

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE
ONE HUNDRED AND FOURTEENTH LEGISLATURE
FIRST REGULAR SESSION

December 7, 1988 to July 1, 1989

Chapters 1 - 502

THE GENERAL EFFECTIVE DATE FOR
NON-EMERGENCY LAWS IS
SEPTEMBER 30, 1989

PUBLISHED BY THE REVISOR OF STATUTES
IN ACCORDANCE WITH MAINE REVISED STATUTES ANNOTATED,
TITLE 3, SECTION 163-A, SUBSECTION 4.

J.S. McCarthy Company
Augusta, Maine
1989

PUBLIC LAWS
OF THE
STATE OF MAINE

AS PASSED AT THE
FIRST REGULAR SESSION

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ONE HUNDRED AND FOURTEENTH LEGISLATURE

1989

4. Acceptance of waste water. Municipal and quasi-municipal waste water treatment facilities constructed wholly or in part with funding allocated pursuant to section 411 shall accept for treatment holding tank waste water from any watercraft sewage pump-out facilities required pursuant to section 423-B. Municipal and quasi-municipal waste water treatment facilities may charge an annual or per visit fee for this service to be approved by the board.

Sec. 2. 38 MRSA §423-B is enacted to read:

§423-B. Watercraft sewage pump-out facilities at marinas

By June 1, 1990, marinas serving coastal waters shall provide or provide through contractual agreements facilities to remove sanitary waste from the holding tanks of watercraft. For purposes of this section, the term "marina" means any commercial facility that provides supplies and services and has the capacity to provide slip space or mooring for 18 or more vessels which exceed 24 feet in length.

See title page for effective date.

CHAPTER 434

S.P. 396 - L.D. 1040

An Act to Simplify Reporting Requirements for Workers' Compensation Insurers and Self-insurers

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

Sec. 1. 24-A MRSA §2371, sub-§2, ¶C, as repealed and replaced by PL 1987, c. 769, Pt. A, §99, is amended to read:

C. Information concerning Workers' Compensation Commission proceedings, including:

(1) As to each informal conference, the date, commissioner, involvement of attorney or other designated representative, ~~employer's or insurer's offer, employee's expectation~~ and the resolution; and

(2) As to each hearing, the date, commissioner, involvement of attorney or other designated representative, ~~employer's or insurer's offer, employee's demand~~ and the commissioner's decision. If a disputed claim results in multiple hearing dates, the commissioner's decision shall be reported for the last hearing date.

Sec. 2. 24-A MRSA §2371, sub-§2, ¶D, as enacted by PL 1987, c. 559, Pt. A, §4, is repealed and the following enacted in its place:

D. Cost of payment information on each claim, identified as open or closed, including:

(1) Aggregate payments to date to any physician, hospital or other medical provider. The superintendent may require information on payments to date to any physician, hospital, medical rehabilitation provider or other medical provider, together with a description of the services, the name of the provider, the amount of payment and the date of service;

(2) Payments made to date for weekly compensation, impairment benefits, death benefits, funeral expenses, employee legal expenses, employer legal expenses, lump sums, witness fees, penalties, vocational rehabilitation services with a description of the services and name of the rehabilitation provider, and any other type of payments under Title 39;

(3) With respect to open claims, an estimate of total outstanding liability and separately stated outstanding liability for medical care, indemnity, vocational rehabilitation and any other type of payments; and

(4) Identification, both on payments and outstanding liabilities, of benefit offsets for Social Security, unemployment insurance, employer provided pensions and any other source.

For medical only claims, the superintendent may establish a claim threshold for which the detailed claim reporting requirements of this subsection shall not apply.

Sec. 3. 24-A MRSA §2371, sub-§3, as enacted by PL 1987, c. 559, Pt. A, §4, is repealed.

Sec. 4. 24-A MRSA §2371, sub-§3-A is enacted to read:

3-A. Special data calls. The superintendent may, with prior notice, require the insurer and self-insurer statistical advisory organizations to conduct special data calls to collect information usable to evaluate the costs or operations of the workers' compensation system. Any special data call imposed by the superintendent under this provision shall give due consideration to the information collected and maintained by insurers and self-insurers. Requests for information not being collected on the effective date of this subsection shall be prospective.

Sec. 5. 24-A MRSA §2371, sub-§6, as enacted by PL 1987, c. 559, Pt. A, §4, is repealed and the following enacted in its place:

6. Reports. The superintendent shall prescribe the frequency of and schedule for reports by the statistical advisory organization. Reports shall be required on at least an annual basis.

Sec. 6. 24-A MRSA §2371, sub-§10, as enacted by PL 1987, c. 559, Pt. A, §4, is repealed and the following enacted in its place:

10. Claims covered. This section shall apply to all claims occurring on or after January 1, 1989; to all death, permanent total and major permanent partial claims occurring between January 1, 1987 and December 31, 1988; and to a reasonable sample, as approved by the superintendent, of all other indemnity claims occurring between January 1, 1987 and December 31, 1988. The superintendent may suspend the reporting requirements of specific items for periods when information which is to be obtained from the Workers' Compensation Commission is temporarily unavailable from that commission.

Sec. 7. 24-A MRSA §2372, sub-§1, as enacted by PL 1987, c. 559, Pt. A, §4, is amended to read:

1. Applicability. Each insurer with direct written premium of 1% or more of the total workers' compensation market shall submit a quarterly report, as described in this section, to the superintendent. The superintendent may amend the reporting to an annual basis as the policy year experience matures.

Sec. 8. 39 MRSA §52, as amended by PL 1987, c. 559, Pt. B, §§19 and 20, is further amended by adding at the end 2 new paragraphs to read:

The Superintendent of Insurance shall prescribe medical and health care expense forms for the purpose of collecting information as required by Title 24-A, section 2371. An insurer or self-insurer may withhold payment of medical and health care fees to any provider who fails to complete and submit the prescribed form. In the event the provider fails to properly complete and submit the prescribed form or to follow any fee schedule approved by the commission, the insurer or self-insurer is not required to file a notice of controversy but may simply notify the provider of the failure. In the case of a dispute, any interested party may petition the commission to resolve the dispute.

No claimant may incur liability for the cost of any provided medical or health care services resulting from a provider's failure to comply with this section.

Sec. 9. 39 MRSA §107, as amended by PL 1987, c. 559, Pt. B, §47, is repealed and the following enacted in its place:

§107. Information from insurance companies

1. Completion of forms. Every insurance company insuring employers under this Act shall fill out any blanks and answer all questions submitted that may relate to policies, premiums, amount of compensation paid and such other information as the commission or the Superintendent of Insurance may determine important, either for the proper administration of this Act or for statistical purposes.

2. Explanation of reserving policy. Every insurance company subject to Title 24-A, section 2363 shall, not later

than 30 days after filing its annual statement, file with the superintendent a detailed explanation of its reserve policy in regard to claims under this chapter, including specific reserve guidelines.

See title page for effective date.

CHAPTER 435

H.P. 473 - L.D. 638

An Act to Amend the Workers' Compensation Self-insurance Law

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

Sec. 1. 24-A MRSA §601, sub-§16, as enacted by PL 1979, c. 658, §1, is amended to read:

16. Self-insurance authorization. Fees applicable to each self-insurer, individual or group, seeking authorization or authorized to operate a workers' compensation self-insurance plan.

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|---|-------|
| A. For filing application for initial authorization, including all documents submitted as part of the application | \$300 |
| B. Authorization and each annual continuation | 100 |
| C. Filing yearly report of group self-insurer | 50 |

If a self-insurer terminates its plan or otherwise does not continue to self-insure, the fee applicable to filing of yearly reports shall apply to that period in which the making of these reports is mandated.

Sec. 2. 39 MRSA §23, sub-§2, as amended by PL 1987, c. 559, Pt. B, §15-A, is further amended to read:

2. Proof of solvency and financial ability to pay; trust. By furnishing satisfactory proof to the Superintendent of Insurance of ~~his~~ solvency and financial ability to pay the compensation and benefits, and deposit cash, satisfactory securities or a ~~security~~ surety bond, with the Workers' Compensation Commission, in such sum as the superintendent may determine pursuant to subsection 6; such bond to run to the Treasurer of State and ~~his~~ the Treasurer of State's successor in office, and to be conditional upon the faithful performance of this Act relating to the payment of compensation and benefits to any injured employee. In case of cash or securities being deposited, ~~it~~ the cash or securities shall be placed in an account at interest by the Treasurer of State, and the accumulation of interest on ~~said~~ the cash or securities so deposited shall be paid credited to the account and shall not be paid to the employer depositing the same to the extent that the interest is required to support any present value discounting in the determination of the amount of the deposit. The superintendent may at any time, upon not less than 3 days notice and following hearing, for cause deny to