-specificallyexcluded-by law, -shall-pay-to-the-fund-premiums are calculated on a pro rata
6	basis as determined by the director and based on the prior claims experience of the departments or agencies. In-any-instance-in
	which-the-State-has-a-100%-self-insured-retention,-the-premium
8	mustbethatforfullinsurancecoverageadjustedforany mandatory-deductible.
10	Whenever possible, all premiums payments referred to in this
12	section are computed on the basis of rates promulgated by a recognized rating authority.
14	Sec. 7. 5 MRSA §1734, as amended by PL 1983, c. 349, §16, is
16	further amended to read:
18	§1734. Exemption from requirements of Title 24-A
20	The <u>self-insurance</u> fund shall <u>may</u> not exceed 2% of the then current value of all state-insured or self-insured retention
22	property protected by the <u>self-insurance</u> fund as determined by the director.
24	If the <u>self-insurance</u> fund reaches or exceeds the maximum
26	amount specified in this section, payments to the <u>self-insurance</u> fund, as specified in section 1733, shall <u>must</u> cease and any
28	excess shall must be transferred into the General Fund not later than the end of the first quarter of the next fiscal year.
30	Payments to the <u>self-insurance</u> fund shall <u>may</u> not begin
32	again until such time as the amount in the <u>self-insurance</u> fund drops below the maximum amount specified in this section.
34	Sec. 8. 5 MRSA §1735, as amended by PL 1983, c. 349, §17, is
36	further amended to read:
38	§1735. Depletion of fund
40	In-the-event-that <u>If</u> payments from the <u>self-insurance</u> fund should reduce it the fund below \$1,000,000, the commissioner
42	shall recommend to the Legislature that funds be appropriated to restore the <pre>self-insurance</pre> fund up to the maximum amount it-had
44	previously attained.
46	Sec. 9. 5 MRSA §1736, as amended by PL 1989, c. 857, §23, is further amended to read:
48	\$1736. Payment of losses

Pursuant to the recommendation of the director, the commissioner shall cause payments from the <u>self-insurance</u> fund or proceeds of insurance purchased in accordance with this chapter, or both, to be made available for repair or replacement of insured property and payment of losses and loss adjustment expenses.

Sec. 10. 5 MRSA §§1737 and 1738 are enacted to read:

§1737. State-administered insurance fund

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- 1. Creation of state-administered fund. A state-administered insurance fund, in this chapter called the "state-administered fund," is created to provide insurance coverage in instances when the State or the director is directed or authorized to offer insurance or insurance advice or services to persons and entities other than the State or state departments and agencies. The state-administered fund contains reserves that the commissioner determines are actuarially sufficient to meet anticipated claims against the state-administered fund and to pay administrative expenses specifically related to the state-administered fund.
- 24 2. Eligibility for participation in state-administered fund. The state-administered fund must offer insurance coverage 26 to persons or entities other than state departments or agencies in those instances when the State or the director is statutorily 28 directed to provide insurance or insurance advice or services. The state-administered fund must also offer insurance coverage in those instances when the commissioner determines that it is 30 appropriate to do so based upon consideration of the risks involved and the governmental objectives that would be served by 32 that coverage. The commissioner has the discretion to include state departments or agencies within the coverage of the 34 state-administered fund instead of the self-insurance fund if the 36 commissioner determines that the inclusion of those departments or agencies is necessary to allow the state-administered fund as 38 a whole to offer insurance at affordable rates, consistent with the actuarial soundness of the state-administered fund.
 - 3. Rejection of risk. When the director determines that a risk may be prejudicial to the state-administered fund, the director may refuse to include that risk in the state-administered fund until hazards of the risk have been removed or ameliorated to a satisfactory degree.
 - 4. Capitalization of state-administered fund. The state-administered fund must be capitalized by payments from persons or entities insured by that fund, by payments from insurance or reinsurance companies and by any other means the

Legislature approves. In establishing the initial capitalizat	<u>ion</u>
of the state-administered fund, the commissioner shall trans	fer
from the self-insurance fund to the state-administered fund	an
amount determined to be the existing balance attributable to	any
risks formerly covered by the self-insurance fund that will	be
covered in the future by the state-administered fund.	<u>The</u>
commissioner shall deposit the state-administered fund with	the
Treasurer of State for investment. All proceeds of t	<u>hat</u>
investment accrue to the state-administered fund.	

5. Payments from self-administered fund. Payments may be made from the state-administered fund to pay or settle claims insured by the state-administered fund and to pay administrative expenses and adjustment and defense costs specifically related to the state-administered fund. The rights of any persons or entities insured by the state-administered fund are limited to the extent specified in the contracts of insurance entered into between those persons or entities and the director. Persons or entities insured by the state-administered fund do not have any right of recovery except against the assets of the state-administered fund, and those persons or entities do not have recourse against the General Fund or against any other assets of the State.

6. Excess insurance. The state-administered fund may purchase excess insurance to limit its exposure as recommended by the commissioner.

7. Powers and duties of director. In connection with the state-administered fund, the director may:

A. Establish and promote safety and loss prevention programs;

B. Administer the adjustment of claims against the state-administered fund or claims against parties insured by the state-administered fund;

C. Obtain legal and other services necessary to administer or defend claims against persons or entities insured by the state-administered fund or pursue claims against 3rd parties when the entities insured may be subrogated to the rights of injured employees or when damage to an insured entity's property may have resulted from the negligence of a 3rd party;

D. Establish rates for insurance coverage by the state-administered fund so that the state-administered fund operates on an actuarially sound basis; and

- E. Establish deductibles or retentions determined necessary for the efficient operation of the state-administered fund.
- 8. Limitation on use of state-administered fund. The state-administered fund may be used only for insurance purposes in accordance with this section and the assets of the state-administered fund may not be transferred to meet any budgetary shortfall or to pay any uninsured expenses.
- 9. Expansion of liability under the Maine Tort Claims Act. Insurance coverage provided by the state-administered fund to a person, entity, department or agency that is a "governmental entity" as defined by Title 14, section 8102, subsection 2 or an "employee" as defined by Title 14, section 8102, subsection 1 may not increase the potential liability of that person, entity, department or agency beyond the limits set forth in Title 14, chapter 741.

10. Assistance from the Bureau of Insurance. The Department of Professional and Financial Regulation, Bureau of Insurance shall provide assistance to the director upon the request of the director and upon a determination by the Superintendent of Insurance that the Bureau of Insurance is capable of providing the requested assistance.

§1738. Exemption from requirement of Title 24-A

In performing the functions authorized by this chapter, the self-insurance fund, the state-administered fund, the commissioner and the director are not subject to Title 24-A.

Sec. 11. 22 MRSA §8101, sub-§5, as enacted by PL 1981, c. 260, §4, is amended to read:

5. Specialized children's home. "Specialized children's home" means a children's home where care is provided to no more than 4 moderately to severely handicapped children by a caretaker who is specifically educated and trained to provide for the particular needs of each child placed. The total number of children in a specialized children's home may not exceed 4, including the caretaker's legal children under 16 years of age, with no more than 2 children under the age of 2. A specialized children's home licensed by the Department of Human Services is eligible for insurance pursuant to Title 5, section 1728-A. In any action for damages against a specialized children's home insured pursuant to Title 5, section 1728-A for damages covered under that policy, the claim for and award of those damages, including costs and interest, may not exceed \$300,000 for any and all claims arising out of a single occurrence.

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Sec. 12. 34-B MRSA \$5201, sub-\$4, as enacted by PL 1983, c. 459, §7, is amended to read:

4. Community-based services. Ensuring that mentally retarded persons residing in community residential facilities, including nursing homes, boarding homes, foster homes, group homes or halfway houses licensed by the Department of Human Services are provided, insofar as possible, with, residential accommodations and access to habilitation services appropriate to their needs. A group home licensed by the Department of Human Services is eligible for insurance pursuant to Title 5, section 1728-A. In any action for damages against a group home insured pursuant to Title 5, section 1728-A for damages covered under that policy, the claim for and award of those damages, including costs and interest, may not exceed \$300,000 for any and all claims arising out of a single occurrence; and

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STATEMENT OF FACT

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This bill adds to the insurance responsibilities of the Bureau of General Services the provision of insurance advice and services for group homes for children, group homes for persons with mental retardation and specialized children's homes.

This bill divides the self-insurance fund administered by the Bureau of General Services into 2 funds. One fund is for state property and one, designated in this amendment as the "state-administered fund" is for nonstate entities. Recovery against the state-administered fund is limited by contract provision to the assets of the fund as a maximum. state-administered fund must be actuarially sound and purchase excess insurance. The assets may be used only for insurance purposes. Provision of insurance through state-administered fund does not expand tort liability beyond the limits of the Maine Tort Claims Act, Maine Revised Statutes, Title 14, chapter 741.

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This bill makes several technical changes to the management laws to separate provisions that apply to the self-insurance fund and those that apply to the state-administered fund. In performing the functions of both funds, the Commissioner of Administrative and Financial Services and the Director of the Bureau of General Services are not subject to insurance regulations under Title 24-A.