



## **117th MAINE LEGISLATURE**

## FIRST REGULAR SESSION-1995

Legislative Document

No. 1254

S.P. 458

In Senate, April 11, 1995

An Act to Strengthen Oversight of Medical Malpractice Insurance and Stabilize Premiums.

Reference to the Committee on Banking and Insurance suggested and ordered printed.

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MAY M. ROSS Secretary of the Senate

Presented by Senator MILLS of Somerset. Cosponsored by Representative: JONES of Bar Harbor.

	it enacted by the People of the State of Maine as follows:
	Sec. 1. 24-A MRSA §2302, sub-§3-A is enacted to read:
	3-A. Medical malpractice insurance is first subject ochapter III, but any provisions of this subchapter r consistent with subchapter III also apply.
	Sec. 2. 24-A MRSA §2303, sub-§1, ¶J is enacted to read:
	J. In the case of medical malpractice insurance rate rates must reflect investment income and potential inco- from unearned premiums, loss reserves and all cash flows.
	Sec. 3. 24-A MRSA c. 25, sub-c. III is enacted to read:
	SUBCHAPTER III
	MEDICAL MALPRACTICE LIABILITY INSURANCE
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<u>§2:</u>	<u>391. Medical malpractice liability insurance rates</u>
	Medical malpractice liability insurance rates
cla	assifications must be approved, modified or disapproved by
	perintendent subject to this chapter. Rates determined by
	perintendent are maximum rates. Premium rates up to 5% hig
	lower than those approved may be used if filed with
su	perintendent within 5 days after commencing use. If
su	perintendent has reason to believe that the filing produ
rat	tes that are excessive, inadequate or unfairly discriminato
	e superintendent may disapprove them under chapter 23
<u>ch</u> ;	apter 25, subchapter I.
<u>§2</u> :	392. Approval of rates
	The following provisions apply to medical malpract
<u>in</u> :	surance rates.
	1. Determination of rates. Every insurer that iss
	<u>dical malpractice liability insurance policies and t</u> pvides more than 10% of the medical malpractice coverage
	is State shall file with the superintendent its classificat
	risks and maximum premium rates, which may not take eff
	til the superintendent has approved them. The superintend
	all apply the procedures and standards of this section
	vestigating, reviewing and determining just and reasona
	tes.
	2. Contents of filing. The superintendent shall requ
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rat	<b>2. Contents of filing.</b> The superintendent shall requery insurance company subject to this subchapter to file we bureau the data, statistics, schedules or informat

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	superintendent may not approve a rate filing until the
2	information has been submitted. The required information
	includes, but is not limited to:
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	A. Financial records showing the amount of profit or loss
6	made on every classification of medical malpractice
	insurance during the previous year;
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	B. Records showing profits from investment income,
10	including investment income on net realized capital gains,
	loss reserves and unearned premiums;
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	C. Data reflecting conformity with the investment model
14	developed under section 2393 or an explanation of
	nonconformity with the model; and
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	D. Records showing the utilization of adequate programs to
18	control costs and expenses, in accordance with standards to
	be determined and approved by the superintendent. At a
20	minimum, the program must be designed to have a material
	impact on premium charges by reducing costs and expenses.
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	3. Additional information. The superintendent may require,
24	at any time, any additional information the superintendent
	determines necessary.
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	4. Standard for approval. This subsection applies to
28	determination of just and reasonable rates for a filing.
30	A. The superintendent shall establish rates, based on the
	filing and sworn testimony, which are, in addition to any
32	other requirements:
34	(1) Just and reasonable and not excessive, inadequate
	or unfairly discriminatory; and
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	(2) Based only on a just and reasonable profit.
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	B. In establishing just and reasonable rates, the
40	superintendent shall consider:
42	(1) The reasonableness of any return on capital and
	surplus allocated to the coverage of risks in this
44	State;
46	(2) The reasonableness of the amounts of capital and
	surplus allocable to the coverage of risks in this
48	<u>State;</u>
50	(3) The reported investment income earned or realized
	from funds generated from business in this State;
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(4) The reported loss reserves, including the methods and the interest rates used in determining the present 2 value for reported reserves and the use of those reserves in the determination of the proposed rates; 4 (5) The reported annual losses and loss adjustment 6 expenses; and 8 (6) The measures taken to contain costs. 10 C. The justness and reasonableness of rates must be 12 determined for the period in which the rates are in effect. 14 D. The filer shall have the burden of proving that the rates meet the requirements of this chapter and chapter 23. 16 E. The superintendent may not approve an increase or 18 decrease in rates unless the superintendent finds that the information supplied in the filing and sworn testimony is accurate and sufficient to meet the requirements of this 20 section. 22 5. Market disruption. In determining whether a rate is reasonable, the superintendent shall consider the market 24 disruption that may be caused by substantial and immediate increases or decreases in rates. If the superintendent 26 determines that a requested rate is unreasonable because it would 28 cause undue market disruption, the superintendent may take such reasonable action as necessary to avoid or minimize disruption, 30 including limiting the amount that class relativities may be changed at any one time or spreading the requested adjustments 32 over a period not to exceed 3 years, to the extent that the action does not threaten the financial security of the insurer. 34 6. Public record. A rate filing is a public record and 36 must be available for public review and inspection. 38 7. Public Advocate participation. The Public Advocate shall participate as follows. 40 A. The Public Advocate, as appointed under Title 35-A, 42 section 1701, shall be a party to the hearing mandated in this section. The commissioner may serve a copy of the filing on the Public Advocate. The Public Advocate may make 44 timely and appropriate requests for data necessary to 46 participate in the decision. 48 B. A party filing for a rate increase under this section shall pay to the superintendent at the time of filing a 50 filing fee of \$10,000 which the superintendent shall immediately credit to the Public Advocate. That fee must be segregated and expended for the purpose of employing outside 52

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consultants and of paying other expenses to fulfill the requirements of this subchapter. Any portion of the fee not so expended must be returned to the filer.

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8. Public hearing. The superintendent shall hold a public hearing as provided in sections 229 to 235 on each filing. The б public hearing must be conducted no sooner than 30 days and no later than 60 days after the date the rate filing is determined 8 complete by the superintendent. The superintendent shall establish just and reasonable rates and state the findings in a 10 written order issued within 90 days from the date the hearing is completed. If the superintendent denies or dismisses a filing 12 any further filing is deemed to be a new filing subject to the public hearing requirement. 14

16 **Procedures; rules.** Subject to the applicable 9\_ requirements of the Maine Administrative Procedure Act, the 18 superintendent may adopt rules establishing procedures for the administration of this section.

§2393. Investment income model

The superintendent shall develop and periodically update a model for estimating investment income earned in the business of 24 medical malpractice. The model must take into account both risk and market rates of return. 26

- 28 §2394. Closed claims study

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30 1. Model. The superintendent shall prepare and forward to the Legislature, by July 1, 1996, a model for collecting data in 32 a closed claims study of medical malpractice claims. The model must be developed after a public hearing process and must provide sufficient information to serve as a basis for comparison with 34 rate filings. The superintendent shall also develop a model for 36 collecting data on claims made in the State on an ongoing basis using the same public hearing process.

- 38 2. Study contents. The study must include information 40 regarding:
- 42 A. The number of claims opened;

44 B. The\_history of each claim;

- 46 C. Demographic characteristics of the plaintiffs and defendants;
- D. Types of injuries;
  - E. Policies in effect;
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F. Loss reserves established and any changes in loss 2 reserves; G. The disposition of the claims; 4 H. The amounts and breakdown of any settlements or б verdicts; and 8 I. The breakdown of allocated loss adjustment expenses. 10 3. Report to Legislature. The superintendent shall complete the first closed claims study and report to the 12 Legislature on the findings by January 31, 1997. The study must then be conducted at 5-year intervals. The review of the 14 investment income model continues with annual reports that include data on the number of claims filed and settled, and 16 amounts paid must be presented each January to the Legislature. 18 4. Confidentiality. The data must be collected and prepared in a manner that permits the public to examine the data 20 without breaching any applicable confidentiality requirements. 22 24 STATEMENT OF FACT 26 This bill implements some of the recommendations of the Public Health Resource Group's study of medical malpractice 28 liability. The aim of the bill is to provide stronger regulatory oversight of those companies providing greater than 10% of the 30 medical malpractice insurance in Maine. The bill rejects the "file and use" rating system allowed for most insurance products 32 and institutes a mandatory hearing process for rate filings in 34 this area. It also directs the Superintendent of Insurance to consider the cost-efficiency and investment income of those companies determining maximum 36 insurance in rates. The superintendent is also required to develop an investment income 38 model, the projections of which must be substantially met by the insurance company before a filing may be approved. Finally, the superintendent is directed to develop and conduct a study of 40

closed claims in this area so that a sufficient data base of information will be available for future review of insurance costs and investment and reserving practices.