MAINE STATE LEGISLATURE

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118th MAINE LEGISLATURE

SECOND REGULAR SESSION-1998

Legislative Document

No. 2222

H.P. 1593

House of Representatives, February 19, 1998

An Act to Revise and Update the Charter of the Maine Employers' Mutual Insurance Company in Furtherance of its Mission.

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

OSEPH W. MAYO, Clerk

Presented by Representative CARLETON of Wells. (GOVERNOR'S BILL)

Cosponsored by Senator LaFOUNTAIN of York and

Representatives: BRUNO of Raymond, DAVIDSON of Brunswick, HATCH of Skowhegan,

MÂYO of Bath, SAXL of Bangor, STANLEY of Medway, Senator: NUTTING of

Androscoggin.

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

Sec. 1. 24-A MRSA §3701, as amended by PL 1991, c. 885, Pt. C, \$1, is further amended to read:

§3701. Purpose

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- The Maine Employers' Mutual Insurance Company is established 8 for the purposes of providing workers' compensation insurance and employers' liability insurance incidental to and written in 10 connection with workers' compensation coverage to employers of this State at the highest level of service and savings consistent 12 with reasonable applicable actuarial standards and the sound financial integrity of the company. It is also the purpose of 14 company to encourage employer involvement and to responsive to each division's experience, advice, practice and 16 operating effectiveness.
- Sec. 2. 24-A MRSA §3702, sub-§3, as enacted by PL 1991, c.
 20 885, Pt. C, §2, is amended to read:
 - 3. Division. "Division" means an industry or geographic grouping as established under section 3712 3712-A.
- Sec. 3. 24-A MRSA §3703, sub-§1, as amended by PL 1995, c. 551, §4, is further amended to read:
- 28 l. Workers' compensation. The company shall provide insurance workers' compensation and employers' liability insurance incidental to and written in connection with workers' 30 compensation coverage to employers in this State. The company may not write other lines of insurance. 32 The--company-may-net write-reinsurance-or-excess-insurance- The company may reinsure workers' compensation and employers' liability insurance written 34 by other insurers that are covering out-of-state employees of Maine-based employers that are insured by the company. For the 36 purpose of providing insurance to Maine-based employers operating 38 in other states, the company may apply to appropriate regulatory authorities in those states for authority to write workers' compensation and employers' liability insurance for Maine-based 40 employers' operations in those states. Until-the-company-has 42 obtained -- the -- surplus -- otherwise -- required -- under -- this -- Title -- for easualty-insurance-companies,-the-company-must-receive-approval 44 from-the-superintendent-before-actually-writing-policies-in-each ether-state- The company may form or acquire subsidiary insurers that write workers' compensation insurance and employers' 46 liability insurance only in other jurisdictions.
- Sec. 4. 24-A MRSA §3703, sub-§4, as enacted by PL 1991, c. 50 885, Pt. C, §3, is repealed.

Sec. 5. 24-A MRSA §3703, sub-§5, as enacted by PL 1991, c. 885, Pt. C, §3, is amended to read:

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- Composition of the board. The board consists of up to Nine Six members must be officers, directors, 13 9 members. employees, partners or members of policyholders who purchase workers' compensation coverage from the Maine Employers' Mutual Insurance Company, -- except -- that -- the -- initial -- appointment -- may inglude -- employers -- who -- have -- purchased -- coverage -- through -- the workers'--eempensation--residual--market---meehanism. members must be persons who represent the public interest of the company and must be appointed by the Governor within 30 days after a new board member is authorized or a vacancy occurs, subject to review and appreval comment by the joint standing committee of the Legislature having jurisdiction over banking and insurance matters. The designated committee shall complete its review and-vote-on-approval-of-the-appointments-of-the-Governor within 15 days of the Governor's written notice of appointment. If the designated committee fails to act within the required 15 days, then the appointees put forward by the Governor become the required board members. Except--for--the--initial--selection--of beard-members-under-subsection-4, -- each-division-as-established pursuant-to-coction-3712-must-have-one-member-on-the-beard. member must be an at-large policyholder member elected by the The remaining board member is the president and chief executive officer who shall serve on the board of directors while employed as president and chief executive officer.
- A member of the board whe-is-not-elected by one-of-the-divisions as-specified-in-section-3712 may not be a lobbyist required to be registered with the Secretary of State, a service provider to the workers' compensation system or a representative of a service provider to the workers' compensation system.
 - Sec. 6. 24-A MRSA §3703, sub-§§6, 7 and 9, as enacted by PL 1991, c. 885, Pt. C, §3, are amended to read:

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- 6. Terms. The initial terms of the board of directors are staggered at 3 years, 2 years and one year. Of the initial division policyholders, 3 serve 2 year terms, 3 serve 2 year terms and 3 serve one year terms. The initial public interest members serve one 3 year term, one 2 year term and one one year term. A full term on the board of directors is 3 years. An individual may not serve more than 2 consecutive full terms as a director, except for the president and chief executive officer. All members shall serve for the terms provided and until their successors are appointed or elected and qualified.
- 7. Corporate governance. The initial board of directors

- shall, -at -the -erganizational meeting -of -the -company -to -complete
 erganization, adopt bylaws consistent with section 3359. The
 bylaws must provide a schedule of meetings and rules specifically
 relating to the conduct of meetings and voting procedures.
- 6 9. Nominating committee. The board shall create a nominating committee. The nominating committee shall present to the board nominees for the at-large and the policyholder board member pesitien positions.
- Sec. 7. 24-A MRSA §3704-A, as enacted by PL 1991, c. 885, Pt.
 12 C, §5, is repealed.
- Sec. 8. 24-A MRSA §3707, sub-§1, as enacted by PL 1991, c. 885, Pt. C, §8, is amended to read:
- 1. General authority. The board may perform all acts necessary or convenient in the exercise of any power, authority or jurisdiction over the company, either in the administration of the company or in connection with the business of the company to fulfill the purposes of this chapter, --exeept--as--etherwise provided-te-the-divisiens-under-section-3712.
- Sec. 9. 24-A MRSA §3710, sub-§1, as enacted by PL 1991, c. 885, Pt. C, §8, is repealed.
- Sec. 10. 24-A MRSA §3712, as amended by PL 1995, c. 560, Pt. 28 G, §9, is repealed.
- Sec. 11. 24-A MRSA §3712-A is enacted to read:

32 §3712-A. Divisions

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- 1. Industry and geographic divisions. The company shall maintain industry or geographic divisions consisting of general industry groupings. The industry or geographic divisions shall advise the board on workers' compensation insurance issues of importance to those industries or geographic areas. The divisions may parallel industry groups identified by the State's advisory organization as defined in section 2381-C. A separate high-risk division must also be created and maintained as defined in subsection 3.
- Not more than 30 days after the assignment to a division, a policyholder may in writing appeal to the bureau on that assignment.
- 2. Changes in divisions. With the approval of the superintendent, the board may change the configuration of the divisions.

2	3. High-risk division. The high-risk division is subject
	to the following provisions.
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	A. An employer must be placed in the high-risk division if
6	the employer has at least 2 lost-time claims, each greater
ŭ	than \$10,000 and a loss ratio greater than 1.0, over the
8	last 3 years for which data is available.
O	rase 5 years for which data is available.
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10	B. The board, with the approval of the superintendent, may
	modify the eligibility standards for the high-risk division,
12	if those standards limit those in the division to employers
	who have measurably adverse loss experience, have a
14	relatively high claim frequency record or have demonstrated
	an attitude or practice of noncompliance with reasonable
16	safety requirements or claims management standards.
18	C. Eligibility requirements must be applied annually at the
	policy renewal date or, if the necessary claim history is
20	not available at that time, 30 days after notice to the
	insured.
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44	D. Deductibles in the high-risk division are subject to
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24	this paragraph.
26	(1) A deductible applies to all coverage for
	policyholders in the high-risk division that meet the
28	following qualifications:
30	(a) A net annual premium of \$20,000 or more
	subject to adjustment, pursuant to this section,
32	in the State;
34	(b) A premium not subject to retrospective
	rating; and
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	(c) The policyholder's threshold loss ratio is
38	1.0 or greater.
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40	The deducation in \$1,000 a claim but and in a culturation
40	The deductible is \$1,000 a claim but applies only to
	wage loss benefits paid on injuries occurring during
42	the year of coverage. The sum of all deductibles in
	one year of coverage may not exceed the lesser of 15%
44	of net annual payment for coverage or \$25,000. Each
	loss to which a deductible applies must be paid in full
4 6	by the company. After the year of coverage has
	expired, the policyholder shall reimburse the company
48	the amount of the deductibles. This reimbursement is
	considered as payment for coverage for purposes of
50	cancellation or nonrenewal.
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4	onless otherwise acted upon as provided for in
	subsection 2, beginning October 1, 1996, the board
4	shall adjust, annually, the \$20,000 payment of coverage
	level established in this subsection to reflect any
6	change in rates for the high-risk division and any
	change in wage levels in the preceding calendar year.
8	Changes in wage levels are determined by reference to
·	changes in the state average weekly wage, as computed
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10	by the Department of Labor. Any adjustment is rounded
10	off to the nearest \$1,000 increment.
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	(2) For policies effective on or after January 1,
14	1994, the board may modify, with the approval of the
	superintendent, the mandatory deductible elements. Any
16	modification or elimination of this rating feature must
	consider the incentive impact on an employer, the
18	reasonableness of the retained cost relative to the
	claim history, safety record or claims management
20	practices of impacted employers and the ability of
20	employers of all sizes to absorb these costs.
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hu ku	The board was file with the assessment about
0.4	E. The board may file, with the superintendent,
24	retrospective rating plans that, after hearing, may be
	imposed on an employer with a demonstrated record of
26	repeated serious violations of workplace health and safety
	rules and regulations such as those adopted under Title 26,
28	chapter 6 or 29 United States Code, Chapter 15, whichever is
	applicable.
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	F. The board shall develop and file with the
32	superintendent, and, if not disapproved by the
	superintendent, make available to policyholders on a
34	voluntary basis, retrospective rating plans.
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36	A Division advisory boards Food division except for the
30	4. Division advisory boards. Each division, except for the
	high-risk division, has its own advisory board.
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	A. Each advisory board must be composed of representatives
40	of policyholders and employees of the policyholders of the
	division.
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	B. There may be up to 9 advisory board members for each
44	division, with a ratio of 2 members selected by the
	policyholders within the division to each member who is an
46	employee selected from employees of the policyholders within
10	the division. The president, with the approval of the
48	board, shall establish procedures for the initial and
	subsequent selection of advisory board members, and
50	procedures for the filling of vacancies and replacements.
	Terms are for 3 years on a staggered basis.

2	C. Each advisory board shall elect a chair.
4	D. Each advisory board shall hold regular meetings and advise the board in the following areas:
6	(1) Workplace safety training:
8	(2) Claims administration and adjusting;
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12	(3) Compliance with advisory board performance standards:
14	(4) Debit and credit plans reflecting member safety programs and experience;
16	(5) Policyholder grievances;
18	(6) Premium audits; and
20	(7) Any other issues of concern to the advisory board.
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24	Sec. 12. 24-A MRSA §3713, as enacted by PL 1991, c. 885, Pt. C. §8, is repealed.
26	Sec. 13. 24-A MRSA §3714, sub-§§1, 2 and 5, as enacted by PI 1991, c. 885, Pt. C, §8, are amended to read:
28	 Separate accounting. In addition to the financial
30	reporting requirements applicable to the company, there must be a separate accounting of each division by fiscal year to the extent
32	practicable. These financial statements must be based on the premiums collected and earned, claims paid and incurred, expenses
34	accrued or allocated, investment income allocated to and any
36	other financial items that are associated with or allowable to each division.
38	2. Rates. Rates developed and filed by the company, and
40	the-supporting-actuarial-analysis,-must-consider,-to-the-extent eredible,-the-experienceofeachdivisionbasedonsound
42	aetwarialprinciples must be in accordance with chapter 25, subchapter II-B.
44	Rates filed within the rate-band are considered voluntary for
46	purposes of chapter 25, subchapter II-B. If a rate is filed outside the rate band, the superintendent may disapprove the rate if it is excessive, inadequate or unfairly discriminatory, using
48	the standards set forth in section 2382.

"Rate band" means the range of rates from 85% to 145% of the

benchmark rate. For the purposes of this subsection, "benchmark rate" is the pure premium rate filing filed by the State's advisory organization as defined in section 2381-C and currently approved by the superintendent.

5. Assessment. Any assessment levied against policyholders in-a-division is for the exclusive benefit of the policyholders subject to the assessment. Any policyholder not paying an undisputed assessment is not eligible for coverage from the company or in the voluntary market.

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SUMMARY

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This bill updates the statutory charter of Maine Employers' Mutual Insurance Company, or MEMIC, to reflect the progress MEMIC has made since its creation in 1992.

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This bill expands the purpose of MEMIC to include being responsive to the advice of its advisory divisions. It allows MEMIC to reinsure workers' compensation and employers' liability insurance for Maine-based employers that MEMIC insures doing business in other states. The bill provides MEMIC the authority to create or buy subsidiary companies in other jurisdictions in order to write workers' compensation in those jurisdictions. It also removes historical language dealing with MEMIC's incorporation.

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The bill reduces the size of the board of MEMIC from 13 to 9 members. Clarification is provided for the terms of board members. Historical sections governing initial funding and operation are also removed. The role and responsibilities of the divisions and their relationship to the board is updated and revised.

board's charge is adjusted to maintain divisions consisting of general industry groupings, which can parallel The classifications. national management responsibilities reserved for the divisions are shifted to the board. divisions become responsible for advising the board on issues of importance to the divisions. Restrictions regarding surplus and funding are removed. Historical references to the initial divisions are removed. The board's authority to adjust the makeup of divisions, with approval by the Superintendent of Insurance, continues. The size of the advisory division boards is adjusted to provide for up to 9 members.

Language is added to provide greater latitude regarding MEMIC's responsibility for financial accounting and rating for each division.

Finally, MEMIC is granted the ability to file and use rates, the same practice allowed for other insurance companies, if it files within the established rate band. Rates that are higher or lower than the rate band must receive prior approval by the Superintendent of Insurance.