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Annual Report
on the Status of
the Maine
Workers'
Compensation
System

Submitted to the
132nd Maine
Legislature

February
2026

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February 10, 2026

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We are pleased to submit to the Governor and the 132nd Legislature, First Regular Session, the ***Annual Report on the Status of the Maine Workers' Compensation System*** as required by Title 39-A § 358-A(1).

The Annual Report profiles the current status of the workers' compensation system in Maine and is submitted by the three State agencies most involved in the workers' compensation system – the Workers' Compensation Board, the Bureau of Insurance, and the Department of Labor, Bureau of Labor Standards.

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EXECUTIVE SUMMARY

The Workers' Compensation Board, in consultation with the Superintendent of Insurance and the Director of the Bureau of Labor Standards, is directed by §358-A (1) of the Workers' Compensation Act to submit an annual report about the status of the workers' compensation system to the Governor, the Joint Standing Committee on Labor and Housing and the Joint Standing Committee on Insurance and Financial Services by February 15th of each year.

WORKERS' COMPENSATION BOARD

One of the major successes of the current Board of Directors is the progress they have made in realizing the original goals of the Board. In 1992, a Blue Ribbon Commission ("BRC") submitted a report to the Legislature detailing suggested changes to Maine's workers' compensation system. One recommendation, later enacted, was the creation of the Workers' Compensation Board. In recommending the enactment of the 1992 Act, the BRC stated:

The plan that is being offered places control of the system in the hands of a new labor-management board, which will have virtually total control over the operation of the system. The Board will have the ability and the responsibility to see to it that the system operates as intended, and that any problems that arise can be quickly and accurately identified and dealt with.

Report of the Blue Ribbon Commission to Examine Alternatives to the Workers' Compensation System and to Make Recommendations Concerning Replacement of the Present System ["BRC Report"], August 31, 1992, p. 2.

The original board of directors was composed of 8 members, 4 representing labor and 4 representing management. During the late 1990s, the board deadlocked on some important issues. In 1997, in effort to encourage cooperation, the Board's mission statement was enacted:

The board's mission is to serve the employees and employers of the State fairly and expeditiously by ensuring compliance with the workers' compensation laws, ensuring the prompt delivery of benefits legally due, promoting the prevention of disputes, utilizing dispute resolution to reduce litigation and facilitating labor-management cooperation.

39-A M.R.S.A. § 151-A.

In 2004, continued gridlock resulted in a change to the composition of the Board. Specifically, the legislature changed the board to its current 7-member configuration; 3 members represent labor, 3 represent management and the 7th is the Executive Director who is appointed by, and serves at the pleasure of, the Governor. Even after this, conflict was no stranger to the workers' compensation system.

In the first legislative session after her election, Governor Mills set an expectation that stakeholders work in good faith with the goal of reaching consensus on issues in the workers' compensation system. Since that standard was set in 2019, the directors have evolved into a board that is fulfilling its original

purpose. The directors are dedicated, they work hard, they collaborate and, as envisioned by the Board's mission statement, they are "fostering labor-management cooperation." 39-A M.R.S.A. § 151-A.

The agency has made progress in other areas as well. For example, the average time a case is pending before an Administrative Law Judge and the Appellate Division has been significantly reduced. Troubleshooters and mediators have been able to allocate time to training and education in an effort to increase compliance with the Workers' Compensation Act's requirements.

The Board is working to expand the scope of its compliance reports. To date, compliance reports have measured the timeliness of initial filings of First Reports of Injury, Notices of Controversy, Memoranda of Payment, Wage Statements, Fringe Benefit Worksheets and the timeliness of initial payments. To make these reports more meaningful, the Board is working to implement a process that will measure the accuracy of mandatory filings.

The Board of Directors has also increased its oversight of the Independent Medical Examiner (IME) system. This has resulted in a decrease in the amount of time it takes for IMEs to issue their reports which reduces delays in the dispute resolution process.

The Claims Management and Insurance Coverage Units continue to process thousands of forms each month. This ensures that the Board has timely and accurate data. The work of the Insurance Coverage Unit directly supports the Abuse Investigation Unit's effort to ensure that employers have, if required, workers' compensation coverage for their employees.

The Office of Medical and Rehabilitation Services keeps the Board's Medical Fee Schedule up-to-date and acts as a resource for health care providers and claim administrators to promote compliance and "ensure appropriate limitations on the cost of health care services while maintaining broad access for employees to health care providers in the State . . ." 39-A M.R.S.A. § 209-A.

Areas of continued focus for the Board include: Expanding the amount of data that is received via computer-to-computer transmission as opposed to forms that must be entered manually; gaining further insight into employment rehabilitation efforts; addressing the backlog of cases in the Worker Advocate Division and, continuing to foster a collaborative environment for the Board of Directors.

BUREAU OF INSURANCE

Pursuant to 24-A M.R.S. § 2383-A, the Superintendent of Insurance must report annually to the Governor and the Joint Standing Committee on Health Coverage, Insurance and Financial Services on the status of competition in the workers' compensation market. Most data used in this report is from company annual statements filed in 2025, reporting data as of December 31, 2024. Workers' compensation insurance in Maine operates in a prior approval rating system:

- The National Council on Compensation Insurance (NCCI), the state's designated statistical agent, files annual advisory loss costs on behalf of insurers for approval with the Superintendent. Advisory loss costs represent the portion of the rates that accounts for losses and loss adjustment expenses. *The Superintendent approved NCCI's most recent filing for an overall average decrease of 9.6% in the advisory loss costs effective April 1, 2025.*
- Each insurer files factors called loss cost multipliers for the Superintendent's approval. These multipliers account for company experience, overhead expenses, taxes, contingencies, investment income, and profit. Each insurer reaches its rates by multiplying the advisory loss costs by the loss cost multipliers. Other rating rules, such as experience rating, schedule rating, and premium discounts, also affect the ultimate premium amount paid by an employer.

To be eligible for lower rates an employer needs to have a history of few or no losses, maintain a safe work environment, and follow loss control recommendations. New businesses and businesses with unfavorable loss experience have options available in the voluntary market. Employers that maintain a safe work environment and control their losses should continue to see insurers compete for their business.

The workers' compensation insurance market in Maine is concentrated, with much of the business being written by a small number of companies. In 2024, the top 10 insurance groups wrote 88% of workers' compensation insurance. Maine Employers' Mutual Insurance Company (MEMIC) actively competes in the voluntary market and is the insurer of last resort. MEMIC's market share for 2024 was over 65%. Insurers other than MEMIC can be more selective in choosing which employers to underwrite.

Self-insurance continues to be a viable alternative to the insurance market for employers. Self-insured employers represented almost 32% (as measured by standard premium) of the overall workers' compensation market in 2024.

The State of Oregon ranks the U.S. states and the District of Columbia bi-annually by premium. In 2024, Maine had the 11th highest workers' compensation premium rates. NCCI reports average loss costs for 37 states and the District of Columbia, using the 2025 loss cost filings for the states that have designated NCCI as the licensed rating and statistical organization. Based on this analysis, Maine had the 15th highest average loss costs.

BUREAU OF LABOR STANDARDS

The Bureau’s role in Maine’s Workers’ Compensation system is to support prevention of work-related injuries and illnesses and mitigate their social and economic costs. This report summarizes the Bureau’s 2025 activities, outcome measures, emerging trends, and challenges.

The Bureau faces two primary challenges:

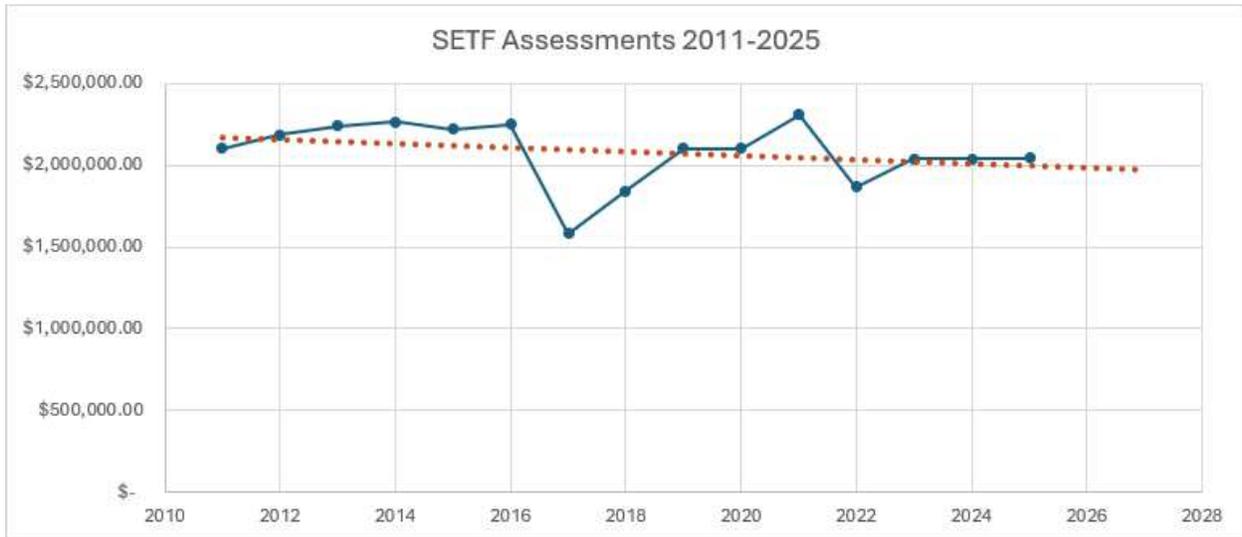
- A high rate of staff turnover —some long-serving employees have retired or are planning to retire; others are rapidly promoting, within and outside the Bureau.
- A slow decline in Safety Education and Training Fund (SETF) revenue.

SETF contributions are assessed on insurers based on their portion of compensation payout and capped by their reported total cost of injuries and illnesses in the previous year. At the peak in 1989, there were 30,315 lost time Workers’ Compensation cases in Maine. MDOL’s efforts, along with those of our partners, to improve workplace safety have resulted in fewer injuries, or less severe injuries. This has reduced the workers’ compensation claims paid and the funds available for SETF.

Workers Compensation claims paid (inclusive of all benefits) have declined over time, even with higher years in 2019-2021. The trend line shows a steady decline since SFY2011, when \$231,143,259.29 was paid out. In SFY25, \$204,307,664.00 was paid out, a decrease of 11.6%.



The decrease in the SETF assessment has been less dramatic. The assessment in SFY2011 was \$2,103,044.57. In SFY2025, it was \$2,042,302.67 – a 2.8% reduction.



Historically, with the reduction in cases there has also been a reduction in costs, and, therefore, the assessment. At the same time, personnel and operating costs associated with the Bureau’s workplace safety and illness and injury prevention programs have increased. This may mean the Bureau will have to curtail services to accommodate further reductions absent additional sources of revenue for these programs.

The Bureau looks forward to a new year, with optimism toward meeting these challenges and continuing progress and innovation in the prevention work with which it is tasked.

Planned for the new year:

- Further enhancements to the SafetyWorks! Training Institute’s training facility, including the increased use of virtual reality.
- Expansion of SafetyWorks! offerings to meet training needs identified by industry partners.
- Development of resources and training on gender-based violence and harassment in the workplace.

More information about the Bureau’s services can be found here:

- Non-enforcement Services: <https://safetyworksmaine.gov/>
- Enforcement and Research services: <https://www.maine.gov/labor/bls/>

Recent activity and outcome measures:

The results of the 2023 *Survey of Occupational Injuries and Illnesses* (SOII) show that Maine’s Total OSHA Recordable Case incidence rate was 4.2 cases per 100 full-time equivalent (FTE) workers. This is 14% lower than in 2022 when it was 4.9 cases per 100 FTE workers. The Days Away, Restricted or Job

Transfer rate is 2.5, down 19% from 3.1 in 2022. The Days Away From Work case rate was 1.4 cases per 100 FTE workers in 2023, down 17% from 1.7 in 2022. The SOII Survey is the only measure of Injuries and illnesses that incorporates the hours worked and therefore accounts for exposure time in the workplace. Decreases are therefore not due to decreased workforce numbers or hours.

As Maine employers struggled after the pandemic to find workers, they turned to hiring minors in the workplace to bridge the gap. The peak in child labor work permits occurred in 2022, with just under 7,000 permits approved. Since then, the number of applications and permits approved has declined to 4,988 in 2025. The Bureau prioritizes the protection of minors in the workplace. A serious injury early in life can mean decades of lost productivity as well as compounded associated social and economic costs.

Emerging Trends:

- Claim numbers continue to trend downward. This year had the lowest number of claims with disabling injuries filed since 2009 (a low attributed to high unemployment during the heart of the Great Recession).
- Prior to the pandemic, approximately 42.5% of disabling claims were filed by women, and 57.5% were filed by men. In 2020, disabling claims filed within the Healthcare and Social Assistance industry skyrocketed relative to every other industry, which simultaneously saw a reduction in filings. Because this is one of the largest industries in Maine and has a female majority workforce, the gap in filing by gender shrunk from 15% to only 5%, with female claimants making up 47.5% of post-pandemic claims, while males are only 52.5%. This trend has begun to reverse course, with only 43.9% female claimants and 56.1% male claimants in 2024.

SECTION A

WORKERS' COMPENSATION BOARD

Section A: Workers' Compensation Board

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1. INTRODUCTION

The mission of the Workers' Compensation Board "is to serve the employees and employers of the State fairly and expeditiously by ensuring compliance with the workers' compensation laws, ensuring the prompt delivery of benefits legally due, promoting the prevention of disputes, utilizing dispute resolution to reduce litigation and facilitating labor-management cooperation." 39-A M.R.S.A. §151-A.

To achieve this mission, the Board is specifically tasked with resolving disputes, ensuring compliance with the requirements of the Act and the Board's rules, regulating medical costs, and providing representation to injured workers who are unable to obtain the services of private attorneys. The Board must accomplish its objectives without exceeding its allocated revenue. The Board is not a General Fund agency. It is financed through an assessment on employers directly, or if insured, through their insurers as provided in the Act. 39-A M.R.S.A. §154.

Each of these, and other related, areas are discussed in detail in the various sections of this report. A brief summary of the main functions is provided here.

In order to ensure compliance with the Act, employers and insurers are required to file information with the Board. The Board monitors the information that is filed to ensure it is accurate, complete, and timely. The goal is to identify and resolve cases at the first available level. When this is not possible, the cases move on to the next level of dispute resolution. This information also provides a foundation for the Monitoring and Audit Divisions. Specifically, monitoring and auditing staff take a more in-depth look at an entity's compliance and payment accuracy.

The Board also uses this information to ensure employers have workers' compensation coverage for their employees. A critical aspect of this effort is to prevent employers from misclassifying employees as independent contractors. Employers that misclassify employees not only place these employees at risk of not having any recourse if injured on the job, they also gain an unfair competitive advantage vis-a-vis employers that properly classify their workforce.

When employers and employees cannot agree on whether an injury is work-related or whether certain costs are related to a work injury, the Board provides a forum to resolve these issues. Dispute resolution starts with troubleshooting and progresses through mediation and if necessary, on to formal hearing. Since August 2012, parties can also appeal formal hearing decisions to the Board's Appellate Division.

The Advocate Division was established in 1997 to provide representation to employees who cannot obtain the services of private attorneys. The Advocate Division has grown significantly over the years. It continues to provide services to many employees who might otherwise have to represent themselves – a nearly impossible task for most injured workers.

Finally, in accordance with 39-A M.R.S.A. §209-A the Board maintains a medical fee schedule that regulates medical costs within the workers' compensation system while ensuring access to care for injured employees. The medical fee schedule is updated annually, and a comprehensive review of the medical fee schedule is performed every three years. The Board completed the most recent comprehensive review in 2023. The Board did not make any adjustments to the conversion factors and baserates that are used to determine maximum allowable reimbursements. The Board is monitoring

whether maximum reimbursements in its medical fee schedule are falling behind commercial third party payor rates.

2. ENABLING LEGISLATION AND HISTORY OF MAINE WORKERS' COMPENSATION

I. ENABLING LEGISLATION

On January 1, 1993, Title 39, the Workers' Compensation Act of 1991, and all prior Workers' Compensation Acts, were repealed and replaced with Title 39-A, the Workers' Compensation Act of 1992.

II. REVISIONS TO ENABLING LEGISLATION

The following are legislative changes enacted since 1993.

- **§102(4)**. Clarified that, for injuries on and after January 1, 2020, fringe benefits that do not continue during incapacity must be included in the average weekly wage to the extent that the inclusion does not result in a weekly benefit amount greater than 2/3 of 125% of the state average weekly wage at the time of injury. Previously, the benefit cap was 2/3 of the state average weekly wage at the time of injury.
- **§102(11)(B-1)**. Tightened the criteria for wood harvesters to obtain a predetermination of independent contractor status.
- **§102(13-A)**. Tightened definition of independent contractor and made it the same as the definition used by Department of Labor.
- **§104-A**. Allows injured workers to bring civil actions against co-employees, supervisors, officers and directors for sexual harassment, sexual assault, intentional torts related to sexual harassment or sexual assault. Employing entities remain immune from civil suits.
- **§105**. Creates self-declaration process for employers to establish independent contractor status. Hiring entities can independently determine if predetermination has been granted by reviewing list of independent contractors on Board's website.
- **§113**. Permits reciprocal agreements to exempt certain nonresident employees from coverage under the Act.
- **§151-A**. Added the Board's mission statement.
- **§151 (1-A)**. Established the Executive Director as a gubernatorial appointment and member and Chair of the Board of Directors. Changed the composition of the Board from eight to seven members.
- **§153(9)**. Established the monitoring, audit & enforcement (MAE) program.
- **§153-A**. Established the worker advocate program.
- **§154(6)**. Provides that the Board may not raise more revenue in assessments than is sufficient to fund expenditures allocated by the Legislature for that given year, and to maintain a reserve of up to 1/4 of the board's annual budget.

- **§201 (3-A) (B).** was amended to provide a PTSD presumption of work relatedness to first responders, corrections officers and 9-1-1 emergency dispatchers.
- **§201(6).** Clarified rights and benefits in cases which post-1993 work injuries aggravate, accelerate, or combine with work-injuries that occurred prior to January 1, 1993.
- **§205(2).** If a notice of controversy is not filed within 14 days of when an employer has notice that a work-related injury occurred, then payments must begin. But if the insurer's failure to pay is due to a factual mistake, act of God or unavoidable circumstances, then insurers are excused from paying a penalty for failing to pay within that 14-day period. If a notice of controversy is not filed within 45 days of notice of the occurrence of the injury, then benefits may only be stopped pursuant to the 21-day discontinuance process in §205 (9) (B) (1) unless the failure to file a notice of controversy was due to an act of God.
- **§209-A (4).** Provides that existing reimbursement rates for medical services remain in effect if an annual update of the medical fee schedule is not completed.
- **§211.** Increased maximum weekly benefit level to 125% of the state average weekly wage for injuries occurring on and after January 1, 2020. For dates of injury from January 1, 1993 and December 31, 2012, the maximum is 90% of the state average weekly wage and for dates of injury between January 1, 2013 and December 31, 2019, the weekly maximum is 100% of the state average weekly wage.
- **§§212 and 213.** Changed benefit determination to 2/3 of gross average weekly wages from 80% of after-tax wages for dates of injury on and after January 1, 2013.
- **§212 (4).** Provides cost-of-living adjustments in cases of total incapacity after payment of 5 years of benefits under this section.
- **§213.** Eliminates the permanent impairment threshold for dates of injury on and after January 1, 2013 and establishes 520 weeks as the maximum duration for partial incapacity benefits with certain exceptions.
- **§213(1).** Establishes 624 weeks as the maximum duration for partial incapacity benefits for dates of injury on and after January 1, 2020.
- **§213(1-A).** Defines "permanent impairment" for the purpose of determining entitlement to partial incapacity benefits.
- **§213(1-B).** Clarifies that the 18% whole person impairment test for receipt of long term partial incapacity benefits effective January 1, 2013 does not apply to injury dates on and after January 1, 2020. Partial incapacity benefits for injuries on and after January 1, 2020, will be payable for 12 years without regard to the amount of a claimant's impairment.
- **§215 (1-B).** Grants the 500 week death benefit to parents of deceased employees who leave no dependents and whose injuries occur on and after January 1, 2020. Previously, payments were made to the Employment Rehabilitation Fund.
- **§217(9).** Establishes that an injured worker participating in employment rehabilitation is protected from having his/her case reviewed except under limited circumstances involving either a return to work or because the employee reached the durational limitation for partial incapacity benefits.

- **§221 (1) (B).** States that as a general rule, the coordination of benefits section applies to paid time off.
- **§221 (2) (A) (2).** Sets forth the formula for calculating offset for old-age insurance benefits and payments under employee benefit plans for injuries on and after January 1, 2013.
- **§221 (3) (A) (2).** Provides that workers' compensation benefits should be reduced by the after-tax value of paid time off income received by claimants during periods of incapacity.
- **§221 (3) (H).** Creates an exception and disallows reduction in workers' compensation benefits for paid time off if the PTO benefit payment is mandated by an employer or paid to an employee upon separation from employment.
- **§224.** Clarified annual adjustments made pursuant to former Title 39, §§55 and 55-A.
- **§301.** Notice changed to 30 days from 90 days for injuries on and after January 1, 2013 and, for injuries on and after January 1, 2010, notice deadline was changed to 60 days.
- **§§321-A & 321-B.** Reestablished the Appellate Division within the Board.
- **§325 (6).** Sets the maximum attorney's fees at 10% in lump-sum settlements for cases with injuries that occurred on or after January 1, 2020.
- **§328-A.** Creates rebuttable presumption of work-relatedness for emergency rescue or public safety workers who contract certain communicable diseases.
- **§328-B.** Creates a rebuttable presumption that specified cancers that are contracted by firefighters and certain employees of forest protection unit of the Department of Agriculture are work-related.
- **§328-C.** Creates a rebuttable presumption that heart disease and hypertension that is contracted by a state worker who provides care, supervision or custody for incarcerated persons is work related.
- **§328-D.** Creates a rebuttable presumption that law enforcement officer's cardiovascular or pulmonary condition is work-related if it occurs within 6 months of work or training.
- **§§355-A, 355-B, 355-C, and 356.** Created the Supplemental Benefits Oversight Committee.
- **§360 (1).** Allows insurers to recover penalties from employers that are imposed for late-filed forms if employer's late notice to insurer caused the late filing.
- **§401 (4-A).** Establishes a process for wood harvesters and landowners to file forms with the Board to establish independent contractor status.

III. STATE AGENCY HISTORY

The original agency, the Industrial Accident Board, began operations on January 1, 1916. In 1978, it became the Workers' Compensation Commission. In 1993, it became the Workers' Compensation Board.

The Early Years of Workers' Compensation

A transition from the common law tort claim system into the statutory structure we know today occurred on January 1, 1916. Under our common law tort system, an injured worker had to sue his/her employer and prove negligence to obtain a remedy. Workers' compensation was conceived as an alternative to the tort system for those injured at work and because of their work. Instead of litigating negligence, under this "new" system, injured workers would receive statutorily mandated benefits for lost wages and medical treatment. Employers correspondingly lost legal defenses such as assumption of risk or contributory negligence. Injured workers gave up remedies beyond lost wages and medical treatment such as pain and suffering and punitive damages. This "grand bargain," as it has come to be known in the national literature, remains a fundamental feature of today's workers' compensation system. Perhaps as a sign of the times, in Maine financing and administration of benefit payments remained in the private sector, either through insurance policies or self-insurance. Workers' compensation disputes still arise in this no fault system. For example, disputes address whether an employee's incapacity is related to work; the amount of weekly benefits due the injured worker; and what, if any, earning capacity has been lost. Maine, like most other states, established an agency to process these disputes and perform other administrative responsibilities. Disputes under this system became simpler. Injured workers rarely had lawyers. Expensive, long term, and medically complicated claims, such as cumulative trauma and chemical exposures, were decades away.

Adjudicators as Fact Finders

In 1929, the Maine Federation of Labor and an early employer group, "Associated Industries", opposed a Commissioner's re-nomination. Testimony from both groups referred to decision reversals by the Maine Supreme Court. This early feature of Maine's system, review of decisions by the Supreme Court, still exists, although today these appeals are discretionary. The Supreme Court decides legal issues; it does not conduct de novo hearings. In Maine, our state agency adjudicators are Administrative Law Judges (ALJ's). ALJ's are the final fact finders.

In the 1980s, Commissioners became full time and an informal conference process was introduced in an attempt to resolve each dispute early in the claim cycle, before need for a formal hearing. Additionally, the agency expanded its physical presence, opening regional offices in Caribou, Bangor, Augusta, Lewiston, and Portland. These regional offices are supported by a central administrative office in Augusta. In 1987, three full-time Commissioners were added, bringing the total from 8 to 11, in addition to a Chair. The Board has reduced the number of staff hearing claims to 8, from a high of 11.

Until 1993, Commissioners, (those who now are ALJs), were gubernatorial appointments, subject to confirmation by the Legislature's judiciary committee. The need for independence of its quasi-judicial function was one of the reasons why the agency was established as an independent, free-standing institution, rather than as a part of a larger administrative department within the executive branch. The small scale of state government in 1916 no doubt also played a role in this structural decision.

Transition to the Modern Era

During the 1970s, Maine, along with several other states, made changes to their workers' compensation laws in an effort to ensure that the laws were functioning equitably. These changes included: Making coverage compulsory for most employers; increasing the maximum weekly benefit; removing durational

limitations for total and partial benefits; and, making it easier for injured workers to secure legal services.

Statutory changes and evolving medical knowledge also brought a new type of claim into the system. The law no longer required an injury to happen “by accident.” Doctors began to connect repetitive overuse conditions to claimants’ work and thus brought these conditions within the workers’ compensation coverage. Gradual, overuse injuries frequently recover more slowly. This requires benefit payments for longer periods than many accidental injuries. These claims were also more likely to involve litigation. Over the course of time, rising costs transformed workers’ compensation into a contentious political issue in the 1980s and early 1990s.

The political environment of the 1980s and early 1990s was extraordinary for Maine’s workers’ compensation system. Contentious legislative sessions directly related to workers’ compensation occurred in 1982, 1985, 1987, 1991, and 1992. In 1991, the governor tied a veto of the state budget to changes in the Workers’ Compensation Act. The consequence of this action was a three week state government shutdown.

In 1992, the Legislature created a Blue Ribbon Commission to examine our system and recommend changes. The Commission’s report made a series of proposals which were ultimately enacted. Inflation adjustments for partial and total wage loss benefits as well as death benefits were eliminated. An adjustment was reinstated for employees injured on and after January 1, 2020 if the employee receives 260 weeks of benefits pursuant to section 39-A M.R.S.A. § 212. The maximum benefit was set at 90% of state average weekly wage. A limit of 260 weeks of benefits was established for partial incapacity. These changes represented benefit reductions for injured workers, particularly those with long term incapacity. Additionally, the provision of the statute concerning access to legal representation was changed. This made it exceedingly difficult for injured workers to secure legal representation.

Maine Employers’ Mutual Insurance Company (MEMIC) was also created at this time. It replaced the assigned risk pool and offered a permanent coverage source. Despite differing views on the nature of the problems within the system, virtually all observers agree MEMIC played a critical role in helping stabilize Maine’s workers’ compensation system.

Based on a recommendation of the Blue Ribbon Commission, the Workers’ Compensation Board was created to directly involve labor and management representatives in the administration of the agency.

The Board of Directors was initially comprised of four Labor and four Management members, appointed by the Governor based on nomination lists submitted by the Maine AFL-CIO and the Maine Chamber of Commerce. The eight Directors hired an Executive Director who was responsible for the day to day operations of the agency. During the late 1990s, the Board of Directors deadlocked on important issues such as the appointment of Hearing Officers, adjustments to the partial benefit structure under §213, and the agency budget. By 2002, this became a matter of legislative concern. Finally, in 2004, legislation was enacted making the Executive Director a tie-breaking member of the Board as well as its Chair. The Executive Director is a gubernatorial appointment, subject to confirmation by a legislative committee and the Senate. With this arrangement, gridlock due to tie votes is no longer an issue. The Executive Director casts deciding votes when necessary. However, the objective is still to foster cooperation and consensus between the Labor and Management caucuses. This now occurs regularly.

The agency was criticized in the late 1980s and early 90s for not doing more with its data gathering. The Board installed a relational database in 1996, with modern programming language; the result was an improvement in data collection. Today, filings of First Reports and first payment documents are systematically tracked and benchmarked. Significant administrative penalties have been pursued in some cases. Better computer applications and the Abuse Unit have improved the task of identifying employers, typically small employers, with no insurance. Now insurance coverage hearings are regularly scheduled. The Board mandated the electronic filing of First Reports beginning on July 1, 2005. The Board has also mandated the electronic filing of claim denials; this became effective in June 2006. We are presently considering other areas where electronic filing would be appropriate as part of our EDI effort.

3. DISPUTE RESOLUTION

I. INTRODUCTION

The Workers' Compensation Board has five regional offices throughout the state. These offices manage and process disputed claims. The regional offices are where troubleshooting, mediation and formal hearings take place. Our regional offices are located in Augusta, Bangor, Caribou, Lewiston and Portland.

II. FOUR TIERS OF DISPUTE RESOLUTION

Title 39-A, the Maine Workers' Compensation Act, establishes a four-tiered dispute resolution process: troubleshooting, mediation, formal hearing, and the Appellate Division. The Appellate Division is discussed in section 14 of this report.

Troubleshooting

When the Board is notified of a dispute (which can include the filing of a Notice of Controversy, a petition or a phone call from an injured worker indicating there is an unresolved issue) the dispute resolution process at the Board begins. Troubleshooting is the first stage of this process. Troubleshooters function as neutrals who attempt to informally resolve controversies by contacting the employee and the claim administrator responsible for adjusting the claim. Troubleshooters often assist parties with the gathering of additional information, including medical reports, to facilitate resolution.

If the dispute is not closed after troubleshooting, the claim is referred to the next step in the dispute resolution process, mediation. Cases may have multiple filings. For example, multiple notices of controversy may have been filed with respect to a claim. Troubleshooters work to ensure that filings are consolidated into single cases for purposes of mediation.

In addition to their role in the dispute resolution process, Troubleshooters provide another important service to the workers' compensation system. They are often the first point of contact at the Board for members of the public. Troubleshooters answer questions and provide assistance and information to these callers. In so doing, they can prevent some disputes from arising and can also ensure, when necessary, that claims are opened in the dispute resolution process. Finally, more recently, Troubleshooters have begun to provide training to insurers, employers and employees.

Mediation

Cases referred to mediation by the Troubleshooters are assigned to one of the Board's mediators. Mediators schedule and conduct mediation with the parties. Mediation is a mandatory step in the dispute resolution process. While participation is mandatory, resolutions are entirely voluntary. Mediation gives parties the opportunity to resolve disputed issues. In the typical case, a mediator requests that the party seeking benefits provide an explanation and rationale for the benefits being sought. The mediator then requests that the other parties explain their concerns and identify what benefits they are willing to pay and/or why they are not prepared to pay benefits. The mediator seeks resolution proposals from the parties and the mediator may propose resolutions in an attempt to find an acceptable compromise.

Parties attend primarily by teleconference. Historically, mediation was held in-person at the regional offices. There had, however, been an increasing demand for telephonic mediations as an alternative. Since the COVID-19 pandemic, the primary mode of mediation has been teleconferencing, and most stakeholders appreciate the efficiencies gained by telephonic mediations. The shift to primarily telephonic mediations has not affected the percentage of cases resolved at this stage. The Board is continuing to evaluate remote options for mediation, including the possibility of videoconferencing. In the event a party wants in-person mediation, it can still be scheduled at a regional office. Agreements reached during mediation have the same effect as decrees issued after a contested hearing. The terms of the agreement are binding on those involved. Parties can resolve some, but not all, issues. In cases where agreement cannot be achieved, mediation still provides an opportunity to narrow the issues that are in dispute.

Formal Hearing

When mediation does not resolve the dispute and at least one party has filed a formal petition, the case is assigned to one of the Board's regional administrative law judges (ALJs). The ALJs are appointed, and reappointed, by the Board of Directors. During the late 1990s, the board deadlocked on some important issues, including employment of administrative law judges (then called hearing officers). As a result, in 2004, the legislature changed the board to its current 7 member configuration.

Decisions made by the board after the 2004 change were by simple majority – 4 out of 7 members. Pursuant to a 2019 amendment, employment decisions regarding administrative law judges now must be made with the support of 5 of 7 members. Because the structure of the board changed, in part because of an inability to make employment decisions regarding administrative law judges, there was concern that gridlock could once again become a problem.

Those concerns have not materialized because of the work done by the Board of Directors to foster labor-management cooperation. The Board has hired five ALJs since the amendment took effect; all were hired with the unanimous support of the Board.

After an unsuccessful mediation or the filing of a petition, the parties, now usually represented by attorneys, file a joint scheduling memorandum requesting hearing time with the ALJ. Board staff then schedules a hearing. Since the COVID-19 pandemic, the primary mode of conducting hearings is through videoconferencing though requests for in person hearings are frequently granted.

At a hearing, witnesses for both sides testify and other, usually documentary, evidence is submitted. In most cases, the parties are represented either by an attorney or a worker advocate. Following the hearing, position papers are submitted and the administrative law judge thereafter issues a final written decision. Other possible outcomes are dismissal or a lump-sum settlement.

III. TROUBLESHOOTING STATISTICAL SUMMARY

The following table shows the number of filings assigned and disposed at troubleshooting, the average number of filings pending at the end of each year, and the amount of time a case remained in troubleshooting for the period 2016 through 2026.

Troubleshooting				
Filings Assigned, Disposed, and Pending				
Year	Assigned	Disposed	Pending 12/31	Av Days at TS
2016	14,936	14,741	685	25
2017	15,697	15,608	664	26
2018	15,872	15,624	921	22
2019	15,494	15,792	569	22
2020	14,160	14,176	469	25
2021	13,567	13,443	723	21
2022	12,582	12,720	488	19
2023	11,709	11,504	693	19
2024	11,228	11,473	448	28
2025	10,708	10,657	496	23

IV. MEDIATION STATISTICAL SUMMARY

The following table shows the number of filings assigned and disposed at mediation, the average number of cases pending at the end of each year, and the amount of time a case remained in mediation for the period 2016 through 2026.

Mediations				
Cases Assigned, Disposed, and Pending				
Year	Assigned	Disposed	Pending 12/31	Av Days at MDN
2016	2,449	2,509	406	55
2017	2,644	2,597	473	57
2018	2,500	2,488	472	64
2019	2,384	2,428	487	66
2020	1,829	1,952	383	72
2021	1,738	1,571	451	65
2022	1,674	1,689	402	70
2023	1,538	1,525	324	68
2024	1,573	1,354	444	75
2025	1,602	1,389	361	85

V. FORMAL HEARING STATISTICAL SUMMARY

The following table shows the number of filings assigned and disposed, along with the number of lump sum settlements approved, the number of cases pending at the end of each year, and the average time a case was pending before a decree was issued for the period 2016 through 2026.

Formal Hearing					
Cases Assigned, Disposed, and Pending					
Year	Assigned	Disposed	Lump Sum Settlements	Pending 12/31	Av Months to Decree
2016	1,424	1,299	600	977	10.7
2017	1,741	1,821	874	889	10.5
2018	1,755	1,917	700	686	9.2
2019	1,581	1,597	920	669	9.8
2020	1,438	1,461	884	639	8.5
2021	1,292	1,298	751	562	7.6
2022	1,203	1,189	635	510	7.8
2023	1,071	1,057	573	525	7.2
2024	1,085	1,094	592	444	7
2025	1,080	1,072	591	452	7

4. OFFICE OF MONITORING, AUDIT & ENFORCEMENT

I. HISTORY

The Maine Legislature, in 1997, established the Office of Monitoring, Audit and Enforcement (MAE). The multiple goals of this office are: (1) monitoring and auditing payments and filings; (2) providing timely and reliable data to policymakers; and (3) identifying those insurers, self-administered employers, and third-party administrators (collectively “insurers”) who are not in compliance with minimum standards established under our Act.

II. MONITORING

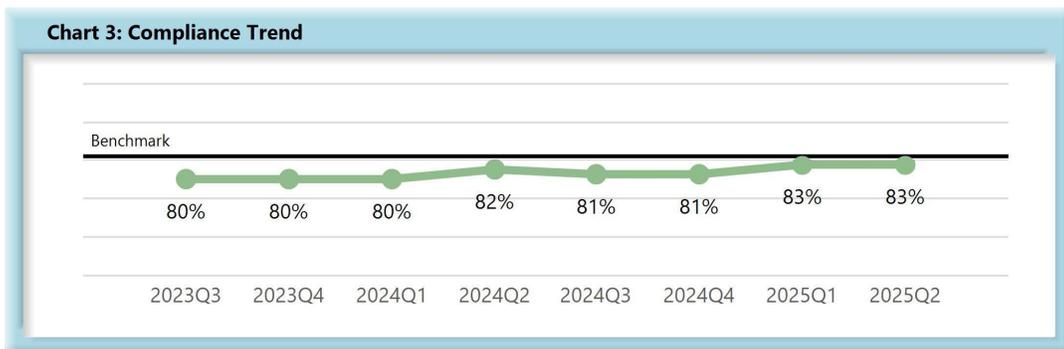
The Board’s Monitoring department publishes quarterly and annual reports that detail compliance with benchmarks established by the Board. Due to a data collection lag, the annual compliance reports are usually not approved by the Board until the second or third quarter of the following calendar year. The 2024 Annual Compliance Report was approved by the Board on September 9, 2025.

The following sections show an ongoing failure to meet the Board’s benchmarks. The Board continues to look for ways to increase compliance with its benchmarks. For example, the Board initiated a process to assess penalties if Memorandum of Payment or Wage Statement forms are filed late. Compliance with both benchmarks has improved since the Board began these processes.

Lost Time First Report Filings

- Compliance with the lost time first report filing obligation exists when the lost time first report is filed (accepted Electronic Data Interchange (EDI) transaction, with or without errors) within 7 days of the employer receiving notice or knowledge of an employee injury that has caused the employee to lose a day’s work.
- When a medical only first report was received and later converted to a lost time first report, if the received date minus the date of the employer’s notice or knowledge of incapacity was less than zero, the filing was considered compliant.

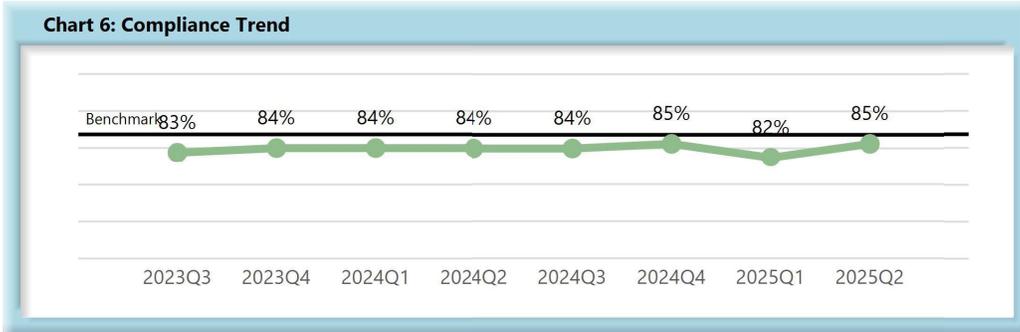
The First Report benchmark is 85%; the compliance trend is in the chart below.



Initial Indemnity Payments

- Compliance with the Initial Indemnity Payment obligation exists when the check is mailed within the later of: (a) 14 days after the employer’s notice or knowledge of incapacity or (b) the first day of compensability plus 6 days.

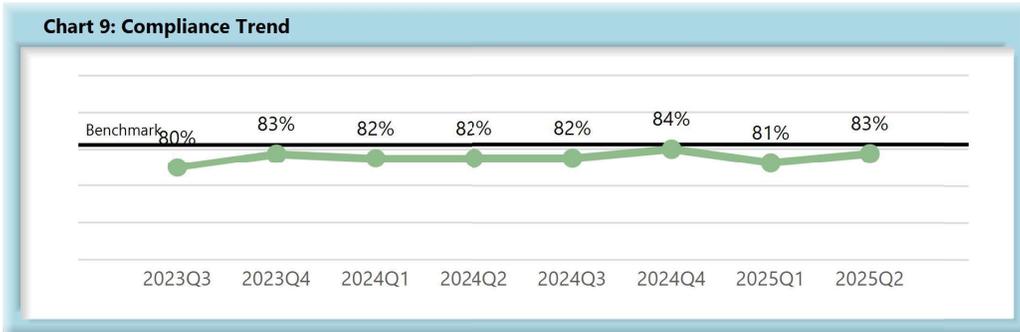
The Initial Indemnity Payment benchmark is 87%; the compliance trend is in the chart below:



Initial Memorandum of Payment Filings

- Compliance with the Initial Memorandum of Payment filing obligation exists when the MOP is received within 17 days of the employer’s notice or knowledge of incapacity.

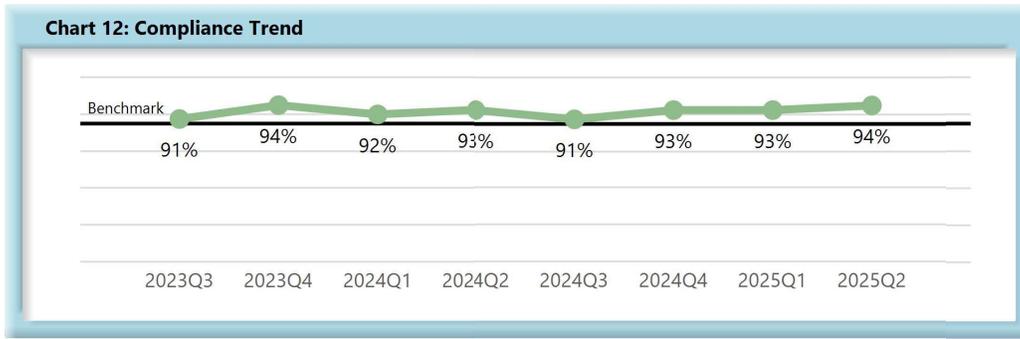
The Initial Memorandum of Payment benchmark is 85%; the compliance trend is in the chart below:



Initial Indemnity Notice of Controversy Filings

- Measurement excludes filings submitted with full denial reason codes 3A-3H (No Coverage).
- Compliance with the Initial Indemnity Notice of Controversy filing obligation exists when the NOC is filed (accepted EDI transaction, with or without errors) within 14 days of the employer receiving notice or knowledge of the incapacity or death.

The Initial Indemnity Notice of Controversy benchmark is 90%; the compliance trend is in the chart below:



Wage Information

- Compliance with this benchmark (WCB-2 and WCB-2b forms) exists when the wage information is filed within 30 days of the employer receiving notice or knowledge of incapacity.

The following chart has the compliance trend information for the categories discussed above.

	Number of Days	Benchmark	3Q23	4Q23	1Q24	2Q24	3Q24	4Q24	1Q25	2Q25
FROIs	7	85%	80%	80%	80%	82%	81%	81%	83%	83%
PAYs	14	87%	83%	83%	84%	84%	84%	85%	82%	85%
MOPs	17	85%	80%	83%	82%	82%	82%	84%	81%	83%
NOCs	14	90%	91%	94%	92%	93%	91%	93%	93%	94%
WAGE	30	75%	72%	77%	77%	78%	79%	77%	80%	82%
FRINGE	30	75%	71%	76%	76%	76%	77%	75%	79%	80%

The following chart shows compliance information from 2014-2024.

Annual Compliance from the 2024 Annual Compliance Report

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Lost Time First Report Filings Received within 7 Days	84%	83%	83%	83%	83%	82%	82%	78%	76%	79%	80%
Initial Indemnity Payments Made within 14 Days	90%	87%	89%	90%	88%	86%	87%	84%	84%	83%	84%
Initial Memorandum of Payment Filings Received within 17 Days	89%	86%	88%	89%	87%	84%	81%	67%	79%	81%	83%
Initial Indemnity Notice of Controversy Filings Received within 14 Days	94%	94%	93%	93%	94%	94%	94%	92%	93%	92%	92%
Wage Statements Due and Received within 30 Days						71%	70%	65%	66%	74%	77%
Fringe Benefit Forms Due and Received within 30 Days						71%	69%	64%	65%	73%	75%

III. AUDIT

The Board conducts compliance audits of insurers, self-insurers and third-party administrators to ensure all obligations under the Workers' Compensation Act are met. The functions of the audit program include but are not limited to: ensuring that all Board reporting requirements are met, auditing the timeliness of benefit payments, auditing the accuracy of indemnity payments, evaluating claims-handling techniques, and determining whether claims are unreasonably contested. Audit Division employees work with members of the Dispute Resolution Team (Troubleshooters and Mediators) to provide training for insurers and employers.

The main effort of the Audit Division is conducting compliance audits. These audits are scheduled in advance and consist of a single Auditor from the Board conducting a desk audit of a random sample of claims. The Auditor then generates a report summarizing the findings of the examination and identifies any penalty exposure.

The following audits were completed in 2025:

- Walmart
- Next Level Administrators

Audits are in process for the following entities:

- Amtrust
- TriStar
- Maine Municipal Association
- ESIS

The priority of Audit is to conduct audits of as many claims as possible in order to foster a culture of compliance. The Audit Division revised its scheduling and sampling techniques to ensure that the highest number of claims are evaluated in the most efficient way possible. Specifically, it has implemented three strategies:

The first is close cooperation with the Claims Management Unit to ensure that cases flagged for inaccuracies when filed are looked at quickly, rather than waiting for a random audit cycle.

The second is the creation of an audit schedule based on the number of claims each insurer adjusts in Maine. Previously, the goal was to audit each insurer on a five-year cycle. While Maine has large number of insurance companies adjusting in Maine, many only have one or two claims per year. Now, insurers adjusting over 100 claims per year in Maine are audited every three years while entities with fewer claims are audited every five years.

The audit program also has a complaint process. When a formal complaint is received, the Board conducts an investigation to determine if the insurer, self-administered employer or third-party administrator violated 39-A M.R.S.A. §359 by engaging in a pattern of questionable claims-handling techniques or repeated unreasonably contested claims and/or has violated §360(2) by committing a willful violation of the Act, committing fraud, or making intentional misrepresentations. The complainant also asks that the Board assess all applicable penalties. The incidence of these complaints has risen over the past ten years. In the past, it was common to get 10 complaints a year. Now, it is not

unusual to receive that many in a month. Audit has also implemented procedures to track complaints for audit over time and evaluate possible claims handling issues from insurers that may warrant a deeper analysis from the Division.

IV. ENFORCEMENT

The Board's Abuse Investigation Unit handles enforcement of the Workers' Compensation Act. The Abuse Investigation Unit is covered in Section 12 of the Board's Annual Report.

5. OFFICE OF MEDICAL/REHABILITATION SERVICES

I. MEDICAL FEE SCHEDULE

A. Background

The goal of the Board's medical fee schedule is "to ensure appropriate limitations on the cost of health care services while maintaining broad access for employees to health care providers in the State." 39-A M.R.S.A. § 209-A(2).

B. Methodology

The Board's medical fee schedule reflects the methodologies underlying the federal Centers for Medicare and Medicaid Services' (CMS) inpatient, outpatient and professional services payment systems. In particular, the fee schedule uses procedure codes, relative weights or values (together "relative weights") and conversion factors or base rates (together "conversion factors") to establish maximum reimbursements.

In the case of both procedure codes and relative weights, the Board does not exercise discretion in assigning codes to procedures or relative weights to coded services. The Board, in an effort to simplify our rule, incorporated the codes and weights underlying the federal CMS inpatient facility, outpatient facility and professional services payment systems.

The Board's rule contains the final element of the equation to determine the maximum reimbursement for a service, i.e. the applicable conversion factor. Separate conversion factors exist for anesthesia, all other professional services, inpatient and outpatient acute care facilities, inpatient and outpatient critical access facilities and ambulatory surgical centers.

C. Annual and Periodic Updates

The Act requires two types of updates: annual updates by the Executive Director and periodic, more comprehensive, updates undertaken by the Board. Annual updates are completed during the last quarter of each calendar year. Periodic updates are required every three years beginning in 2014. The most recent periodic update was completed in 2023. No adjustments were made to the conversion factors or baserates. The Board is monitoring whether maximum reimbursement levels in the medical fee schedule are falling behind commercial third party payor rates.

II. MEDICAL UTILIZATION REVIEW

The Board does not currently have approved treatment guidelines.

III. EMPLOYMENT REHABILITATION

The Board's employment rehabilitation services program is governed by Title 39-A M.R.S.A. §217 and Board Rule Chapter 6.

The Board received ten applications in 2025 for employment rehabilitation services. In three of the ten applications, the evaluator determined that the employee was not suitable for employment rehabilitation services at the present time.

IV. INDEPENDENT MEDICAL EXAMINERS

At present, the Board has 12 independent medical examiners (“IMEs”) appointed pursuant to Title 39-A M.R.S.A. §312 and Board Rules Chapter 4. IMEs render medical findings on the medical condition of an employee and related issues. Their reports carry a tremendous amount of weight; they are binding absent clear and convincing evidence to the contrary.

The following two charts show length of time it takes from the filing of a request for an IME to be appointed to the examination and how long it takes from the date of the examination for the report to be filed with the Board. By rule (Ch. 5, § 3(5)) reports are required to be filed within 14 days after completion of the exam. In 2021, the Board of Directors took a more active role in managing the IMEs and, as a result, timeliness of report submissions improved.

Pursuant to 39-A M.R.S.A. §312, an independent medical examiner can be appointed and tasked with providing an opinion regarding medical questions that arise in disputed cases. The Board received 196 requests for independent medical exams in 2025.

The following charts have data from calendar year 2025:

	2025 Days Request to Exam			
	0-60	61-90	91-120	>120
Q1	22%	41%	27%	10%
Q2	12%	42%	27%	19%
Q3	20%	44%	16%	20%
Q4	33%	18%	26%	23%

	2025 Exam to Report				
	0-14	15-21	22-28	29-60	61+
Q1	67%	12%	14%	5%	2%
Q2	69%	10%	8%	12%	2%
Q3	68%	12%	10%	10%	0%
Q4	68%	16%	13%	3%	0%

6. WORKER ADVOCATE PROGRAM

I. INTRODUCTION

The Worker Advocate Program provides legal representation without cost to injured workers pursuing claims before the Workers' Compensation Board. In order for an injured worker to qualify for Advocate representation, the injury must have occurred on or after January 1, 1993; the worker must have participated in the Board's troubleshooter program; the worker must have failed to informally resolve the dispute; and finally, the worker must demonstrate that legal counsel has not been retained.

Traditional legal representation is the core of the program; the Advocate staff (worker advocates, paralegals, and legal secretaries) have broad responsibilities to injured workers. These include: attending mediations and hearings; conducting negotiations; acting as an information resource; advocating for and assisting workers to obtain rehabilitation, return to work, and lost wage and medical benefits; and communicating with insurers, employers, and health care providers on behalf of the injured worker.

II. HISTORY

The Maine Legislature in 1992 re-wrote the Workers' Compensation Act. They repealed Title 39 and enacted Title 39-A. One of the most significant changes impacting injured workers was the elimination of the attorney fee "prevail" standard. Under Title 39, attorneys who represented injured workers were entitled to Board ordered fees from employers/insurers if they obtained benefits for their client greater than any offered by the employer, i.e., if they "prevailed." Since the enactment of Title 39-A (effective January 1, 1993 for claims after that date), the employer/insurer no longer has liability for employee legal fees regardless of whether the worker prevails, and, in addition, fees paid by injured workers to their attorneys are limited to a maximum of 30% of accrued benefits with settlement fees capped at 10% of the settlement amount.

These changes made it difficult for injured workers to obtain legal counsel --- unless they had a serious injury with substantial accrued benefits or a high average weekly wage. Estimates suggest upwards of 40% of injured workers did not have legal representation after this change was enacted. This presented challenges for the administration of the workers' compensation system. By 1995, this problem prompted the Workers' Compensation Board of Directors to establish a pilot "Worker Advocate" program.

The pilot program was staffed by a non-attorney Advocate and was limited to the representation of injured workers through the mediation stage. The pilot was a success, and the Board expanded the program to five non-attorney Advocates, one for each regional office. Representation, however, remained limited to mediations. Ultimately, in recognition of both the difficulties facing unrepresented workers and the success of the pilot program, the Legislature in 1997 amended Title 39-A and formally created the Worker Advocate Program.

The 1997 legislation resulted in a substantial expansion of the existing operation. Most significantly, the new program required Advocates to provide representation at mediation and formal hearings. The additional responsibilities associated with this representation require greater skill and more work than

previously required. Some of the new responsibilities include: participation in depositions, attendance at hearings, drafting joint scheduling memorandums, drafting motions, drafting post-hearing position letters, working with complex medical reports, conducting settlement negotiations, and analysis and utilization of the statute, our Rules, and case law.

III. THE CURRENT WORKER ADVOCATE PROGRAM

At present, the Board has 13 Advocate positions among the five regional offices. Advocates are required to represent all qualified employees who apply to the program. This contrasts with private attorneys who have more discretion regarding who they represent. The statute provides exceptions to this requirement where the program may decline to provide assistance. In 2014, the Board adopted a new rule on Advocate representation allowing advocates to cease representation in cases where injured workers are uncooperative; e.g., refusing to respond to requests for meetings, information, etc. While not frequently used, in the situations the rule does apply, it helps advocates better manage their caseloads and spend time more productively with employees who need assistance, and less time chasing uncooperative clients. It is important to note that relatively few cases are rejected.

Cases are referred to the Advocate Program when there is a dispute—as indicated by the employee, employer, insurer, or a health care provider. When the Board is notified of a dispute, a Claims Resolution Specialist (commonly referred to as a “Troubleshooter”) works to facilitate a voluntary resolution. If unsuccessful, the Board determines if the employee qualifies for the assistance of the Advocate Program, and, if so, a referral is made.

If troubleshooting is not successful, cases are then forwarded onto mediation. Advocates representing an injured worker at mediation obtain information related to the injury and the worker’s employment. Advocates meet with the injured worker, to explore the claim and review issues. They also gather information from health care providers and others. Advocates are often called upon to explain the legal process (including the Act and Board Rules) to injured workers. They frequently discuss medical issues and review work restrictions. Advocates provide injured workers with other forms of interim support, as needed. Many of these interactions produce evidence and information necessary for subsequent formal litigation, if the case proceeds to formal hearing.

At mediation, the parties appear before a mediator, discuss the claim, present the issues, and work to secure a resolution. The mediator facilitates but has no authority to require the parties to reach a resolution or to set the terms of an agreement. If the parties resolve the claim, the agreement is reduced to writing in a binding record. A significant number of cases are resolved before, at, and after mediation.

Cases not resolved at mediation typically involve complex factual and/or legal disputes. These claims usually concern circumstances where facts are unclear or there are differing interpretations of the Act and applicable case law. If a voluntary resolution fails at mediation, the case can proceed to a formal hearing.

The hearing process is initiated when an Advocate files petitions. Before a hearing, the parties exchange information through voluntary requests and formal discovery. Preparation for hearing involves filing and responding to motions, preparing the employee and other witnesses, preparation of exhibits, analysis of applicable law and review of medical and other evidence. At a hearing, Advocates, like any lawyer, must elicit direct and cross examination testimony from the witnesses, introduce exhibits, make objections and motions, and, at the conclusion of the evidence, file position papers that summarize the facts and credibly argue the law in the way most favorable to the injured worker. Along the way, the Advocates also attend depositions of medical provider, private investigators and labor market experts. Eventually, a decision is issued, or the parties agree on either a voluntary resolution of the issues or a lump sum settlement.

IV. CASELOAD STATISTICS

Injured workers in Maine have made substantial utilization of the Advocate Program. Advocates represented injured workers in approximately two-thirds of the cases pending at mediation in 2025. The following table shows the number of Advocate cases mediated from 2017 through 2025.

Year	Filings Assigned	Filings Disposed	Cases Pending at Board 12/31	% of All Cases Pending at Board
2017	1,831	1,075	311	66%
2018	1,908	1,122	260	47%
2019	2,271	1,661	307	63%
2020	1,866	1,564	242	63%
2021	1,628	1,289	290	64%
2022	1,409	987	276	69%
2023	1,471	871	289	70%
2024	1,582	810	296	67%
2025	1,421	878	233	65%

Note: Mediation "filings" are petitions, Notices of Controversy and Indications of Controversy. The Advocate Division opens one "client file" per date of injury. One Advocate Division "case" includes all filings pending before a mediator for an injured worker.

The Advocate Program represented injured workers in approximately 38% of all Board formal hearings in 2025. Given the much greater scope of responsibility inherent in formal hearing cases, Advocates have performed well in their expanded role. The following table shows the number of cases handled by Advocates at formal hearing from 2017 through 2025.

	Filings Assigned	Cases Assigned	Cases Disposed	Cases Pending at Board 12/31	% of All Cases Pending at Board
2017	808		306	324	36%
2018	821		399	246	30%
2019	813	284	331	230	34%
2020	776	343	288	272	43%
2021	558	260	300	219	39%
2022	655	258	259	198	39%
2023	467	212	219	182	35%
2024	517	240	230	179	40%
2025	492	251	240	171	38%

Note: Formal Hearing “filings” are petitions. The Advocate Division opens one “client file” per date of injury. One Advocate Division “case” includes all filings pending before an ALJ for an injured worker.

V. SUMMARY

The Advocate Program was created to meet a significant need in the administration of the workers’ compensation system. Over the years, the Program has provided much-needed assistance to Maine’s injured workers with limited resources. These services are provided to people in unfamiliar and sometimes desperate circumstances. In the years since its inception, the size of the plaintiff bar has shrunk. The Board is keeping an eye on this situation because the Advocate Division is not equipped to absorb cases currently handled by private attorneys.

Recently, the program has faced challenges with respect to recruitment and retention. There are also significant backlogs in some offices. The program is focused on eliminating the backlog and implementing processes to help with the flow of work in the Division.

7. INFORMATION MANAGEMENT

I. INTRODUCTION

The Board's Information Management (IM) Department is the agency's technology backbone. The IM Department is responsible for ensuring data integrity, system availability, legislative compliance, and operational efficiency across all divisions. The department is staffed by a Deputy Director who oversees day-to-day operations and serves as the primary liaison with the Maine Office of Information Technology (MaineIT). The Deputy Director also directs the work of two management analysts employed by the Board as well as two full-time MaineIT programmers dedicated exclusively to the Board.

The IM Department has five core areas of responsibility:

1. **Electronic Data Interchange (EDI) Oversight:** The IM Department manages the EDI process for receiving First Reports of Injury (FROI), Notices of Controversy (NOC) and Proof of Coverage (POC) transactions. This includes ensuring all data edits are up-to-date and functioning correctly to ensure data integrity, maintaining updated trading partner profiles, conducting testing with new EDI senders, and promptly responding to all EDI-related inquiries.
2. **Agency Liaison with MaineIT:** The IM Department is the conduit between the Board and MaineIT for essential IT support services. These include: New, transferring, and departing user requests (computer deployment/collection, Active Directory account creation/deletion); management of Voice over Internet Protocol (VoIP) telephones; and, processing of general software and hardware requests. The department also spearheads troubleshooting efforts and ensures compliance with state-mandated security expectations.
3. **System Modernization and Maintenance:** The department facilitates smooth transitions during significant technology upgrades, such as the agency-wide deployment of Windows 11 and ongoing server migrations.
4. **Reporting and Data Analysis:** The IM Department produces a wide range of essential reports. Some of these reports are essential for the work of the Board of Directors as it monitors how Maine's workers' compensation system is functioning. Other reports are used by managers who receive either weekly or monthly management reports. The department also helps fulfill Freedom of Access Act (FOAA) requests and provides analysis, summaries, charts, and graphs for all data sets as needed.
5. **Software Administration & Development:** The department administers the primary software applications utilized by the Board:
 - o **Progress:** The main application that houses all claim information, insurance coverage data, the employer database, abuse investigation unit cases, and assessment data. Programmers are continuously tasked with improving its functionality, conducting routine database administration tasks (security patches, software upgrades, server migration), and ensuring ADA compliance. The department currently manages a backlog of approximately 130 user-requested programming enhancements and fixes for this system.

- **Practice Master:** The case management software utilized specifically by the agency’s Advocate Division.
- **Other Products:** Administration extends to tools such as Microsoft Office, dtSearch, CorVu, Adobe Acrobat, Adobe Dreamweaver, and Visio.

II. ESTABLISHED PRIORITIES, GOALS, AND OBJECTIVES

Since 2019, the IM Department has made great strides in improving the Board’s data collection processes. The department established five key priorities with measurable goals and objectives designed to support the Board's mission of efficient and accurate administration.

Priority	Goal	Objectives in Meeting Goal
1. EDI Filings	Ensure the smooth, accurate, and timely electronic processing of all incoming data transactions.	Every transaction received through the EDI system must be date-stamped on the same day it is received. Maintain 24/7 monitoring of the secure file transfer protocol (FTP) program (MoveIT) to prevent system failures.
2. Hardware & IT Support	Ensure all technology needs of agency staff are met promptly and consistently.	Establish and enforce Standard Operating Procedures (SOPs) for managers and IM staff to ensure prompt delivery of hardware and software for all staff. Secure timely return of equipment from departing staff.
3. Software & Security	Ensure all agency software needs are met, kept updated, and in compliance with MaineIT security requirements.	Provide staff with all necessary software tools within one week of their start date. Complete all MaineIT-required software updates within their established deadlines. Research and assess replacement or upgraded software, implementing within one month of receiving necessary licenses.
4. Reports & Data Integrity	Provide comprehensive, accurate, and timely data reports for the Board and managers.	Rerun of existing reports should be completed and returned within 24 hours of due date. Newly created, non-complex reports should be delivered within 48 hours. Newly created complex reports should be delivered within one week.
5. Programming & Development	Work with departments to analyze, processes and implement programming changes that ensure work is performed as efficiently as possible and complies with new laws/rules.	Organize, manage, and prioritize programming requests. Ensure application servers meet MaineIT standards. Perform security patching within 30 days of patch release. Complete at least 50 user-submitted programming requests per year.

III. PERFORMANCE MEASURES AND BENCHMARKS

The WCB utilized specific quantitative and qualitative benchmarks to measure the IM Department's progress against its established goals:

- **EDI Filings:** The benchmark is a 100% same-day date stamp rate for all received transactions. The secondary benchmark is rapid response and resolution for any FTP system issues.
- **Hardware:** The primary measure is the successful implementation of new electronic communication procedures to minimize delays. The quantitative benchmark is maintaining tracking sheets to monitor timely equipment delivery (within one week of start date) and collection.
- **Software:** The key benchmark is a **100% compliance rate** on MaineIT-mandated update deadlines. A secondary benchmark is the one-week deadline for provisioning software to new staff.
- **Reports:** Defined benchmarks for report delivery: 24 hours (reruns), 48 hours (new non-complex), and 7 days (new complex).
- **Programming:** The benchmark is completing a minimum of 50 user-submitted programming requests (tickets) annually. Other measures include 100% adherence to server standards and a 30-day window for applying security patches.

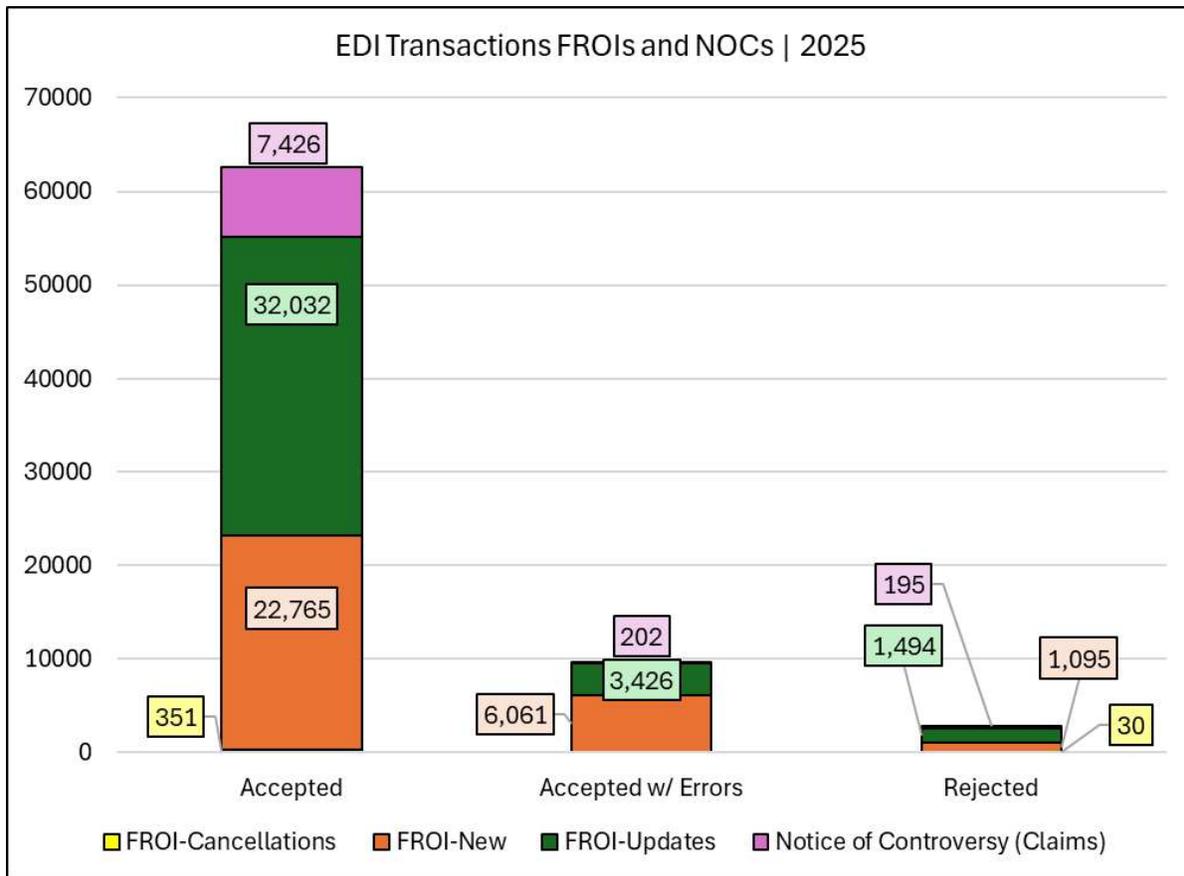
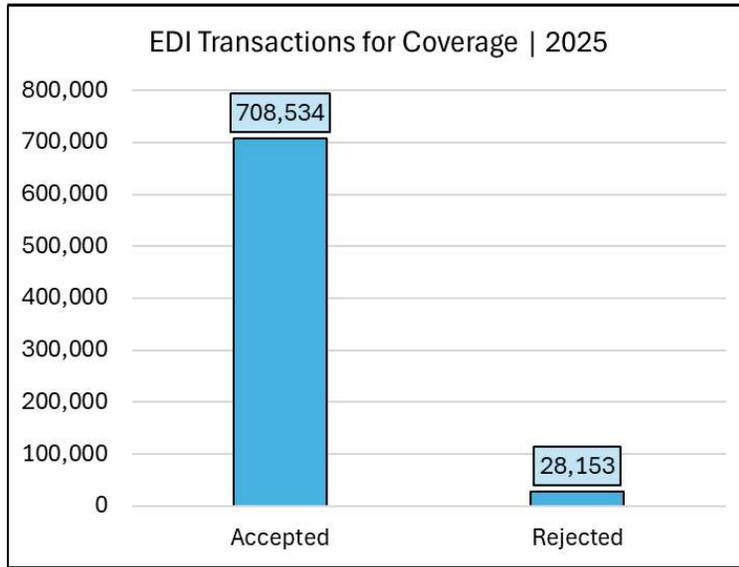
IV. ASSESSMENT AND GOAL ACHIEVEMENT

The Information Management Department has made tremendous progress since 2019. The following sections provide more detail and point out one area where progress did not meet our goals.

EDI Filings

The department successfully achieved its goal for the timely processing of electronic data. 100% of all EDI transactions received were date-stamped on the day they were received. This critical metric demonstrates the robustness of the system and the effectiveness of the 24/7 monitoring protocol. While a handful of incidents involving the FTP site occurred, they were all addressed and fixed within the same day of occurrence, preventing any reporting delays.

The volume of transactions processed in 2025 is detailed below:



Hardware and Software

The department met its goals for hardware provisioning and software compliance through enhanced process management:

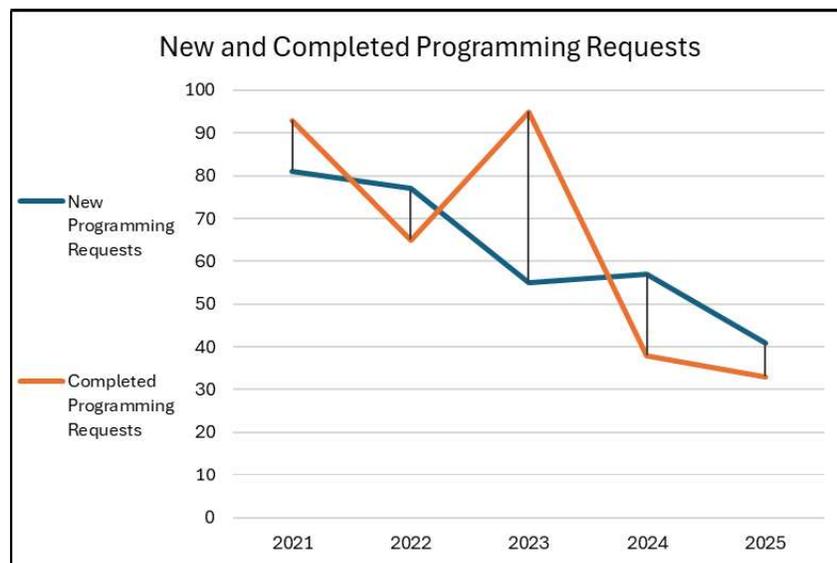
- **Hardware:** The implementation of electronic forms and a PowerApps-based flow for communicating information about new, transferring, or departing employees greatly improved internal communication and timeliness. The tracking sheet system proved effective, enabling the IM team to process requests for 11 new/transferring employees, 16 departing employees, and 14 computer returns/replacements efficiently.
- **Software:** New staff were consistently provided with necessary software tools within the one-week benchmark. The department also maintained a 100% compliance rate for completing all MaineIT-required updates within specified timeframes, thereby meeting all security and maintenance objectives. A significant modernization achievement was the upgrade of the hearing recording software and equipment, which now allows for hybrid hearings and video recordings. The move of recording storage to a SharePoint site has streamlined the sharing process with transcriptionists and external requestors, replacing a previously time-consuming method.

Reports

The department met its reporting goals, consistently providing accurate and timely data essential for agency operations and legislative support. The department regularly runs 21 weekly, 36 monthly, and 7 quarterly reports, in addition to successfully fulfilling numerous new ad-hoc requests each month, adhering to the established 24-hour, 48-hour, and one-week benchmarks based on report complexity.

Programming and Development

The programming goal of completing at least 50 user-submitted programming requests per year was not met in 2025. Only 33 tickets were completed, missing the annual benchmark.



The primary reason for missing the 50-ticket benchmark were the mandatory server upgrades and security patching for the Board's main application, Progress, required by MainelT. These tasks demanded the full-time attention of one of the two dedicated programmers for a significant portion of the year due to the tight security protocols required by MainelT. These necessary updates took priority over routine user-requested enhancements, effectively reducing the available development workforce by 50%. Despite this constraint, the one available programmer continued to complete complex and impactful projects, including several key upgrades to payment data entry screens. The Board will reconsider the benchmark in 2026, given MainelT's vigorous demands for database administration to enhance security.

V. CONCLUSION

The Information Management Department is an integral part of the Board's operations. The IM Department ensures that the Board's employees have a secure, stable, and functioning technology infrastructure. The Department's employees have been especially successful with respect to improving the Board's data collection and management practices. Their work enables the Board to understand how Maine's workers' compensation system is operating. In addition, the Board's managers can more efficiently do their jobs because of the management reports created and produced by the IM Department.

8. BUDGET AND ASSESSMENT

The Workers' Compensation Board is a quasi-independent agency with an independent funding source. The Board does not receive any General Fund money; instead, the Board's operations are funded by an assessment on workers' compensation insurance and self-insured employers. The Board's largest expenses are personnel costs.

The process for issuing and collecting the annual assessment is set forth in the Workers' Compensation Act. 39-A M.R.S.A. § 154. The statute requires the Board to divide the assessment between self-insured employers and insured employers. The division is based on the pro rata share of disabling cases reported by each category of employer. 39-A M.R.S.A. § 154(5). Once the distribution of disabling cases is determined, the Board must then determine an assessment amount for each employer category. The Board has reduced its annual assessment in each of the last ten fiscal years (2016-2026).

The procedure for assessing self-insured employers is straight-forward. Each self-insured employer is assessed a specific dollar amount based on the aggregate benefits paid by each during the previous calendar year. If, for example, a self-insured employer paid 10% of the total aggregate benefits paid by self-insured employers in the previous calendar year, that self-insured employer is assessed 10% of the total self-insured assessment. Each self-insured employer must pay its assessment for the upcoming fiscal year on or before each June 1.

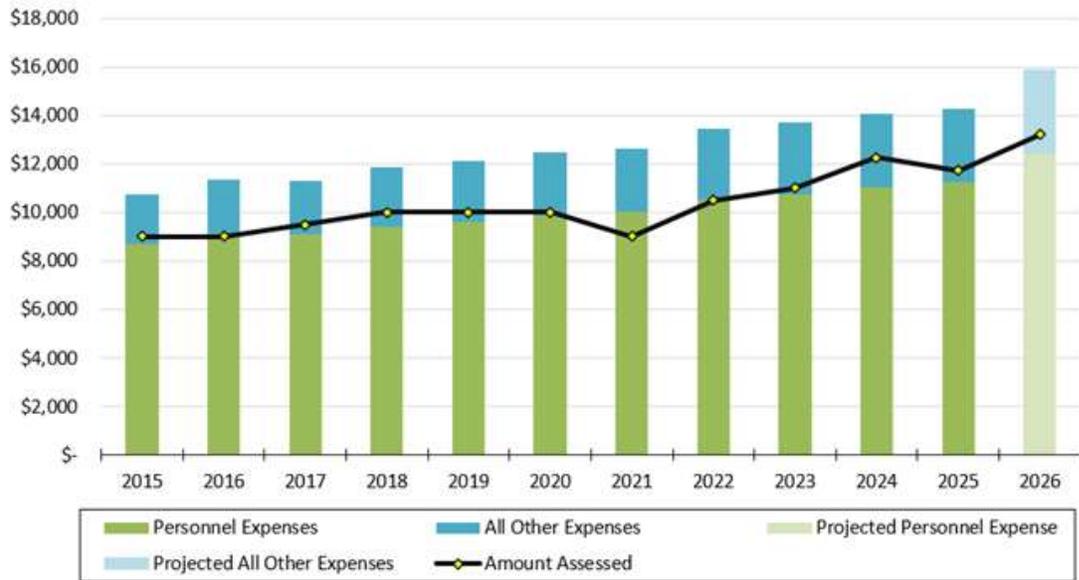
The procedure for calculating and collecting the assessment from insured employers is more complicated. Insured employers do not pay a specific dollar amount. Instead, a rate, calculated by the Board with assistance from the Bureau of Insurance, is applied to each workers' compensation policy. Insurers collect the money from their insured employers and then remit payment to the Board on a quarterly basis. Due to audits, reconciliations, and the method of collection, the Board's books for a fiscal year do not close at the end of the fiscal year. Money attributable to prior fiscal years can be received for several years after the fiscal year ends.

The Board operates with a statutory maximum assessment. The maximum assessment is set by the Legislature when it approves the Board's budget. The assessment will be no more than needed to produce sufficient revenue to fund the Board's allocated expenditures and maintain its reserve.

In addition to revenue raised from the annual assessment, other minor revenue accounts are collected from fines and penalties. The majority of the fines and penalties, however, are paid into the Rehabilitation Fund or the General Fund. The Board-approved budget for fiscal year 2026, ending June 30, 2026, is \$15,885,064 and projected at \$16,610,857 for fiscal year 2027.

The bar chart entitled "WCB – 10 Year Schedule of Actual and Projected Expenditures" shows actual expenditures through FY 2025 and projected expenditures for fiscal years 2026. The chart also shows the amounts assessed through FY 2026 (July 1, 2025– June 30, 2026) and the assessment cap through fiscal year 2026.

WCB - 10 Year Schedule of Actual and Projected Expenditures
 Workers' Compensation Administrative Fund



9. CLAIMS MANAGEMENT UNIT

I. INTRODUCTION

The Claims Management Unit's ("CMU") work supports all of the Board's operations. The CMU processes and enters information in individual cases. The unit's primary responsibilities include maintaining a physical file room containing approximately 100,000 claim files and processing all incoming claims filings. CMU's employees file new documents, pull files for regional offices, purge files pursuant to the Board's records retention policy, and create new files when initial Notices of Controversy (NOCs), payment forms, and/or petitions are received.

Claims filings include: First Reports of Injury (FROIs) which are received via Electronic Data Interchange (EDI). Manual intervention is only required when data discrepancies arise. NOCs are also received via EDI. These filings require CMU staff to pull or create physical files so they can be sent to regional offices where dispute resolution takes place. Payment documents are not received via EDI. Instead, they are, largely, received via e-mail. Information from these forms must be manually entered into the Board's database by CMU staff. These forms must also be printed so they can be added to the Board's physical files. Finally, staff enter into the database petitions and answers to petitions before sending the physical file to a regional office for dispute resolution.

II. GOALS AND OBJECTIVES

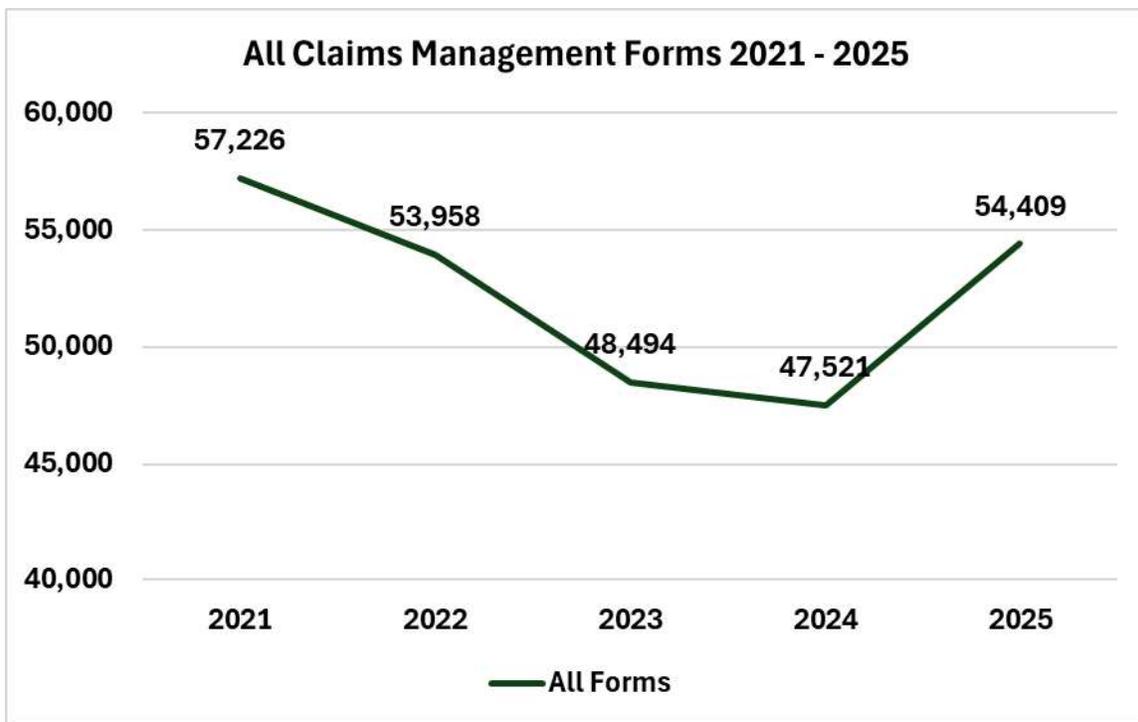
The unit's key objectives are centered on efficiency, accuracy, and communication.

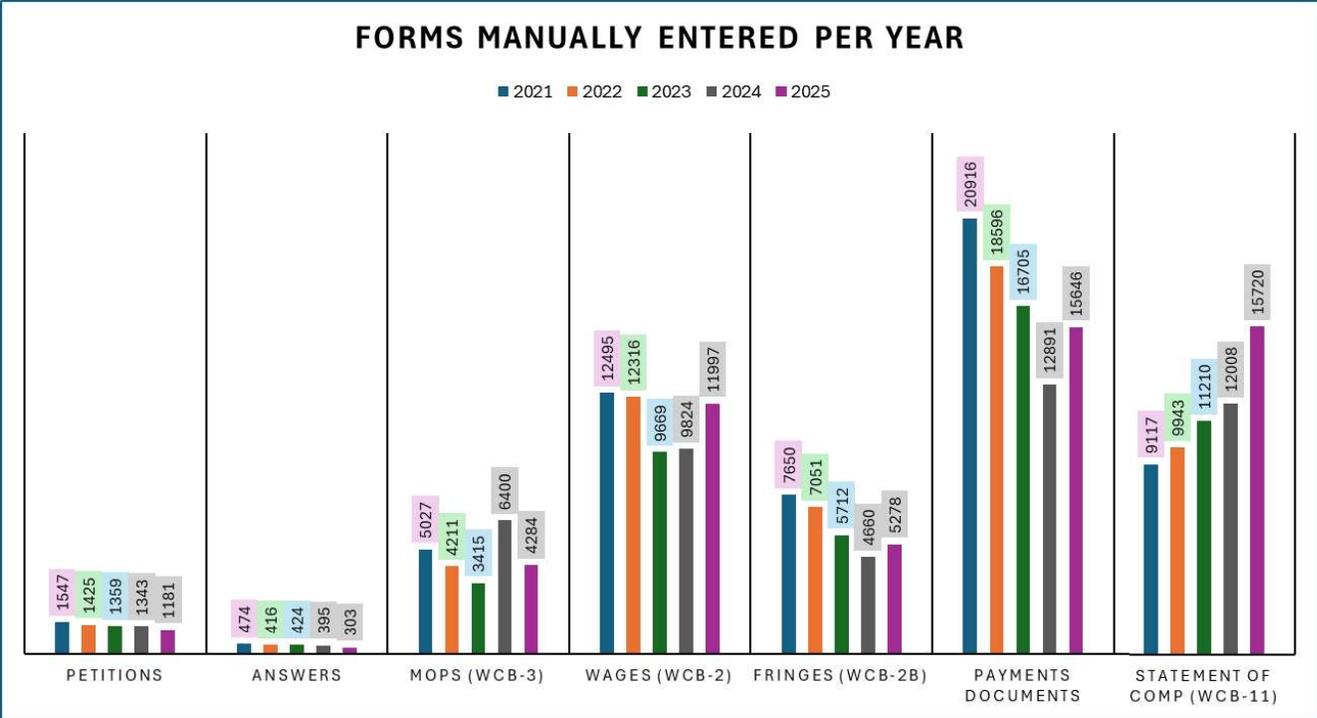
- **Timely Processing:** The unit strives to process all forms and data entry within one week of receipt to prevent backlogs.
- **Thorough Analysis:** Staff are expected to thoroughly analyze all incoming information to ensure compliance with Workers' Compensation Board (WCB) rules and laws.
- **Timely Feedback:** The unit aims to provide feedback on erroneous forms to claim administrators no more than one month after the form is received.
- **Timely Revisions:** The unit expects claim administrators to submit revisions on corrected forms within 14 days of receiving an error report.
- **Database Cleanup:** The unit, along with senior staff, aim to rectify past data entry errors and transition old codes to current ones so reporting is as accurate and consistent as possible.

III. PERFORMANCE MEASURES AND BENCHMARKS

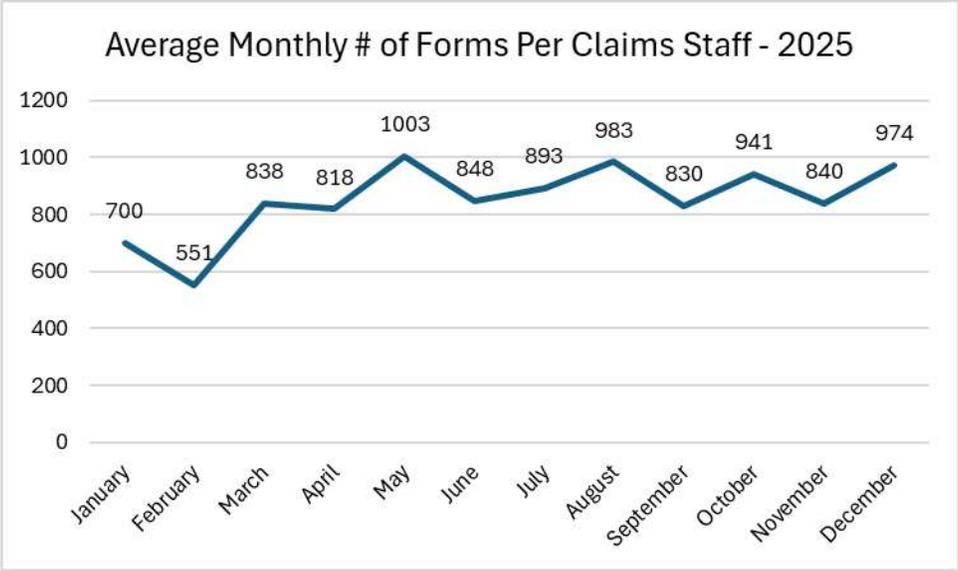
Establishing clear performance benchmarks for the unit's data entry is complex due to the varied nature of the work. The time required for data entry fluctuates based on the type of form and whether it requires error checking, research, or cross-referencing with other filings. Staff experience is a significant factor, with seasoned employees entering a significantly higher volume of forms than new hires.

The following charts show how many new and revised forms were manually entered each year from 2021-2025, with the second chart showing a breakdown by form type.





To further illustrate the workload, the following chart shows the average number of forms each staff person would be expected to enter each month in 2025, if it was possible to distribute the workload evenly.



To monitor progress, the unit's manager reviews weekly reports detailing the number of forms entered by each staff member. Staff also provide a monthly report on the number of unentered

forms they possess and their current backlog. Based on this information, workloads are rebalanced as needed.

Due to the sheer volume of work, a formal measurement for the thoroughness of form analysis does not exist. Instead, management conducts weekly spot-checks of staff work and provides feedback as required. Standard operating procedures (SOPs) are frequently updated to reflect new scenarios, but continuous training and spot-checking remain the primary methods for ensuring quality. Timely feedback to claim administrators is now managed through reports sent on a rotating four-week schedule, a new process that began in July 2025. This replaced the previous time-consuming method of emailing administrators for each error.

IV. ASSESSMENT OF GOAL ACHIEVEMENT

The Claims Management Unit has implemented several major changes to improve efficiency. These include revising board forms to reduce confusion, updating the database to match paper forms, programming new functionality for coding form quality, rewriting SOPs, and adding a new position to facilitate error reports. A key priority is also improving staff retention, as turnover significantly hinders the unit's operations and productivity. Historically, the unit has not been able to function without assistance from staff in other departments to help with data entry and form work, and this remains the case today.

While significant progress has been made, the unit has not yet fully achieved all of its goals:

- **Timely Processing:** While the goal of processing forms within one week is being approached, a backlog remains. Data entry is currently closer to a two-week turnaround as the unit works through outstanding issues.
- **Thorough Analysis:** This remains a work in progress. Management continues to review and improve SOPs while providing regular training and weekly spot-checks to reinforce quality.
- **Timely Feedback:** The new reporting system for providing feedback to claim administrators is successfully achieving its goal.
- **Timely Revisions:** It is still too early to measure the responsiveness of claim administrators to the new reporting system. However, initial feedback and cooperation have been prompt, with administrators working diligently to clear their error reports.
- **Database Cleanup:** This project has been ongoing for two years and is expected to be heavily ongoing for another several months.

V. CONCLUSION

The Claims Management Unit is actively using its available resources to improve efficiency and workflow. However, the unit is ultimately limited by its reliance on paper files and manual processes. The most impactful changes would involve a broader modernization effort, such as migrating to a paperless system and implementing an electronic process for payment forms, contingent on available funding.

10. INSURANCE COVERAGE UNIT

The Insurance Coverage Unit is responsible for filings and records regarding workers' compensation insurance coverage. Board rules require employers doing business in Maine to file proof of a workers' compensation insurance policy (known as "coverage") with the Board. When an injured worker makes a claim for benefits, the claim must be linked to that employer's coverage policy.

The Coverage staff provides information to insurers, employers, insurance adjusters and the public regarding insurance coverage requirements. Staff matches insurance coverage to employers, creates and updates employer records, and researches the history of an employer's insurance coverage when there is a question regarding which insurer is responsible for paying workers' compensation benefits. Employers identified as needing but not having workers' compensation coverage are notified by letter and asked to contact the Coverage Unit. Coverage staff resolve the matter when possible or provide the employer with additional information to correct records or complete filing. The Unit is also responsible for processing applications to waive the requirement to have workers' compensation coverage, maintain waiver records, and rescind waivers upon request of the applicant or when applicants do not meet the statutory requirements.

In 2009, the Board implemented electronic filing for proof of workers' compensation insurance. The move to electronic filing was done to allow Coverage staff to focus on research and resolution of problems. The majority of routine filings (initial proof of coverage, endorsements and renewals) flow through the electronic filing system without staff intervention while filings requiring research are routed to staff. This has improved the Board's ability to identify problems and trends with coverage filings. The Board also works to ensure that coverage and claims information is consistent.

For the twelve (12) month period January 2025 through December 2025, the Board received and processed 63,534 proof-of-coverage filings. The Unit evaluated and resolved 610 late filed Proof of Coverage filings in 2025. The Coverage Unit processed 454 waiver applications. Part of matching coverage to specific employers involves resolving instances of "no recorded coverage." In 2025, 6,552 "no record of coverage" letters were sent to employers requesting information to verify if they were subject to the coverage requirement, and if so, whether they had workers' compensation insurance. Information received in response to these letters allowed Coverage staff to determine 745 employers fell under one of the exemptions to the coverage requirement.

The Coverage Unit is still actively searching for a more automated way to reach new employers in the State that may not realize they need workers' compensation insurance coverage. There has been a more concentrated focus on the reason an employer drops their coverage, which has resulted in the Unit reaching more employers who are not properly insuring their employees and not those employers who dropped their coverage for appropriate legal reasons.

The Coverage staff works closely with the Abuse Investigation Unit on problems associated with coverage enforcement. The Abuse Investigation Unit cooperates with the MAE program to identify carriers and self-insureds who consistently fail to file required information in a timely manner.

Predetermination of Independent Contractor Status

The Workers' Compensation Act allows individuals to submit information to the Board stating they are independent contractors. Filing of predetermination information is voluntary under the Maine Workers' Compensation Act.

In 2023, legislation changed the portion of the predetermination process that previously generated the largest number of applications. The rebuttable predetermination application, WCB-266, was discontinued and replaced with an online Independent Statement, WCB-267. The new online process allows workers to file their information over the web and receive immediate confirmation. The information is updated weekly and is available to the public on the Workers Compensation Board's website.

The Board continues to use two other predetermination applications exclusive to wood harvesters. The "Application for Certificate of Independent Status" (form WCB-262) is used by wood harvesters to apply for a certificate of independent status. The "Application for Predetermination of Independent Contractor Status to Establish Conclusive Presumption" (form WCB-260) is a two-party application that is completed by a landowner and a wood harvester. Approval of either form WCB-260 or WCB-262 precludes a wood harvester from filing a workers' compensation claim if he or she is injured while harvesting wood.

The following chart shows filings in the Insurance Coverage Unit from 2019 to 2025:

	Total Filings in the Insurance Coverage Unit by Calendar Year						
	2025	2024	2023	2022	2021	2020	2019
POC EDI Transactions	63,534	61,200	59,830	56,900	55,151	51,701	50,532
Independent Contractor Statements Submitted	6,350	6,661	5,269	5,224	5,169	5,087	5,856
Waivers Added	454	564	558	522	587	797	1,080
Immunities Added	634	745	295	90	12	451	1,584
Late Filed FROI Penalty Filings	758	753	843	1,195	1,429	617	684
Late Filed POC Penalty Filings	610	440	551	672	654	485	588
No Coverage Letters Sent	6,552	4,781	2,010	1,111	0	1,229	5,904

11. COORDINATION WITH OTHER AGENCIES

The Workers' Compensation Board is an independent agency charged with performing discrete functions within state government. Additionally, the Board coordinates and collaborates with other agencies.

I. DEPARTMENT OF LABOR

The Board and the Department of Labor (DOL) used to share an employer database for the Board to identify employers operating without required workers' compensation coverage. Although the two agencies no longer share that database, the Abuse Investigation Unit has access to pertinent information at DOL needed to investigate employers that do not procure necessary workers' compensation insurance and employers that misclassify workers. The Board and DOL work together to ensure the Board has access to data it needs to perform its oversight function through the Coverage Department.

To help workers return to suitable employment as quickly as possible, the Board refers injured workers to Board approved vocational rehabilitation specialists. In addition, injured workers may seek assistance from employment rehabilitation providers at DOL. These providers evaluate injured workers and develop rehabilitation plans. The Board and DOL continue to monitor the effectiveness of these plans.

The Bureau of Labor Standards (BLS), a division within DOL, uses claim information gathered by the Board to produce statistical reports on workplace safety. These reports are used by the Board, policy makers, and others to understand and improve workplace safety.

II. BUREAU OF INSURANCE

While the Board has primary responsibility for implementing Maine's Workers' Compensation Act, the Bureau of Insurance (BOI) is responsible for overseeing certain aspects of Maine's system that require the two agencies to work cooperatively. A primary area of collaboration revolves around the Board's annual assessment. To ensure proper and adequate funding for the Board's operations, the Board works with BOI to obtain information on premiums written, predictions on market trends, and paid losses for self-insured employers. This information is utilized by the Board to calculate annual assessments charged to employers under 39-A MRSA §154.

The Board's Monitoring, Auditing, and Enforcement (MAE) Unit works directly with BOI on compliance and enforcement cases pursuant to 39-A M.R.S.A. §359(2). When insurers, self-insurers and third-party administrators are found, after audit, to have failed to comply with the requirements of the Act, the Board certifies this information and forwards it to BOI. BOI then takes appropriate action to ensure questionable claims handling is addressed.

Additionally, the Board assists BOI in its investigations of possible violations of BOI Rule 530. Rule 530 requires health and disability insurers to make provisional disability and medical payments when a Notice of Controversy (NOC) form is filed by an employer to contest the work-relatedness of a disability claim or a medical bill. Pursuant to a Memorandum of Understanding, the Board helps confirm whether

workers' compensation claims exist for Maine consumers on the BOI's lists, whether workers' compensation carriers made any payments toward those claims, and whether NOCs were filed.

III. OTHER AGENCIES

The Board has entered into agreements with other agencies to provide services that were previously provided in-house by Board employees. For instance, the Board's human resources needs are now managed principally by the Bureau of Human Resources, a bureau within the State of Maine Department of Administrative and Financial Services (DAFS).

The Board also works with the Office of Information Technology (OIT), another DAFS Bureau, with respect to computer hardware and software. The Board works with the Department of Health and Human Services (DHHS) to assist in recovering past due child support payments and to ensure MaineCare does not pay for medical services that should be covered by workers' compensation insurance.

The Board works with the Maine Health Data Organization to gather information relative to payments for medical services made by private third-party payors. The Board uses this data to determine if its medical fee schedule, prepared pursuant to 39-A MRSA §209-A, sets appropriate limits on payments for medical services while maintaining broad access to care for injured workers.

The Board has worked to combat employee misclassification with the Occupational Safety and Health Administration (OSHA) of the United States Department of Labor. The Board has provided assistance and guidance to OSHA about Maine workers' compensation laws and Board employees occasionally testify at OSHA hearings involving Maine employers. Per an MOU, the Board's Abuse Investigation Unit shares resources with OSHA when the agencies investigate the same employer.

Finally, the Board works with the Attorney General's office on various matters including authority to retain outside counsel, contracting, employee misclassification, criminal prosecution of uninsured employers, and collection of penalties that are assessed and not paid consistent with board decrees.

12. ABUSE INVESTIGATION UNIT

The Abuse Investigation Unit (AIU) is responsible for enforcing the administrative penalty provisions of the Workers' Compensation Act. The AIU investigates allegations of fraud, illegal or improper conduct, and violations associated with mandatory filings, payments, and insurance coverage. The AIU also tracks fatality cases and brings cases on behalf of the Board when there are no dependents or living parents. The AIU has four advocates/attorney advocates, one auditor who assists the unit, and two support staff. The AIU is supervised by the Board's Deputy General Counsel.

AIU staff is responsible for managing billing and penalty payments, and for initiating collection through Maine Revenue Services and the Attorney General's office in the form of civil and criminal actions. As part of this work, the AIU is responsible for complying with requirements established by the Department of Administrative and Financial Services, and the Office of the State Controller.

The Unit's legal work is focused on enforcement of the coverage obligations in the Act. AIU staff investigate whether businesses have proper workers' compensation insurance; file complaints against businesses which are out of compliance; represent the AIU in administrative penalty hearings; and, when able, negotiate consent agreements resolving violations. The AIU also investigates possible employment misclassification tips and coordinates with the Department of Labor and OSHA when necessary. The Unit also defends appeals of "coverage" penalty decisions to the Board's Appellate Division. The AIU evaluated and resolved 1,211 potential "no coverage" cases in 2025. One hundred and five cases were resolved through either a consent decree or hearing and \$71,705 in penalties were collected from employers that failed to secure workers' compensation insurance coverage.

AIU coordinates its work with the Board's Coverage Division and the Monitoring, Audit and Enforcement Program (MAE). The AIU evaluated and resolved 698 late filed First Reports of Injury in 2025. It represents the MAE unit when a dispute arises because of an audit. AIU works with the Attorney General's office to enforce subpoenas, and to identify and refer cases for criminal prosecutions against employees and employers who have committed egregious or repeated violations of the Workers' Compensation Act.

The AIU and the Department of Labor share information when necessary to ensure employers are classifying their employees properly. Ensuring that employers secure required workers' compensation insurance coverage for their employees is fundamental to the mission of serving employees and employers fairly and expeditiously. In addition to the work described above, the AIU also evaluates provisions in other jurisdictions, such as contractor-under liability and funds for uninsured employees, to see if there are other strategies that will help achieve the goal of ensuring employees are eligible to receive workers' compensation benefits to which they are entitled.

13. GENERAL COUNSEL REPORT

The Workers' Compensation Board is responsible for overseeing and implementing the Workers' Compensation Act. The Board, in performing these functions, can propose legislation and rules when it deems change is necessary. The Board has the authority to act in adjudicatory and appellate roles.

I. LEGISLATION

As directed by legislation passed by the 131st Legislature and signed by Governor Mills in 2024, the Workers' Compensation Board analyzed data about the adequacy of workers' compensation benefits. (P.L. 2024, ch. 139). To accomplish this, members of the Board conferred with workers' compensation system stakeholders, reviewed claims data, gathered statistical information about wages, and submitted monthly reports in 2024 and 2025 to the Maine Legislature's Labor Committee. These accounts summarized the Board's findings about benefit adequacy in view of inflation, employer costs, and the availability of return to work options. The Board submitted a final report to the legislature on September 4, 2025.

II. RULES

The Workers' Compensation Act confers rulemaking authority to the Board. Board employees and representatives of insurers and insureds have been reviewing administrative rules to identify provisions that need revision in 2026.

III. ADJUDICATORY HEARINGS

39-A MRSA §§315 and 318 authorize administrative law judges (ALJs) to conduct hearings as part of the Board's statutory dispute resolution process. In some cases, parties appear remotely. If parties desire to appear in person, then hearings are conducted in that manner.

IV. APPELLATE DIVISION

39-A MRSA §321-A established the Appellate Division, which acts as an appeals court for hearing level decisions issued by ALJs. Panels of three ALJs decide cases. Oral arguments are typically presented by lawyers for their clients although pro se litigants occasionally argue their own appeals. Parties appear remotely or in-person depending on the case. In 2025, the Appellate Division issued 19 decisions.

V. MAINE SUPREME JUDICIAL COURT APPEALS

39-A MRSA §322 authorizes parties to petition the Maine Supreme Judicial Court (sitting as the Law Court) to review Appellate Division decisions. Appeals from the Appellate Division are discretionary. In 2025, five Petitions for Appellate Review were filed and two were granted. In *Stovall v. New England Telephone*, 2025 ME 47, the employee suffered a right upper extremity injury in 1996 and an aggravation of that injury in 2001 while working at New England Telephone Company. The employer paid benefits for the 1996 injury. The parties litigated the injuries and a decree was issued in August 2006. The employer ceased payments on the 1996 injury and commenced payments for the 2001

aggravation injury. Payments for the 2001 injury stopped in July 2011 due to the 520 week durational limit.

In 2017, the employee petitioned to restore benefits for the 1996 injury. The employer argued that the 6-year statute of limitations barred the claim for the 1996 injury. The employee argued that the 6-year statute was extended by payments for the 2001 aggravation injury because the employer was on notice that those payments were also related to the underlying 1996 injury. The ALJ found that the employee did not put the employer on notice. Thus, the ALJ ruled that the 6-year statute of limitations barred the 1996 claim. The employee appealed and the Board's Appellate Division reversed. The employer appealed to the Law Court and the appeals court found that the 1996 injury claim should have been barred by the statute of limitations.

Bosse v. Sargent Corporation, 2025 ME 74, involved a dispute over the correct average weekly wage. Ms. Bosse was a career truck driver who claimed workers' compensation benefits for an August 4, 2015 hip and back injury. She worked more than 26 weeks but fewer than 200 working days in the year preceding the injury. She was subject to winter lay-offs but these were not voluntary. They were based on seniority and job performance reviews. She was a good worker. Ms. Bosse would have worked those lay-offs if that had been permitted. The employer argued that the wage should have been based on comparable earnings under the calculation in 39-A MRSA §102(4)(D). The ALJ determined that §102(4)(B) should apply and Ms. Bosse's earnings during the preceding year were divided by only the weeks she worked.

The employer appealed to the Law Court contending that this was unfair because it inflated the wage to nearly twice the preinjury earnings. The Law Court disagreed with the employer. Although the average weekly wage under ¶B was higher than her average weekly wage at the time of the injury, it was not unfairly inflated compared to past actual weekly wages. Noting that the purpose of the calculation in §102(4) "is to estimate what an injured worker could earn but for the injury[,]" the Law Court held that the inflated wage was a fair approximation of what Ms. Bosse would have earned if she had not been injured. *Id.*, 2025 ME 74, ¶ 14. ALJs should evaluate all factors pertaining to an injured workers' future earning capacity including, "the size of the difference between an employee's actual past wages and the annual award as calculated pursuant to paragraph B; whether an annual lay-off or other period of unemployment was voluntary; whether working fewer than fifty-two weeks each year is a characteristic of the occupation; and whether there was a realistic possibility that the employee's future wages would resemble the AWW calculated under paragraph B." *Id.*, 2025 ME 74, ¶ 21.

14. APPELLATE DIVISION

The Board's Appellate Division has completed its thirteenth full year of operation after being reinstated by the Legislature on August 30, 2012. The Appellate Division is authorized to hear and decide appeals from decisions issued by Administrative Law Judges (ALJs) after a formal hearing.

Prior to August 30, 2012, a hearing officer could ask for a referral to the Board of Directors for review, or the party aggrieved by the decision could file a petition for appellate review with Maine's Law Court. Requests for Board review were few in number and limited to cases of significance to the operation of the workers' compensation system. Appeals to the Law Court were (and still are) discretionary, and the Law Court accepted only a small percentage of cases for review. The Appellate Division provides the parties with an automatic right of appeal from a decision issued by an ALJ.

Five hundred forty-four notices of intent to appeal have been filed since August 2012; 15 were filed in 2025. The Division has held oral arguments in 248 cases, 14 in 2025. All but one of the arguments in 2025 were held remotely via teleconference. Appeals that were not argued were decided based on the written submissions of the parties alone. Since 2012, the Division has held arguments before eleven *en banc* panels and issued written decisions in 411 cases (19 issued in 2025). One hundred thirty-seven appeals (3 in 2025) have been dismissed as a result of post-appeal settlement, withdrawal by the parties, or procedural default. The remaining cases are under consideration by Appellate Division panels or are in various stages of the briefing process.

Five Petitions for Appellate Review of Appellate Division decisions were filed with the Law Court in 2025. The Law Court granted review in one case, *Brewster v. S.D. Warren*, Me. W.C.B. No. 25-3 (App. Div. 2025). In *Brewster*, the appellate panel held that the employee's ex-wife was entitled to death benefits under 39 M.R.S.A § 58 because she was dependent upon the employee at the time of the work injury, even though not dependent at the time of death. The case was argued before the Law Court on December 10, 2025.

The Law Court issued two decisions on appeals from the Appellate Division in 2025. In *Stovall v. New England Telephone*, 2025 ME 46, 335 A.3d 615, the Law Court held that the employee's claim was barred by the statute of limitations because the evidence did not demonstrate that payments made within the limitations period were in part necessitated by the injury at issue.

In *Bosse v. Sargent Corp.*, 2025 ME 74, 340 A.3d 673, the Law Court affirmed the Appellate Division's decision to calculate the employee's average weekly wage using 39-A M.R.S.A § 102(4)(B) as opposed to the fallback provision in section 102(4)(D), despite that the employee had been routinely laid off during the winter months. The Court held that the division properly considered all factors relevant to a realistic determination of the employee's future earning capacity.

Appellate Division decisions are available at:

<http://www.maine.gov/wcb/Departments/appellate/appellatedecisions.html>

SECTION B

BUREAU OF INSURANCE

Section B: Bureau of Insurance
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1. INTRODUCTION & BACKGROUND

This report examines different measures of competition in the Maine workers' compensation insurance market. The measures are: 1) the number of licensed insurers writing coverage; 2) insurer market share; 3) changes in insurer market share; 4) ease of entry into and out of the workers' compensation insurance market; and 5) comparison of variations in rates.

Loss ratios are updated each year to account for how costs have developed for claims opened, the number of claims closed, and the number of claims reopened during the year.

On January 10, 2025, NCCI filed with the Superintendent an overall 9.6% decrease in the advisory loss costs effective April 1, 2025. According to NCCI, the lost-time claim frequency exhibited a cumulative decline of approximately 10% over the three-year experience period underlying this loss cost filing, and the indemnity and medical average cost per case figures have been declining. The Superintendent approved NCCI's filing effective April 1, 2025.

While the average change in the advisory loss costs was not evenly distributed across all five principal rating classifications, as seen below, the reduction in loss costs did not vary significantly. Decreases ranged from 6.5% to 10.7%. The change in loss costs for individual classifications within each group varies depending on the experience of the classification.

Industry Group	Percentage Change
Manufacturing	-9.1%
Contracting	-10.6%
Office & Clerical	-10.3%
Goods & Services	-10.7%
Miscellaneous	-6.5%

Source: NCCI

Although Maine's market is quite concentrated and MEMIC writes a large volume of business, there are many insurers writing workers' compensation coverage in the state. Insurers, however, continue to be conservative in selecting businesses to cover or to renew. An insurer can decide to non-renew a business for any reason if it provides the policyholder with the statutorily required advance written notice.

In addition to the fully insured market, many employers self-fund their workers' compensation benefits. In 2025, there were approximately 1,180 employers – representing roughly 32% of Maine's workers' compensation insurance market – that self-insure their workers' compensation coverage. Unlike other types of self-insurance, these employers are subject to oversight and monitoring by the Bureau of Insurance.

I. ACCIDENT YEAR, CALENDAR YEAR AND POLICY YEAR

Workers' compensation is considered a long-tail line of insurance, which means that payments for claims can continue for several years after the date the injury occurred. As a result, future payments on open claims must be estimated. Insurers collect claim, premium and expense information to calculate financial ratios and assess whether they have collected enough premium to cover claims and expenses. This information may be presented on an accident year, calendar year, or policy year basis. This report primarily shows information on an accident year basis. A description of each method and its use in understanding workers' compensation follows:

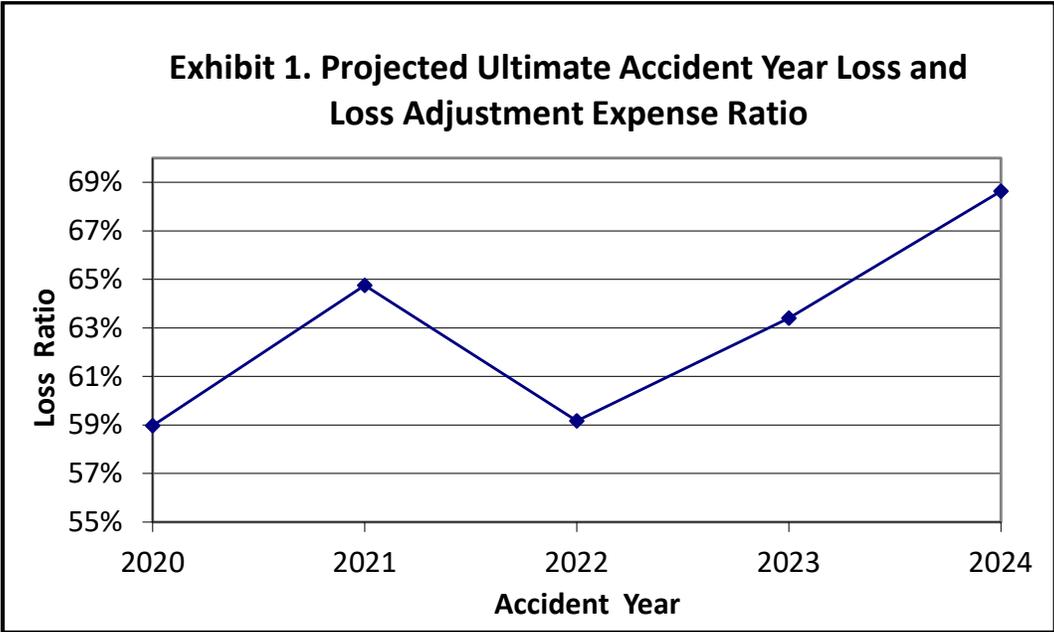
- **Accident year** experience as of a specific evaluation date matches: 1) all paid losses and loss reserves as of the specific evaluation date for injuries occurring during a given 12-month period (regardless of when the losses are reported) with 2) all premiums earned during the same period (regardless of when the premium was written). The accident year loss ratio as of a specific evaluation date shows the percentage of earned premium that is expected to be paid out on claims. Therefore, the loss ratio for each accident year must be updated until the losses are finally settled.
- **Calendar year** experience matches 1) all paid losses and reserve change incurred within a given calendar year (though not necessarily for injuries occurring during that calendar year) with 2) all premiums earned during that year. Because workers' compensation claims are often paid out over a long period, only a small portion of calendar year losses are attributable to premiums earned that year. Many of the losses paid during the current calendar year are for claims occurring in past calendar years. Calendar year loss ratios also reflect aggregate reserve adjustments for past years. For claims expected to cost more than originally projected, reserves are adjusted upward; for claims expected to cost less than originally projected, reserves are adjusted downward. Calendar year incurred losses are used primarily for financial reporting. Once calculated for a year, calendar year experience never changes.
- **Policy year** experience segregates all premiums and losses and loss reserves, as of the specific evaluation date, attributed to policies having an inception or a renewal date within a given 12-month period. The total value of all losses for injuries occurring during the policy year (losses paid plus loss reserves) is assigned to the period regardless of when the losses are reported. The losses are matched to the fully developed, earned premium for those same policies. The ultimate policy year incurred loss result cannot be finalized until all losses are settled. Policy year data is used to determine advisory loss costs. Advisory loss costs are the portion of rates that accounts for losses and loss adjustment expenses.

2. RECENT EXPERIENCE

I. PROJECTED ULTIMATE ACCIDENT YEAR LOSS AND LOSS ADJUSTMENT EXPENSE RATIOS

The accident year loss and loss adjustment expense ratio show the percent of earned premium used to fund losses and their settlement expenses. The loss and loss adjustment expense ratio do not include insurers' general expenses, taxes and contingencies, profit, or investment income. Loss and loss adjustment expense ratios that exceed 100% mean that insurers are paying out more in claims than they collect in premiums. A decrease in these ratios over time may reflect increased rates, improved loss experience, and/or a decrease in reserves (i.e., the amount of money expected to be paid out on claims). Conversely, an increase in the loss ratios may reflect decreased rates, worsening loss experience and/or an increase in reserves.

Exhibit 1 shows the projected ultimate accident year loss and loss adjustment expense ratios for the most recent five years. Ultimate loss and loss adjustment expense ratios in this report are based on more recent claim and loss adjustment expense data and may not match the projected ultimate accident year loss and loss adjustment ratios for the same accident years in prior reports. The accident year ultimate loss and loss adjustment expense ratio has ranged from 59.0% to 68.6% for the past five years. The 2024 ratio was 68.6%, indicating that \$68.60 is expected to be paid out for losses and loss adjustment expenses for every \$100 earned in premium.



Source: NCCI

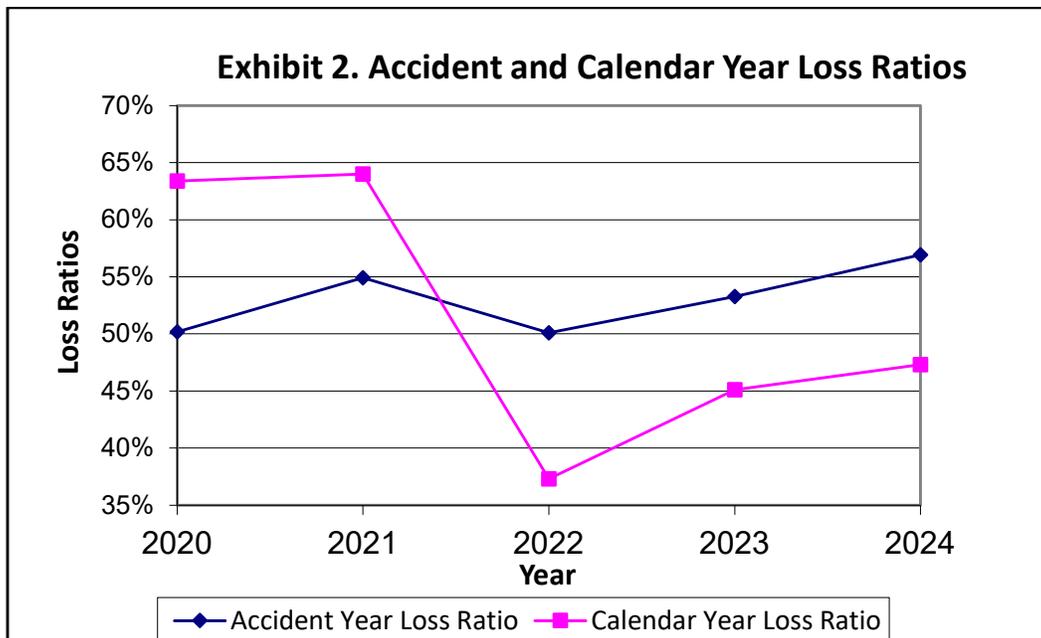
II. CALENDAR YEAR AND ACCIDENT YEAR LOSS RATIOS

Calendar year loss ratios compare losses incurred with premium earned in the same year. Calendar year loss ratios reflect loss payments, adjustments to case reserves, and changes to incurred but not reported (IBNR) reserves, on all claims during a specific year, including adjustments from prior injury years. Calendar year data is relatively easy to compile but can be distorted by large changes in case or IBNR reserves.

Accident year data is more useful in evaluating the claim experience during a particular period because it better matches the earned premium used to pay losses for injuries occurring in the year. In addition, the accident year experience is not distorted by reserve adjustments on claims that occurred in prior periods, possibly under a different law.

Fluctuations in calendar year loss ratios may reflect increases or decreases in reserves on prior accident years. Calendar and accident year ratios do not include amounts paid by insurers for sales, general expenses, and taxes, nor do they reflect investment income or profit.

Exhibit 2 shows calendar year and accident year loss ratios for the most recent five years. The calendar year loss ratios ranged from a low of 37% in 2022 to a high of 64% in 2021. Accident year loss ratios ranged from a low of 50% in 2020 and 2022 to a high of 57% in 2024. The calendar year loss ratio has slightly increased since the large drop in 2022 due to rate actions taken by carriers while accident year loss ratios have been fairly stable in the last several years.



Source: NCCI

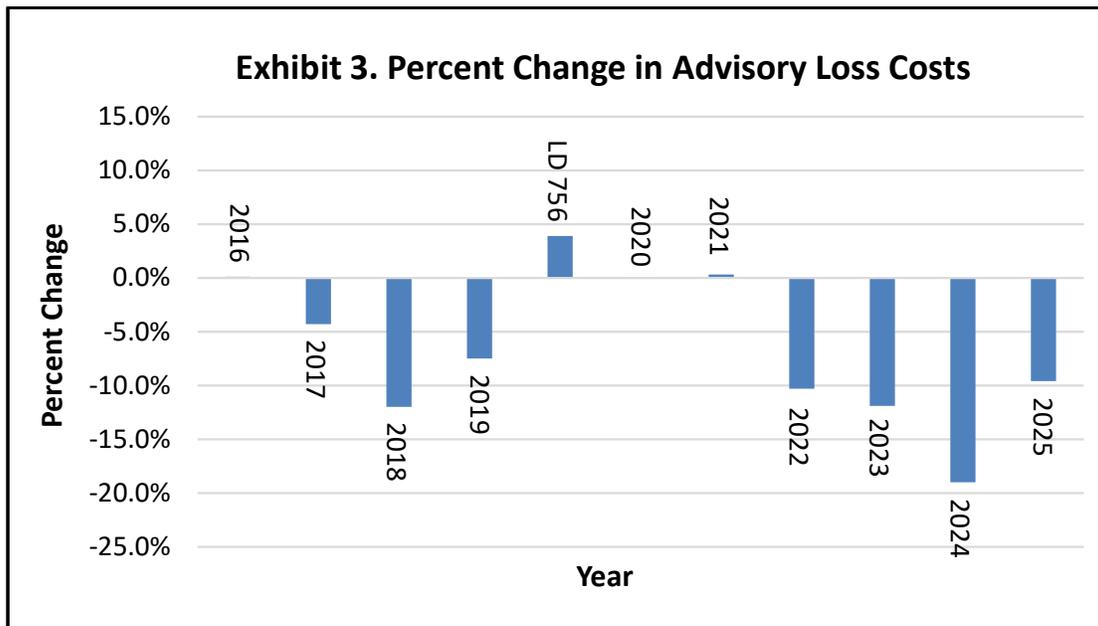
Note: Because Unallocated Loss Adjustment Expense is not included in Exhibit 2, the Accident Year data in Exhibit 2 do not match those in Exhibit 1 on the prior page

3. LOSSES IN WORKERS' COMPENSATION

I. CHANGES IN ADVISORY LOSS COSTS

NCCI files advisory loss costs on behalf of workers' compensation carriers. Advisory loss costs reflect the portion of the rate that applies to losses and loss adjustment expenses. Commissions, general expenses, taxes, contingencies, profits, and investment income are excluded. Under Maine's competitive rating law, each insurance carrier determines what to load into premiums to cover those items, subject to review and approval by the Bureau of Insurance. Effective April 1, 2025, the Superintendent approved a 9.6% average decrease in workers' compensation advisory loss costs. Changes in advisory loss costs tend to lag actual changes in statewide loss experience because of the time needed to accumulate and evaluate loss data.

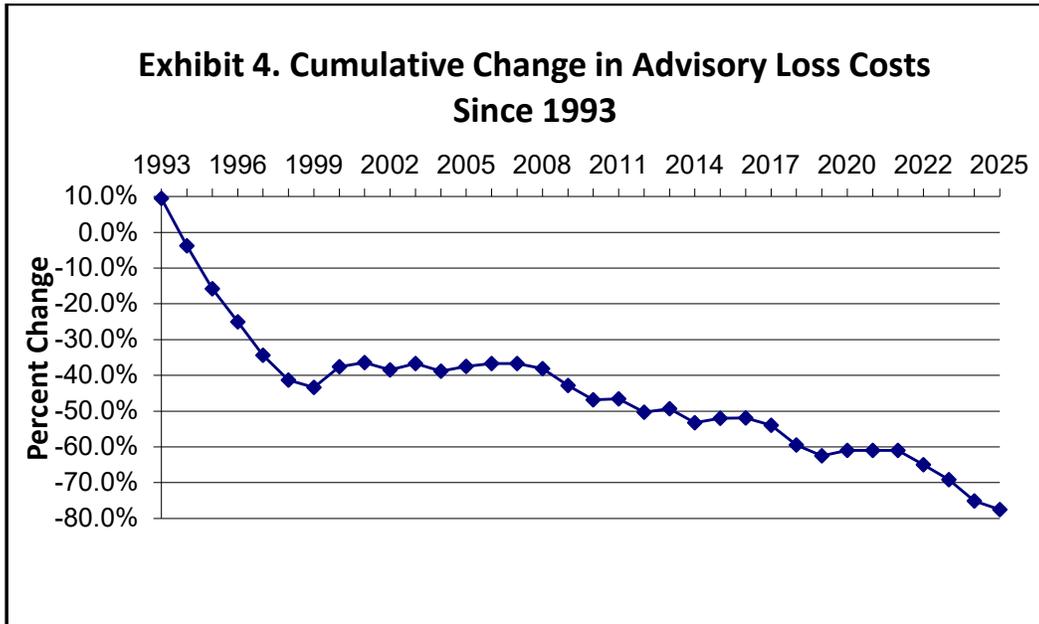
Exhibit 3 includes the impact of the loss cost increase resulting from enactment of L.D. 756, "An Act To Improve the Maine Workers' Compensation Act of 1992" which took effect on January 1, 2020. NCCI requested, and the Bureau approved, an increase in loss costs to account for the increase of benefits resulting from the new law. NCCI identified five elements of the law that necessitated an increase in loss costs as follows: (1) an expansion in the amount of fringe benefits that must be included in an employee's average weekly wage (0.1% increase); (2) an increase in the maximum weekly indemnity benefit from 100% to 125% of the state average weekly wage (1.4% increase); (3) the establishment of a cost-of-living adjustment for total incapacity benefits (1.1% increase); (4) an increase in the durational limit for partial incapacity benefits from 520 to 624 weeks (1.0% increase); and (5) the establishment of parental fatality benefits when there are no dependents (0.1% increase). Cumulatively, NCCI determined a 3.9% average increase in loss cost filings stemming from enactment of L.D. 756.



Source: NCCI

II. CUMULATIVE CHANGES IN ADVISORY LOSS COSTS

Exhibit 4 shows the cumulative changes in loss costs since 1993. Average loss costs have declined more than 25% over the past ten years, and by more than 77% since 1993.



Source: NCCI

4. MARKET STRUCTURE AND COMPETITION

I. MARKET CONCENTRATION

Market concentration is a key measure of competition. Greater concentration means there are fewer insurers in the market or that relatively few insurers are issuing a disproportionate share of coverage. The result is less competition. Conversely, less market concentration indicates greater competition.

As of October 1, 2025, 400 companies are authorized to write workers' compensation coverage. This number is not the best indicator of market competition because some insurers have no or very small amounts of written premium. A better measure is to consider the number of insurers that have a meaningful amount of written premium. As noted in Table 1 below, 32 insurers had more than \$1 million in written premium in 2024. Total written premium in 2024 exceeded \$280 million.

In 2024, MEMIC accounted for over 65% of the premium in the market. MEMIC is the insurer of last resort and writes voluntary business; other insurers can be more selective about which risks they accept. Table 1 shows the number of carriers that wrote workers' compensation insurance in 2024 by premium level.

Table 1: Number of Companies by Level of Written Premium, 2024	
Amount of Written Premium	Number of Companies at That Level
Less than \$100,000	271
\$100,000 to \$1,000,000	97
Over \$1,000,000	32

Source: Annual Statements filed with the Maine Bureau of Insurance.

Market concentration alone does not give a complete picture of competition because a significant portion of Maine's workers' compensation coverage is self-insured. See the Alternative Risk Markets section for more information on self-insured employers and groups.

II. HERFINDAHL-HIRSCHMAN INDEX

The Herfindahl-Hirschman Index (HHI) also provides a measurement of market concentration. The HHI is calculated by summing the squares of the market shares (percentages) of all groups in the market. The annual Competition Database Report produced by the National Association of Insurance Commissioners (NAIC) compiles various data elements that measure the competitiveness of state insurance markets. The HHI is one data element.

According to the 2022 Competition Database Report, which was prepared in 2024, the HHI for workers' compensation insurance in Maine was 4,177. This measure is the third highest (i.e., most concentrated) for all commercial lines in Maine, behind financial guaranty and medical professional liability. There is no precise point at which the HHI indicates that a market or industry is so concentrated that competition is restricted. The U.S. Department of Justice's guidelines for corporate mergers use 1,800

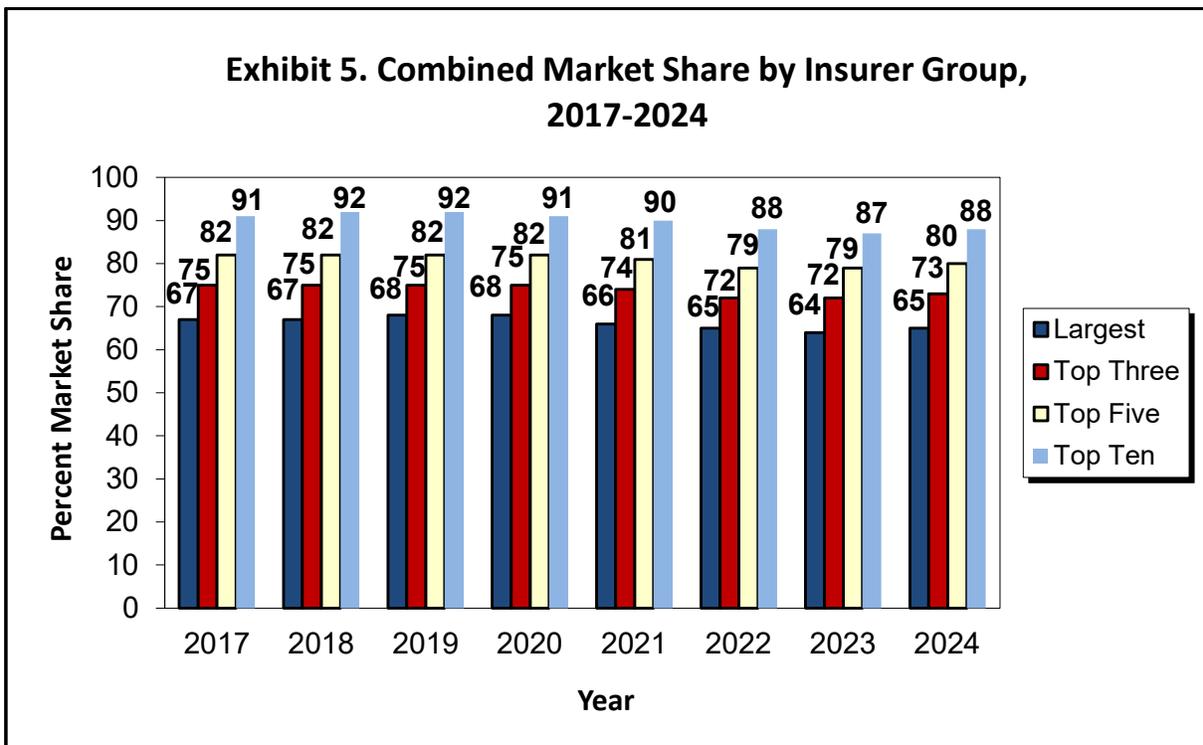
and above to indicate highly concentrated markets and the range from 1,000 to 1,800 to indicate moderately concentrated markets. A market with an HHI below 1,000 is considered not concentrated.

Applying the HHI to Maine’s workers’ compensation market does not give a complete picture of Maine’s market concentration for two reasons. First, the Maine Legislature created MEMIC to replace a highly concentrated residual market in which insurers were reluctant to actively write in this state. Second, a significant percentage of employers self-insure, either individually or as part of a group. In 2024, almost 32% of the market opted to self-insure their workers’ compensation programs rather than purchase insurance from a carrier.

III. COMBINED MARKET SHARE

Exhibit 5 illustrates the market share of the largest commercial insurance groups, in terms of written premium, as well as the market share for the top three, top five and top 10 insurer groups. This excludes self-insured premium. An insurance group is one or more carriers under common ownership.

The Maine Employers Mutual group, which includes MEMIC, wrote over \$184 million in premium (65%) in 2024. The top three groups, including MEMIC, wrote over \$206 million in business (73%). The top five groups wrote over \$225 million (80%), and the top 10 groups had over \$248 million in written premium (88%). The reported amounts of written premium for the top 10 groups declined by over \$4 million from 2023 to 2024, while their overall market share increased by one percent.



Source: Annual Statements filed with the Maine Bureau of Insurance

IV. NUMBER OF CARRIERS IN MAINE'S WORKERS' COMPENSATION INSURANCE MARKET

The number of carriers in the workers' compensation market has increased in 7 out of the past 10 years, as shown in Table 2 below. The number of carriers who may file rates and are eligible to write workers' compensation coverage has increased by approximately 20% over the past ten years.

Year	Number of Carriers	Net Change (Percent)
2025	400	0.0
2024	400	1.0
2023	396	4.5
2022	379	2.2
2021	371	2.2
2020	363	-2.2
2019	371	4.8
2018	354	3.8
2017	341	4.3
2016	327	-1.8
2015	333	1.5

Note: Totals reflect the number of carriers licensed to transact workers' compensation insurance as of October 1 of each year.

V. MARKET SHARE OF THE TOP TEN INSURANCE GROUPS

The ten largest insurance groups wrote over 88% of the workers' compensation business in 2024. Information by group is more relevant when assessing competition because carriers in a group are under common control and are not likely to compete with one another. The Maine Employers Mutual Group, which includes MEMIC, held roughly 65% market share in 2024. Table 3 shows market share for the ten largest insurance groups in 2024 and those groups' market share from 2017-2024.

Table 3:								
Percent Market Share for Top Insurance Groups, By Amount of Written Premium, 2017-2024								
Insurance Group	2017 Share	2018 Share	2019 Share	2020 Share	2021 Share	2022 Share	2023 Share	2024 Share
Maine Employers' Mutual	67.4	67.4	67.7	67.5	66.1	64.8	64.4	65.4
WR Berkeley Group	3.9	3.5	3.6	3.4	3.5	3.5	3.8	4.0
Hartford Fire & Casualty	3.1	3.3	3.1	2.9	3.5	3.6	3.8	3.8
ProAssurance Corp Group	-	3.6	3.9	3.6	3.6	3.5	3.4	3.4
Travelers Group	3.9	3.7	3.8	3.8	3.9	3.5	3.6	3.3
Zurich Insurance Group	2.1	1.8	2.0	2.1	2.6	2.8	2.1	2.1
Amtrust Financial Serv Group	0.8	0.6	0.6	0.6	0.8	1.4	1.4	1.8
Chubb Ltd Group	2.0	2.2	2.0	1.9	1.7	1.4	1.5	1.7
American Financial Group	0.4	0.2	0.2	0.3	0.4	0.4	1.5	1.3
Berkshire Hathaway Group	1.2	1.3	1.0	1.0	0.9	1.0	1.1	1.1

Source: Annual Statements filed by carriers with the Maine Bureau by Insurance

VI. MEMIC

In 2025, MEMIC's loss costs modifiers (LCMs) remained flat, as they adopted the NCCI's average 9.6% decrease in loss costs. Table 4 below shows the current Loss Cost Modifiers by Tier.

Table 4: Loss Cost Modifiers	
Tier	Current LCM
Safety	1.21
Preferred	1.52
Small Business	1.41
Standard	1.67
Enterprise	1.83

Source: MEMIC 2024 Rate Filing

In October 2025, MEMIC announced a \$19 Million dividend will be paid to approximately 17,000 policyholders, marking the 26th straight year of dividends being issued by MEMIC.

In September 2025, the MEMIC Group announced plans to acquire The Dakota Group, a workers' compensation insurer based in South Dakota. This acquisition is under review by regulators in Maine, New Hampshire, and South Dakota. If approved, the acquisition would increase MEMIC's size and geographic footprint.

5. DIFFERENCES IN RATES AND FACTORS AFFECTING RATES

I. RATE DIFFERENTIALS

There is a wide range of potential rates for workers' compensation policyholders in Maine, but most employers are not able to get the lowest rates, as 23.3% of policyholders are at rates above MEMIC's Standard Rating Tier (see Table 5 below) and insurers are selective in accepting risks for the lower-priced plans. Insurers' underwriting is based on factors such as prior-claims history, safety programs, and employee classifications. An indication that the current workers' compensation market may not be fully price-competitive is the distribution of policyholders among companies with different loss cost multipliers or among a single company with multiple rating tiers.

The Bureau of Insurance surveyed the ten largest insurance groups, requesting the number of policyholders and the amount of written premium for in-force policies in Maine within each of their rating tiers. Table 5 shows the percentage of policies written when compared to the MEMIC Standard Rating Tier (including MEMIC policies), and demonstrates how the rates received by policyholders that do not utilize MEMIC's coverage compare to MEMIC's Standard rates, which reflect the rates received by the majority of MEMIC's policyholders.

Rate Comparison	2024	2025
Below MEMIC Standard Rate	78.30%	61.6%
At MEMIC Standard Rate	2.90%	15.1%
Above MEMIC Standard Rate	18.90%	23.3%

Policyholders may accept rates higher than MEMIC's Standard Rating tier for a few reasons, such as: 1) the insurer offers workers' compensation insurance as a package with other lines of insurance at an overall competitive price; or 2) an insurer other than MEMIC charges a higher rate but offers enough credits to lower the overall net premium. A policyholder may choose a carrier with higher rates for workers' compensation coverage if the credits include other coverages such as general liability and are part of a package discount that is cheaper, overall, for the employer.

II. ADDITIONAL FACTORS AFFECTING PREMIUMS

Some insurers offer employers other options that may affect their workers' compensation premium. Common options include:

- **Tiered rating** means that an insurer uses more than one loss cost multiplier, based on where a potential insured falls in its underwriting criteria. Tiered rating may apply to groups of insurers that have different loss cost multipliers for different companies in the group, though processes vary among carriers. Rates may also be tiered by losses or types of business.

- **Scheduled rating** allows an insurer to consider other factors in setting premium that an employer's experience rating might not reflect. Factors including safety plans, medical facilities, safety devices and premises (location of the work performed) are considered and can result in a change in premium of up to 25%.
- **Small deductible plans** must be offered by insurers. These plans include medical benefit deductibles of \$250 per occurrence for non-experience-rated accounts and either \$250 or \$500 per occurrence for experience rated accounts. Insurers must also offer deductibles of either \$1,000 or \$5,000 per claim for indemnity benefits. Payments are initially made by the insurer and then reimbursed by the employer. Each insurer files a percentage reduction in premium applicable to each small deductible plan that it offers. The Bureau must review and approve these filings
- **Managed Care Credits** are offered to employers who use managed care plans for workers' compensation injuries (i.e., a closed network of health care physicians and hospitals / outpatient facilities).
- **Dividend Plans** provide a premium return to the insured after the policy expires if losses are lower than average. Premiums are not increased if losses are greater than average, though policyholders do not receive a dividend payment. Because losses may still be open for several years after policy expiration, dividends are usually paid periodically after the insurer has accounted for changes in its incurred losses. Dividends are not guaranteed.
- **Retrospective rating** means that an employer's final premium is a direct function of its loss experience for the policy period. If an employer has lower than expected losses, its premium is reduced; conversely, if the employer has a higher than expected experience, its premium is increased. Retrospective rating uses minimum and maximum amounts for a policy and is typically written for larger employers.
- **Large deductible plans** are for employers who are willing to assume greater financial exposure in exchange for a lower premium. There is no law setting a limit on this exposure. Large deductibles can be in excess of \$100,000 per claim. The law requires that the insurer pay all losses associated with this type of policy and then bill the deductible amounts to the insured employer.
- **Maine Merit Rating Plan.** If an employer is not eligible for the experience rating plan, a merit rating plan must be offered by the insurer pursuant to 24-A M.R.S. § 2382-D. A plan must provide for the following credits or debits to be applied to 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: (1) No claims or a loss ratio of less than 1.0, an 8% credit; (2) One claim resulting in a loss ratio greater than 1.0, no credit or debit; and (3) Two or more claims resulting in a loss ratio greater than 1.0, an 8% debit. While these options might lower an employer's premium, they may also carry risk of greater financial exposure. Employers should carefully analyze these options, especially retrospective rating (retros) and large deductible policies, before opting for them.

6. ALTERNATIVE RISK MARKETS

I. SELF-INSURED EMPLOYERS

Self-insurance plays an important role in Maine’s workers’ compensation system. Self-insured employers pay for losses with their own resources rather than by purchasing insurance. They may, however, choose or be required by the Bureau of Insurance to purchase insurance for losses that exceed a certain limit, also known as stop-loss insurance. One advantage of being self-insured is better cash flow. Employers who self-insure anticipate that they would be better off not paying premiums and are typically large employers with sufficient revenue to absorb potential exposure from large claims. Pursuant to 39-A M.R.S. §403, the Bureau of Insurance oversees the finances of these employers’ workers’ compensation programs to ensure sufficient resources are available to pay claims. These employers are also likely to have safety training and injury prevention programs.

As noted in Table 6, in 2024, almost 32% of Maine’s total workers’ compensation insurance market, as measured by estimated standard premium, consisted of self-insured employers and groups. The self-insurance percentage of the overall workers’ compensation market has decreased since 2020.

The estimated standard premium for individual self-insured employers is determined by multiplying the advisory loss cost by a factor of 1.2 as specified in statute, multiplying that figure by the payroll amount, dividing the result by 100, and then applying experience modification. As advisory loss costs, and therefore rates, decline, so does the estimated standard premium. Group self-insurers determine their own rates subject to review by the Bureau of Insurance.

Table 6: Estimated Total of All Standard Premiums for Self-Insured Employers and Percent of the Workers' Compensation Market Held by Self- Insurers, 2020-2024		
Year	Estimated Total of All Standard Premiums	Percent of Workers' Compensation Market (in annual standard premium)
2024	\$131,146,258	31.7%
2023	\$126,947,380	30.5%
2022	\$131,780,117	31.9%
2021	\$142,977,445	35.8%
2020	\$135,026,461	36.4%

Source: Annual Statements filed with the Maine Bureau of Insurance.

Notes: Estimated standard premium figures are as of December 31 of the year listed. The percent of the self-insured workers’ compensation market is calculated by dividing the estimated standard premium for self-insured employers by the sum of the estimated standard premium for self-insured employers and the written premium in the fully insured market and multiplying the result by 100.

II. SELF-INSURED EMPLOYERS

As of October 1, 2025, there were 18 self-insured groups representing an estimated 1,131 employers and 49 individual employers that self-fund their workers' compensation benefits.

Table 7: Number of Self-Insured Groups, Employers in Groups, and Individually Self-Insured Employers, 2015-2025			
Year	# of Self-Insured Groups	Estimated # of Employers In Groups	# of Individually Self-Insured Employers
2025	18	1,131	49
2024	18	1,157	49
2023	18	1,180	50
2022	18	1,172	51
2021	18	1,171	55
2020	18	1,222	57
2019	18	1,250	57
2018	18	1,248	57
2017	18	1,263	57
2016	19	1,292	58
2015	19	1,327	60

Notes: For the purposes of self-insurance, affiliated employers are considered separate employers.
The number of individually self-insured employers and self-insured group information beginning in 2015 is as of October 1 of the year listed.

7. A LOOK NATIONALLY

I. OREGON WORKERS' COMPENSATION PREMIUM RATE RANKING

The State of Oregon ranks the states and the District of Columbia bi-annually by premium. The Oregon premium rate rankings focus on 50 classifications based on their relative importance as measured by their share of losses in Oregon. In 2024, Maine had the 11th highest workers' compensation premium rates in all industries. Maine's rank was 9th highest in 2022.

II. AVERAGE LOSS COSTS BY STATE BASED ON MAINE'S PAYROLL DISTRIBUTION

NCCI reports weighted average loss costs for 37 states and the District of Columbia using the most recent loss cost filings for the states from 2025 which have designated NCCI as the licensed rating and statistical organization.¹ Maine has the 15th highest average loss cost, dropping from 13th in 2022. Among the five New England states that participate in NCCI,² only New Hampshire had a lower average loss cost than Maine.

Rank	State	Average Loss Cost
1	Hawaii	1.19
2	Vermont	0.92
3	Connecticut	0.83
3	Montana	0.83
5	Illinois	0.82
6	Georgia	0.75
6	Missouri	0.75
8	South Carolina	0.73
9	Iowa	0.71
10	Idaho	0.70
11	Louisiana	0.68
12	Rhode Island	0.67
12	Florida	0.67
14	Nebraska	0.64
15	Maine	0.62
16	Alaska	0.60
17	New Mexico	0.59
17	South Dakota	0.59
17	New Hampshire	0.59
20	Alabama	0.58

Rank	State	Average Loss Cost
21	Oklahoma	0.57
21	Colorado	0.57
21	Oregon	0.57
24	Kansas	0.56
25	Maryland	0.53
26	North Carolina	0.50
26	Nevada	0.50
28	Mississippi	0.48
29	D.C.	0.47
30	Kentucky	0.46
30	Virginia	0.46
32	Arizona	0.43
33	Indiana	0.39
33	Tennessee	0.39
35	Utah	0.36
36	Arkansas	0.32
37	West Virginia	0.30
38	Texas	0.25
38-jurisdiction weighted average		0.55

¹ Average loss cost does not include expense and profit loading and is an average using all payrolls. The actual average for an employer will depend on the type of business and payroll mix. NCCI calculated the countrywide numbers in the table as weighted averages (based on the latest year of payroll for each respective state).

² Massachusetts does not participate in NCCI.

SECTION C

BUREAU OF LABOR STANDARDS

Section C: Bureau of Labor Standards

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1. INTRODUCTION

I. ORGANIZATION OF THIS REPORT

The report summarizes the Department of Labor, Bureau of Labor Standards' ("the Bureau") ongoing efforts to prevent occupational injuries and illnesses, including enforcement activities.

Part 1, Introduction, includes a summary of the Bureau's role, activities, and outcomes.

Part 2, Prevention Services Available, describes the workplace injury and illness prevention activities of the Bureau and its partners in the occupational safety and health (OSH) community, including outreach, advocacy, and enforcement.

Part 3, Research and Data Available, presents research programs of the Bureau and some resulting data and conclusions.

Part 4, Challenges and Opportunities, discusses how current information gathering and sharing can be improved and initiatives to do so.

Part 5, Developments, outlines the previous year's developments and prospects for the future.

II. ROLE OF THE BUREAU OF LABOR STANDARDS IN PREVENTING INJURIES AND ILLNESSES IN MAINE WORKPLACES

Title 26 MRS § 42-A charges the Maine Bureau of Labor Standards with establishing and supervising safety education and training programs to help employers comply with OSHA requirements and maintain best practices for the **prevention** of injuries and illnesses. Additionally, the Bureau is responsible for overseeing the employer-employee relationship in the state through enforcement of Maine labor standards laws and the related rules, including child labor laws and occupational safety and health standards for state, county, and local government employers.

The dark gray areas in Table C-2 illustrate the purview of the Maine Bureau of Labor Standards. The Bureau's **non-enforcement** (research, outreach, education, and consultation) services are typically offered under the Bureau's SafetyWorks! brand to distinguish them from enforcement activities, such as formal inspections and investigations, which can result in fines and penalties. The logic is that the prevention of fines and penalties through education and outreach prevents exposure, which in turn prevents injuries and illnesses. As we saw with our top 100 most costly claims study¹, the prevention of any injury and/or illness is the prevention of a costly case and the loss of productivity for an injured worker.

¹ Located under "Archived Items" here: http://www.maine.gov/labor/labor_stats/research.html

Table C-2: Workplace Injury and Illness Prevention and Response

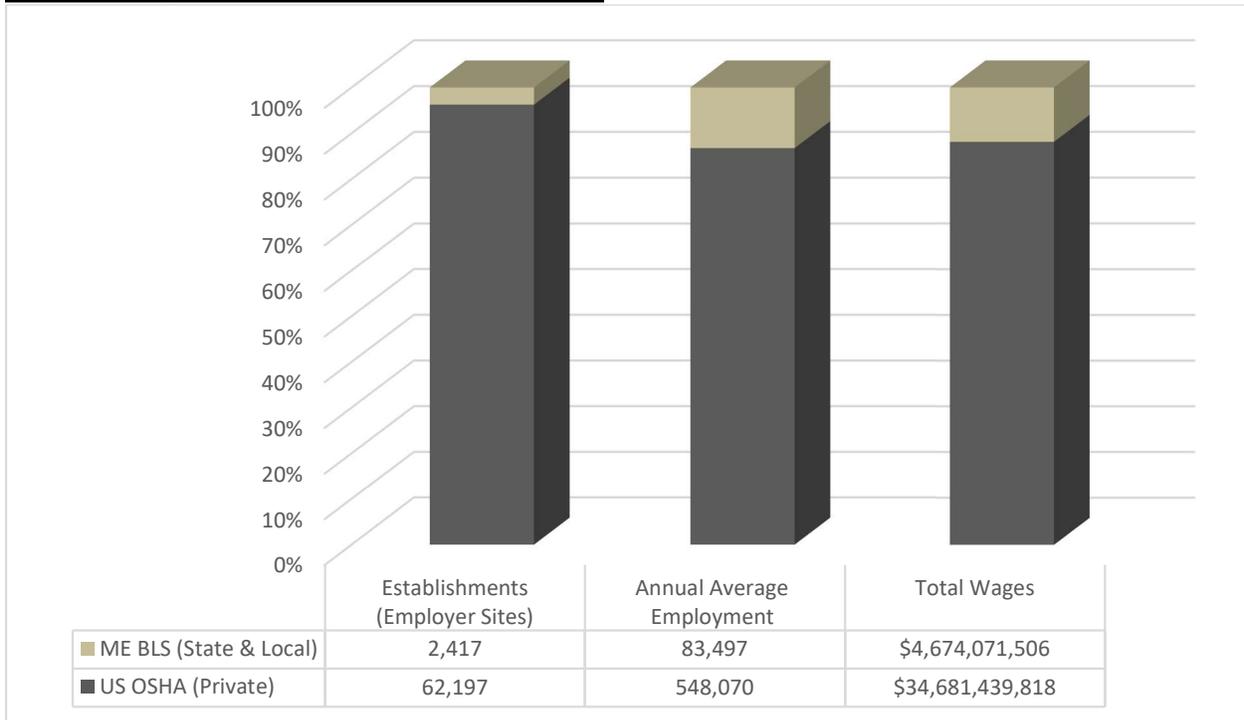
Maine Workers' Compensation System			
Function		State, County, and Local Government Workplaces	Non-Government Workplaces
Prevention	Research	Maine SafetyWorks!	
	Outreach and Education	Maine SafetyWorks!	
	Employer Consultation	Maine SafetyWorks!	
	Safety Standards Enforcement	Maine BLS*	U.S. OSHA
	Child Labor Enforcement	Maine BLS	
Administration		Maine Workers' Compensation Board	
Insurance Market		Maine Bureau of Insurance	
Outside of Maine Workers' Compensation System			
Exempt (self-employed, some agriculture, forestry, and fishing)			
U.S. Government and Special Federal Jurisdictions including the U.S. Postal Service			

*Starting in 2015 U.S. OSHA has been funding part of the state and local enforcement process, 50/50. It is still administered by Maine BLS.

Table C-2 includes certain areas or types of activities that are outside the Workers' Compensation (WC) system because there can be some overlap, although that overlap is unlikely. For instance, self-employed individuals may elect to buy WC insurance coverage for themselves, and workers under the federal Longshore and Harbor Workers' Compensation Act can elect to claim through the Maine WC system. Likewise, the table and this report do not cover federal government employees because the Maine workers' compensation law has no jurisdiction over them.

While both the state and federal governments share the employer safety enforcement load in Maine, the bulk of the enforcement burden falls on U.S. OSHA, who handles the private (non-government) employers and workplaces. The numbers and proportions of establishments, workers, and wages averaged over calendar year 2024 are shown in Figure C-3 below.

Figure C-3: Establishments, Annual Average Employment, and Total Wages by Enforcement Jurisdiction (Excludes U.S. Government) 2024



Source: <https://www.maine.gov/labor/cwri/dashboards/quarterly-and-annual-employment-and-wages>

While the enforcement burden of the Bureau is small compared to U.S. OSHA, it is important to note that the Bureau does provide non-enforcement outreach and education services for all the non-federal workplaces in Maine (the total of the two groups above). Prevention before an injury occurs is the primary focus of the outreach and education efforts in the workplace.

Data Sources

The data in this publication come from the Maine Workers’ Compensation Board database for reportable injuries and illnesses, and from the Maine Bureau of Labor Standards case management systems for all outreach, education, and consultation activities and public-sector (state and local government) employers and child-labor enforcement activities, as well as from publicly available data provided by the U.S. Bureau of Labor Statistics and the Maine Department of Labor’s Center for Workplace Research and Information (MDOL CWRI). More detailed explanations of, and statistics for, the enforcement activities that the Bureau provides, are explained in the individual items in this report.

Safety Education and Training Fund (SETF) and Relationships to Other Funding

A dedicated state special revenue fund called the Safety Education and Training Fund, or SETF, provides funding for the Bureau’s non-enforcement services. This fund is collected from insurers and self-insured employers and employer groups, with a cap defined in law as one percent of the total benefits paid out by insurers in the workers’ compensation system in the given year. Individual assessments are based on the proportion the employer/insurer paid out in workers’ compensation expenses, less medical payments. This fund allows the Bureau to provide the services at no additional charge to individual establishments and trainees.

For certain types of employer consultations, the SETF funding is substantially augmented by a “21d” cooperative agreement with the U.S. Occupational Safety and Health Administration (U.S. OSHA). This program is funded 90/10 federal/ SETF funding but there are size requirements on what businesses qualify for the service. Businesses that do not qualify can request and receive the same service funded entirely under the SETF. There are neither direct charges for the consultations nor fines for violations of the standards as a result of the findings of these consultative services. There is, however, a commitment on the employer’s part to abate any problems uncovered during the consultation services.

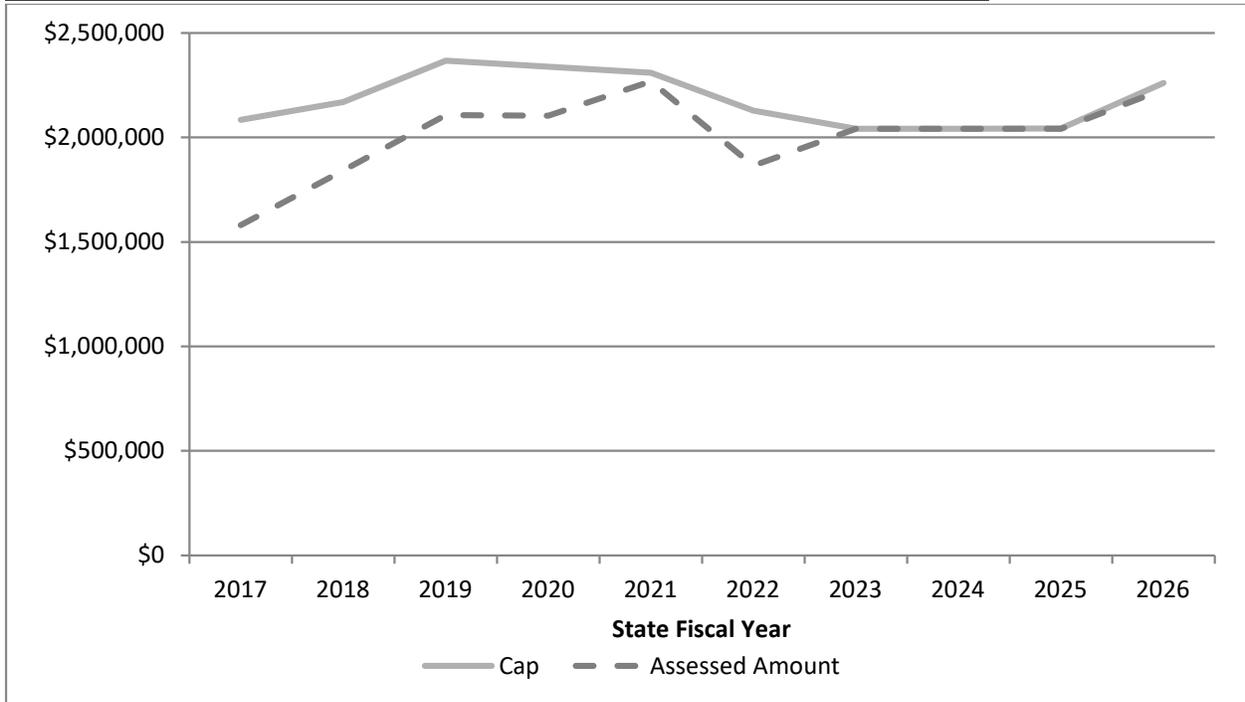
Since 2015, the Bureau’s public sector (state and local government) enforcement and consultation activities have been match-funded (50/50) through a U.S. OSHA “23g” cooperative agreement, with matching funds from the SETF for the consultation portion of the work. (The state general fund provides the match for the enforcement activities.)

Lastly, the SETF provides 50/50 match-funding for the U.S. Bureau of Labor Statistics statistical cooperative agreement, required as part of the “23g” agreement.

In all, the SETF funding provides the match for over \$1.8 million in funding from the U.S. Department of Labor. Without the SETF matching funding, the services to Maine employers and workers provided by the cooperative agreements would not exist and, if they did, they would need to be funded through the general fund, where competition for funding is great, and emphasis is on enforcement.

Due to the collective prevention efforts of the Bureau, OSHA, insurers, employers, the Workers’ Compensation Board, and the Bureau of Insurance, both the number and rate of injuries and illnesses have decreased over time, which means less Workers’ Compensation payouts, and, therefore, fewer SETF fees generated. Moreover, programs and efforts that have reduced injury/illness-case durations and costs (secondary and tertiary prevention efforts), have also driven down the workers’ compensation benefits paid out by the insurers and self-insured employers. As a result, the cap on the SETF fund that pays for the non-enforcement services has generally declined over time. Figure C-5 below illustrates the gaps and when the cap and assessment total merge.

Figure C-5: Safety Education and Training Fund Cap and Assessed Amounts



The gap between the two lines represents assessment dollars the Bureau could have collected but did not. The amount the Bureau needs to sustain its programs fluctuates because of holdovers—savings from one year carried over to the next. For state fiscal years (SFY) 2017-2022, the Bureau had holdovers and lower expenses, respectively, allowing for assessments under the statutory cap. Since 2022, the cap declined to what is very close to the normal yearly operating budget for the SETF activities. This is alarming in that it may mean the Bureau will have to curtail services to accommodate further reductions absent additional cooperative agreement revenues from US DOL or from the state’s General Fund.

A. What services were provided?

Table C-6 below provides a summary of the services most recently provided by the Bureau. Note that time frames for the reports vary due to availability of the data at the time of publication. While much of the activity appears to be funded through the state General Fund, that revenue source accounts for only 14 full-time equivalent positions out of 40 in the Bureau in 2025. The SETF and federal matching funds account for the most funding of positions and activities. Likewise, most activity in the Bureau is non-enforcement.

Table C-6: Summary of Prevention Services and Activities

Service	Jurisdiction / Funding Source	Activity Measures
SafetyWorks! Training Institute	State SETF/U.S. OSHA and MSHA* Cooperative Agreement	<ul style="list-style-type: none"> • 120 classes with 2,369 workers trained in 2025
Employer OSH Data Profiles	State SETF/U.S. Bureau of Labor Statistics Cooperative Agreement	<ul style="list-style-type: none"> • 3 employer profile/data requests submitted to R&S in CY 2025.
On-site Consultations	State SETF/U.S. OSHA and MSHA* Cooperative Agreement	<ul style="list-style-type: none"> • 473 employer onsite consultations were conducted, which identified 2,549 serious hazards and trained 5,408 employees onsite in 2025. • 68,469 Maine workers were protected from identified hazards.
Youth Employment Permit Enforcement	State General Fund	<ul style="list-style-type: none"> • 5,432 work permit applications received in CY 2025 • 4,988 work permits approved in CY 2025 • 1,032 work permits initially denied in CY 2025
Wage & Hour Enforcement, Random & Focused Inspections	State General Fund	<ul style="list-style-type: none"> • 112 employer inspections in CY 2025 • 41 inspections found violations in CY 2025 • 1,032 violations found during these inspections
Wage & Hour Enforcement, Complaint Investigations	State General Fund	<ul style="list-style-type: none"> • 461 complaint investigations started in CY 2025 • 289 complaint investigations ended in CY 2025 with violations found • 11 investigations identified 473 child labor violations
Public Sector Safety Enforcement	State General Fund/U.S. OSHA, 50/50	<ul style="list-style-type: none"> • 119 employers • 511 serious violations cited protecting 2,128 public sector workers. • \$170,650 in initial penalties issued in 2025; reduced to \$132,075 pending and/or after penalty discussion or appeal as of 12/31/2025 • 3 Whistleblower investigations in 2025
OSHA Recordkeeping Employer Outreach	State SETF/U.S. Bureau of Labor Statistics Cooperative Agreement	<ul style="list-style-type: none"> • 12 sessions in CY 2025 • 217 attendees in CY 2025 • 11 sessions planned for CY 2026

*MSHA: U.S. Mine Safety and Health Administration

SFY: State Fiscal Year (July 1 through June 30)

FFY: Federal Fiscal Year (October 1 through September 30)

CY: Calendar Year

B. What are the outcomes of the services provided?

While changes from year to year may not be striking, over the longer term there are clear improvements in the numbers, rates, and indicators of disabling injuries and illnesses and fatalities. This is highlighted by the data in Table C-7.

Table C-7: Summary of Data Activities and Significant Measures

Data Programs	Funding	Result Measures
Workers' Compensation Case Data (1977-2024)	State SETF/U.S. Bureau of Labor Statistics Cooperative Agreement	<ul style="list-style-type: none"> • 12,284 disabling cases coded for CY 2024 <ul style="list-style-type: none"> ○ Decrease of 825 claims from CY 2023 (13,109) ○ Decrease of 18,031 from the high of 30,315 in CY 1989 (56.7% decrease)
Survey of Occupational Injuries and Illnesses (SOII) (1975-2023) <i>Note: Due to the federal shutdown, 2024 data is not yet available</i>	State SETF/U.S. Bureau of Labor Statistics Cooperative Agreement	<ul style="list-style-type: none"> • 4.2 Total OSHA recordable case incidence rate in CY 2023 <ul style="list-style-type: none"> ○ Decrease of 14% from CY 2022 ○ Decrease of 23% from CY 2012 ○ Decrease of 36% from CY 2004 • 2.5 Days Away, Restricted or Job Transfer case incidence rate in CY 2023 <ul style="list-style-type: none"> ○ Decrease of 19% from CY 2022 ○ Decrease of 14% from CY 2012 ○ Decrease of 32% from CY 2004 • 1.4 Days Away From Work case incidence rate in CY 2023 <ul style="list-style-type: none"> ○ Decrease of 17% from CY 2022 ○ No change from CY 2012 ○ Decrease of 17% from CY 2004 Rates per 100 full-time equivalent workers
Census of Fatal Occupational Injuries (CFOI) (1992-2023) <i>Note: Due to the federal shutdown, 2024 data is not yet available</i>	State SETF/US Bureau of Labor Statistics Cooperative Agreement	<ul style="list-style-type: none"> • 27 fatalities in 2023 <ul style="list-style-type: none"> ○ Higher fatality count than CY 2022 (23) ○ Highest fatality count in CY 1999 (32) ○ Lowest fatality counts in CY 2005 and CY 2015 (15)
Employer Substance Use Testing (1989-2024)	SETF	<ul style="list-style-type: none"> • 8.5% total positive tests for CY 2024 <ul style="list-style-type: none"> ○ Low of 3.3% in CY 2014 ○ High of 10.9% in CY 2021 • 8.4% applicant positives for CY 2024 <ul style="list-style-type: none"> ○ Low 3.1 % in CY 2014 ○ High of 10.9% in CY 2021 • 62.5% probable cause positives for CY 2024 <ul style="list-style-type: none"> ○ Low of 6.8% in CY 2013 ○ High of 80% in CY 2007 (only 5 tests conducted) • 6.9% random positives for CY 2024 <ul style="list-style-type: none"> ○ Low of 1.2% in CY 2022 ○ High of 10.2% in CY 2023

III. INJURY PREVENTION AND COST CONTAINMENT

Preventing injuries and illnesses is, no doubt, the most efficient and humane way to minimize both direct and indirect costs of injuries and illnesses and to keep workers from having to enter the WC system. Studies over three separate time periods on the 100 most costly Maine WC cases* found that almost any injury/illness case can evolve into a high-cost case due to complications and the intricacies of the medical and WC systems. In fact, studies have pointed out different cases where first reports were almost exactly alike and yet some evolved into the highest-cost cases while others were at low or no cost.

*See footnote on page C1 for link to this publication

2. PREVENTION SERVICES

I. SAFETYWORKS!

SafetyWorks! provides wide-ranging and customized occupational safety and health training, consultations, outreach (non-enforcement), indoor air quality assessments and accident prevention activities within the Bureau of Labor Standards (BLS). Under its umbrella, a variety of free education, consultation and outreach services are made available to Maine employers, employees, and educators. Some of these services are routinely provided by the Bureau while others may be provided only at the request of the employer. The design and scope of individual services and responses to requests is typically based on research and real-time injury and illness data from the Maine Workers' Compensation Board (WCB), and summary data and research from the U.S. Bureau of Labor Statistics and/or from OSHA.

SafetyWorks! instructors may customize their safety training programs for individual establishments or groups, based on industry profiles generated from data from the WCB *First Report of Occupational Injury or Disease* and other sources. By analyzing the WCB data, SafetyWorks! consultants can see what types of injuries and illnesses are prevalent in different industry sectors in Maine, which allows them to tailor outreach and education activities to meet specific employer needs.

A. Employer and Employee Training and Education

General OSH Training - SafetyWorks! staff develop and offer industry-specific and problem-specific training and certain Bureau staff provide OSHA and Mine Safety and Health Administration (MSHA) approved regulatory compliance training. Approximately 50 different courses are offered, ranging in scope from 30-hour OSHA compliance courses to such tightly focused efforts as video display terminal (VDT) operator training requiring as little as two hours. This includes free training in OSHA recordkeeping—rare, if not unique to the state of Maine—and critical to collecting accurate federal data and complying with its requirements.

In 2025, the BLS scheduled training was primarily provided at the SafetyWorks! Training Institute, virtually, or at local satellite training centers from Sanford to Presque Isle. The Training Institute is a state-of-the-art training facility with realistic, safety mock-ups for experiential, adult learning. SafetyWorks! Training Institute has included a Virtual Reality component into provided courses in lockout/tagout, fall protection, confined spaces, and utilized a forklift simulator in the powered industrial truck course. Customized training may also be delivered at an employer's worksite if requested by an employer.

B. Youth Employment Education - The Bureau places special emphasis on the education of young workers. The Wage & Hour Division carries out substantial outreach and education by working with Technical Schools and Co-operative Education programs that are geared toward helping our youth understand employment standards as they enter the workforce.

C. Employer Consultation

Employer Profiles - Using the data from the WCB's *First Report of Occupational Injury or Disease* and the *Survey of Occupational Injuries and Illnesses (SOII)*, the Research and Statistics Division (R&S) of the Bureau can provide a Maine employer with a profile of that employer's injury and illness experience over several years. Such a profile shows the type of disabling injuries or illnesses that have been experienced by the company's workers. This profile also describes the nature of the injury or illness and the event or exposure that led to each incident. The employer uses this information to detect patterns while developing and refining the company safety program. There were three employer profile/data requests submitted in calendar year 2025.

On-Site Consultation and Training - Also under SafetyWorks!, the Workplace Safety and Health (WSH) Division of the Bureau provides consultation services to public and private sector employers at their request. In the private sector, the Bureau provides consultations to employers identified by Regional OSHA for inspection through its Local Emphasis Programs (LEPs). National OSHA and Regional OSHA both identify employers for LEPs, and National Emphasis Programs (NEPs) based on summary data from the WCB and the OSHA Data Initiative (ODI). Consultations are also provided in both the public and private sector upon employer request.

An employer consultation may include:

- An evaluation of training records from the employer, including an analysis of the employer's Workers' Compensation cases and/or the OSHA Forms 300, 300A, and 301.
- An environmental evaluation (walk-through).
- Examination of mandated written safety programs and employer policies.
- An examination of work processes. Consultations are non-adversarial, confidential, and cooperative in nature. In 2025, 473 employer on-site consultations were requested and completed. In addition, 5,408 employees were trained on-site.

Alliances - The Alliance Program enables the agency to develop voluntary, collaborative working relationships with OSHA and with organizations that are committed to workplace safety and health. SafetyWorks! currently has three Alliances with OSHA. Those Alliances are with the Maine Brewers' Guild, Construction Safety Alliance of Maine, and a Region 1 Alliance between all six consultation offices in New England and the American Foundation for Suicide Prevention.

Maine established its first public sector Alliance for fire service training with the State of Maine Fire Marshal's Office, Maine Fire Service Institute, and Maine Forest Service. This was renewed for an additional five years.

For more on the services offered by the SafetyWorks! program, go to:
www.safetyworksmaine.gov.

II. ENFORCEMENT

While programs and resources for voluntary prevention activities are effective, there is still a need for some non-voluntary compliance activities and for compliance assurance measures to verify that voluntary processes are actually carried out. To do so, the Bureau implements several enforcement programs fully outside of SafetyWorks! in order to distinguish them from those which are voluntary. Enforcement activities are typically triggered by focused random inspections, by complaints and/or long-running issues, or through discovery through analysis of data sources (as outlined in Section 3 of this report).

A. Youth Work Permits

To protect workers under the age of 16, the Wage and Hour Division (WHD) reviews and approves or denies work permit applications. The approval process involves school verification of the young worker's age, and that the young worker is passing class expectations. The work duties and environment are then reviewed to ensure the work being offered is appropriate or non-hazardous for the age group. From January 1, 2025, to December 12, 2025, WHD approved 4,988 work permits and initially denied 1,032 permits for these young workers.

B. Wage and Hour Enforcement

The Wage and Hour Division (WHD) also inspects employers for compliance with Maine wage and hour and youth employment laws, which have an occupational safety and health component. The WHD can use age data from the Workers' Compensation Board *First Report of Occupational Injury or Disease* to select industries and employers for inspection. Employers are also identified for inspections based on combinations of administrative criteria and complaint history.

From January 1, 2025, to December 31, 2025, WHD initiated 461 new complaint investigations. During the same period, the WHD concluded 289 investigations where violations of Maine's wage and hour laws were found, of which 99 of the investigations were initiated in CY 2024. Of the 289 investigations that were concluded in CY 2025, 11 investigations identified 473 child labor violations involving excessive hours worked, working at times of the day outside of the range allowed under state labor laws, working within hazardous occupations, and failure to obtain required minor work permits.

C. Public-Sector Site Safety Inspections

Having been awarded a "23g" cooperative agreement with the U.S. OSHA, as a "state plan state," the Workplace Safety and Health (WSH) Division of the Bureau enforces safety regulations based on U.S. OSHA standards *in the public sector* and is, therefore, responsible for the health and safety of employees of state and local governments and quasi-state/municipal agencies. Maine 23g was designated as a "Certified State Plan for Public Sector," having completed all Federal requirements on March 21, 2023.

The Board of Occupational Safety and Health, whose members are appointed by the Governor, oversees public sector safety and health enforcement. WS&H prioritizes state and local agencies for inspection based on reports of deaths or serious injuries requiring overnight hospital stays, complaints from employees or employee representatives, the agencies' injury and illness data from the WCB, and the results of the *Survey of Occupational Injuries and Illnesses (SOII)*. WS&H compliance officers conduct randomly selected, unannounced inspections of the work environment and can cite the state and local employers for non-compliance with safety and health standards, which may carry fines. Failure to address and abate deficiencies may result in additional fines. In situations where an operation or a process poses an immediate danger to the life or health of workers, the employer may be asked to shut down the operation; however, this shutdown is not mandatory.

Effective workplace injury and illness prevention services cannot be designed and delivered without detailed working knowledge of all factors that contribute to occupational safety and health (OSH). This knowledge is gained by OSH research, focused studies, and through continuous injury surveillance programs.

3. RESEARCH AND DATA

I. OCCUPATIONAL SAFETY & HEALTH SURVEILLANCE PROGRAMS

The Research and Statistics Division of the Bureau of Labor Standards is responsible for the administration and maintenance of the following data sources:

- Maine Workers' Compensation Board *Employer's First Report of Occupational Injury or Disease*
- U.S. Bureau of Labor Statistics *Survey of Occupational Injuries and Illnesses* (SOII)
- U.S. Bureau of Labor Statistics *Census of Fatality Occupational Injury Program* (CFOI)
- Occupational Fatality Reporting Program
- Employer Substance Use Testing Program

Combined, the results of these surveys and censuses provide a useful profile of occupational injuries and illnesses in Maine. The following are program overviews and data summaries generated by these programs.

A. Maine Workers' Compensation Board *Employer's First Report of Occupational Injury or Disease*

Since 1973, the Maine Bureau of Labor Standards has coded, tabulated, analyzed and summarized data from the WCB *First Reports*. This activity began as a program called the Supplementary Data System (SDS) funded by the U.S. Bureau of Labor Statistics. When federal funding ended, this program continued with state funding and is now called the Census of Case Characteristics. The Bureau data are directly linked to the WCB administrative data for each case and provide a wealth of information on individual cases and case aggregations. The database includes:

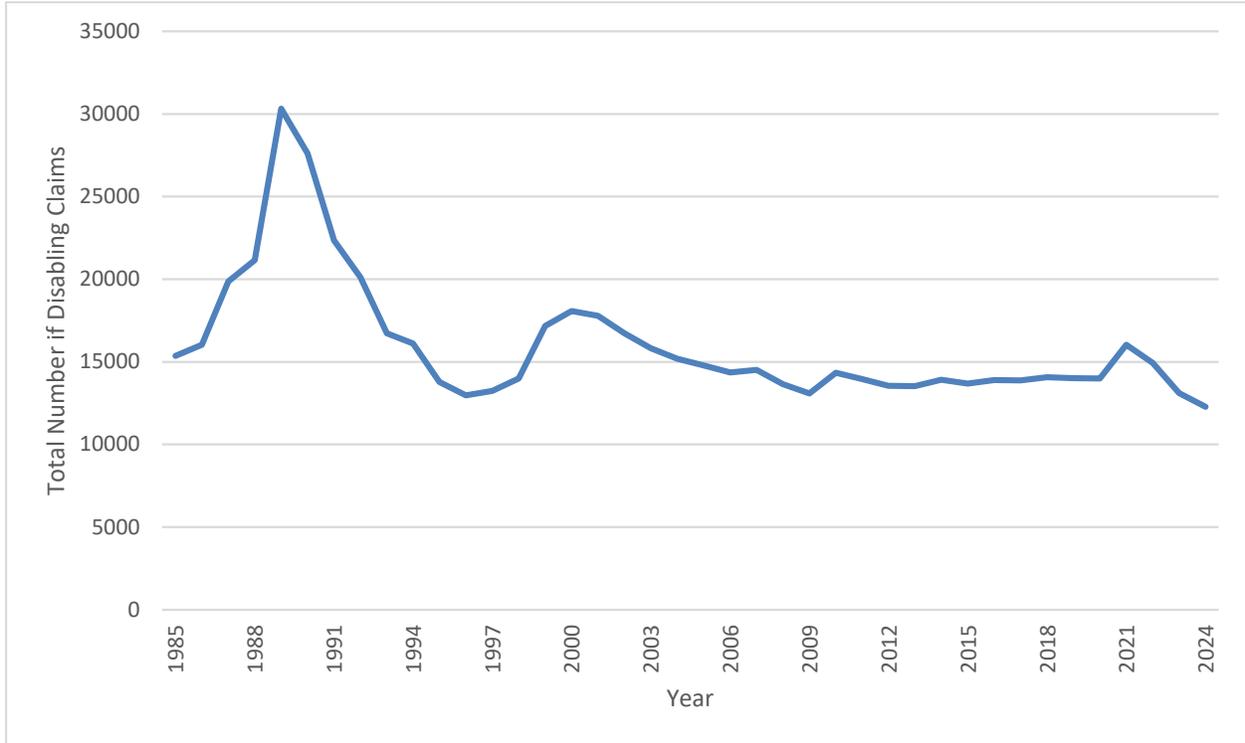
- 1) Characteristics of the employer
- 2) Characteristics of the employee
- 3) Characteristics of the workplace
- 4) Characteristics and results of the incident
- 5) Characteristics and results of the workers' compensation claim including costs

The Bureau analyzes the WCB data and provides injury profiles to employers and safety professionals to use in prevention and training activities. The consistency and completeness of WCB administrative data is critical to the accuracy and effectiveness of these prevention programs. The following is a summary of the data from the WCB claims and corresponding First Reports.

i. Thirty-eight Year Pattern of Disabling Cases, Maine (1985–2024)

In 2024 there were 12,284 disabling cases reported to the Maine Workers’ Compensation Board. A disabling claim is defined as a worker being removed from the workplace due to injury or illness and not returning to work on the same calendar day. Figure C-14 shows the 40-year trend of total recorded disabling cases since 1985.

Figure C-14: Annual Pattern of Disabling WCB Cases, 1985–2024



Source: Workers’ Compensation Board *Employer’s First Reports of Occupational Injury or Disease*

The 2010s had a stable total number of disabling claims, with a low of 13,532 in 2013 and a high of 14,334 in 2010 - a range of only 812 claims within the 10-year span. While COVID-19 had a dramatic effect on the composition of Workers’ Compensation claims in 2020, the large increase of disabling claims filed in the Healthcare and Social Service Industry was balanced by the decrease in all other industry sectors. 2021 saw a return to normal employment levels as vaccinations became widespread; however, the increased claims being filed in the Healthcare and Social Service Industry did not decrease. This led to the highest filing of disabling claims in 20 years, and the highest year-over-year increase in disabling claims filed since 1998-1999. Claim numbers started to trend downward in 2022, with a return to pre-pandemic injury counts in 2023. This year’s 12,284 claims are the lowest number of disabling injuries filed in the 40-year record. 1996 was the last year when the total number of claims was under 13,000, and this year’s claim total is 686 less than that historic low.

ii. Distribution of Disabling Claims by Gender and County, Maine (2022-2024)

Geographic and gender distributions of data can be useful in health and safety related planning and setting enforcement and consultation priorities by region. Table C-15 provides the number of disabling cases by county and gender for 2022 through 2024.

Table C-15: Distribution of Disabling Cases by Gender and County, Maine (2022-2024)

County	2022			2023			2024			Three Year County Total
	Female	Male	Total	Female	Male	Total	Female	Male	Total	
Androscoggin	512	642	1,154	423	622	1,045	393	574	967	3,166
Aroostook	359	370	729	244	323	567	298	303	601	1,897
Cumberland	2,320	2,162	4,482	1,987	1,894	3,881	1,630	1,789	3,419	11,782
Franklin	138	139	277	79	118	197	65	120	185	659
Hancock	237	259	496	226	291	517	184	283	467	1,480
Kennebec	664	668	1,332	593	671	1,264	682	673	1,355	3,951
Knox	191	219	410	121	210	331	125	205	330	1,071
Lincoln	92	152	244	72	144	216	65	118	183	643
Oxford	170	248	418	149	232	381	152	200	352	1,151
Penobscot	1,036	897	1,933	827	796	1,623	698	711	1,409	4,965
Piscataquis	82	80	162	76	65	141	88	78	166	469
Sagadahoc	159	535	694	138	454	592	158	524	682	1,968
Somerset	210	197	407	159	215	374	140	182	322	1,103
Waldo	125	152	277	77	132	209	82	138	220	706
Washington	134	145	279	100	125	225	92	131	223	727
York	687	804	1,491	564	772	1,336	481	731	1,212	4,039
#N/A	104	186	290	100	192	292	60	130	190	772
Year Total	7,220	7,855	15,075	5,935	7,256	13,191	5,393	6,890	12,283	40,549

Source: Workers' Compensation Board *Employer's First Report of Occupational Injury or Disease*

* "#N/A" represents WCB *First Reports* with missing location information.

Prior to the pandemic, approximately 42.5% of disabling claims were filed by women, and 57.5% were filed by men. In 2020, disabling claims filed within the Healthcare and Social Assistance industry increased sharply relative to every other industry, where claim totals were typically decreasing. Because this is one of the largest industries in Maine and has a female majority workforce, the gap in filing by gender shrunk from 15% to only 5%, with female claimants make up 47.5% of post-pandemic claims, while males are only 52.5%.

This trend is slowly reverting to a pre-pandemic ratio. In 2024, 43.9% of claims were filed by female workers, while 56.1% were male. The Bureau will monitor this in the upcoming year so find out if we are returning to the historical 42.5/57.5 split, or if a new equilibrium is being established.

iii. Disabling Cases by Industry Groups, Maine (2022-2024)

Ten industry groups accounted for over 90% of all disabling injuries in 2024. Table C-16 lists those top ten industry groups, with their corresponding share of injury totals.

Table C-16: Disabling Cases by Industry Groups, Maine (2022-2024)

Industry Groups	2022		2023		2024		Three Year Industry Total
	Number	Percent	Number	Percent	Number	Percent	
Health Care and Social Assistance	4,699	31.17%	3,453	26.18%	2,938	23.92%	11,090
Retail Trade	1,883	12.49%	1,760	13.34%	1,637	13.33%	5,280
Manufacturing	1,755	11.64%	1,506	11.42%	1,506	12.26%	4,767
Construction	1,056	7.00%	1,070	8.11%	1,053	8.57%	3,179
Public Administration	1,021	6.77%	791	6.00%	823	6.70%	2,635
Accommodation and Food Services	869	5.76%	859	6.51%	749	6.10%	2,477
Educational Services	708	4.70%	821	6.22%	798	6.50%	2,327
Transportation and Warehousing	742	4.92%	662	5.02%	656	5.34%	2,060
Administrative and Support and Waste Management and Remediation Services	645	4.28%	529	4.01%	543	4.42%	1,717
Wholesale Trade	533	3.54%	515	3.90%	428	3.48%	1,476
<i>All Other Industries</i>	<i>1,166</i>	<i>7.73%</i>	<i>1,225</i>	<i>9.29%</i>	<i>1,153</i>	<i>9.39%</i>	<i>3,544</i>
Total	15,077	100%	13,191	100%	12,284	100%	40,552

Source: Workers' Compensation Board *Employer's First Reports of Occupational Injury or Disease*

Note: Percentages are rounded and may not add up to 100.0%

The number of disabling injuries and illnesses in the Healthcare and Social Assistance industry are noteworthy for a 1,761-claim filing decrease over the past two years. Also noteworthy is that between 2022 and 2024 there was a 2,793 decrease in total number of claims filed. This means 63% of the total reduction in disabling injuries over the last two year is directly attributed to a reduction in disabling injuries in the Healthcare and Social Assistance Industry. Their 2,938-claim count is the lowest claim count since 2019, when the 2,770 disabling injuries accounted for 19.8% of the total.

No industry saw a significant year-over-year increase in claims filed, as is expected in a year which saw a historically low total number of claims filed. However, only Healthcare, Accommodation and Food services, and Wholesale Trade saw significant decreases in their claim totals. All other industries are essentially unchanged from the prior year. The Bureau will monitor whether these changes continue throughout the next year of data and further reflect 2019 injury data, or if a new baseline is being set for Maine.

iv. Disabling Cases by Occupational Groups, Maine (2022-2024)

Ten occupational groups accounted for more than 80% of all reported disabling injuries in 2024. Table C-17 lists those top ten occupational groups, with their corresponding share of injury and illness totals.

Table C-17: Disabling Cases by Occupational Groups, Maine (2022-2024)

Occupation Groups	2022		2023		2024		Three Year Occupation Total
	Number	Percent	Number	Percent	Number	Percent	
Transportation and Material Moving Occupations	2,600	17.2%	2,440	18.5%	2,290	18.6%	7,330
Construction and Extraction Occupations	1,196	7.9%	1,169	8.9%	1,198	9.8%	3,563
Healthcare Support Occupations	1,864	12.4%	1,300	9.9%	1,188	9.7%	4,352
Production Occupations	1,248	8.3%	1,061	8.0%	1,045	8.5%	3,354
Healthcare Practitioners and Technical Occupations	1,672	11.1%	1,219	9.2%	971	7.9%	3,862
Food Preparation and Serving Related Occupations	989	6.6%	1,055	8.0%	884	7.2%	2,928
Installation, Maintenance, and Repair Occupations	846	5.6%	884	6.7%	835	6.8%	2,565
Building and Grounds Cleaning and Maintenance Occupations	856	5.7%	779	5.9%	743	6.0%	2,378
Sales and Related Occupations	567	3.8%	496	3.8%	465	3.8%	1,528
Protective Service Occupations	549	3.6%	522	4.0%	464	3.8%	1,535
All Other Occupations	2,690	17.8%	2,266	17.2%	2,201	17.9%	8,692
Year Total	15,077	100.0%	13,191	100.0%	12,284	100.0%	42,087

Source: Workers' Compensation Board *Employer's First Reports of Occupational Injury or Disease*

Note: Percentages are rounded and may not add up to 100.0%

The large reduction of claims filed in the healthcare industry noted earlier is shown here to be shared between practitioners and support workers, with both occupational classifications filing significantly less claims over the past two years.

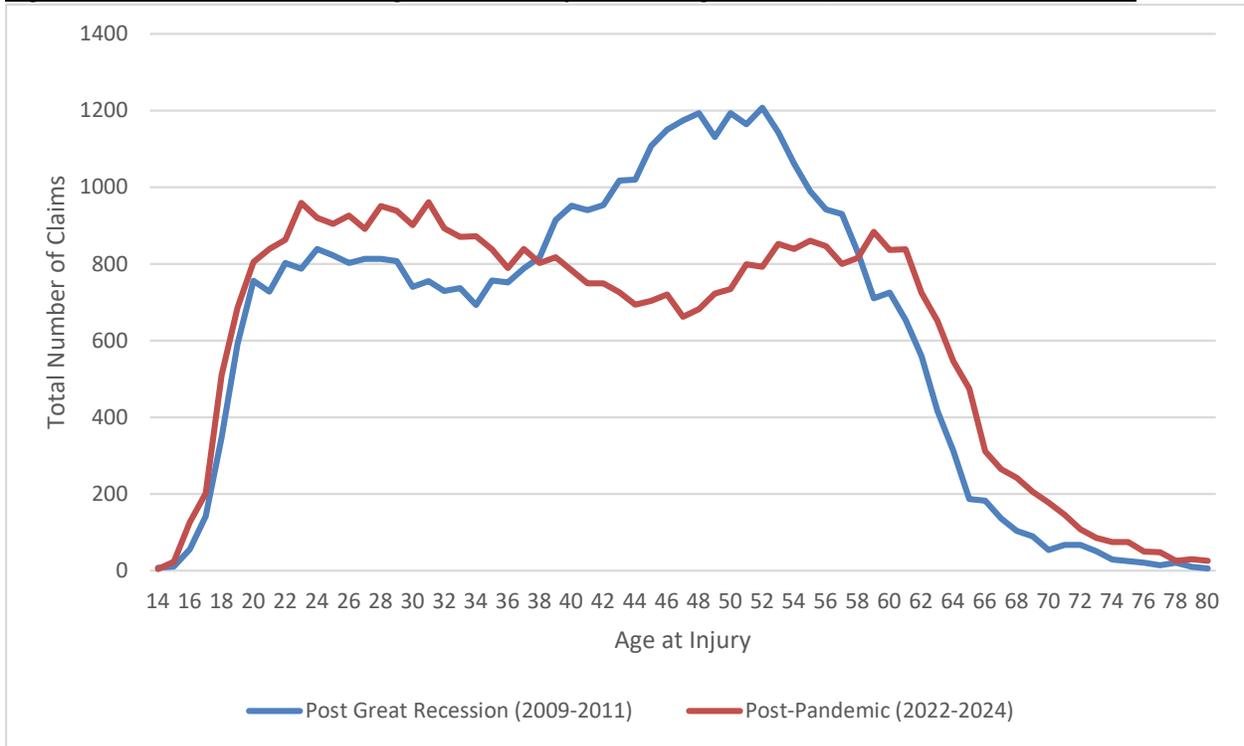
2024 was the first year since the pandemic where Construction and Extraction occupations saw more disabling injuries and illnesses than Healthcare Support occupations. The total number of FROIs filed for these trades has remained consistent over the past three years, while Healthcare Support occupations have been decreasing since peaking early in the pandemic.

Outside of Healthcare-related occupations, Food Preparation and Serving Related occupations were the only group which saw a significant year-over-year decrease in total filings. There were no trades which saw a significant increase in the number of disabling injuries or illnesses.

v. Age of Injured Worker, Maine, 10-year Comparisons

Figure C-18 displays the age of workers suffering a disabling injury. The two groups of 3-year cohorts are taken directly after global crises.

Figure C-18: Number of Disabling WC Claims by Worker Age, Maine (2009-2011 vs 2022-2024)



Source: Workers' Compensation Board *Employer's First Report of Occupational Injury or Disease*

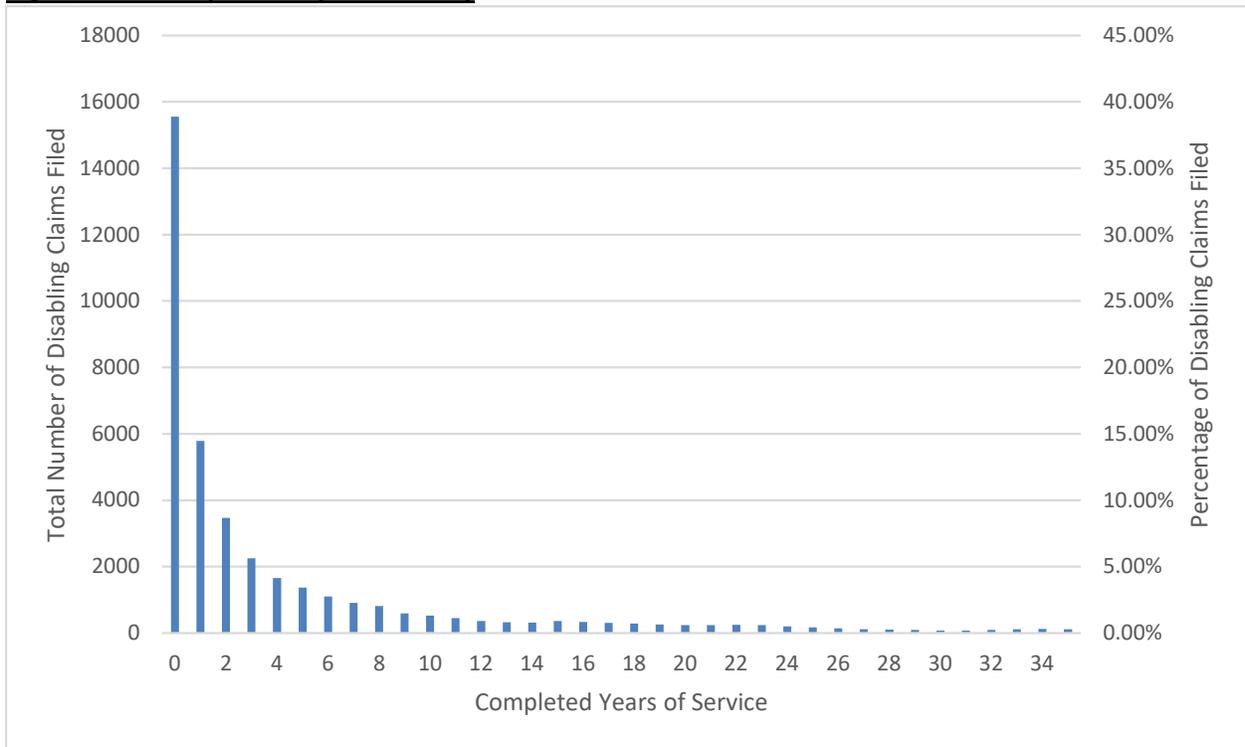
For the Post Great Recession group, the peak number of claims filed were by 52-year-old workers, which totaled 1,207 injuries over the 3-year span. In the Post-Pandemic group, this peak has moved forward slightly to 59-year-olds. However, it has diminished to only 884 total claims. This is less than the peak seen by a new generation in the workforce, as 23-year-olds filed 959 claims, and 31-year-old filed 961 claims. Maine's workforce has passed a milestone where we are now seeing the worker age filing the most claims shifted from the tail end of the Baby Boomers generation to the late Millennials and early Generation Z.

When looking at overall injury and illness data, the Bureau has not found a significant link between the age of an injured worker and the frequency of injury. This implies that that age is not a predicting variable for a worker suffering a disabling injury or illness in the workplace. The remaining conclusion to be drawn is that the data above represents the overall age of the Maine workforce. The late Millennial and early Z generations having a larger spike in claim filing over the last three years compared to the Baby Boomer generation is a sign of the younger generation overtaking the older in terms of workforce composition.

vi. Length of Service of Injured Worker, Maine, 2022-2024

Figure C-19 below shows a trend where new hires incur significantly more injuries than employees who have been with their employers longer, suggesting that programs and efforts to assure the safety of new employees are the most warranted.

Figure C-19: Count/Percentage of Disabling WCB Cases by Years of Service Completed by Injured Worker, Maine (2022-2024)



Source: Workers' Compensation Board Employer's First Reports of Occupational Injury or Disease

Between 2022 and 2024, the number of lost time cases by length of service can be broken up into three groups: 39% had been working for their employer for less than one year, 33% had completed between one and three years of service, and 31% of employees had completed at least four or more years of service. This is a slight deviation from prior years, where there was an almost equal distribution of injuries for workers with less than one year of service, between one and four years of service, and five or more years of service. There is almost an even split at the two-year mark as 54% of all disabling cases were suffered by employees who had not yet completed two years of service with their employer. This further necessitates safety programs for new hires, as they are the ones most likely to be injured on the job.

B. U.S. Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses (SOII) OSHA Recordable Cases

Since 1972, the Maine Bureau of Labor Standards has partnered with the U.S. Bureau of Labor Statistics through a cooperative agreement to collect data through the annual *Survey of Occupational Injuries and Illnesses* (SOII). The results from this survey are summarized and published annually on the U.S. Bureau of Labor Statistics website at this link: <http://www.bls.gov/iif/oshstate.htm#ME>.

Data are generated from a random sample of worksites stratified by industry and establishment size, asking employers about their OSHA recordable injuries and illnesses. In addition, employers report their average employment and total hours worked at the reporting worksite. From this information, the U.S. Bureau of Labor Statistics estimates incidence rates for both the nation and the participating states. The incidence rate is the estimated number of incidents per 100 full-time workers, standardized to a full calendar year and takes into account part-time and overtime exposure hours. Figures C-21 and C-22 display results from the 2023 SOII. Due to the federal shutdown, 2024 data is not yet available.

While derived from the same injury and illness cases, WCB and SOII data sets are different and are not interchangeable. WCB injury and illness data lend themselves well to providing total *numbers* of incidents and incident characteristics because the data set is in fact a census of all disabling injury and illness cases. While SOII data can be used to estimate total numbers, they are less suited for that because the SOII data set is from a survey – a sample of all cases– rather than a census. On the other hand, SOII data are better suited than WCB data for providing statistically valid estimates of injury rates because the surveys also collect data on the number and amount of time employees are working.

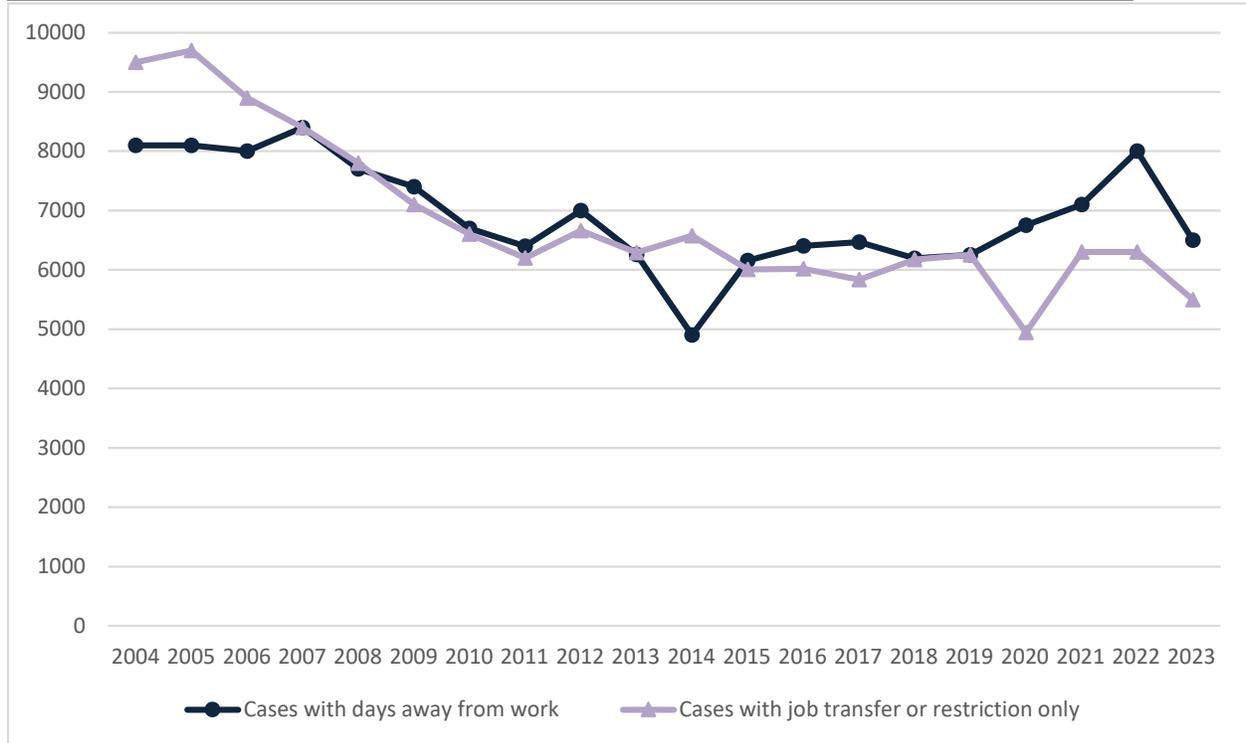
Data collected from SOII are also incomparable with the WCB data because:

- The two systems record cases based on different definitions of “work-related.”
- The criteria that would be used to determine whether an injury or illness is severe enough to be included are not identical between the two systems. Therefore, based on severity, a case could be included in one set of data and not the other.
- WCB data (coupled with employer data available to the Bureau) can be used to generate employment-based rates but those rates are not the same as the rates published through SOII.
- The SOII rates are based on hours worked converted into full-time equivalents (FTEs), whereas the WCB rates can only be based on employee numbers.
- The WCB data set is a census of disabling injuries and illnesses, while the SOII data are from a statistical sample. The SOII data are therefore subject to sampling errors.

i. OSHA Recordable Case Numbers and Rates

Figure C-21 below provides the SOII estimated number of recordable cases while Figure C-22 on the following page depicts the rates. The rates consider the number of hours workers were exposed to workplace risks. The exposure hours vary from industry to industry and year to year, and the rates take that into account.

Figure C-21: Lost Workday and Restricted Work Activity Estimated Cases (2004–2023)



Note: Due to the federal shutdown, 2024 data is not yet available.

For 2023, there was an estimated total of 12,000 OSHA recordable injuries and illnesses resulting in at least one day away from work and/or one day of job transfer or restriction beyond the day of injury. Of this total it was estimated that 6,500 cases resulted in at least one day away from work and 5,500 cases resulted in job transfer or restriction without any days away from work.

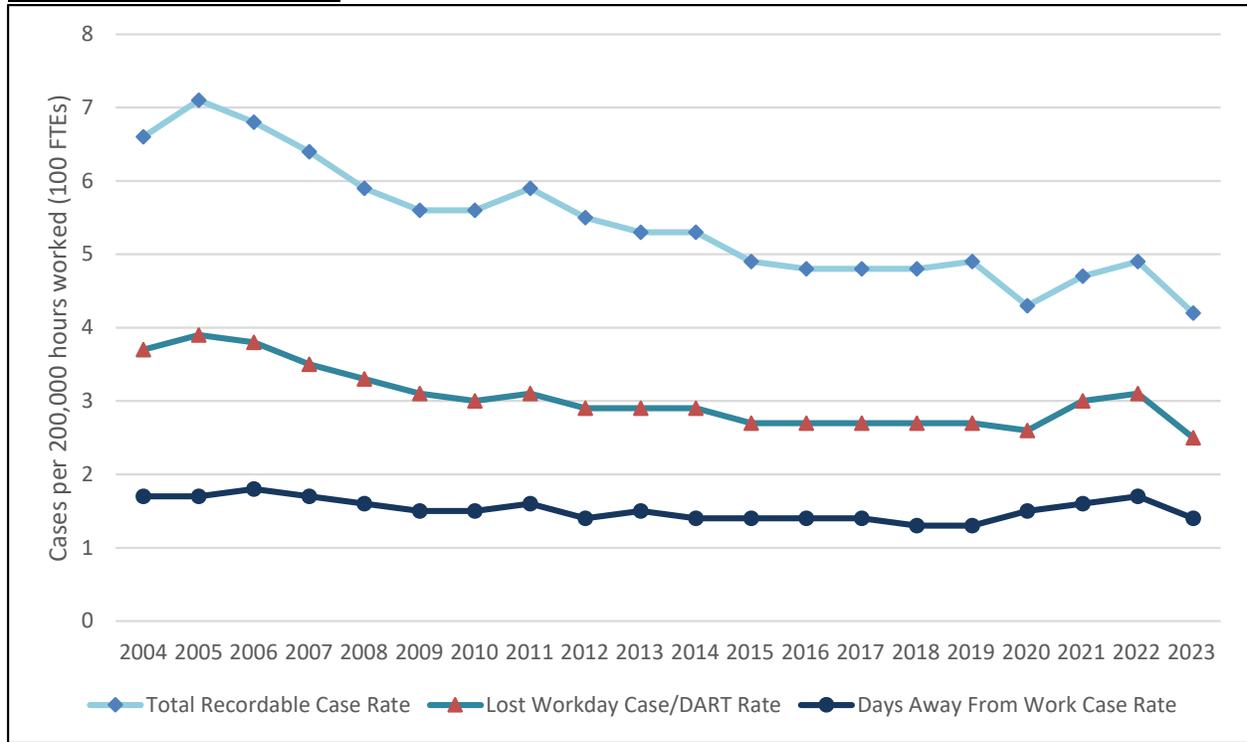
The 6,500 estimated cases with days away from work is a decrease compared to the 8,000 estimated cases in 2022, the year with the highest number of estimated days away from work cases since 2007.

As statewide unemployment returned to pre-pandemic levels, the low number of cases of job restriction or transfer rebounded. They did not see a significant change compared to the estimation for 2019. It is hypothesized that the normalization of remote work has led to a decrease in the number of cases of job transfer or restriction, explaining the wider gap between the number of these cases and cases of days away from work as compared to before the pandemic.

ii. OSHA Recordable Case Rates

A complement to the numbers generated from the WC and SOII data are the rates that, as mentioned, take into account differences in the hours worked and exposed. Figure C-22 shows a longitudinal decline in the rate of injuries and illnesses reported. This table is per 100 full-time equivalents (FTEs) computed from employer-reported total hours worked.

Figure C-22: Total Recordable, Lost Workday or DART* and Days Away from Work Cases per 100 FTEs (2004-2023)



Note: Due to the federal shutdown, 2024 data is not yet available
 DART = Days Away from Work, Restricted Work Activity, or Job Transfer

In calendar year 2023, Maine’s DART Rate and Days Away from Work Rate fell to near pre-pandemic levels, after rising from 2020 to 2022. The Total Recordable Case Rate, which recorded an initial decline at the start of the pandemic, then rebounded to pre-pandemic levels by 2022, this year showed another decline. Since DART Cases are a component of Total Recordable Cases, the rates move together except when the other component of Total Recordable Cases, those that are recordable but do not result in a DART, change in a way that counteracts the changes in the DART cases.

Not displayed explicitly in this graphic are cases which only result in job transfer and restriction, or other recordable cases which did not result in a DART. Cases which resulted only in job transfer or restriction had been steady before 2020 at a rate of 1.3 cases before 2020. After a dip to 1.1 in 2020, and a rise to 1.4 the two following years, they are at 1.2 for calendar year 2023. Other Recordable Cases were substantially reduced in the post-pandemic workplace. Prior to 2020, there were 2.2 cases per 100 FTEs. Now post-pandemic, they have shrunk to 1.7 cases. As of 2023, this is the only injury type to show a significant decrease after 2020.

More Maine SOII rate data from 2011–2023 are published on the U.S. Bureau of Labor Statistics website at this link: http://www.bls.gov/iif/state_archive.htm#ME

iii. Industry Sector Data

According to the 2023 SOII (private sector), Skilled Nursing Facilities recorded the highest total recordable incidence rate of 13.8 Cases per 100 FTEs. Table C-23 lists the top-ten private-industry total recordable rates.

Table C-23: Publishable* Industries with the Top Ten Total Recordable Rates, Maine, 2023

Industry	Cases per 100 FTEs
Nursing Care Facilities (Skilled Nursing Facilities)	13.8
Couriers and Messengers	12.0
Continuing care retirement communities and assisted living facilities for the elderly	9.8
Hospitals	9.2
Amusement, Gambling and Recreation Industries	9.0
Wood Products Manufacturing	8.3
Warehousing and Storage	8.1
Waste Management and Remediation Services	7.3
Transportation Equipment Manufacturing	7.0
Services for the Elderly and Persons with Disabilities	7.0
All Private Industries	4.2

Source: U.S. Bureau of Labor Statistics *Survey of Occupational Injuries and Illnesses*

Note: Due to the federal shutdown, 2024 data is not yet available

*Recently Federal BLS made a change in their publishability criteria, with a renewed focus on protecting the potentially identifiable information of the establishments who supply us with data. Because both MDOL and BLS must agree to publish an industry’s injury and illness rates for their data to be available, the number of manufacturing industries which we can provide injury and illness rates for has decreased. For example, 2019 data for injury and illness rates in Maine’s Boat Building industry were cleared to be published, which is the greatest level of specificity available for this industry.

The 2020 data for injury and illness rates in the Boat Building Industry were suppressed to protect the confidentiality of employers in related industries. More general injury and illness rates for Transportation Equipment Manufacturing subsector was the greatest level of detail allowed to be published. This group combines the data for industries involved in the manufacturing of motor vehicles, motor vehicle parts (including bodies and trailers), aerospace products and parts, railroad rolling stock, ships, and boats.

The 2021 data is unavailable beyond the most general Manufacturing level (7.4 cases per 100 FTEs). This combines the data from the Transportation Equipment Manufacturing

subsector with data for 20 other manufacturing subsectors, which are as general and diverse as Paper Manufacturing, Textile Mills, and Machinery Manufacturing.

MDOL petitioned federal BLS to review their publishability criteria, as our responsibility to educate workers industries facing the highest risk of injury and illness is paramount. For 2022 and 2023, we are again able to publish data for Transportation Equipment Manufacturing.

If there are injury or illness rates which you have normally been able to view through the SOII publication or this report but are unavailable for 2023, or if there are industries whose injury or illness rates you are interested in but have not been normally available through the SOII publication, please contact MDOL staff at bls.mdol@maine.gov. We can provide you with information from a separate data program which may be useful for your needs. Additionally, we can add your suggestion to the list of industries we focus on for the SOII publication.

iv. OSHA Injury Tracking Application (ITA)

Certain establishments in Maine are required to annually submit injury and illness data directly to OSHA. This is done online through OSHA's Injury Tracking Application (ITA). The size and industry of the establishment determines whether it must participate: no establishment with less than 20 employees must participate, establishments with 20-249 employees must participate only if they are in an industry included in a set of listed high risk industries, and establishments with 250 or more employees must participate unless they are in an industry that is not usually required to keep workplace injury records at all by OSHA. Establishments subject just to these requirements submit only summary information, equivalent to what would appear on a OSHA Form 300A. OSHA then makes this information available at <https://www.osha.gov/Establishment-Specific-Injury-and-Illness-Data>.

Additional ITA requirements for a subset of establishments went into effect January 1, 2024. Establishments with 100 or more employees and in specific 4-Digit NAICS codes on a list of high-risk industries both separate from and narrower than the list noted above must electronically submit their OSHA 300, 300A, and 301 forms. The inclusion of the 300 and 301 forms result in OSHA collecting and publishing details about individual injuries and illnesses cases, in addition to establishment-wide summary information from these establishments. 5,670 cases from 533 Maine establishments were included in the latest release of the 2023 case details data, dated December 12, 2024.

Due to the ITA focusing on larger employers and higher risk industries, neither the summary data nor the case detail data OSHA produces from it can replicate the more comprehensive coverage of the injury and illness rates produced through our federal partnership with BLS. However, due to the ITA dataset's public availability, it is a valuable resource to supplement our existing data reporting of Workers' Compensation data.

C. U.S. Bureau of Labor Statistics, Census of Fatality Occupational Injury Program (CFOI)

The *Census of Fatal Occupational Injuries* (CFOI), part of the Bureau of Labor Statistics (BLS) Occupational Safety and Health Statistics (OSHS) program, is a count of all fatal work injuries occurring in the U.S. during the calendar year. The CFOI uses a variety of state, federal, and independent data sources to identify, verify, and describe fatal work injuries. This ensures counts are as complete and accurate as possible. For the 2023 data, over 26,700 unique source documents were reviewed across the country as part of the data collection process. Since 1992, the Maine Bureau of Labor Standards has worked in partnership with Federal BLS to administer the CFOI for Maine.

The CFOI program was established to determine a true count of work-related fatalities in the United States. Prior to CFOI, estimates of work-related fatalities varied because of differing definitions and reporting sources. The CFOI program collects and compiles workplace-fatality data that are based on consistent guidelines throughout the United States.

A workplace fatality must meet the following criteria to be included in CFOI:

1. It must have resulted from a traumatic injury;
2. The incident that led to the death must have occurred in the United States, its territories, or its territorial waters or airspace; and
3. It must be related to work

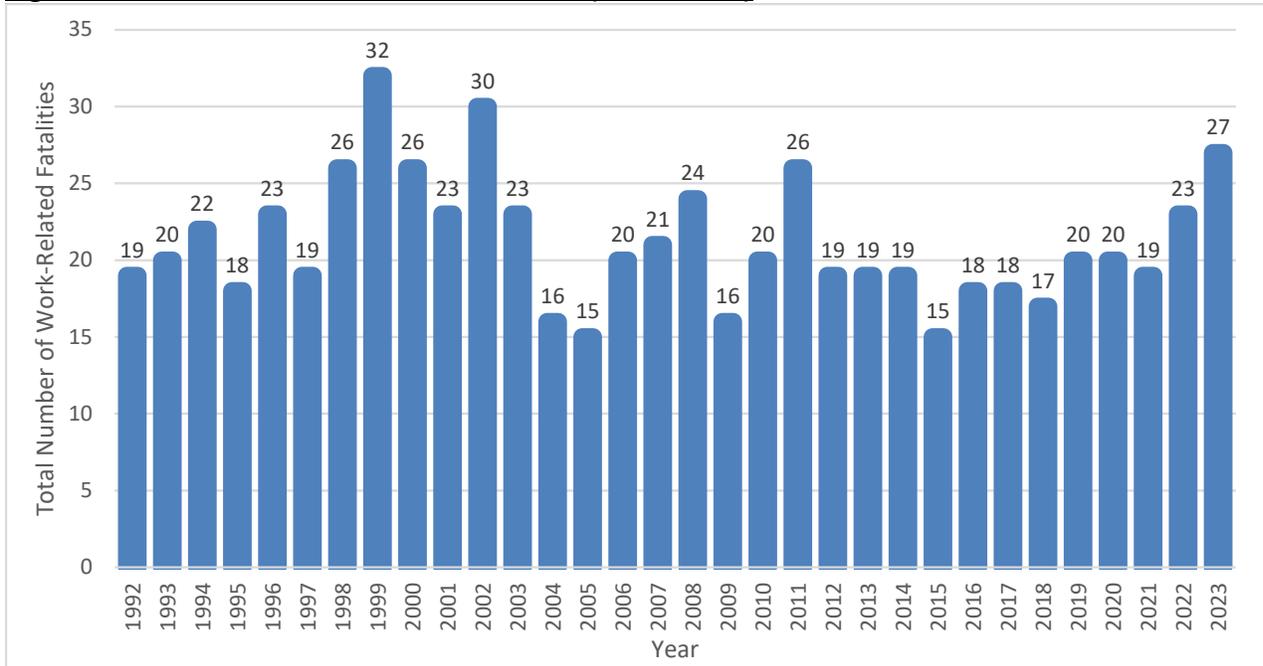
Fatalities due to illness or disease tend to be undercounted because the illness may not be diagnosed until years after the exposure, or the work relationship may be questionable. Private and public sector (state, local, and county government) are included in the CFOI.

Fatalities must be confirmed by two independent sources before inclusion in the CFOI. Sources in Maine include the WCB *Employer's First Reports of Occupational Injury or Disease*, and fatality reports from the following agencies and sources: 1) death certificates from Maine Center for Disease Control and Prevention, 2) the Chief Medical Examiner's Office, 3) investigative reports and motor vehicle accident reports from the Maine State Police and/or local police and sheriff's departments, 5) the U.S. Coast Guard; 6) OSHA reports, and 7) newspaper clippings and other public media.

i. Fatal Occupational Injuries, Maine (1992–2023)

Figure C-26 shows the numbers of work-related fatalities recorded in Maine from 1992–2023.

Figure C-26: Work-Related Fatalities, Maine (1992–2023)



Source: Maine Census of Fatal Occupational Injuries

Note: Due to the federal shutdown, 2024 data is not yet available

ii. Fatal Occupational Injuries by Classification

In a separate report to the U.S. Bureau of Labor Statistics, the Maine Bureau of Labor Standards has summarized previous years’ data by several categories: year, occupation, type of fatal event, primary source (mostly vehicle accidents), and age of the victim. The nature of these reports is tightly restricted by the U.S. BLS, and the final form of the report must be approved by that agency. Thus, rather than publishing this information in two separate places, the reader is referred to the original document. Please see:

https://www.maine.gov/labor/labor_stats/publications/cfoi/index.html

D. OSHA Data Initiative (ODI)

From 1993 through 2012, the Bureau received a grant from U.S. OSHA to collect data on specific worksite occupational injury and illness rates in Maine. The information was used by OSHA to target establishments with high incidence rates for intervention through consultation or enforcement. Usually, the regional office of OSHA initiates this activity under the U.S. OSHA Local Emphasis Programs (LEP). Due to the federal sequester in fiscal year 2013, the ODI initiative was not funded and has not been funded since.

E. Occupational Fatality Reports

BLS piloted a fatality assessment, control, and evaluation (FACE) program designed after the U.S. FACE program conducted by the National Institute for Occupational Safety and Health (NIOSH). The program consisted of a series of publications regarding work-related fatalities, the conditions that contributed to them, and measures that should or could have been taken to prevent them. With federal funding unavailable to continue the FACE program, BLS implemented its own Occupational Fatality Reporting Program (OFR) and published nine OFR reports through 2008 to draw attention to the work environments and behaviors resulting in worker fatalities.

In late 2012, the Bureau renewed this effort and is preparing a new OFR series that will identify fatality hazards in order to motivate employers and employees to embrace recommended safety practices and behaviors. The first report of the new OFR series, entitled “Dying Alone on the Job,” January 2013, explores the causes of death while working alone and makes practical and industry-oriented recommendations for increased safety.

Possible future OFR topics include fatalities due to electrocution from direct or indirect contact with energized sources, tree cutting accidents, climbing/falling accidents, and the general practices of situational awareness.

F. Worker’s Memorial Day

Worker’s Memorial Day is observed every year on April 28, the day of OSHA’s establishment in 1971. In a number of Maine locations, community leaders, families of fallen workers, and employers gather to discuss the ongoing commitment to eliminate on-the-job fatalities by providing safe and healthy workplaces for all of Maine’s working men and women. The Bureau of Labor Standards supports these commemorations and provides workplace fatality information to assist in their preparation. Through its workplace safety inspections and consultations, its SafetyWorks! training and education, and its research and analysis of injuries and illnesses data, the Bureau continues to work to ensure the objectives of safer workplaces are constantly advanced.

G. Employer Substance Use Testing

Under the Maine Substance Use Testing Law, the Bureau of Labor Standards reviews and approves or denies proposed drug testing policies of Maine employers who want to have a substance use testing program. Employers can either use a model policy template available from the Bureau or develop their own drug testing policy that complies with Maine drug testing laws (The Maine Substance Use Testing Law, Title 26 MRS, Section 680 *et seq.*).

The Maine Substance Use Testing Law is intended to protect the privacy rights of employees yet allow an employer to administer testing for several purposes: 1) to ensure proper testing procedures, 2) to improve workplace safety, and 3) to eliminate drug use in the workplace. Regulation of testing for use of controlled substances has been in effect under Maine law since September 30, 1989. The administration of this law is the collaborative effort of the following agencies:

- The Maine Department of Labor (MDOL), which:
 - Reviews and approves substance use testing policies,
 - Conducts the annual survey of substance use testing,

- Analyzes testing data and publishes the annual report, and
- Provides templates for Applicant and Employee Testing Policies.
- The Maine Department of Health and Human Services (DHHS), Health Environmental Testing Laboratory (HETL), which licenses testing laboratories, and the Division of Licensing and Certification within DHHS, which reviews and certifies employee assistance programs (EAPs) for employers who conduct probable cause, random, and/or arbitrary testing. (Any employer with more than 20 full-time employees must have a functioning and certified EAP prior to testing their employees under the current statute.) **NOTE: as of June 2025, the requirement for the employers noted above to have their EAP certified by DHHS was repealed.*

In 2024, the annual survey indicated that a total of 11,797 tests were administered by employers with approved policies and 1,001 (8.5%) of these tests were positive. Of the 11,432 job applicants tested, 958 (8.4%) tested positive for illegal substances. Table C-28 shows the total tests and applicant test results for the last ten years, while Table C-29 describes the corresponding results for probable cause and random testing.

For a full report, visit: https://www.maine.gov/labor/labor_laws/substanceusetesting/. Survey data for 2025 will be available by April 1, 2025.

Table C-28: Results of Overall and Applicant Substance Use Testing (2015–2024)

Year	Approved Policies	Total Tests			Job Applicant Testing		
		Tests	Positives	(%)	Tests	Positives	(%)
2015	534	26,258	1,308	5.0	25,059	1,257	5.0
2016	541	21,020	1,019	4.8	19,956	962	4.8
2017	543	25,310	1,441	5.7	23,835	1,372	5.8
2018	552	25,113	1,455	5.8	23,999	1,399	5.8
2019	540	26,173	1,843	7.0	25,048	1,794	7.2
2020	536	19,565	1,443	7.4	19,190	1,406	7.3
2021	526	22,228	2,420	10.9	21,925	2,385	10.9
2022	520	22,054	1,554	7.0	21,190	1,512	7.1
2023	504	16,133	1,100	6.8	15,834	1,056	6.7
2024	489	11,797	1,001	8.5	11,432	958	8.4

Table C-29: Results of Probable and Random Substance Use Testing (2015-2024)

Year	Approved Policies	Probable Cause Testing			Random Testing		
		Tests	Positives	(%)	Tests	Positives	(%)
2015	534	45	11	24.4	1,153	40	3.5
2016	541	24	13	54.2	1,040	44	4.2
2017	543	54	14	25.9	1,421	55	3.9
2018	552	35	18	51.4	1,079	38	3.5
2019	540	24	11	45.8	1,101	38	3.5
2020	536	27	18	66.7	347	19	5.5
2021	526	52	16	30.8	251	19	7.6
2022	520	48	32	66.7	816	10	1.2
2023	504	33	17	51.5	266	27	10.2
2024	489	32	20	62.5	333	23	6.9

II. RESEARCH PROJECTS OTHER THAN ANNUAL REPORT

A. OSHA Recordkeeping Employer Outreach Initiative

The *Survey of Occupational Injuries and Illnesses* depends on the accuracy of data tabulated from the OSHA Recordkeeping process. To ensure the accuracy of the data and to help employers comply with OSHA recordkeeping guidelines and avoid enforcement actions, the Research and Statistics Division provides formal training, consultation, and outreach to Maine employers. In 2025, the BLS Research and Statistics Division training staff conducted 12 classes in various locations in the state via SafetyWorks: Five in Augusta, four in Brewer, one in Lewiston, one in Sanford, and one in Presque Isle.

B. Special Projects

Using information from the Maine Workers' Compensation Board's *Employer's First Report of Occupational Injury or Disease*, the Research and Statistics Division conducted the following special research projects in 2012 – 2017, which can also be found here:

https://www.maine.gov/labor/labor_stats/research.html

- Tableau: An Interactive Workers' Compensation Database
- *Hospital OSHA Recordkeeping Study*
- *Slipping and Falling on Ice*
- *Injuries Incurred by Maine's EMTs (and Others)*
- *Injuries and Illnesses Due to Workplace Chemicals and Related Hazards*
- *Roofing and Exterior Worker Falls in Maine, 2011 – 2013*

i. Tableau Interactive Web Database for Workers' Compensation Injury Data

In response to requests to publish characteristics of Workers' Compensation annual injury data, it was determined that the most effective method of graphic presentation would be via the interactive database software Tableau on the Department of Labor's website. This method of data presentation allows data seekers easy access to Workers' Compensation injury data that the Bureau updates annually. It is available at: http://www.maine.gov/labor/labor_stats/workinjuries.html

ii. OSHA Recordkeeping Establishments at Maine Hospitals

Over the years, Bureau staff has come across a number of SOII survey reports by hospitals that included injuries from associated offices and clinics among their totals. Thus, the Bureau has been concerned that there may be over-reporting of injuries by hospitals leading to higher reported injury rates for that industry. In 2016, the Bureau hired a Margaret Chase Smith intern to examine the separate offices and practices associated with or affiliated with major hospitals in Maine and determine which fall under the hospital's OSHA recordkeeping responsibilities and which are considered separate establishments. Of the 216 associated practices and offices examined, the Bureau found that 175 are actually separate establishments that were not under the OSHA recordkeeping responsibilities of their parent hospitals. The Bureau also determined that all but two of the 175 are ordinarily exempt from OSHA recordkeeping based on their North American Industry Classification System (NAICS) codes. This information has enabled those hospitals to be more accurate in carrying out their OSHA recordkeeping and reporting requirements, which should lead to more accurate calculations of hospital injury rates.

iii. Slipping and Falling on Ice: A Serious Workplace Hazard

Snow and ice cover Maine for most of the cold months, transforming our state into a true "winter wonderland" that is enjoyed by thousands. However, those same forms of frozen water pose serious hazards for work-related and other activities. Slipping and falling on ice may seem a common and inevitable nuisance in the winter; however, people sustain serious injuries from winter slips and falls. Each year, hundreds of Maine workers get hurt and lose valuable work time by slipping or falling on ice and snow. Indeed, the frequency of these incidents should raise more concern for everyone, employers and workers in particular.

Using information provided by the WCB's illness and injury claims database, this report examines the nature and extent of injuries occurring due to slipping and falling on snow and ice. It includes data about the physical effects the injured employees sustain; the financial burdens injuries place on employees, employers, and insurance carriers; and factors that might affect the frequency of these accidents. This report seeks to better define and examine the problem and its causes in the hope of guiding further work to foster effective measures that reduce these kinds of injuries to Maine workers.

iv. *Injuries Incurred by Maine's EMTs, EMT/Firefighters and Paramedics*

This report presents 2012 data pertaining to injuries incurred by Maine's emergency medical technicians (EMTs), EMT/firefighters and paramedics where a significant number of similar injury events were recorded. Research and data analysis resulted in findings that 35% of injury events were due to overexertion while lifting, transporting, or assisting injured or ill people. Findings also show that sprain and strain injuries accounted for 93.6% of the overexertion injuries and that the back was the body part injured most often, accounting for 44.7% of the cases. These injuries occurred with and without the use of mobility or lift assistance equipment.

v. *Injuries and Illnesses Due to Workplace Chemicals and Related Hazards*

This report presents data from Maine's 2012 – 2013 Workers' Compensation injury and illness claims resulting from direct or indirect exposure to injurious chemicals or workplace environmental hazards, such as poor indoor air quality resulting from microbiological (mold and fungus) growth. These exposures present occupational health and safety hazards to workers that can result in acute injuries as well as acute or chronic respiratory, allergenic, and other types of illnesses.

vi. *Roofing and Exterior Worker Falls in Maine, 2011 – 2013*

This report focuses on fall injuries among Maine's roofing and building exterior construction workers, the factors that may have contributed to them and the regulatory/enforcement efforts to reduce them. From 2011 through 2013, 34 Maine roofing and exterior workers were injured as a result of falls from roofs, falls onto roofs, and falls from ladders, scaffoldings, and staging. Four others died as a result of their falls.

The report provides data on the causes of these incidents, the kinds of injuries incurred by the workers, and the associated Workers' Compensation costs. It also provides information regarding federal regulations and standards enforced by OSHA and the Maine Department of Labor, pertaining to fall protection safety in the construction industry and penalties levies for violations of those standards.

4. CHALLENGES AND OPPORTUNITIES

The following items are challenges and opportunities identified this year or ones that continue from previous years.

I. SAFETY EDUCATION & TRAINING FUNDING

The Bureau's prevention efforts are funded through federal cooperative agreements that match the state Safety and Education Training Fund (SETF) and state funds. The strategy is to maximize federal funding that is aligned with Bureau prevention purposes. Even absent the funding, the Bureau does its best to remain aligned with federal requirements and activities.

As explained earlier, the SETF fund is currently capped by statute at 1% of the expenses from Workers' Compensation claims. That total has declined post-pandemic due to fewer injuries and declining compensation costs, which means that fund objectives are being achieved. As of now, the fund does not provide adequate resources for the Bureau to pursue novel research or cover the need to fund a major project, such as the computer software change in 2015. What the Bureau has done in the past is anticipate the need and plan the project so that the costs are spread over several years. Despite assessing 100% of the cap for the past four years, this assessment is at or near the operating costs for the Bureau, with no reserve being accumulated for future use.

II. ELECTRONIC DATA INTERCHANGE AND DATA QUALITY

The Workers Compensation Board's administrative computer system is a major source, and in some ways the most significant source, of workplace injury and illness data in Maine. The Bureau relies on that system for its data rather than keeping a separate repository of injury and illness data. In fact, the Bureau codes the information from Workers' Compensation First Reports and directly enters that coded data back into the Workers' Compensation system, from which it can then pull the stored data as needed for research or for responding to inquiries. Bureau data is, therefore, directly linked to the WCB administrative data, one-for-one, at the case level. This minimizes the chance of duplication or misalignment as happens with linked systems.

As of January 1, 2005, all filings of the *Employer's First Report of Occupational Injury or Disease* (FROIs) were required to be submitted to the WCB through electronic data interchange (EDI), computer-to-computer, using the International Association of Industrial Accident Boards and Commissions (IAIABC) Claims Release 3.0 EDI (and successors) format. This standard requires data to be thorough and timely, which sometimes sacrifices details. Some employers and insurers have adopted systems that get the data through quickly but sometimes removes details important for coding the cases. This is something the Bureau is continuously analyzing and monitoring.

Because the Bureau's coders are typically the first (and possibly, the only) humans to view some electronic data, and because they frequently access the data for research and inquiries, they are often the first to notice data quality patterns and problems. In its experience with the FROI EDI changeover, the Bureau's staff has identified data problems of three distinct types that they will need to continuously monitor.

1. **Ambiguity and coding uncertainty:** The Bureau’s coders follow strict rules about coding items where uncertainty exists. In some cases, specific information is identified in the report that is not in the coding system and must be coded as “Not Elsewhere Classified” or “NEC.” In other cases, not enough information is provided in the report to accurately determine a code and must be coded as “Unspecified” or “UNS.” In still other cases, the information suggests that multiple codes be selected. Based on the prevalence of “Unspecified” codes, the Bureau can identify topics, situations, specific employer groups, and even EDI system filters where the information submitted in the First Reports is not sufficient for accurate coding and classification.

The number of “Unspecified” codes went down over time with the FROIs, which suggests that the data quality overall improved by the EDI process. This is probably because EDI systems consistently require responses and are tied to a tight employer-identity system. However, it was also clear that data quality with EDI varies widely, and the reasons for that were not always understood. Some entries were consistently complete and precise enough for accurate coding, whereas at times some entries were missing or were far too vague to be coded accurately. This may be due to changes in reporting instructions to employers and insurers, changes in programming, and/or changes in the personnel involved. The problems may occur anywhere in the injury Illness reporting system, from the way employees report events to their employers at the beginning of the process, to the way drop-down menu choices are used in the EDI data FROI systems, to coding conventions and choices that the Bureau’s staff can make in its own process. BLS will need to be vigilant with the SROI system changeover to try to catch situations early in the process to minimize impact on the quality of the WCB data.

2. **Software glitches:** While overall the data was better with the FROI EDI process, Bureau staff saw some patterns that suggested it was the systems not passing data on or doing so in a way that removed needed details. In such cases, significant effort is required by system managers and others to correct the problems, and BLS will work to identify such sources and correct the data gaps if they are discovered with the EDI process.
3. **Patterns that indicate a lack of attention:** The coders sometimes realize that all reports of a particular source use the same code or the same pattern of coding. Unless the situation is common, this may indicate that the source has learned that the pattern gets the report through the system, accurate or not. These cases are the hardest to detect and correct because they make it through automated screening systems, and only if the pattern is unusual or used so often as to call attention to it, is it even detected. As with the other two issues, it relies on human detection and pattern recognition and the Bureau staff must watch for that.
4. **Changes to the WC Case system:** System updates and changes have created a discrepancy between the WC Case system and the data warehouse. This needs to be resolved to be able to link cases to data on the employers and employer demographics like location and industry.

III. RETURN TO WORK DATA

Returning to work to the same employer is the most favorable of the outcomes of a Workers' Compensation claim. Once open and closed cases are determined, dates can be defined and, in turn, duration and lost productivity can be derived as well. These measures augment counts and costs and can be aggregated to prioritize and call attention to the severity of certain injury sources and events. Consequently, it is important to accurately quantify and characterize return-to-work data so that tertiary prevention programs and activities are properly managed, reducing the social and economic cost of injuries or illnesses after they occur.

Table C-34 below shows that for just over two-thirds of the cases that occurred in the last five years, the injured worker has returned to work for the same employer. This suggests that major progress has been made in prevention and in determining the economic and social costs of workplace injuries and illnesses. These data are in the process of commitment to an EDI process, which should improve its accuracy. As it is, many exceptions and corrections are necessary to profile cases that may not actually reflect individual situations and is an area of future research.

Table C-34: Status of Lost Time Claims, Maine, 2020-2024

Claim Status	Year of Injury or Illness Report					Total
	2020	2021	2022	2023	2024	
Lost Time (LT) Claims	5,477	5,476	5,283	4,313	1,930	22,479
Open LT Claims	372	431	382	723	853	2,761
% Open	6.8%	7.9%	7.2%	16.8%	44.2%	12.3%
Closed LT Claims	5,105	5,045	4,901	3,590	1,077	19,718
Resumed Work	3,829	3,874	3,883	2,921	943	15,450
% Resumed Work	69.9%	70.7%	73.5%	67.7%	48.9%	68.7%

Source: Workers' Compensation Board *Employers First Report of Occupational Injury and Disease* and subsequent payment reports as of 1/2/25. As a result, 2024 data is for cases that have not matured as have the cases in the other years.

From "Weekly Data Warehouse Check" Spreadsheet:
 Open, Closed from "Lost Time Status" tab
 Resumed Work from the "Last Payment Episode; Closed/Set Reason".

IV. COST DATA

The Bureau now uses individual-case cost data from the WC system to compare and contrast groups of injury cases, similar to how it uses other case characteristic counts. Like the return-to-work and lost days data, cost data are limited in that they stem from "snapshots" of each case at a point in time (when the data entry is made). Some of the cases do not accumulate further expenses beyond that, while others are open and continue to accumulate cost data. To address this, the Bureau and WCB have established how to define "open" and "closed" cases and, therefore, how to tabulate cost data so that reviewers and researchers can distinguish between the two situations.

Now that data are available to determine ranges in duration and cost of injury/illness cases, there are many new possibilities for directing case management. These data can tell the Bureau which groups and types of cases have more uncertainty in their outcomes. This, in turn, may allow the Bureau to focus on classes of cases where medical treatment and case management are more a factor in what happens over the life of the case and its ultimate cost. This is supported by research the WCB and the Bureau have done on the 100 costliest cases*, where findings show that some of the costliest cases are ones where the initial injury or illness was not well defined at the start (i.e., the treatment begins before the diagnosis is clear). At this time, the Bureau lacks resources to move further on analysis of this important data and would welcome partnerships with researchers to do so.

*See footnote on page C1 for link to this publication

5. DEVELOPMENTS

I. RESOURCES AND FUNDING

The effects of COVID-19 in the workplace resulted in more people working from home and in some cases separate from employers in another state. Since each state is different in terms of workers' compensation insurance and requirements, it is posing issues for employers with respect to knowing, understanding, and complying with those requirements. While an employer can control their own environment, it is still not clear about mitigating risks in a worker's home or a remote environment. It is anticipated there will be developments over the next few years which will redefine the employer's role in the remote workplace.

SafetyWorks! classes continue to be well-attended. The labor market continues to be tight, and every worker's productivity is much more important than in the past, as is the prevention of injuries and illnesses that affect that productivity. Workers are being asked to work full schedules and overtime in some workplace sectors, mostly in goods manufacturing, logging, and utilities². Studies suggest more time on the job increases exposure and fatigue, both of which contribute to injuries and illnesses³. Businesses walk a fine line between answering the need for production and not overworking staff when they cannot increase production by bringing on more workers.

The Workplace Safety and Health Division (WSHD) added space to incorporate a virtual reality safety and health training lab. The room has been outfitted with flat screen TVs to allow attendees to observe what the five VR goggle users are experiencing. WSHD utilized OSHA onetime funds.

Virtual Reality Training Modules purchased to incorporate into our current SafetyWorks! Training programs include:

- Fall Protection
- Lockout / Tagout
- Confined Spaces

The Workplace Safety and Health Division upgraded our training trailer to include shelves and tiedowns to allow for OSHA focus four training props to be safely transported and utilized. The upgrade was performed by the students at Mid-Maine Technical Center in Waterville, ME, which also is a SHAPE site.

² <https://www.bls.gov/news.release/empsit.t18.htm>

³ <https://oem.bmj.com/content/62/9/588>

II. PROGRAM INITIATIVES

From time to time, the Bureau enters into initiatives promoting occupational safety and health. These may be internal or with partners from other agencies or groups.

A. Gender Based Violence

SafetyWorks! participated in several in-person and webinar trainings on gender-based violence. We are currently meeting with several state agencies and US DOL Women's Bureau to see how we can expand our involvement supporting the Governor's Executive Order 7: An Order Regarding Women in Construction and would include Gender Based Violence initiatives and the newly created Women in Construction: Employer Outreach and Safety Working Group.

B. Child Labor Injuries

The Research and Statistics Division will be providing first report data to the Wage and Hour Division's child labor inspector to see if the data from Workers Compensation raises questions about adherence to U.S. and Maine child labor provisions.

C. Maine CDC's Division of Violence Prevention

Using data previously gathered as part of a task force to study improving safety and providing protection from violence for healthcare workers in hospitals and mental health care providers, the Bureau has begun working with DVP to better understand violence in the workplace, with a majority of Workers' Compensation data occurring in Healthcare. Data from that prior task force are displayed below.

i. Statewide Injury Rates (all industry, private sector only)

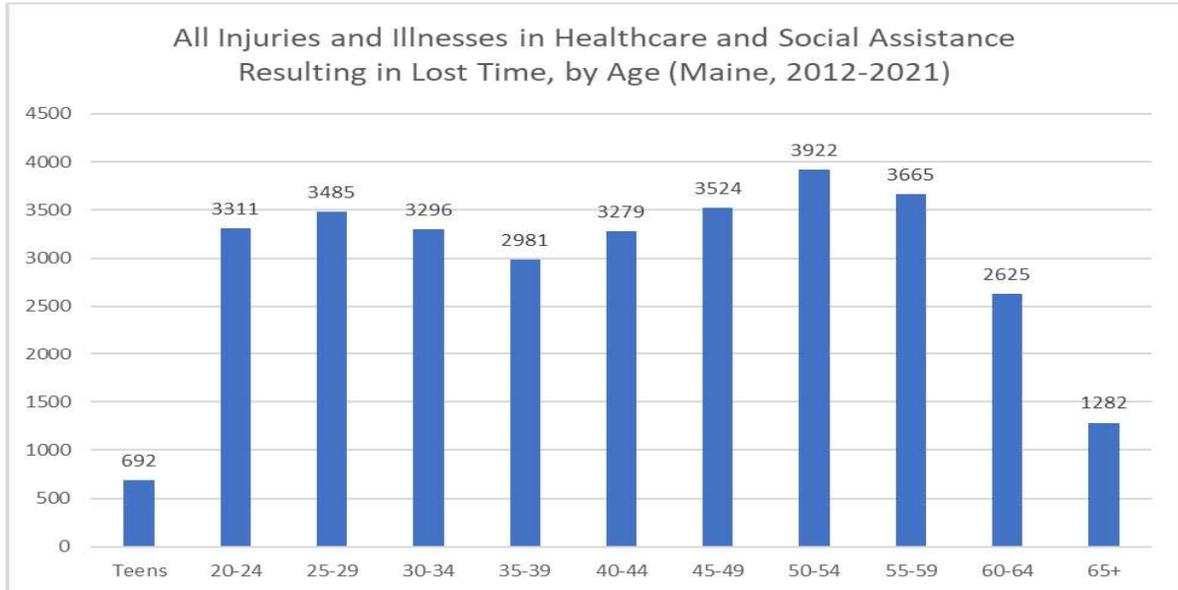
- For every 20,000,000 hours worked, or for every 10,000 full time equivalent workers (employees working 40 hours per week, 50 weeks per year), there are 3.0 instances of intentional injury perpetrated by a person other than the injured worker.
- Approximately 70% of these cases were perpetrated by a health care patient
- Female workers (rate 5.3) are almost 5 times more likely to suffer these types of injury events than male workers (rate 1.1).
- Workers aged 20-24 (rate 7.2) and 25-34 (rate 5.5) are much more likely to suffer these types of injury events than all other age groups, with the next highest being workers aged 35-44 who had an injury rate of only 2.9.
- For the private sector Healthcare and Social Assistance industry only, the injury rate for these specific types of violent injuries are almost 5 times higher than the all-industry rate, at 14.3 cases per 10,000 FTEs.

ii. Statewide Injury Counts (Workers' Compensation Data)

Most of the demographic breakdowns show unsurprising data. Because of the large size of Maine's Healthcare and Social Assistance Industry, the data normalizes

and shows trends which are consistent with the overall Maine workforce. However, the Age of Injured Worker variable deviates sharply when looking specifically at lost time claims filed due to Violence. Figure C-38 below shows the spread of all injury types within this industry, broken down by age range.

Figure C-38: Injuries in Maine’s Healthcare and Social Assistance Industry by Age (2012-2021)



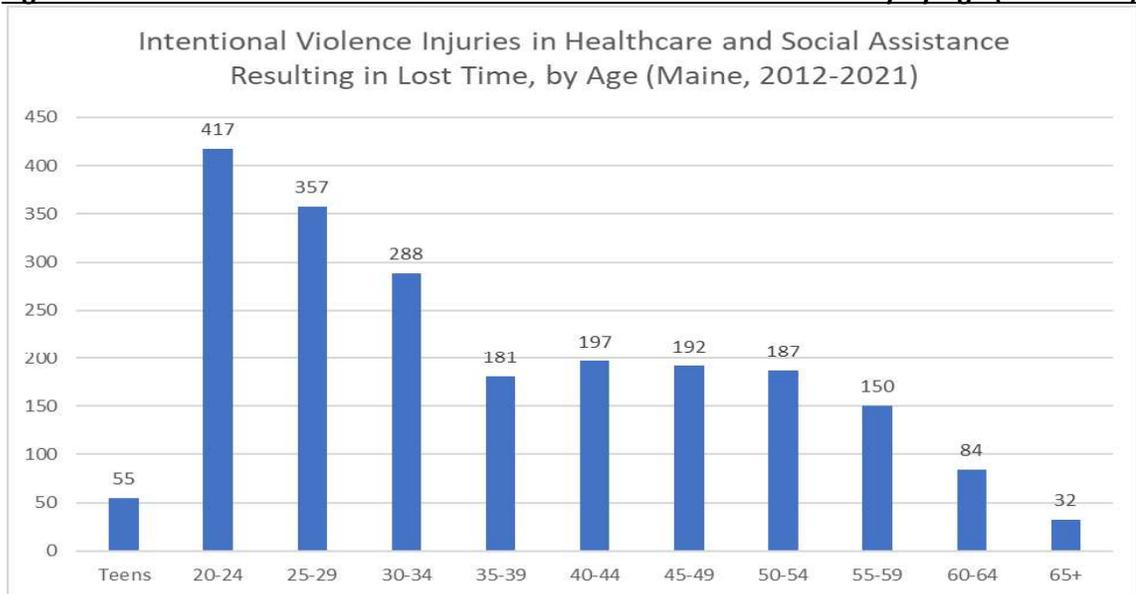
Source: Workers’ Compensation Board Employer’s First Reports of Occupational Injury or Disease

When looking at large swaths of injury data by age, the shape of C-38 is seen frequently. Low injuries to teens followed by a sharp increase with a local maximum in the mid to late 20s is expected. Injury counts then decrease through the 30s, before starting to rise again and peaking in the early to mid-50s. Finally, there is a sharp drop in injury counts as workers become eligible for retirement.

What we’ve noticed in the past is that age bears no significance on injuries; younger workers are equally likely to suffer a lost time injury in the workplace as older workers. This has allowed us to use age as a proxy for estimating the age of the Maine workforce. The chart above accurately displays the age distribution of workers within the healthcare and social service industry over the last 10 years.

We would expect this same general shape for almost any chart with a sufficient number of data points. For intentional violence in healthcare and social services, we have over 2,000 injuries, which should be more than enough to generate this distribution. However, C-39 shows that is not the case.

Figure C-39: Violence in Maine’s Healthcare and Social Assistance Industry by Age (2012-2021)



Source: Workers’ Compensation Board Employer’s First Reports of Occupational Injury or Disease

Here we see an absolute maximum in the count of injury claims for workers in their early 20s, and an almost strictly decreasing number of injuries in older workers. Given the previous demographic slices showing trends which are more or less regular for large datasets, this age demographic is completely contrary to our expectations.

There could be numerous reasons for this distribution, and most likely due to a combination of factors that are more easily ascertained by those working in the industry. Further research is needed to understand this data, and cooperation with industry partners to develop safety programs which focus on protecting younger workers from violence in the workplace.

D. Safety Education Research Initiative (SERI)

In order to provisionally fill the research coordination function vacated by the Maine Occupational Research Agenda (MORA) initiative, and to foster a more proactive and cooperative working arrangement between the Research and Statistics Division (R&S) and the Division of Workplace Safety and Health (WSH), the Bureau created an in-house group called SERI to help coordinate and target the Bureau's injury and illness research and publications. The main purpose of SERI is to identify, initiate, and prioritize research projects for R&S to undertake (using the SafetyWorks! brand) in concert with the needs and emerging priorities in the Division of Workplace Safety and Health. The group meets to identify and discuss emerging problems, data and research needs and to review ongoing projects. As a result, the Bureau's research publications and other such outputs benefit from greater collaboration within the Bureau.

E. Data Outreach Initiative

Also, a data dashboard has been maintained on the MDOL website in cooperation with the Center for Workforce Research and Information. The dashboard uses an interactive data visualization tool called Tableau, which is now available on the Bureau's website, http://www.maine.gov/labor/labor_stats/workinjuries.html.

Child labor: The increase in the number of Minor Work Permit applications and denials has heightened an awareness of the need to initiate an evaluation of injuries and illnesses among minors in the workplace. An initiative to evaluate Workers' Compensation data among minors is a priority. Should a young person be injured and result in long-term disability, the loss of productivity may be lengthy and the chance of this needs to be minimized. Additionally, this evaluation is a chance to find ways to start prevention awareness efforts earlier and more effectively. As minors, they are restricted and cannot be exposed to some occupations and industries. Once they turn 18, minor workers are allowed to enter more hazardous occupations and worksites, and it is better they be equipped for that change before they are exposed.

F. SHARP and SHAPE Award Programs

Some employers have been so successful with adopting best practices that they have earned recognition from the Maine Department of Labor through the Safety and Health Achievement Recognition Program (SHARP) and Safety and Health Award for Public Employers (SHAPE) awards programs. As part of the award, the employer is presented with a plaque in a ceremony and a flag (SHARP only) to display at the workplace.

SHARP

SafetyWorks!, in partnership with U.S. OSHA, administers SHARP. Under this program, a private employer with 250 or fewer employees on-site and 500 nationally who meets the program requirements for employee safety and health, including an exemplary safety and health program, is exempted from program inspection for two years. Employers successfully meeting SHARP requirements are publicly honored. In calendar year 2025, there were 21 private-sector employers who received SHARP status, including:

Company Name	Town
1. Brewers South Freeport Marine (Strouts Point Wharf)	Freeport
2. CCB Inc.	Westbrook
3. Cianbro Corporation – Rickers Wharf	Portland
4. Cianbro Equipment	Pittsfield
5. Cianbro Fabrication & Paint Shop	Pittsfield
6. CM Almy	Pittsfield
7. Davis Brothers	Chester
8. Everett J. Prescott, Inc.	Portland
9. Everett J. Prescott, Inc.	Gardiner
10. Everett J. Prescott, Inc.	Bangor
11. Everett J. Prescott, Inc.	Caribou
12. Gorham Sand & Gravel	Buxton
13. Howard Tool Company	Hermon
14. Hunting Dearborn, Inc.	Fryeburg
15. Lonza Rockland	Rockland
16. Maine Oxy & Acetylene & Supply Co.	Presque Isle
17. Maine Oxy Acetylene & Supply Company	Hermon
18. Record Hill Wind	Roxbury
19. Reed & Reed - Augusta Bridge Project	Augusta
20. Reed & Reed – Metal Fab	Woolwich
21. Safe Harbor - Kittery Point Yacht Yard	Kittery Point

SHAPE

In 2005, SafetyWorks! initiated the SHAPE program, a public-sector application of the federal private-sector SHARP program. SHAPE is a voluntary protection program for all public sector employers/employees that are going above and beyond the safety and health requirements to provide a safe and healthy workplace, and who strive to keep injuries/illnesses down. In calendar year 2025, there were 97 public-sector employers who received SHAPE status, including:

1. Addison Volunteer Fire Department	2. Alna Volunteer Fire Department
3. Appleton Fire Department	4. Ashland, Town of
5. Belgrade Fire & Rescue	6. Belgrade Transfer Station
7. Boothbay Fire Department	8. Bradley Fire Department
9. Bremen Fire and EMS Department	10. Bridgton Fire Department
11. Bristol / So. Bristol Transfer Station	12. Bristol, Town
13. Brooks Fire Department	14. Brownfield Volunteer Fire Department
15. Brunswick Fire Department	16. Brunswick Sewer District
17. Bucksport, Town	18. Camden Fire Department
19. Carrabassett Valley Fire Department	20. Cary Medical Center, Caribou & L'Acadia Van Buren
21. Cumberland County Regional Communication Center	22. Cushing Fire Department
23. Damariscotta Fire Department	24. Dover and Foxcroft Water District
25. Durham Fire and Rescue	26. Edgecomb Fire Department
27. Fairfield, Town of	28. Farmingdale Fire Department
29. Farmington, Town (excludes Town Office)	30. Fort Fairfield, Town of
31. Fort Kent Fire & Rescue	32. Greater Augusta Utilities District
33. Greenville Fire Department	34. Greenville Police Department
35. Hampden Water District	36. Hampden, Town (except town administration)
37. Harrington Volunteer Fire Department	38. Hope Fire Department
39. Jay, Town of	40. Jefferson Fire & Rescue
41. Kennebec Water District	42. Kennebunk, Kennebunkport & Wells Water
43. Kennebunk, Town of	44. Kingfield Fire Department
45. Kittery Water District	46. Knox County
47. Levant Fire Department	48. Lewiston Fire Department
49. Liberty Fire Department	50. Limestone Water and Sewer
51. Lincoln County	52. Lincoln Water District
53. Litchfield Fire Rescue	54. Maine DOT - Region 2, Augusta
55. Maine DOT - Region 3, Dixfield	56. Maine DOT - Region 4, Bangor
57. Maine DOT - Region 5, Presque Isle	58. Maine Turnpike Authority
59. Maine Veterans' Home, Caribou	60. Maine Veterans' Homes, Machias,
61. Mapleton, Castle Hill, and Chapman, Town	62. Mid-Maine Technical Center, Waterville
63. Mount Vernon Fire Department	64. Newcastle Fire Company
65. Nobleboro Fire & Rescue	66. Norridgewock, Town of (Admin/Fire only)
67. North Lakes Fire & Rescue (Sinclair, Stockholm, Cross Lake substations)	68. North Yarmouth, Town (exc fire and public works)
69. Northport First Responders (combine with FD)	70. Northport Volunteer Fire Department
71. Norway Water District	72. Oakland Fire Department
73. Old Town, City of	74. Paris Fire Department
75. Presque Isle, City of	76. Rockland, City
77. Rockport, Town	78. Rome Fire Department
79. Sabattus Sanitary & Water	80. Saco Valley Fire Association, N. Fryeburg
81. Sagadahoc County	82. Saint Agatha Fire Department
83. Sidney, Town of (includes fire and rescue)	84. Skowhegan, Town
85. Smithfield Fire Department	86. Somerville Fire Department
87. South Thomaston Fire Department	88. Topsham Fire & Rescue Department
89. Town of Orono (except Public Works)	90. United Technologies, Bangor

91. Waldoboro Fire Department	92. Westbrook Fire Department
93. Wilton, Town	94. Windsor Volunteer Fire Department
95. Winslow, Town	96. Winthrop Fire Department
97. York Water District	

G. Outreach and Education

In 2020, the Bureau hired an Outreach and Education Coordinator whose position performs work to enhance the Bureau’s effectiveness by implementing strategic outreach initiatives related to workers’ rights, employer education, and workplace health & safety. A focus for this position has been to develop contacts and strengthen relationships with community-based organizations that provide services to marginalized, often underserved populations. Through the development of these relationships with organizations like the Maine Immigrants’ Rights Coalition and The Peer Workforce Navigator Project, the Bureau has been able to provide additional outreach and education about labor laws, including Maine’s Earned Paid Leave (EPL) law, information about workers’ rights and workplace safety and health topics as well.

The position has also expanded to include outreach developed specifically for community-based organizations, such as Presente!, New Ventures Maine, and Coastal Enterprises, Inc., to provide them with information about the divisions within the Bureau of Labor Standards, what each division does, and the steps for contacting BLS.

Another area of expansion has been concentrated outreach to small business owners, such as working with Maine Roads to Quality (MRTQ) and Ignite, PI!, to provide daycare owners and downtown business owners in Presque Isle, respectively, education and support concerning labor laws and, in the case of MRTQ’s educational attendees, also an overview of all Bureaus in the Department of Labor, and how each can support them as a small business owner.

In addition to the work being performed by the Outreach and Education Coordinator, the Bureau is also home to the Maine Monitor Advocate (MMA). The Maine Monitor Advocate supports Migrant Seasonal Farmworkers (MSFW) by monitoring how Maine’s workforce system identifies and responds to health and safety concerns, wage issues, and labor related complaints that affect them. While the MMA does not conduct inspections or enforce labor laws, the role does include monitoring pre-occupancy farmworker housing inspections for compliance with Temporary Labor Housing Standards [29 CFR 1910.142](#) and [20 CFR Parts 654 Subpart E](#) as outlined by the [Migrant and Seasonal Agriculture Worker Protection Act \(MSPA\) \(29 CFR Part 500\)](#). This position also provides useful health and safety information on the State Monitor Advocate’s web page such as the Guide to a Healthy Back in both English and Spanish.