



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

Submitted to the
132nd Maine
Legislature

February
2025

Laura A. Fortman
Commissioner
Bureau of Labor Standards
Department of Labor

John C. Rohde
Executive Director
Workers' Compensation Board

Robert L. Carey
Superintendent
Bureau of Insurance
Department of Professional and
Financial Regulation



STATE OF MAINE
WORKERS' COMPENSATION BOARD
27 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0027

JANET T. MILLS
GOVERNOR

JOHN C. ROHDE
EXECUTIVE DIRECTOR

February 10, 2025

The Honorable Janet T. Mills
Governor of the State of Maine
1 State House Station
Augusta, ME 04333-0001

Senator Michael Tipping, Chair
Representative Amy Roeder, Chair
Joint Standing Committee on Labor
100 State House Station
Augusta, ME 04333-0100

The Honorable Matthea Daughtry
President of the Senate
3 State House Station
Augusta, ME 04333-0003

Senator Donna Bailey, Chair
Representative Kristi Mathieson, Chair
Joint Standing Committee on Health
Coverage, Insurance and Financial Services
100 State House Station
Augusta, ME 04333-0100

The Honorable Ryan Fecteau
Speaker of the House
2 State House Station
Augusta, ME 04333-0002

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.

Laura A. Fortman
Commissioner
Bureau of Labor Standards
Department of Labor

John C. Rohde
Executive Director
Workers' Compensation Board

Robert L. Carey
Superintendent
Bureau of Insurance
Department of Professional and
Financial Regulation

TABLE OF CONTENTS

Page

Executive Summary 1

**Reports from
the Workers' Compensation Board,
the Bureau of Insurance, and
the Bureau of Labor Standards**

A. Workers' Compensation Board A1

B. Bureau of Insurance B1

C. Bureau of Labor Standards C1

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

The role of the Workers' Compensation Board was set forth in a Blue Ribbon Commission report to the Legislature in 1992:

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

Originally, the Board of Directors (the "Board") was composed of 8 members; 4 representing labor and 4 representing management. During the 1990s, the Board deadlocked on a number of important issues. In 1997, a mission statement was added to the Act to emphasize the importance of "facilitating labor-management cooperation." 39-A M.R.S.A §151-A.

Gridlock, however, continued to be a problem in the late 1990s and early 2000s. As a result, in 2004, the legislature changed the structure of the Board to its current configuration. Today, the Board consists of 7 gubernatorial appointees -- 3 labor members, 3 management members and an Executive Director who is chair of the Board and serves as the agency's full-time chief executive.

Even after the Board was reconfigured, it is fair to say that conflict was no stranger to the workers' compensation system. However, when Governor Mills took office in 2019, she set an expectation that stakeholders work in good faith with the goal of reaching consensus on issues pertaining to the workers' compensation system.

The current board of directors is fulfilling the original intent. The directors work hard, they collaborate, and, as envisioned by the Board's mission statement, they are dedicated to "fostering labor-management cooperation." (39-A M.R.S.A. § 151-A.) As a direct result of this work:

- The Board has undertaken a project that will establish a framework for evaluating whether the Workers' Compensation Act provides adequate benefits to injured workers at a reasonable cost to employers;

- The Board is actively overseeing the statutorily mandated Independent Medical Examiner System;
- The Board is keeping a close eye on performance benchmarks that measure the timeliness and accuracy of forms that are filed by insurance companies and self-insured employers. As a result, compliance with performance benchmarks, which had been declining, has stabilized;
- Efforts are underway to enhance and expand the Board's ability to efficiently receive information that is required to be filed with the Board. This information plays a key role in the Board's effort to create the framework mentioned above.

This progress is best exemplified by the directors themselves. The following testimony was presented by two Board members during their reappointment hearings in 2024:

As a Board, we recently created a stakeholders' group regarding LD 1896 (legislation to increase COLA for a certain group of injured workers who are collecting workers' compensation). We met several times with the sponsor of the bill as well as people from both labor and management. We felt it was important to meet so we could voice concerns/support and also educate ourselves on how it will affect not only injured workers but business owners throughout the state of Maine. Although the Board has not taken an official position on LD 1896, we felt it was an important step in fostering relationships between the labor and business worlds.

And,

We have been able to delve into issues that have arisen, debating, and often arriving at solutions acceptable to management and labor. It also gives the opportunity for being curious, asking questions, looking deeper to assess the adequacy, cost, and efficiency of Maine's Workers' Compensation system, always with an eye to improve, make the system better. And, to be forward looking, not just reacting at the last hour. An example is the research we've begun that was initiated [LD 1896] to provide cost of living adjustments to certain Workers' Compensation claimants. Rather than simply taking what might be considered traditional labor-management stances, we are asking the questions and scouring the existing research for guidance: what constitutes adequate employee benefits; what constitutes a reasonable cost to employers?

The hard work and conscientious approach of the labor-management board has created a culture of collaboration and cooperation. This culture of labor-management cooperation will ensure that Maine has a stable workers' compensation system that delivers substantial benefits to injured workers at an affordable cost to employers.

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 2024, reporting data as of December 31, 2023.

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.
- 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 individual employer.

The Superintendent approved NCCI's most recent filing for an overall average 19.0% decrease in the advisory loss costs effective April 1, 2024.

The workers' compensation insurance market in Maine is concentrated, with much of the business being written by a small number of companies. In 2023, the top 10 insurance groups wrote over 87% 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 2023 was over 64%. MEMIC received approval for a 15.7% decrease to its workers' compensation rates effective July 1, 2024.

Insurers other than MEMIC can be more selective in choosing which employers to underwrite. 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.

Self-insurance¹ continues to be a viable alternative to the insurance market for employers. Self-insured employers represented slightly more than 30% (as measured by standard premium) of the overall workers' compensation market in 2023.

The State of Oregon ranks the states and the District of Columbia bi-annually by premium. In 2022, Maine had the 9th highest workers' compensation premium rates.

NCCI reports average loss costs for 37 states and the District of Columbia, using the 2022 loss cost filings for the states that have designated NCCI as the licensed rating and statistical organization. Based on this analysis, Maine had the 13th highest average loss costs.

¹ Self-insured employers retain risk and do not purchase insurance from a workers' compensation insurance carrier. Employers that self-insure are typically large employers with sufficient revenue to absorb potential exposure from large insurance liabilities. 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.

BUREAU OF LABOR STANDARDS

The Bureau's role in Maine's Workers' Compensation system is in doing what it can to facilitate the prevention of work-related injuries and illnesses and their social and economic costs. This report summarizes recent activity, outcome measures, emerging trends, and challenges regarding that prevention effort.

There are 2 challenges the Bureau is facing:

- The Bureau continues to deal with a high rate of staff turnover. Not only are some long-time employees retiring but others are also rapidly promoting with some doing so outside the Bureau.
- Second, much of Maine's Workers Compensation injury and illness non-enforcement prevention effort is funded by the Safety Education and Training Fund (SETF) and is 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. In 2023, that number is 56.8% lower, at 13,109. Historically, with the reduction in cases there has also been a reduction in costs, and, therefore, the assessment. While this is great news, the cap amount has declined to what is very close to the normal yearly operating budget for the Bureau's SETF activities. This, coupled with increasing personnel and operating costs may mean the Bureau will have to curtail resources and/or services to accommodate further reductions absent additional cooperative agreement revenues from US DOL or allocations from the state's General Fund. The primary challenge at this point would be funding investments in efficiency, research and development or funding grants and contracts to others for such.

The Bureau looks forward to a new year with optimism towards 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.
- Development of resources and training on gender-based violence and harassment in the workplace.

Check these sites for further developments and services.

- 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)* relate that the Total OSHA Recordable Case incidence rate was 4.2 cases per 100 full-time equivalent workers. This is a decrease of 14% from 2022 when it was 4.9 cases per 100 full-time equivalent workers. The Days Away, Restricted or Job Transfer rate is 2.5 decreased 19% from 3.1 in 2022. And the Days Away From Work case rate was 1.4 cases per 100 full-time equivalent 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 employers struggled finding workers, they had increasingly turned to using minors in the workplace to bridge the gap. 2022 was the peak in child labor work permits at just under 7,000 approved and since then there have been decreases in the number of applications and permits approved with 6,474 in 2023 and 5,802 in 2024. The Bureau is especially protective of minors because an injury that early in life can mean decades of lost productivity for the workers and any associated social and economic costs.

Emerging trends identified post-pandemic:

- Claim numbers started to trend downwards in 2022, with a return to pre-pandemic injury counts in 2023. This year had the lowest number of disabling injuries filed since 2009, and that low was caused by 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 45% female claimants 2023, and 55% male, a 10% spread. 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.
- While Transportation and Material Moving Occupations were the group with the highest number of disabling claims despite a 6% reduction, because the statewide disabling claim count was reduced by 12% this resulted in an increase in the proportion of claims filed for these workers. This is also seen with construction workers, where a steady number of disabling claims filed results in them having a higher proportion of the total injuries.

These trends will be watched and researched further.

SECTION A

WORKERS' COMPENSATION BOARD

Section A: Workers' Compensation Board

Table of Contents

- 1. INTRODUCTION A1**
- 2. ENABLING LEGISLATION AND HISTORY OF MAINE WORKERS' COMPENSATION A3**
 - I. ENABLING LEGISLATION A3
 - II. REVISIONS TO ENABLING LEGISLATION A3
 - III. STATE AGENCY HISTORY A5
- 3. DISPUTE RESOLUTION A9**
 - I. INTRODUCTION A9
 - II. FOUR TIERS OF DISPUTE RESOLUTION A9
 - III. TROUBLESHOOTING STATISTICAL SUMMARY A10
 - IV. MEDIATION STATISTICAL SUMMARY A11
 - V. FORMAL HEARING STATISTICAL SUMMARY A12
- 4. OFFICE OF MONITORING, AUDIT & ENFORCEMENT A13**
 - I. HISTORY A13
 - II. MONITORING A13
 - III. AUDIT A15
 - IV. ENFORCEMENT A16
 - V. TRAINING A16
- 5. OFFICE OF MEDICAL/REHABILITATION SERVICES A17**
 - I. MEDICAL FEE SCHEDULE A17
 - II. MEDICAL UTILIZATION REVIEW A17
 - III. EMPLOYMENT REHABILITATION A17
 - IV. INDEPENDENT MEDICAL EXAMINERS A18
- 6. WORKER ADVOCATE PROGRAM A19**
 - I. INTRODUCTION A19
 - II. HISTORY A19
 - III. THE CURRENT WORKER ADVOCATE PROGRAM A20
 - IV. CASELOAD STATISTICS A21
 - V. SUMMARY A22
- 7. INFORMATION MANAGEMENT A23**
 - I. 2023 UPDATE A23
 - II. UPCOMING PROJECTS AND CHALLENGES A24

8. BUDGET AND ASSESSMENT	A25
9. CLAIMS MANAGEMENT UNIT	A27
10. INSURANCE COVERAGE UNIT	A30
11. COORDINATION WITH OTHER AGENCIES.....	A32
I. DEPARTMENT OF LABOR.....	A32
II. BUREAU OF INSURANCE.....	A32
III. OTHER AGENCIES.....	A33
12. ABUSE INVESTIGATION UNIT.....	A34
13. GENERAL COUNSEL REPORT	A35
I. LEGISLATION	A35
II. RULES.....	A35
III. ADJUDICATORY HEARINGS	A35
IV. APPELLATE DIVISION	A35
V. MAINE SUPREME JUDICIAL COURT APPEALS.....	A35
14. APPELLATE DIVISION.....	A37

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 coemployees, 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, Sub-§1**. 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.
- **§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 injuries before that date, the weekly maximum was 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 pursuant to §212.
- **§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).** Sets forth 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. In recent years, the Board has reduced the number of staff hearing claims to eight, 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 both partial and total wage loss benefits were eliminated although they were reinstated effective January 1, 2025 for claimants who receive five years of benefits pursuant to §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

Troubleshooting is the initial stage of the Dispute Resolution process. During troubleshooting, a Claims Resolution Specialist, frequently called a Troubleshooter, calls employees and employers and attempts to resolve the parties' disagreement. Many times, additional information, such as medical reports, must be obtained to facilitate a resolution. Our Claims Resolution Specialists are neutral; they provide assistance and information to all parties. If the parties are not able to resolve their dispute, the claim is referred to the next step, mediation. Troubleshooters conduct their work via telephone.

Mediation

Claims not resolved at troubleshooting are scheduled for mediation in one of our regional offices. Mediations are conducted either telephonically or in person.

In a typical case, the mediator asks the party seeking benefits to provide an explanation and rationale for the benefits being sought. The mediator then requests that other parties explain their concerns and identify what benefits they are willing to pay or why they are not prepared to do so. In addition to asking for proposals from the parties, the mediator may suggest a resolution in an attempt to find an acceptable compromise. If mediation resolves the claim, the mediator completes a formal agreement that is signed by the parties. The terms of the agreement are binding on those involved. If the case is not resolved at mediation, the next step is the formal hearing process. Even if a voluntary resolution is not reached at mediation, participation at mediation often benefits the parties by narrowing the issues that require formal adjudication.

Formal Hearing

At the formal hearing stage, parties are required to exchange information, including medical reports, and answer Board discovery questions concerning the claim. After required discovery has been completed, the parties file a "Joint Scheduling Memorandum." This document lists the witnesses and estimates the hearing time needed. Medical witness depositions are often scheduled to elicit or dispute expert testimony. At the hearing, witnesses for both parties 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.

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 2015 through 2024.

Troubleshooting				
Filings Assigned, Disposed, and Pending				
Year	Assigned	Disposed	Pending 12/31	Av Days at TS
2015	14,663	14,819	490	32
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

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 2015 through 2024.

Mediations				
Cases Assigned, Disposed, and Pending				
Year	Assigned	Disposed	Pending 12/31	Av Days at MDN
2015	2,534	2,513	487	48
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

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 2015 through 2024.

Formal Hearing					
Cases Assigned, Disposed, and Pending					
Year	Assigned	Disposed	Lump Sum Settlements	Pending 12/31	Av Months to Decree
2015	1,272	1,281	556	1,102	10.9
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

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 2023 Annual Compliance Report was approved by the Board on July 9, 2024.

The following sections, taken from the 2023 Annual Compliance Report, show a continuing 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 a Memorandum of Payment is filed late, as well as if a Wage Statement is 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.

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.

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.

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.

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.

Quarterly Compliance from the 2023 Annual Compliance Report

	Benchmark	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Lost Time First Report Filings Received within 7 Days	85%	80%	80%	80%	80%
Initial Indemnity Payments Made within 14 Days	87%	83%	83%	83%	83%
Initial Memorandum of Payment Filings Received within 17 Days	85%	81%	81%	80%	83%
Initial Indemnity Notice of Controversy Filings Received within 14 Days	90%	91%	92%	91%	94%
Wage Information (WBC-2) Received with 30 days of an employer’s notice of knowledge of a claim for compensation	75%	75%	75%	72%	77%
Wage Information (WCB-2B) Received with 30 days of an employer’s notice of knowledge of a claim for compensation	75%	74%	73%	71%	76%

Annual Compliance from the 2023 Annual Compliance Report

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Lost Time First Report Filings Received within 7 Days	85%	84%	83%	83%	83%	83%	82%	82%	78%	76%	79%
Initial Indemnity Payments Made within 14 Days	91%	90%	87%	89%	90%	88%	86%	87%	84%	84%	83%
Initial Memorandum of Payment Filings Received within 17 Days	90%	89%	86%	88%	89%	87%	84%	81%	67%	79%	81%
Initial Indemnity Notice of Controversy Filings Received within 14 Days	95%	94%	94%	93%	93%	94%	94%	94%	92%	93%	92%
Wage Statements Due and Received within 30 Days							*71%	70%	65%	66%	74%
Fringe Benefit Forms Due and Received within 30 Days							*71%	69%	64%	65%	73%

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.

The Board is reviewing its audit procedures with the goal of making the process more efficient. A more efficient audit process will, hopefully, play a role in raising the compliance with benchmarks and other requirements of the Act.

A. Compliance Audits

The following audits were completed in 2024:

- Acadia
- Sedgwick

The Draft Audit Report was completed, and the Final Audit Report is pending for the following entities:

- Zurich
- American International Group
- MHCAWCF
- Travelers

Audits are in process for the following entities:

- Wal-Mart Claims
- Next Level Administrators

B. Complaints for Audit

The audit program has a Complaint for Audit process. Through this process, a complainant requests that the Board conduct 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. In 2024, the Board received eleven audit complaints.

C. Employee Misclassification

The misclassification of an employee presents a serious problem for affected employees, employers, and our state economy. Misclassified employees are often denied access to the critical benefits and protections to which they are entitled under our Act. Employers that comply with the Act's coverage requirement are placed at a competitive disadvantage when bidding against employers that misclassify workers as independent contractors. Employee misclassification also generates substantial losses to our state Treasury, Social Security and Medicare, as well as to state unemployment insurance.

IV. ENFORCEMENT

The Board's Abuse Investigation Unit handles enforcement of the Workers' Compensation Act. The report of the Abuse Investigation Unit appears at Section 12 of the Board's Annual Report.

V. TRAINING

As resources permit, the Board provides education and training to participants in the workers' compensation system.

Training sessions can provide a general overview of the Board and its divisions, and/or specific training in claims-handling techniques such as form filing, average weekly wage (AWW) calculations, and calculation of benefits due in a wide variety of scenarios. Open training modules are available on the Board's website. The Board is also developing other training tools, including podcasts, to help improve compliance. The newsletter issued by the MAE program is available on the Board's website. These writings address a broad range of claims-handling topics, report on Board activities that impact claims management, and give general guidance regarding rule and statute changes.

In 2017, the Board began offering employer-specific training, focusing on employer obligations under the Workers' Compensation Act, and how to facilitate prompt claims handling with their insurer/claim administrator. Prior to the pandemic, trainings were held twice per year. As is the case with other training areas, resources are available on the Board's website.

The Board typically provides training at an annual continuing education program (CompCon).

Finally, the Board continues to provide access and assistance by telephone and email to claim handlers who have specific questions on difficult or unusual claims. The Audit Department receives an average of 12-15 such calls or emails a week through which it provides guidance on proper claims-handling.

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 2024 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

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 2024.

	Time From Request to Exam			
	0-60 Days	61-90 Days	91-120 Days	> 120 Days
Q1	11%	21%	49%	19%
Q2	12%	29%	36%	23%
Q3	10%	33%	33%	25%
Q4	13%	33%	30%	24%

	Time From Exam to Report				
	0-14 Days	15-21 Days	22-28 Days	29-60 Days	> 60 Days
Q1	75%	13%	4%	4%	4%
Q2	79%	13%	3%	3%	3%
Q3	73%	13%	5%	7%	3%
Q4	73%	12%	6%	6%	3%

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 not have retained private legal counsel.

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

As noted earlier in this report, 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.

These changes made it difficult for injured workers to obtain legal counsel unless they had a serious injury with substantial accrued benefits. 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 mediation. 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 12 Advocate positions among the five regional offices. Advocates are generally 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 only 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.

As reported in the dispute resolution section of this report, if troubleshooting is not successful, cases are forwarded to mediation. Advocates representing an injured worker at mediation obtain medical records and other evidence 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, review work restrictions, and assist workers with unemployment and health insurance matters. 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. 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 providers 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 2024. The following table shows the number of Advocate cases mediated from 2015 through 2024.

Year	Filings Assigned	Filings Disposed	Cases Pending at Board 12/31	% of All Cases Pending at Board
2015	1,621	1,410	326	66%
2016	1,608	1,089	228	56%
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%

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 40% of all Board formal hearings in 2024. 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 2015 through 2024.

Advocate Cases at Formal Hearing

	Filings Assigned	Cases Assigned	Cases Disposed	Cases Pending at Board 12/31	% of All Cases Pending at Board
2015	503		275	326	29%
2016	693		382	333	34%
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%

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 became fully staffed in 2024. As such, there was more time and resources available for ongoing staff training and for a program-wide audit of every open file within our system. At the time of this writing, there is also a focused effort underway to further develop backup plans for future vacancies with a particular focus on maintaining continuity of service delivery to our clients.

7. INFORMATION MANAGEMENT

The Board's information management needs are overseen by the Board's Deputy Director of Information Management, who coordinates with the State of Maine Office of Information Technology (MaineIT), and two Management Analyst positions. There are 12 software programs managed in whole or in connection with MaineIT by this department, along with coordinating the work of two MaineIT workers who are dedicated to fulfilling the Board's database administration and programming needs on the main application, Progress. Programming was completed on 38 requests in 2024.

I. 2024 UPDATE

A. Recording of Board Proceedings

The Board fully discontinued the use of For the Record (FTR) recording software and moved to Microsoft Teams. Microsoft Teams provides more flexibility for the recordings whether proceedings are held remotely, in-person, or in a hybrid manner.

B. Records Management

Two records management projects were completed in 2024. First, a file plan and destruction schedule was developed for the proper and timely destruction of hearing recordings. Second, programming was completed to implement the timely destruction of electronic abuse files.

C. Upgrade of Linux Servers

The Board upgraded the development, test and production servers used by its main application, Progress, to Red Hat Enterprise Linux 9 (RHEL9), as required by MaineIT. One of the Board's assigned MaineIT programmers dedicated a significant amount of time working on this upgrade due to tight security protocols required by MaineIT.

D. Postage Meters

Postage meter contracts were renewed, resulting in new meters in the Board's regional offices.

E. Copiers/Printers

The Board replaced its 12 aging copiers with newer models.

F. Security in Lewiston

Additional security systems were installed in the Lewiston Regional Office to ensure the safety of staff. First, an intercom system was installed so visitors can be screened before entering the Board's public space. Second, a security monitor was installed so the video cameras on the premises can be viewed from the reception desk. Lastly, the two regional office reception windows, which were not secure or lockable, were removed and replaced with one secure window which was placed at the appropriate ADA height.

G. Security in Bangor

Security monitors were installed in both the regional and advocate offices so the video cameras on the premises can be viewed from inside each office.

H. Programming of Claims Payment Screens

Many improvements were made to the claims management payment screens in the Board's main application, Progress. The changes help to align the screens with the paper forms to allow for smoother training of claims staff. This project is ongoing and will continue well into 2025.

I. Improvements to Payment Forms

Several changes were made to some of the payment forms used by claim administrators. The Board of Directors approved the revised *Wage Statement*, *Memorandum of Payment*, *Discontinuance*, and *Modification* forms at its December meeting with an effective date of April 1, 2025. The *Certificate of Discontinuance or Reduction of Compensation Pursuant to 39-A M.R.S.A. §205(9)(B)(1)* is also expected to be revised and approved in early 2025.

J. Claims Management Unit

Beginning in late December 2024, the Claims Department was assigned to the Deputy Director of Information Management.

II. UPCOMING PROJECTS AND CHALLENGES

A. Security in Augusta

In early 2025, the Augusta offices will have security monitors installed.

B. Payments Documents

The Board will consider alternatives to paper payment forms, possibly employing the assistance of an outside entity.

8. BUDGET AND ASSESSMENT

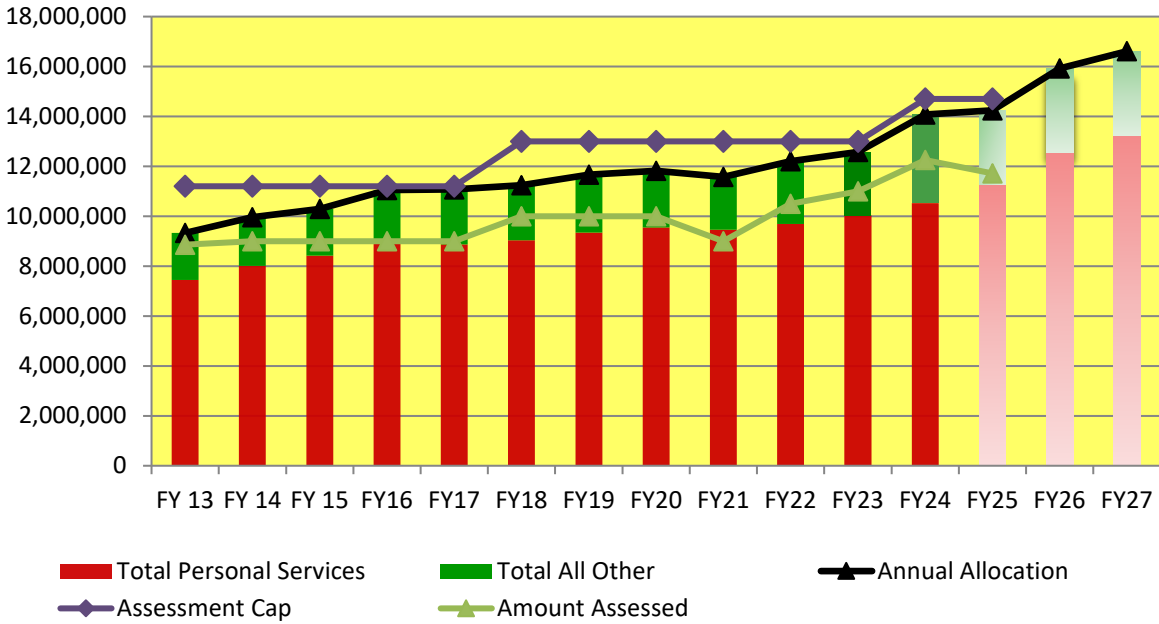
Since 1993, Board operations have been funded by a statutory assessment. The Board receives no General Fund support. Assessments are paid by Maine’s employers, both insured and self-insured. The assessment cap has required adjustments that have happened periodically since 1993. Most recently, in August 2022 the Board voted to introduce legislation as part of the Board’s biennial budget increasing the assessment cap to \$14,700,000 annually starting in Fiscal Year 2024 (beginning July 1, 2023). The purpose of this legislation was to ensure the Board could submit the budget upon which its members reached consensus while providing a continued opportunity to develop a longer term solution to issues that arise regarding the assessment cap. In its FY26 and FY27 biennial budget proposal, the Board included a language change that ensures the Board will be able to fund expenditures allocated by the Legislature and maintain its reserve account.

In addition to revenue raised from the annual assessment, other minor amounts of revenue are collected from the sale of publications and some fines and penalties; less than 1% of total revenue in FY 2022. The Board collects other fines and penalties not available for Board expenses; the Legislature has directed those amounts be paid into one of two dedicated accounts, the Rehabilitation Fund or the General Fund. The Board-approved budget for fiscal year 2025 is \$14,245,805. The Board-approved budgets for the upcoming biennium are \$15,918,624 for fiscal year 2026 and \$16,610,857 for fiscal year 2027.

The bar chart entitled "Actual and Projected Expenditures" shows actual expenditures through FY 2024 and projected expenditures for fiscal years 2025, 2026 and 2027. The chart also shows the amounts assessed through FY 2025 (July 1, 2024– June 30, 2025) and the assessment cap projected through fiscal year 2025.

**Actual and Projected Expenditures
Workers' Compensation Administrative Fund - 0183
January 2025**

(figures for FY25, FY26 & FY27 are budget projections)



9. CLAIMS MANAGEMENT UNIT

The Claims Management Unit (CMU) operates using a “case management” system. Individual claims managers process all submissions for an individual claim from start to finish. This ensures payments to injured workers are accurate and that proper forms are completed. Insurance carriers, claims administrators and self-insured employers benefit from having a single contact in the unit.

The CMU coordinates with the Monitoring section of the MAE Program to identify carriers who fail to submit required filings on time. CMU staff also verifies the raw data that is later used to create our quarterly reconciliation reports. The CMU also works with carriers to help facilitate timely and accurate filings.

Claims managers must consider all factors that can affect indemnity payments including the date of injury, maximum benefits rates, and fringe benefits. When incorrect information is filed, CMU staff must research prior filings, contact carriers for additional information and perform mathematical calculations to ensure payments are correct.

Electronic Data Interchange (EDI) for filing First Reports of Injury and Notices of Controversy helps carriers identify potential issues early in the life of a claim. Electronic filing reduces manual data entry which allows the unit to address more serious problems.

The CMU is responsible for annually producing the “State Average Weekly Wage Notice.” Insurance carriers use this information to determine the maximum benefits allowed for the upcoming year.

The following is a brief description of the different steps taken to process the most-frequently filed claim information.

Petitions – Staff must locate or create the physical file. The relevant information is entered into the database and the file is sent to the appropriate regional office.

Answers to Petitions - The information is verified and entered in the database.

Notices of Controversy (NOC) - Initial NOCs are filed electronically. Corrections are submitted on paper and claims managers enter the revisions to the original NOC into the database system.

Wage Statements – Claims staff calculate the average weekly wage in accordance with the Statute, Board rules and Law Court decisions. The average weekly wage for the claim is entered into the database.

Schedule of Dependent(s) and Filing Status Statements - This information is required only for dates of injury between 1/1/93 and 12/31/12. The data submitted is entered into the database.

Fringe Benefit Worksheets- The received data is entered into the database.

First Reports of Injury (FROI) - Claims staff insures that the date of injury matches the First Report of Injury that has been filed via Electronic Data Interchange (EDI). If there is a discrepancy or the claim

cannot be located in the database, the claims manager contacts the appropriate carrier to resolve the issue.

Memorandum of Payment, Discontinuance or Modification of Compensation, Consent between Employer and Employee - The form is checked for accuracy. Dates, compensation rates and the average weekly wage are compared to information previously filed. If there is a discrepancy, the claims manager examines the file, contacts the appropriate insurance adjuster and may request amendments or new submissions be filed, if needed, to resolve the issue(s).

21-Day Certificate or Reduction of Compensation - The dates, the payment rate, and the average weekly wage are compared to prior filings for accuracy. The claims manager verifies whether the suspension or reduction complies with Board rules. If there is an issue, the claims manager contacts the carrier to explain the error(s) and request a new certificate.

Lump Sum Settlement - The form and attached documents are reviewed to verify all required information has been provided. A claims manager contacts Board staff or parties to resolve any discrepancies or secure missing information.

Statement of Compensation Paid - The information on this form is compared to information previously reported. A large number of these forms contain errors requiring staff to research the file, contact the person who filed the form and request corrected or missing forms.

BREAKDOWN OF CLAIM FORMS FILED WITH THE WORKERS' COMPENSATION BOARD

Information filed from January 1, 2024 to December 31, 2024.

Information/Form	EDI	CMU	TOTAL
Employer's First Report of Occupational Injury or Disease (All types)	27,379	59	27,438
Notice of Controversy	8,665	16	8,681
Petitions		1,343	1,343
Answers to Petitions		395	395
Wage Statement		9,824	9,824
Schedule of Dependent(s) and Filing Status Statements		3	3
Fringe Benefits Worksheet		4,660	4,660
Memorandum of Payment		3,690	3,690
All other payment forms, including:		15,601	15,601
• Discontinuance or Modification of Compensation			
• Consent Between Employer and Employee			
• 21-Day Certificate of Discontinuance or Reduction of Compensation			
• Lump Sum Settlement			
Statement of Compensation Paid		12,008	12,008

Currently the Employer's First Report of Occupational Injury or Disease and the Notice of Controversy are filed electronically. All other required filings are submitted in paper form and are manually entered into the Board's case management database system. CBC petitions removed from this summary with

2023 Annual Reporting. Please note that they are now accounted for under **Section 3 Dispute Resolution, V. Formal Hearing Statistical Summary**. Lump sum settlements entered by the Claims Management Unit noted above under **All other payment forms**.

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 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 will improve the Board's ability to identify problems and trends with coverage filings. The Board is also working to ensure that coverage and claims information is consistent.

For the twelve (12) month period January 2024 through December 2024, the Board received and processed 61,200 proof-of-coverage filings. The Coverage Unit processed 564 waiver applications. Part of matching coverage to specific employers involves resolving instances of "no recorded coverage." In 2024, 4,781 "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 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.

Predeterminations

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 web site.

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 land owner 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.

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 on to ensure the Board has access to data it needs to perform its oversight function through the Coverage Department.

To help workers to 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. BLS is currently working with the Board to develop and define procedures for filing claim information electronically.

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. In order to ensure proper and adequate funding, the Board works with BOI to obtain information on premiums written, predictions on market trends, and paid losses information for self-insured employers. This information is utilized by the Board when calculating the annual assessment figures.

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/or 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 investigation of potential violations of Bureau Rule 530. Rule 530 requires health and disability insurers to make provisional claims payments when a Notice of

Controversy is filed contesting the work-relatedness of an illness or injury. 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.

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 also works with the Maine Health Data Organization to gather information regarding payments for medical services made by private third-party payors. The Board uses this data to evaluate whether its medical fee schedule sets appropriate limits on payments for health care 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 to OSHA with guidance about Maine workers' compensation laws and Board employees testified at an OSHA hearing involving a Maine employer. Per an MOU, the Board's Abuse Investigation Unit shares resources with OSHA when the agencies are investigating the same employer.

Finally, the Board works with the Attorney General's office on various matters including retaining 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. The AIU has struggled to remain fully staffed in the past few years, but the AIU was finally fully staffed by the end of 2024.

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 investigates possible employment misclassification tips and coordinates with the Department of Labor and OSHA when necessary. The Unit is also responsible for defending appeals of "coverage" penalty decisions to the Board's Appellate Division. The AIU evaluated and resolved 1,363 potential "no coverage" cases in 2024. This resulted in the board collecting \$96,044.43 from coverage violations. Please note, a portion of the money collected in 2024 was a result of the board's collection efforts for unpaid penalties assessed in previous years.

AIU coordinates its work with the Board's Coverage Division and the Monitoring, Audit and Enforcement Program (MAE). The AIU evaluated and resolved 685 late filed First Reports of Injury in 2024. It represents the MAE unit when a dispute arises as a result 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.

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

During its Second Regular Session, The 131st Legislature passed a resolve "Directing the Workers' Compensation Board to Analyze Data on the Adequacy of Certain Maine Workers' Compensation Benefits." It was signed into law by Governor Mills on March 12, 2024 and chaptered as P.L. 2024, ch. 139. Pursuant to the resolve, the Board is evaluating the adequacy of lost wage benefits, the cost that employers pay to furnish these benefits, the effect of return to work options, and the financial impact that a cost of living adjustment ("COLA") would have on the workers' compensation system if the COLA were expanded beyond its present application to total benefits after five years. Pursuant to the resolve, the Board details its progress in monthly updates to the Labor and Housing Committee.

II. RULES

The Workers' Compensation Act confers rulemaking authority to the Board. Following the amendment process that was completed in 2023, the Board of Directors is reviewing other rules for possible amendment in 2025. The annual update to the medical fee schedule was completed pursuant to 39-A MRSA §209-A.

III. ADJUDICATORY HEARINGS

39-A MRSA §§315 and 318 authorize administrative law judges to conduct hearings as part of the Board's statutory dispute resolution process. During the pandemic, parties appeared remotely. In some circumstances this worked well. Some conferences and some hearings continue to be conducted remotely.

IV. APPELLATE DIVISION

39-A MRSA §321-A established the Appellate Division, which acts as an appeals court for hearing level decisions issued by administrative law judges. Panels of three administrative law judges decide cases. Oral arguments are presented by lawyers for their clients. In 2024, the Appellate Division issued 17 decisions.

V. MAINE SUPREME JUDICIAL COURT APPEALS

39-A MRSA §322 authorizes parties to appeal decisions issued by the Board's Appellate Division to the Law Court. Appeals from the Appellate Division are discretionary. In 2024, six Petitions for Appellate Review were filed and one was granted. The Law Court issued two decisions that were appealed from the Appellate Division. *Crosen v. Blouin Motors, et al.*, 2024 ME 38, was handed down on May 16, 2024 and *Michaud v. Caribou Ford*, 2024 ME 73, was issued October 1, 2024.

In the *Crosen* case, Mr. Crosen sustained an injury in 1984 at Rockingham Electric and a 2002 injury at Blouin Motors. These injuries caused total incapacity and the Board set Rockingham's responsibility at 40% and Blouin's at 60%. Blouin paid \$597.66 in weekly benefits and Rockingham reimbursed Blouin \$227.66 per week. Crosen began collecting social security old age retirement benefits in 2014. Blouin was entitled to a credit of \$233.76 for 50% of the retirement benefit. Rockingham was not entitled to take a social security offset given its injury date. By agreement, Blouin reduced its share of the benefits by \$140.26 (60% of the offset).

Rockingham's insurer became insolvent and stopped reimbursing Blouin. Blouin petitioned to increase its social security offset to the full \$233.76. The Workers' Compensation Board denied the petition. Blouin appealed and the Law Court ruled that Blouin was entitled to reduce benefits for its injury by the full 50% offset. Also, the case was remanded to the Appellate Division for a determination whether Blouin may recoup the 40% it did not take under its agreement with Rockingham.

In *Michaud v. Caribou Ford*, 2024 ME 73, Mr Michaud suffered a left eye injury on December 26, 2014. Medical evidence generated at the time of the injury proved that vision loss was at least 80%. Evidence demonstrated that the employee's vision did not improve. A medical record proved that maximum medical improvement was reached October 14, 2021. An employee who suffers 80% vision loss and reaches MMI is entitled to 162 weeks of lost wages. (39-A MRSA §212 (3) (M); *Tracy v. Hersey Creamery Co.*, 1998 ME 247, ¶¶ 8-9). Although MMI was not reached until 2021, the Law Court determined that interest on the award should have been calculated from December 26, 2014, when the trajectory of 80% vision loss commenced.

Fama v. BOB'S LLC, 2024 ME 73, was an appeal from the Cumberland County Superior Court. In *Fama*, the Law Court examined the exclusivity and immunity provisions of the Workers' Compensation Act. Mr. Fama died when he fell during an altercation with a coworker. Mr. Fama's spouse settled the workers' compensation claim with the employer's workers' compensation insurer and then filed a suit for tort damages. The coworker was one of the named defendants. The Law Court held that the defendant-coworker was immune from tort liability for the workplace injury because the decedent's employer had secured workers' compensation insurance. Although a statutory exception allows employees to bring civil suits against coworkers for sexual assault and harassment, that exception did not apply to this case.

14. APPELLATE DIVISION

The Board's Appellate Division has completed its twelfth 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).

Prior to August 30, 2012, a party aggrieved by a decision could ask for a referral to the Board of Directors for review, or they 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 twenty-nine notices of intent to appeal have been filed since August 2012; 23 were filed in 2024. The Division has held oral arguments in 234 cases, ten in 2024. All but one of the arguments in 2024 were held remotely via teleconference, or decisions were based on the written submissions of the parties alone. Since 2012, the Division has held argument before eleven *en banc* panels and issued written decisions in 392 cases (seventeen issued in 2024). One hundred thirty-four appeals (five in 2024) 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.

Six Petitions for Appellate Review of Appellate Division decisions were filed with the Law Court in 2024. The Law Court granted review in one case in 2024, *Stovall v. New England Telephone, Me. W.C.B. No. 24-6* (App. Div. 2024). In that case, the appellate panel held that the employee's claim was not barred by the doctrine of res judicata because it had not been actually litigated in prior proceedings, and that it was not barred by the statute of limitations because payments were made within the limitations period with contemporaneous notice that the payments were in part necessitated by the injury at issue. The Law Court will hear oral argument in this case in March of 2025.

The Law Court issued two decisions on appeals from the Appellate Division in 2024: *Crosen v. Blouin Motors, Inc.*, 2024 ME 38, 315 A.3d 707 (holding that under 39-A M.R.S.A § 354(3), the employer was not required to reduce the offset taken for Social Security benefits pursuant to 39-A M.R.S.A § 221(3)(A)(1) consistent with the employer's percentage of responsibility for the injury; the employer is entitled to take the full offset); and *Michaud v. Caribou Ford Mercury, Inc.*, 2024 ME 74, --- A.3d --- (holding that the interest on the employee's specific loss benefit payment accrues from the date of injury when the employee had sustained greater than 80% loss of vision on the date of injury and his condition never improved, see 39-A M.R.S.A. § 212(3)(M)).

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

TABLE OF CONTENTS

- 1. INTRODUCTION & BACKGROUND B1
 - I. ACCIDENT YEAR, CALENDAR YEAR AND POLICY YEAR B2
- 2. RECENT EXPERIENCE B3
 - I. PROJECTED ULTIMATE ACCIDENT YEAR LOSS AND LOSS ADJUSTMENT EXPENSE RATIOS B3
 - II. CALENDAR YEAR AND ACCIDENT YEAR LOSS RATIOS B4
- 3. LOSSES IN WORKERS' COMPENSATION B5
 - I. CHANGES IN ADVISORY LOSS COSTS B5
 - II. CUMULATIVE CHANGES IN ADVISORY LOSS COSTS..... B6
- 4. MARKET STRUCTURE AND COMPETITION B7
 - I. MARKET CONCENTRATION B7
 - II. HERFINDAHL-HIRSCHMAN INDEX..... B7
 - III. COMBINED MARKET SHARE..... B8
 - IV. NUMBER OF CARRIERS IN MAINE'S WORKERS' COMPENSATION INSURANCE MARKET B9
 - VI. PERCENT MARKET SHARE OF THE TOP TEN INSURANCE CARRIERS B10
 - VI. MEMIC RATE CHANGE B11
- 5. DIFFERENCES IN RATES AND FACTORS AFFECTING RATES B12
 - I. RATE DIFFERENTIALS B12
 - II. ADDITIONAL FACTORS AFFECTING PREMIUMS B12
- 6. ALTERNATIVE RISK MARKETS B14
 - I. PERCENT OF OVERALL MARKET HELD BY SELF-INSURED EMPLOYERS B14
 - II. NUMBER OF SELF-INSURED EMPLOYERS AND GROUPS B15
- 7. A LOOK NATIONALLY B16
 - II. OREGON WORKERS' COMPENSATION PREMIUM RATE RANKING B16
 - III. AVERAGE LOSS COSTS BY STATE BASED ON MAINE'S PAYROLL DISTRIBUTION B16

1. INTRODUCTION & BACKGROUND

This report examines different measures of competition in the Maine workers' compensation insurance market. The measures are: 1) the number of insurers providing coverage; 2) insurer market share; 3) changes in 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, 2024, NCCI filed with the Superintendent an overall 19% decrease in the advisory loss costs effective April 1, 2024. 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, 2024.

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 17.1% to 20.1%. The change in loss costs for individual classifications within each group varies depending on the experience of the classification.

Industry Group	Percentage Change
Manufacturing	-18.3%
Contracting	-18.8%
Office & Clerical	-20.1%
Goods & Services	-20.0%
Miscellaneous	-17.1%

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.

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:

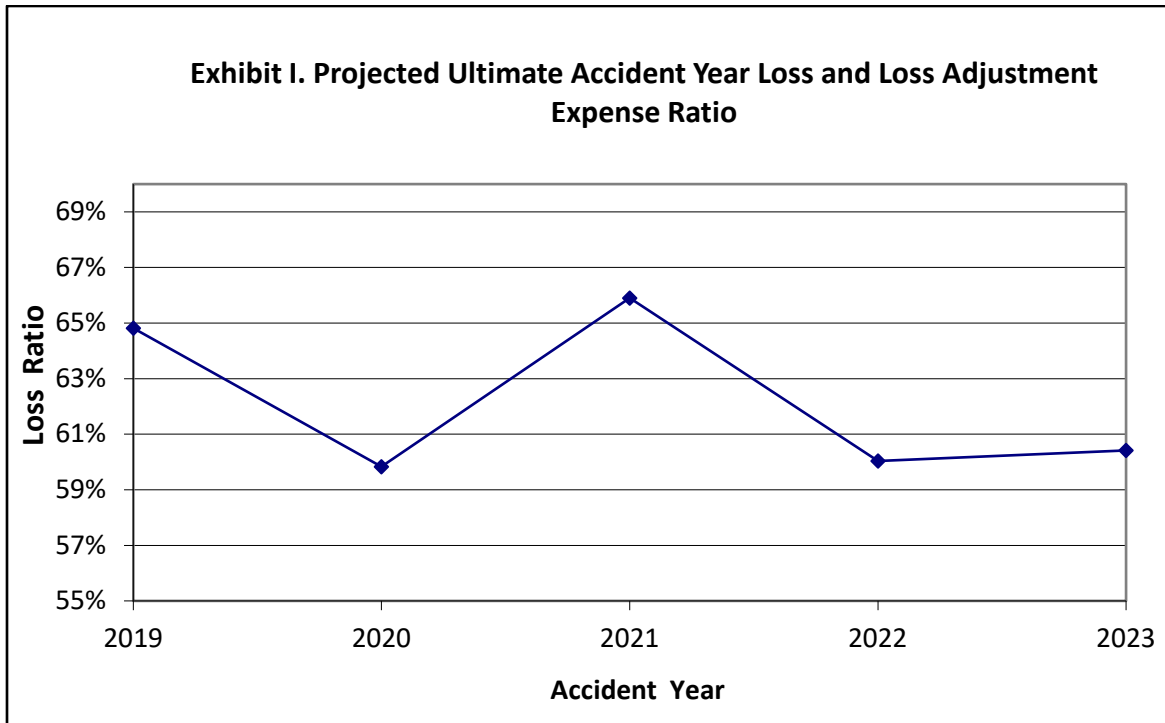
- **Accident year** experience as of a specific evaluation date matches 1) all paid losses and loss reserves as of the specific evaluation date for injuries occurring during a given 12-month period (regardless of when the losses are reported) with 2) all premiums earned during the same period (regardless 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 needs to 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 as of a specific evaluation date 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 I 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 59.8% to 65.9% for the past five years. The 2023 ratio was 60.4%, indicating that \$60.40 is expected to be paid out for losses and loss adjustment expenses for every \$100 earned in premium.



Source: NCCI

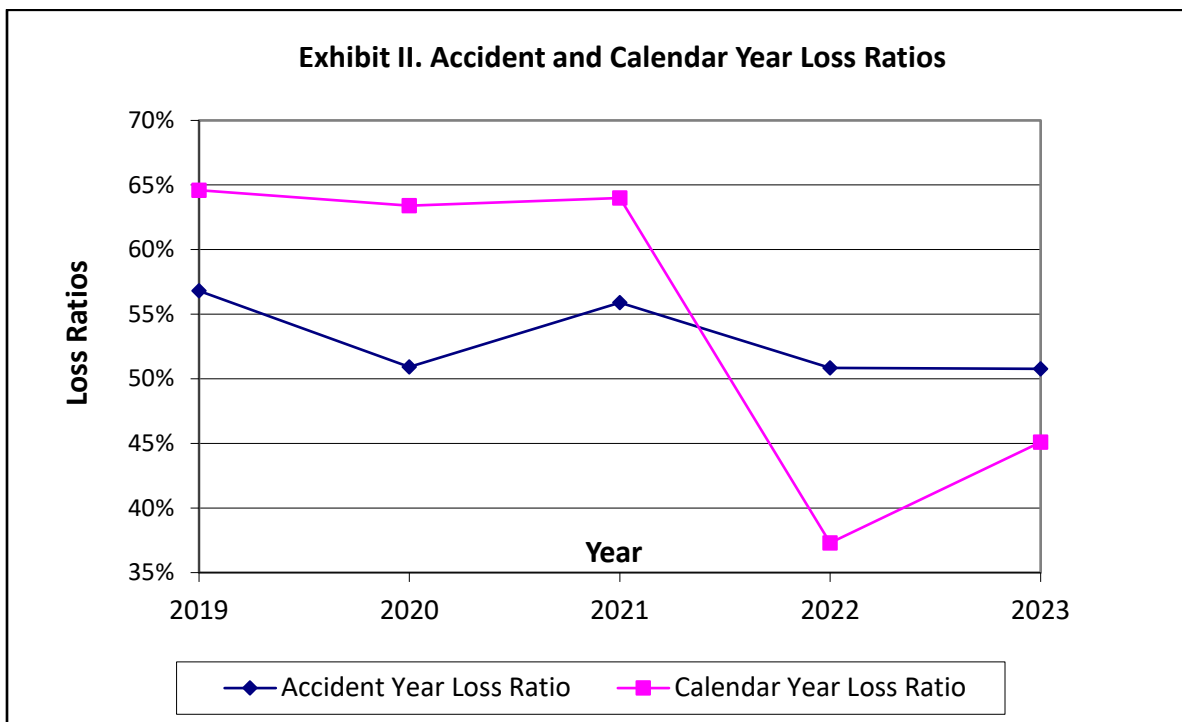
II. CALENDAR YEAR AND ACCIDENT YEAR LOSS RATIOS

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 II 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 65% in 2019. Accident year loss ratios ranged from a low of 51% in 2020, 2022, and 2023 to a high of 57% in 2019. 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 II, the Accident Year data in Exhibit II do not match those in Exhibit I on the prior page.

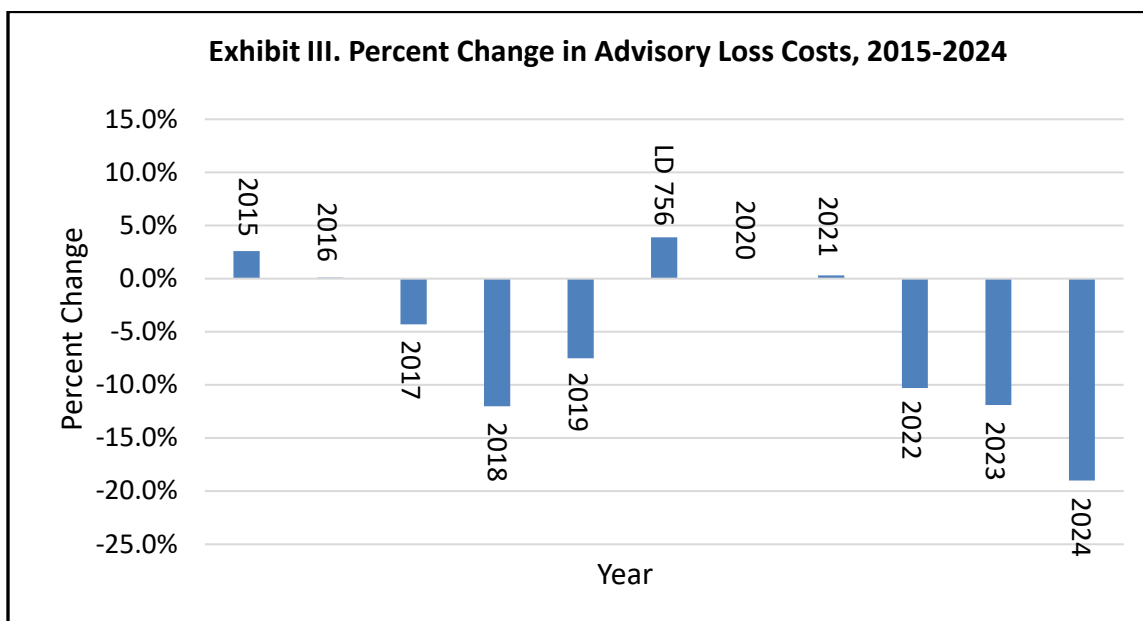
3. LOSSES IN WORKERS' COMPENSATION

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, 2024, the Superintendent approved a 19% 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.

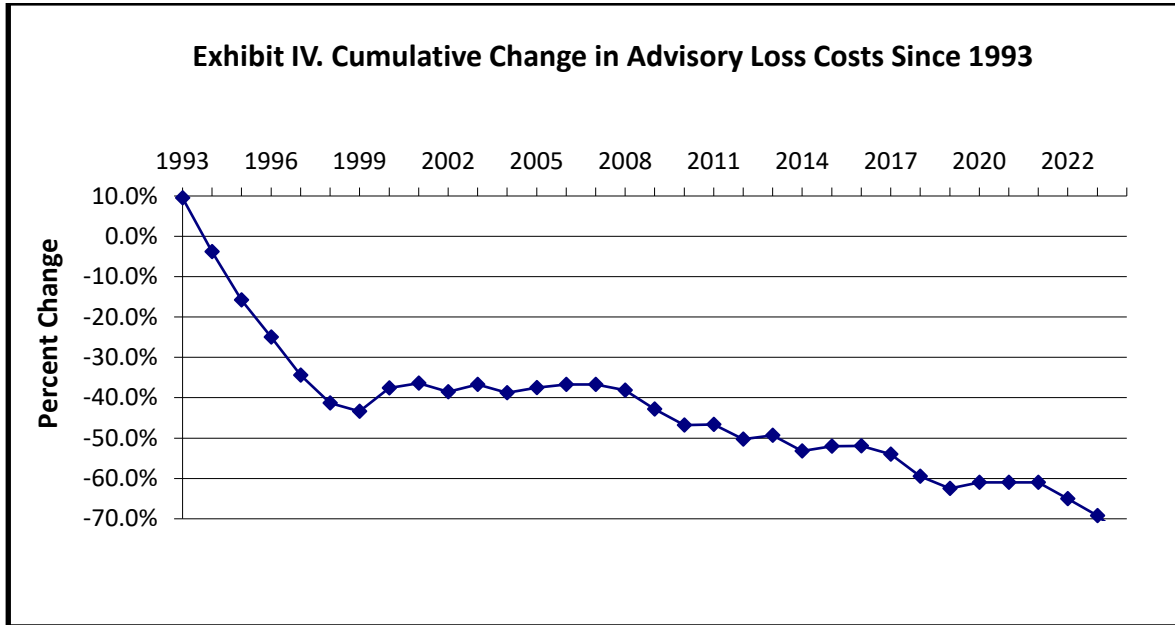
Exhibit III includes the impact of the loss cost increase resulting from enactment of [L.D. 756](#), which took effect on January 1, 2020, "An Act To Improve the Maine Workers' Compensation Act of 1992". NCCI requested, and the Bureau approved, an increase in loss costs to account for the increase of 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 IV shows the cumulative changes in loss costs since 1993. Average loss costs have declined more than 23% over the past ten years, and by more than 75% 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, 2024, 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, 36 insurers had more than \$1 million in written premium in 2023. Total written premium in 2023 exceeded \$290 million.

Amount of Written Premium	Number of Companies at That Level
Less than \$100,000	269
\$100,000 to \$1,000,000	95
Over \$1,000,000	36

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

In 2023, MEMIC accounted for over 64% 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. The following table shows the number of carriers that wrote workers' compensation insurance in 2023 by premium level.

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 below 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 2021 Competition Database Report, which was prepared in 2023, the HHI for workers' compensation insurance in Maine was 4,448. 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

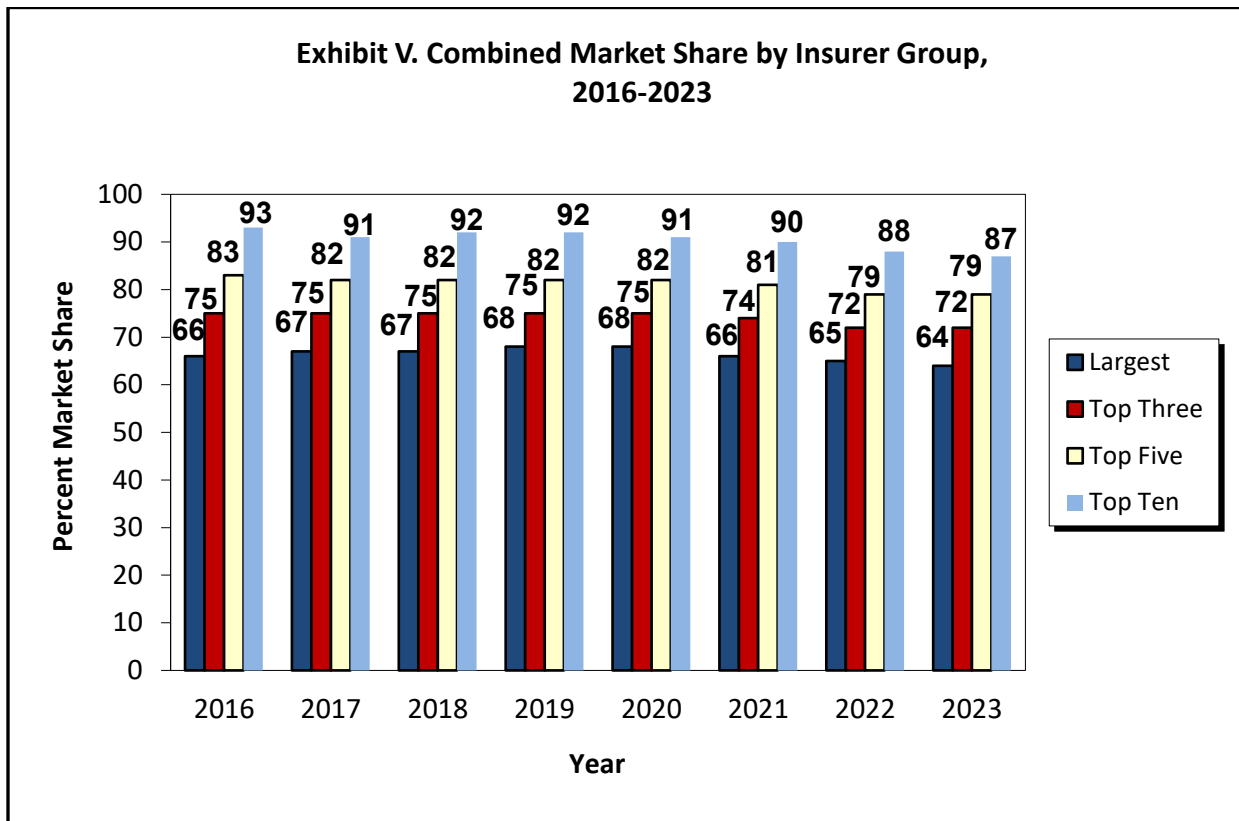
and above to indicate highly concentrated markets and the range from 1,000 to 1,800 to indicate moderately concentrated markets. A market with an HHI below 1,000 is considered not concentrated.

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 2023, roughly 30% of the market opted to self-insure their workers’ compensation programs rather than purchase insurance from a carrier.

III. COMBINED MARKET SHARE

Exhibit V 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 MEMIC group wrote over \$186 million in premium (64%) in 2023. The top three groups, including MEMIC, wrote over \$208 million in business (72%). The top five groups wrote over \$229 million (79%), and the top 10 groups had over \$252 million in written premium (87%). The reported amounts of written premium for the top 10 groups rose by over \$5 million from 2022 to 2023, while their overall market share decreased 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 nearly 22% over the past ten years.

Table II: Number of Workers' Compensation Carriers, 2014-2024		
Year	Number of Carriers	Net Change (Percent)
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
2014	328	-0.6

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

V. PERCENT MARKET SHARE OF THE TOP TEN INSURANCE GROUPS

The ten largest insurance groups wrote over 87% of the workers' compensation business in 2023. 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 64% market share in 2023. Table III shows market share for the ten largest insurance groups in 2023 and those groups' market share from 2016-2023.

Insurance Group	2016 Share	2017 Share	2018 Share	2019 Share	2020 Share	2021 Share	2022 Share	2023 Share
Maine Employers' Mutual	65.9	67.4	67.4	67.7	67.5	66.1	64.8	64.4
WR Berkeley Group	4.4	3.9	3.5	3.6	3.4	3.5	3.5	3.8
Hartford Fire & Casualty	3.1	3.1	3.3	3.1	2.9	3.5	3.6	3.8
Travelers Group	4.3	3.9	3.7	3.8	3.8	3.9	3.5	3.6
ProAssurance Corp Group	-	-	3.6	3.9	3.6	3.6	3.5	3.4
Zurich Insurance Group	2.2	2.1	1.8	2	2.1	2.6	2.8	2.1
Liberty Mutual Group	3.7	2.6	3.3	3.5	3.3	2.9	2.6	1.6
American Financial Group	-	0.37	0.2	0.2	0.32	0.4	0.38	1.5
Chubb Ltd Group	2	2	2.2	2	1.9	1.7	1.4	1.5
Amtrust Financial Serv Grp	0.8	0.8	0.6	0.6	0.6	0.8	1.4	1.4

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

VI. MEMIC RATE CHANGE

In 2024, MEMIC received approval for a 15.7% average rate decrease. MEMIC also increased its loss costs modifiers (LCMs), which was the third increase in the company's loss cost modifiers (LCMs) since 2004. Table IV below shows the estimated impact on the Maine market for the increase in LCMs combined with the adoption of NCCI's average 19% decrease in loss costs.

In addition to the rate decrease, MEMIC created a new enterprise tier, which allows MEMIC to more accurately rate for increased risk.

Table IV: Impact of Increase in Lost Cost Modifiers and decrease in Loss Costs on Market Segments				
Tier	Current LCM	New LCM	Number of Policies	Approximate Avg. \$ Impact Per Employer
Safety	1.19	1.21	234	\$ (9,971)
Preferred	1.46	1.52	615	\$ (8,172)
Small Business	1.41	1.41	11,052	\$ (274)
Standard	1.6	1.67	5,132	\$ (4,043)
Enterprise	n/a	1.83	565	\$ (977)

Source: MEMIC 2024 Rate Filing

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 18.9% of policyholders are at rates above MEMIC's Standard Rating Tier (see Table V) and insurers are selective in accepting risks for the lower-priced plans. Their 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 V below shows the percentage of policies written at rates 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.

Table V: Percent of Reported Companies At, Above, or Below MEMIC's Standard Rating Tier Rates		
Rate Comparison	2023	2024
Below MEMIC Standard Rate	76.3%	78.3%
At MEMIC Standard Rate	5.2%	2.9%
Above MEMIC Standard Rate	18.5%	18.9%

Source: Based on the results of a survey conducted by the Maine Bureau of Insurance.

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 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**, which 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 between carriers and may 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. In October 2024, MEMIC announced it would pay dividends totaling \$18.7 million to approximately 17,000 qualified policyholders. The 2024 payments brought the total of capital returns and dividends paid by MEMIC since 1998 to \$370 million.
- **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 bad loss 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 exposure. Employers should carefully analyze these options, especially retrospective rating (retros) and large deductible policies, before opting for them.

6. ALTERNATIVE RISK MARKETS

I. PERCENT OF OVERALL MARKET HELD BY 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. They are likely to have safety training and injury prevention programs. In 2023, approximately 30% 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 2019.

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 VI: Estimated Total of All Standard Premiums for Self-Insured Employers and Percent of the Workers' Compensation Market Held by Self-Insurers, 2019-2023		
Year	Estimated Total of All Standard Premiums	Percent of Workers' Compensation Market (in annual standard premium)
2023	\$127,340,461	30.4
2022	\$131,780,117	31.9
2021	\$142,977,445	35.8
2020	\$135,026,461	36.4
2019	\$128,396,271	35.6

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. NUMBER OF SELF-INSURED EMPLOYERS AND GROUPS

As of October 1, 2024, there were 18 self-insured groups representing an estimate of 1,157 employees.

Table VII: Number of Self-Insured Groups, Employers in Groups, and Individually Self-Insured Employers 2014-2024			
Year	# of Self-Insured Groups	Estimated # of Employers In Groups	# of Individually Self-Insured Employers
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
2014	19	1,336	62

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 2001 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 2022, Maine had the 9th highest workers' compensation premium rates in all industries. Maine's rank was 16th highest in 2020.

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

NCCI reports average loss costs for 37 states and the District of Columbia using the most recent loss cost filings for the states from 2022 which have designated NCCI as the licensed rating and statistical organization. Maine had the 13th highest average loss cost in the most recent report, which is unchanged from 2020. Among the five New England states that participate in NCCI,¹ only New Hampshire had a lower average loss cost than Maine.

Rank	State	Average Loss Cost
1	Hawaii	1.25
2	Vermont	1.01
3	Connecticut	0.91
4	Illinois	0.89
5	Montana	0.83
6	Georgia	0.81
7	Missouri	0.80
8	Iowa	0.77
9	Idaho	0.75
9	Louisiana	0.75
11	South Carolina	0.74
12	Rhode Island	0.71
13	Maine	0.69
14	Florida	0.67
15	Nebraska	0.65
15	New Mexico	0.65
17	Oklahoma	0.64
18	Alabama	0.63
18	Alaska	0.63
20	South Dakota	0.62

Rank	State	Average Loss Cost
20	Maryland	0.62
20	New Hampshire	0.62
23	Colorado	0.60
24	Kansas	0.59
24	Oregon	0.59
26	North Carolina	0.54
27	Kentucky	0.51
27	Mississippi	0.51
27	Virginia	0.51
30	Nevada	0.49
31	D.C.	0.48
32	Arizona	0.47
33	Indiana	0.43
34	Tennessee	0.41
35	Utah	0.38
36	Arkansas	0.35
37	West Virginia	0.33
38	Texas	0.28
	38-jurisdiction average	0.59

Note: 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.

¹ Massachusetts does not participate in NCCI.

SECTION C

BUREAU OF LABOR STANDARDS

Section C: Bureau of Labor Standards

Table of Contents

1. INTRODUCTION	C1
I. ORGANIZATION OF THIS REPORT.....	C1
II. ROLE OF THE BUREAU OF LABOR STANDARDS IN PROTECTING MAINE WORKERS.....	C1
III. INJURY PREVENTION AND COST CONTAINMENT	C8
2. PREVENTION SERVICES	C9
I. SAFETYWORKS!	C9
II. ENFORCEMENT	C10
3. RESEARCH AND DATA	C13
I. OCCUPATIONAL SAFETY & HEALTH SURVEILLANCE PROGRAMS.....	C13
II. RESEARCH PROJECTS OTHER THAN ANNUAL REPORT	C29
4. CHALLENGES AND OPPORTUNITIES	C32
I. SAFETY EDUCATION & TRAINING FUNDING	C32
II. ELECTRONIC DATA INTERCHANGE AND MISSING DATA	C32
III. RETURN TO WORK DATA.....	C34
IV. COST DATA.....	C35
5. DEVELOPMENTS.....	C36
I. RESOURCES AND FUNDING.....	C36
II. PROGRAM INITIATIVES.....	C37

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, 2024 Developments, outlines the 2024 developments and prospects for the future.

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

Title 26 MRSA § 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

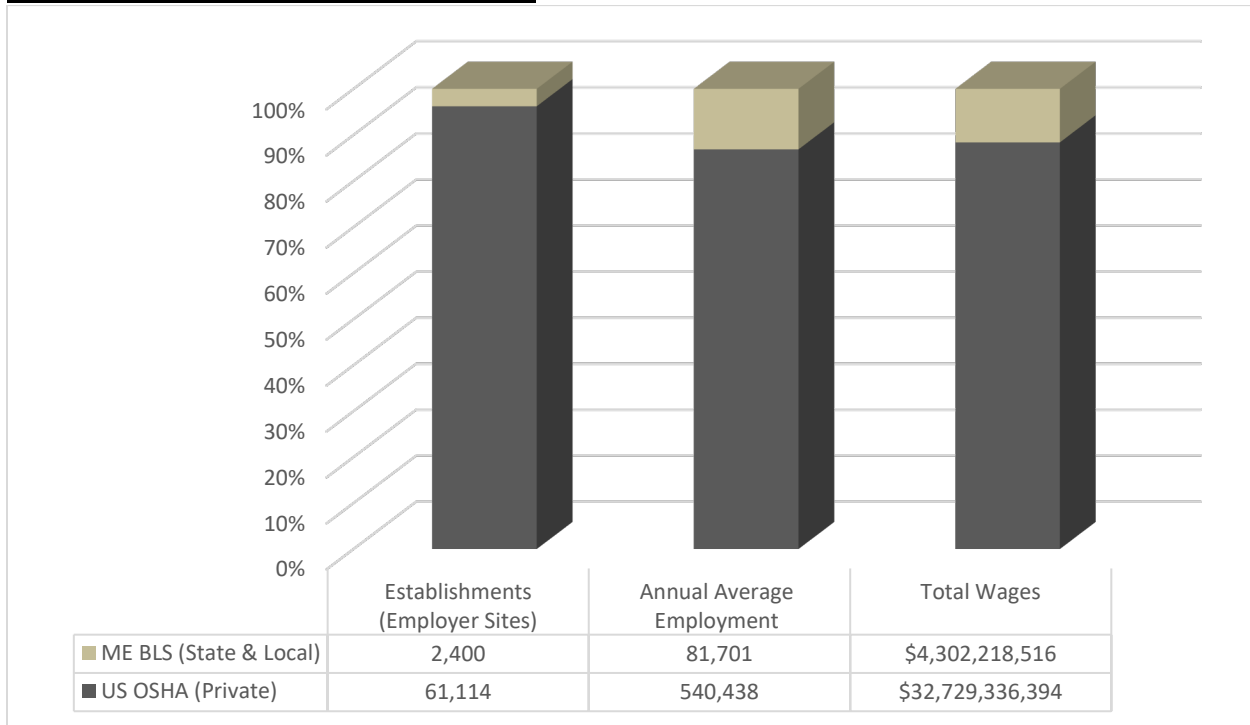
Maine Workers' Compensation System			
Function		State, County, and Local Government Workplaces	Non-Government Workplaces
Prevention	Research	Maine SafetyWorks!	
	Outreach and Education	Maine SafetyWorks!	
	Employer Consultation	Maine SafetyWorks!	
	Safety Standards Enforcement	Maine BLS*	U.S. OSHA
	Child 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 the 4 quarters spanning 2023 and 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)



Source: <http://www.maine.gov/labor/cwri/qcew1.html>, annual average, year-ending 2nd quarter, 2024.

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.

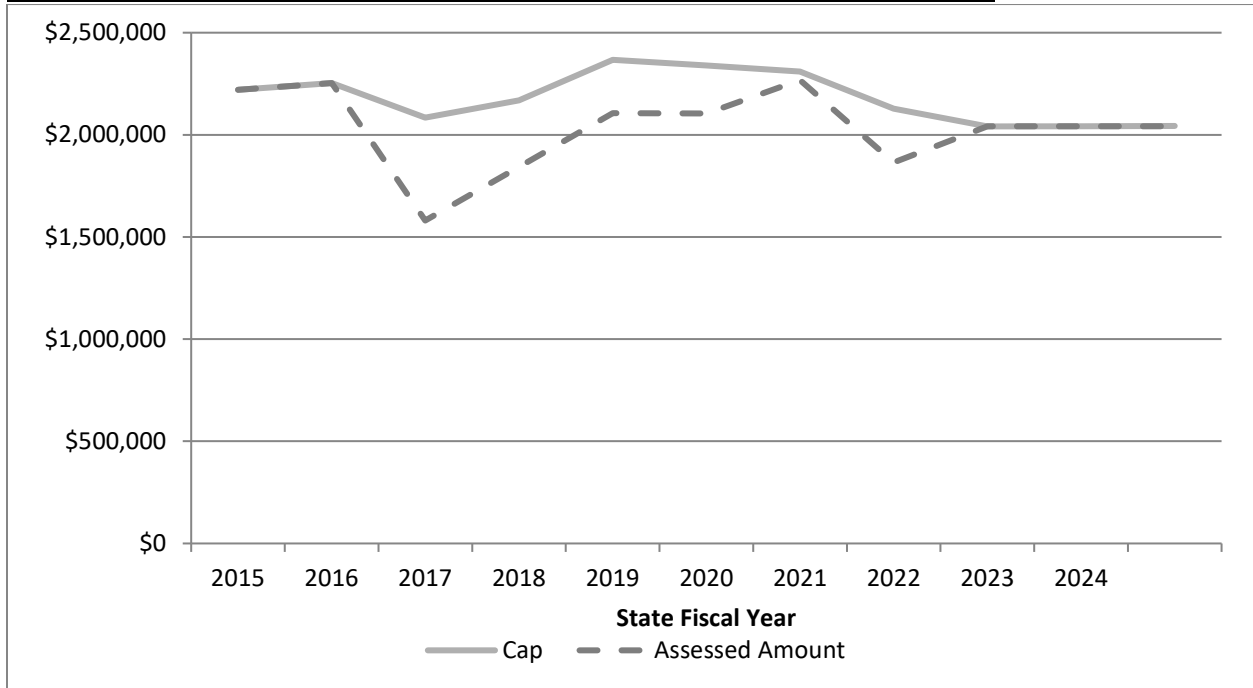
Since 2015, the Bureau’s public sector (state and local government) enforcement and consultation activities have been match-funded (50/50) through a U.S. OSHA “23g” cooperative agreement, with matching funds from the SETF for the consultation portion of the work. (The state general fund provides the 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. In the period from 2014-2017, the Bureau had to charge at the cap to pay for a major software upgrade. For state fiscal years (SFY) 2017-2022, the Bureau had holdovers and lower expenses, respectively, allowing for assessments under the statutory cap. The pattern will continue as the situation requires. In the two latest years, the cap has declined to what is very close to the normal yearly operating budget for the SETF activities. This is somewhat 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 2024. 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"> • 114 classes with 2,193 workers trained in 2024 • Hosted 8 OSHA Region 1 Training & Education courses and 1 webinar in 2024 with 69 workers trained in person and 184 attended the webinar.
Employer OSH Data Profiles	State SETF/U.S. Bureau of Labor Statistics Cooperative Agreement	<ul style="list-style-type: none"> • 0 employer profile/data requests submitted to R&S in CY 2024. This is due to staff turnover at the requesting agency.
On-site Consultations	State SETF/U.S. OSHA and MSHA* Cooperative Agreement	<ul style="list-style-type: none"> • 487 employer onsite consultations were conducted, which identified 2,314 serious hazards and trained 4,679 employees onsite in 2024
Youth Employment Permit Enforcement	State General Fund	<ul style="list-style-type: none"> • 6271 work permit applications received in CY 2024 • 5802 work permits approved in CY 2024 • 1088 work permits initially denied in CY 2024
Wage & Hour Enforcement, Random & Focused Inspections	State General Fund	<ul style="list-style-type: none"> • 8 employer inspections in CY 2024 • 1 inspection found violations in CY 2024 • 1079 violations found during these inspections
Wage & Hour Enforcement, Complaint Investigations	State General Fund	<ul style="list-style-type: none"> • 278 complaint investigations started in CY 2024 • 178 complaint investigations ended in CY 2024 with violations found • 12 investigations identified 887 child labor violations
Public Sector Safety Enforcement	State General Fund/U.S. OSHA, 50/50	<ul style="list-style-type: none"> • 86 employers • 188 serious violations cited • \$188,000 in initial penalties issued in 2024; reduced to \$131,000 pending and/or after penalty discussion or appeal as of 12/31/2024 • 2 Whistleblower investigations in 2024
OSHA Recordkeeping Employer Outreach	State SETF/U.S. Bureau of Labor Statistics Cooperative Agreement	<ul style="list-style-type: none"> • 9 sessions in CY 2024 • 154 attendees in CY 2024 • 12 sessions planned for CY 2025

*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 (1977-2023)	State SETF/U.S. Bureau of Labor Statistics Cooperative Agreement	<ul style="list-style-type: none"> • 13,109 disabling cases coded for CY 2023 <ul style="list-style-type: none"> ○ Decrease of 1,834 claims from CY 2022 (14,943) ○ Decrease of 17,206 from the high of 30,315 in CY 1989 (56.7% decrease)
Survey of Occupational Injuries and Illnesses (SOII) (1975-2023)	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 <p>Rates per 100 full-time equivalent workers</p>
Census of Fatal Occupational Injuries (CFOI) (1992-2023)	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 (1989-2023)	SETF	<ul style="list-style-type: none"> • 6.8% total positive tests for CY 2023 <ul style="list-style-type: none"> ○ Low of 3.3% in CY 2014 ○ High of 10.9% in CY 2021 • 6.7% applicant positives for CY 2023 <ul style="list-style-type: none"> ○ Low 3.1 % in CY 2014 ○ High of 10.9% in CY 2021 • 51.5% probable cause positives for CY 2023 <ul style="list-style-type: none"> ○ Low of 6.8% in CY 2013 ○ High of 80% in CY 2007 (only 5 tests conducted) • 10.2% random positives for CY 2023 <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 public 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. One new course was added to the training being offered in 2024, Preventing Musculoskeletal Injuries.

In 2024, the BLS scheduled training was primarily provided at the SafetyWorks! Training Institute, virtually, or at local Department of Labor CareerCenters. The Training Institute is a state-of-the-art training facility with realistic, safety mock-ups for experiential, adult learning. 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. Due to staff turnover in other agencies, there were 0 employer profile/data requests submitted in calendar year 2024.

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-advisory, confidential, and cooperative in nature. In 2024, 487 employer on-site consultations were requested and completed. In addition, 4,679 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. The Construction Safety Alliance was renewed for another 5 years.

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.

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, 2024, to December 31, 2024, WHD approved 5,802 work permits and initially denied 1,088 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, 2024, to December 31, 2024, WHD initiated 278 new complaint investigations. During the same period of time, the WHD concluded 178 investigations where violations of Maine's wage and hour laws were found, of which 104 of the investigations were initiated in CY 2024. Of the 178 investigations that were concluded in CY 2024, 12 investigations identified 887 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:

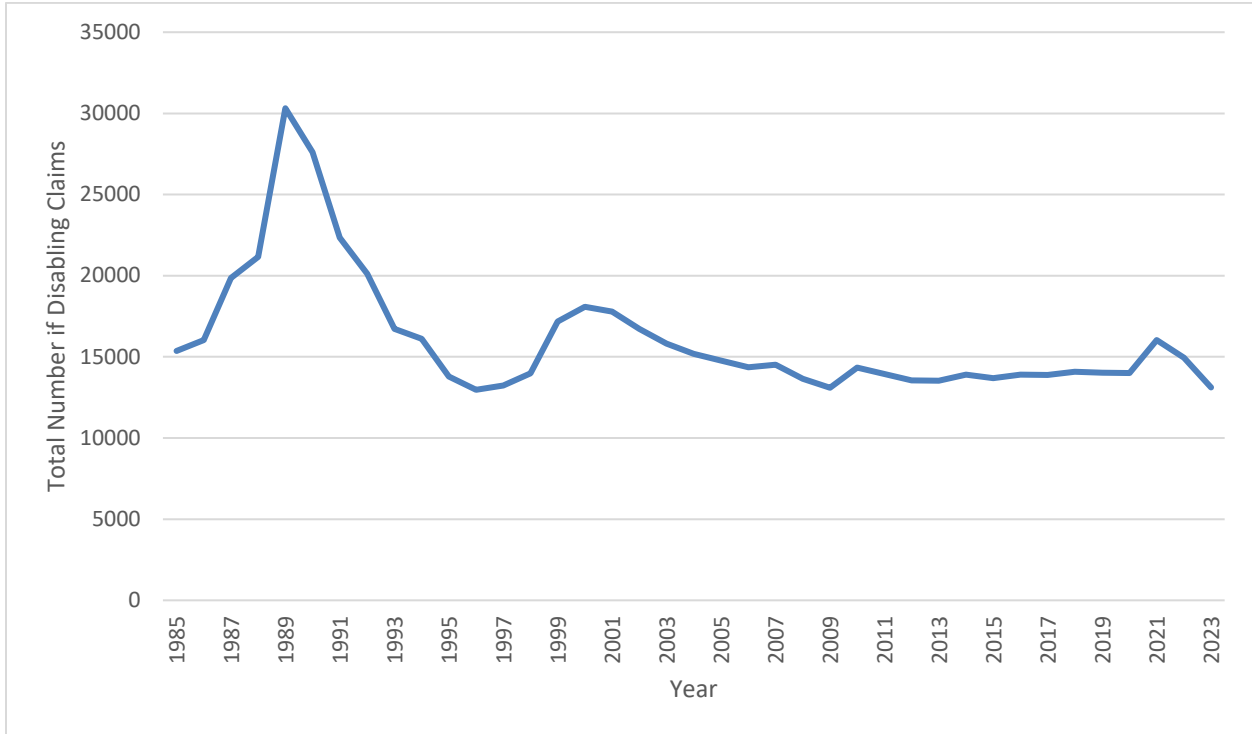
- 1) Characteristics of the employer
- 2) Characteristics of the employee
- 3) Characteristics of the workplace
- 4) Characteristics and results of the incident
- 5) Characteristics and results of the workers' compensation claim including costs

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 (1985–2023)

In 2023 there were 13,109 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 38-year trend of total recorded disabling cases since 1985.

Figure C-14: Annual Pattern of Disabling WCB Cases, 1985–2023



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

The 2010s saw little change in the total number of disabling claims, with a low of 13,532 in 2013 and a high of 14,334 in 2010, yielding 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 downwards in 2022, with a return to pre-pandemic injury counts in 2023. This year had the lowest number of disabling injuries filed since 2009, and that low was caused by high unemployment during the heart of the Great Recession.

ii. Distribution of Disabling Claims by Gender and County, Maine (2021-2023)

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 2021 through 2023.

Table C-15: Distribution of Disabling Cases by Gender and County, Maine (2021-2023)

County	2021			2022			2023			Three Year County Total
	Female	Male	Total	Female	Male	Total	Female	Male	Total	
Androscoggin	584	688	1,272	511	641	1,152	418	613	1,031	3,455
Aroostook	381	324	705	359	369	728	243	319	562	1,995
Cumberland	2,205	2,175	4,380	2,319	2,154	4,473	1,982	1,883	3,865	12,718
Franklin	135	137	272	138	138	276	79	118	197	745
Hancock	273	318	591	236	260	496	227	288	515	1,602
Kennebec	889	773	1,662	662	666	1,328	592	667	1,259	4,249
Knox	156	311	467	191	218	409	121	208	329	1,205
Lincoln	84	145	229	92	150	242	72	144	216	687
Oxford	166	243	409	169	249	418	148	230	378	1,205
Penobscot	1,212	978	2,190	1,034	895	1,929	825	794	1,619	5,738
Piscataquis	118	98	216	82	80	162	75	65	140	518
Sagadahoc	159	499	658	158	532	690	136	452	588	1,936
Somerset	238	229	467	210	197	407	159	212	371	1,245
Waldo	130	155	285	125	151	276	77	132	209	770
Washington	176	172	348	134	145	279	99	125	224	851
York	666	858	1,524	688	801	1,489	560	770	1,330	4,343
#N/A*	100	285	385	100	186	286	92	184	276	947
Year Total	7,672	8,388	16,060	7,208	7,832	15,040	5,905	7,204	13,109	44,209

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 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 make up 47.5% of post-pandemic claims, while males are only 52.5%.

This trend has begun to reverse course, with only 45% female claimants 2023, and 55% 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 (2021-2023)

Ten industry groups accounted for over 90% of all disabling injuries in 2023. 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 (2021-2023)

Industry Groups	2021		2022		2023		Three Year Industry Total
	Number	Percent	Number	Percent	Number	Percent	
Health Care and Social Assistance	5,123	31.9%	4,697	31.2%	3,445	26.3%	13,265
Retail Trade	2,075	12.9%	1,869	12.4%	1,741	13.3%	5,685
Manufacturing	1,698	10.6%	1,747	11.6%	1,493	11.4%	4,938
Construction	1,161	7.2%	1,054	7.0%	1,062	8.1%	3,277
Public Administration	1,314	8.2%	1,019	6.8%	782	6.0%	3,115
Accommodation and Food Services	897	5.6%	871	5.8%	846	6.5%	2,614
Transportation and Warehousing	744	4.6%	735	4.9%	657	5.0%	2,136
Educational Services	671	4.2%	704	4.7%	816	6.2%	2,191
Administrative and Support and Waste Management and Remediation Services	619	3.9%	638	4.2%	521	4.0%	1,778
Wholesale Trade	571	3.6%	544	3.6%	524	4.0%	1,639
All Other Industries	1,187	7.4%	1,164	7.7%	1,222	9.3%	3,573
Total	16,060	100.0%	15,042	100.0%	13,109	100.0%	44,211

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 their 1,252 year-over-year decrease in total claims filed. Also noteworthy is that between 2022 and 2023 there was a 1,933 decrease in total number of claims filed. This means 64.8% of the total reduction in disabling injuries over the last year is directly attributed to a reduction in disabling injuries in the Healthcare and Social Assistance Industry. Their 3,445 claim count is the lowest claim count since 2019, when the 2,770 disabling injuries accounted for only 19.8% of the total.

Educational Services are the only industry showing a significant year-over-year increase. The 816 disabling claims filed in 2023 is the highest claim count since 2019 which saw 866. Like Healthcare, the industry has shouldered an abnormal amount of disabling injuries since 2020, and 2023 is the first year since the Pandemic showing signs of injury filings returning to pre-pandemic levels.

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 (2021-2023)

Ten occupational groups accounted for more than 80% of all reported disabling injuries in 2023. 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 (2021-2023)

Occupation Groups	2021		2022		2023		Three Year Total
	Number	Percent	Number	Percent	Number	Percent	
Transportation and Material Moving Occupations	2,660	16.56%	2,593	17.24%	2,436	18.58%	7,689
Healthcare Support Occupations	1,739	10.83%	1,858	12.35%	1,292	9.86%	4,889
Healthcare Practitioners and Technical Occupations	1,736	10.81%	1,670	11.10%	1,219	9.30%	4,625
Construction and Extraction Occupations	1,281	7.98%	1,193	7.93%	1,159	8.84%	3,633
Production Occupations	1,228	7.65%	1,245	8.28%	1,054	8.04%	3,527
Food Preparation and Serving Related Occupations	1,067	6.64%	989	6.57%	1,042	7.95%	3,098
Installation, Maintenance, and Repair Occupations	959	5.97%	846	5.62%	875	6.67%	2,680
Building and Grounds Cleaning and Maintenance Occupations	807	5.02%	856	5.69%	775	5.91%	2,438
Protective Service Occupations	805	5.01%	547	3.64%	516	3.94%	1,868
Office and Administrative Support Occupations	784	4.88%	599	3.98%	449	3.43%	1,832
<i>All Other Occupations</i>	<i>2,994</i>	<i>18.6%</i>	<i>2,646</i>	<i>17.6%</i>	<i>2,292</i>	<i>17.5%</i>	<i>7,932</i>
Total	16,060	100.0%	15,042	100.0%	13,109	100.0%	44,211

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%

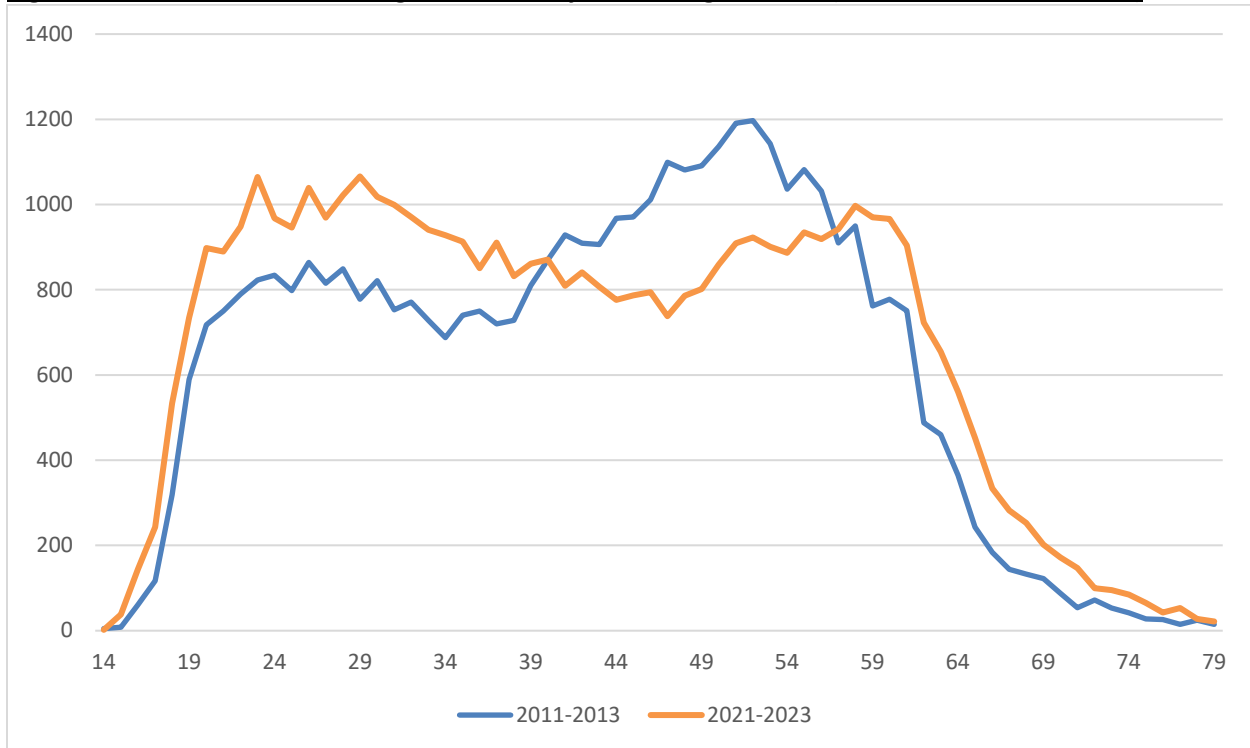
The large reduction of claims filed in the healthcare industry noted earlier is shown here to be shared between practitioners and support workers, with both occupational classifications filing significantly less claims year over year.

While Transportation and Material Moving Occupations were the group with the highest number of disabling claims despite a 6% reduction, because the statewide disabling claim count was reduced by 12% this resulted in an increase in the proportion of claims filed for these workers. This is also seen with construction workers, where a steady number of disabling claims filed results in them having a higher proportion of the total injuries.

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

Over the past 20 years, several trends in injury data have been identified with regards to the age of the injured worker. Figure C-18 displays the total number of disabling injuries suffered by 2 groups of 3-year cohorts.

Figure C-18: Number of Disabling WC Claims by Worker Age, Maine (2011-2013 vs 2021-2023)



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

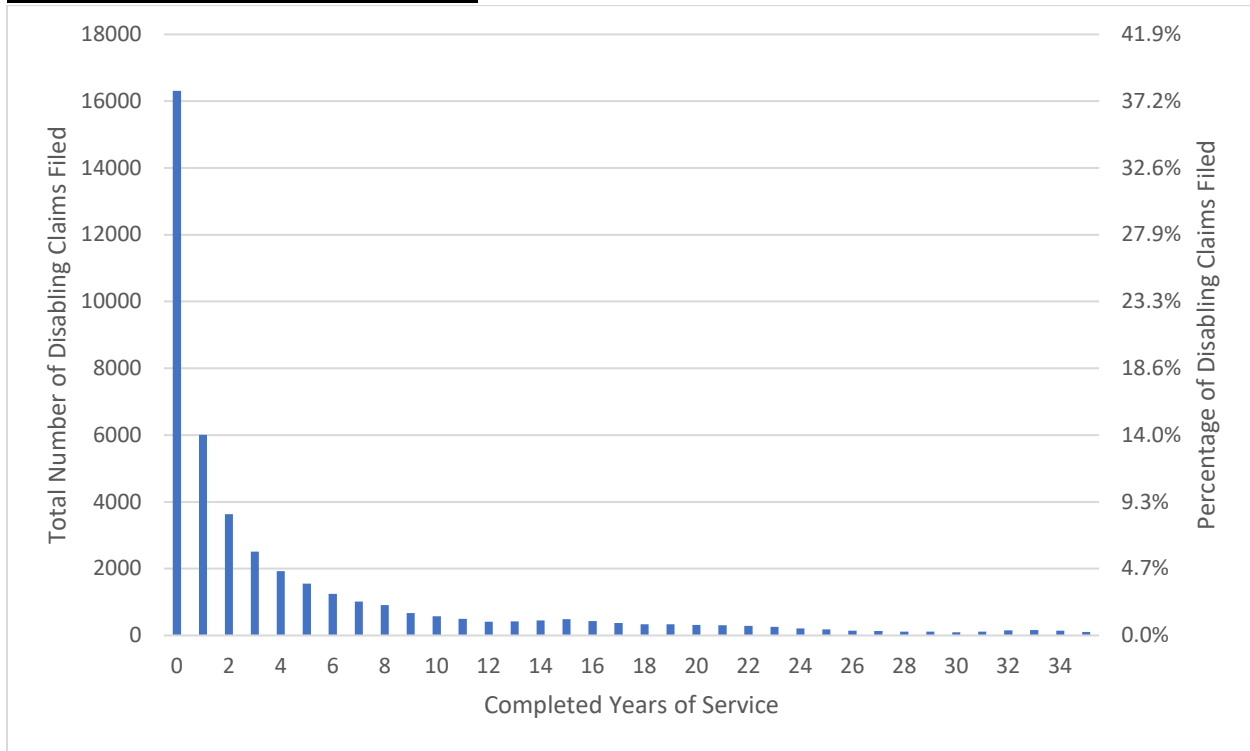
For the 2011-2013 group, the peak number of claims filed were by 52-year-old workers, which totaled 1,197 injuries over the 3-year span. Ten years later, rather than the peak number of injuries moving forward to 62 year olds, the peak number of injuries shifted to an entirely new generation of workers, with 23-year olds suffering 1,065 disabling injuries. We are now seeing a shift in the workforce where the age filing the most claims has 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, 2021-2023

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 (2021-2023)



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

Between 2021 and 2023, the number of lost time cases by length of service can be broken up into three groups: 38% had been working for their employer less than one year, 33% had put in at least one year but less than five years of service, and 29% of employees had completed at least five years of service. There is almost an even split at the two-year mark as 52% 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.

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.

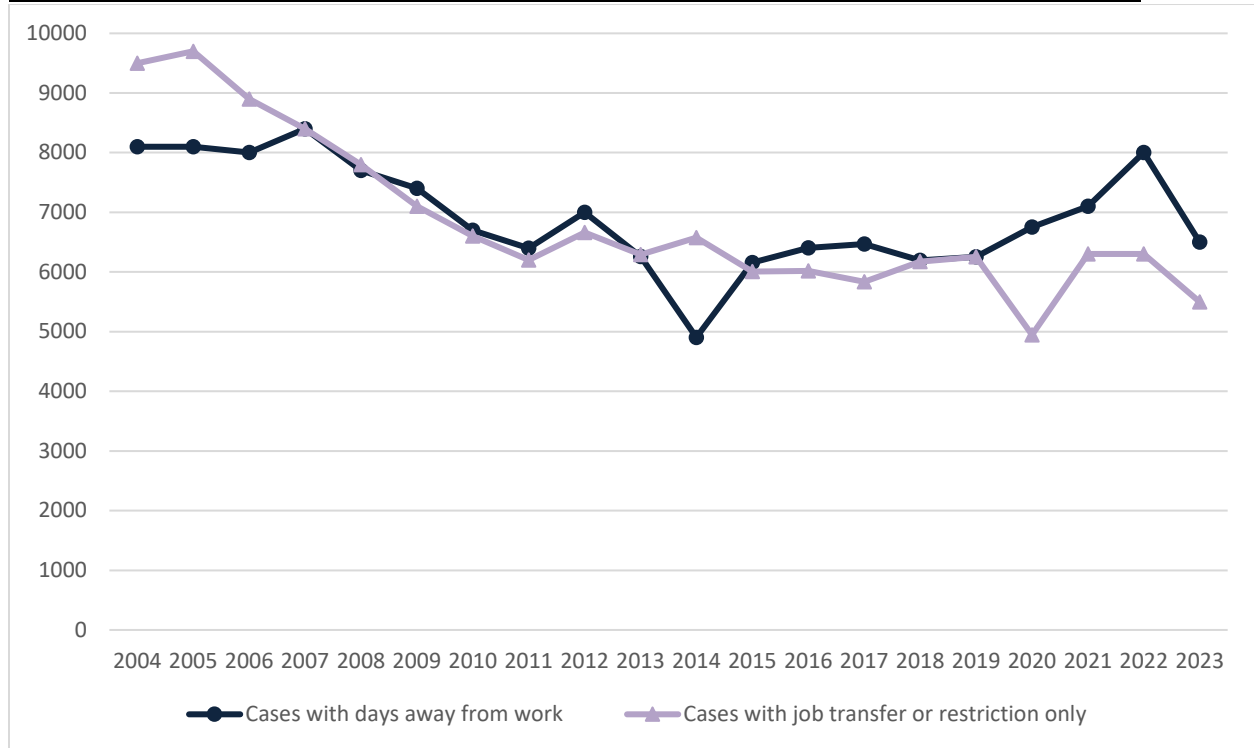
Data collected from SOII are also incomparable with the WCB data because:

- 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)



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.

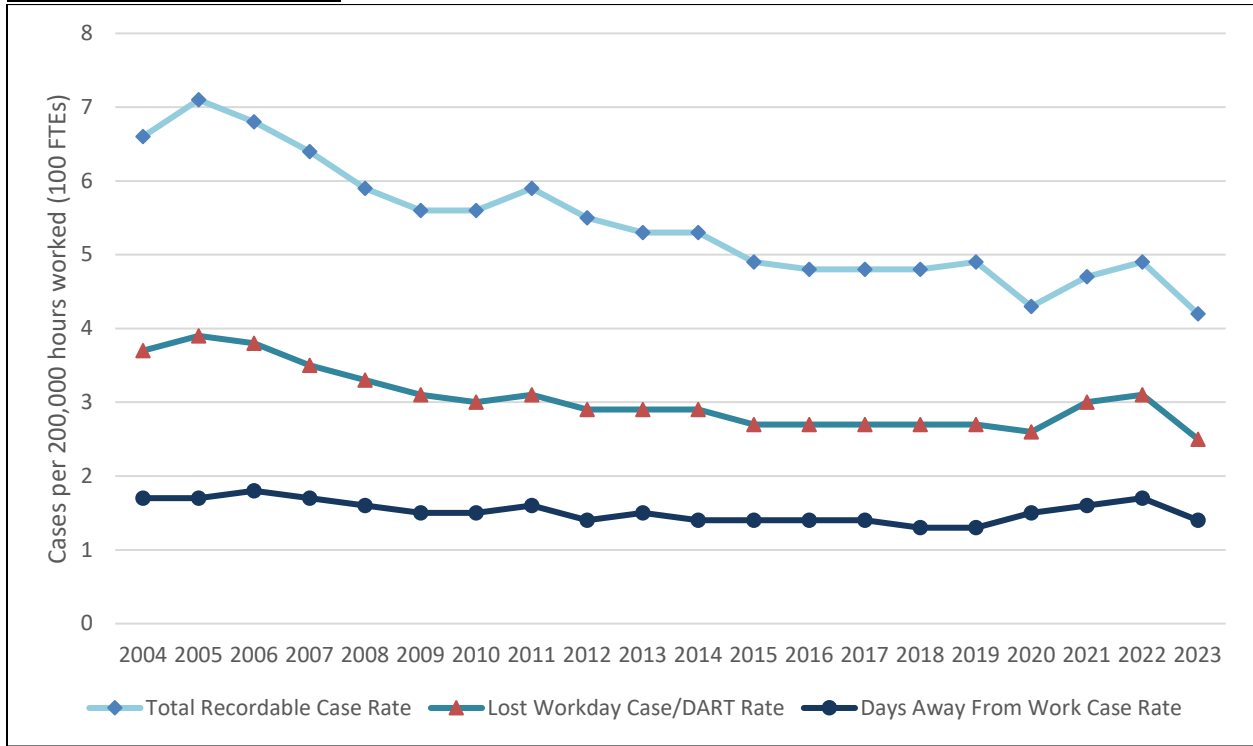
The 6,500 estimated cases with days away from work is a decrease compared to the 8,000 estimated cases in 2022, the year with the highest number of estimated days away from work cases since 2007.

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:** 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*

*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

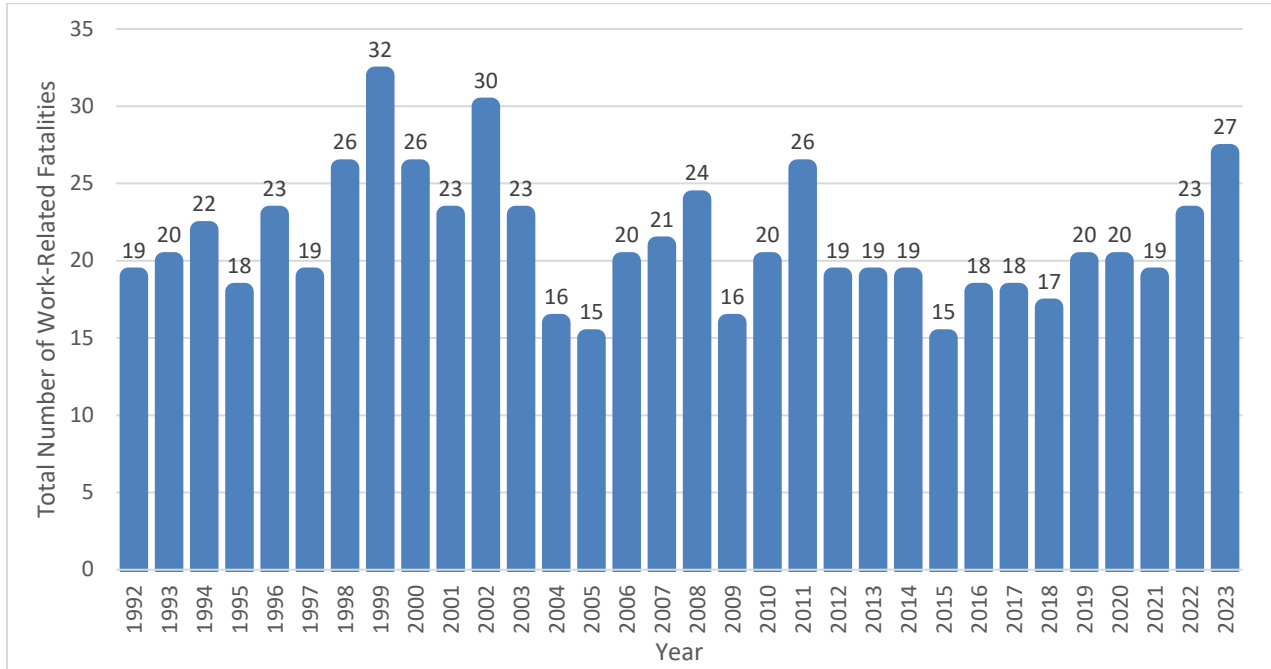
Fatalities due to illness or disease tend to be undercounted because the illness may not be diagnosed until years after the exposure, or the work relationship may be questionable. Private and public sector (state, local, and county government) are included in the CFOI.

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

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 MRSA, 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 approves employee assistance programs (EAPs) for employers who conduct probable cause or random and 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.)

In 2023, the annual survey indicated that a total of 16,133 tests were administered by employers with approved policies and 1,100 (6.8%) of these tests were positive. Of the 15,834 job applicants tested, 1,056 (6.7%) 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 2024 will be available by April 1, 2025.

Table C-28: Results of Overall and Applicant Substance Use Testing (2014–2023)

Year	Approved Policies	Total Tests			Job Applicant Testing		
		Tests	Positives	(%)	Tests	Positives	(%)
2014	461	20,864	698	3.3	19,536	609	3.1
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

Table C-29: Results of Probable and Random Substance Use Testing (2014-2023)

Year	Approved Policies	Probable Cause Testing			Random Testing		
		Tests	Positives	(%)	Tests	Positives	(%)
2014	461	11	5	45	1,317	33	2.5
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

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 2024, the BLS Research and Statistics Division training staff conducted 9 classes in various locations in the state via SafetyWorks: Three in Augusta, three in Brewer, two in Lewiston, 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 declined in recent years due to fewer injuries and declining compensation costs, which means that fund objectives are being achieved. As of now, the fund provides adequate resources but does create an issue should there be a need to fund a major project, such as the computer software change in 2015. What the Bureau has learned to do is to anticipate the need and plan the project so that the costs are spread over several years. As long as the Bureau can do so, the SETF will be adequate. For the latest two years we assessed at 100% although the cap is close to program yearly costs, which is of concern.

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 its 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 5 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)

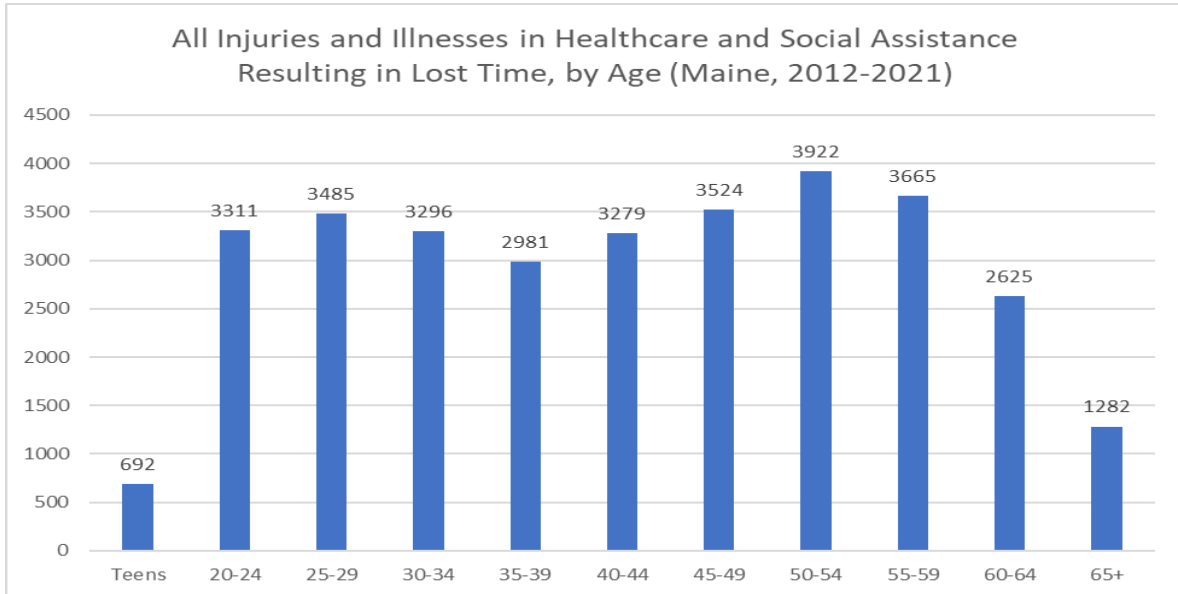
- For every 20,000,000 hours worked, or for every 10,000 full time equivalent workers (employees working 40 hours per week, 50 weeks per year), there are 3.0 instances of intentional injury perpetrated by a person other than the injured worker.
- Approximately 70% of these cases were perpetrated by a 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)



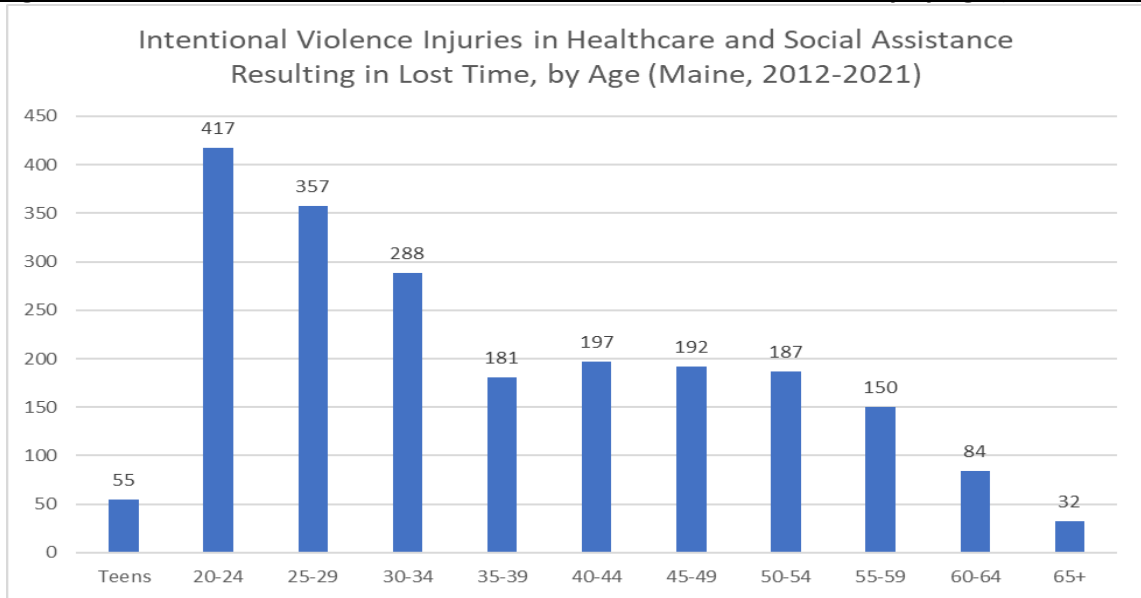
Source: Workers’ Compensation Board Employer’s First Reports of Occupational Injury or Disease

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 2024, there were 21 private-sector employers who received SHARP status, including:

CCB Inc. (Westbrook)	Hunting Dearborn, Inc. (Fryeburg)
Cianbro Corporation – Rickers Wharf (Portland)	Lonza Rockland (Rockland)
Cianbro Equipment (Pittsfield)	Maine Oxy & Acetylene & Supply Company (Presque Isle)
Cianbro Fabrication & Paint Shop (Pittsfield)	Maine Oxy Acetylene & Supply Company (Hermon)
CM Almy (Pittsfield)	Marden's Inc. (Ellsworth)
Davis Brothers (Chester)	Record Hill Wind (Roxbury)
Everett J. Prescott (Bangor)	Reed & Reed – Metal Fab (Woolwich)
Everett J. Prescott, Inc. (Gardiner)	Safe Harbor - Kittery Point Yacht Yard (Kittery Point)
Everett J. Prescott, Inc. (Portland)	Brewers South Freeport Marine (Strouts Point Warf) (Freeport)
Gorham Sand & Gravel (Buxton)	Construction Pilot SHARP Reed & Reed – (Madawaska/Canada Bridge)
Howard Tool Company (Hermon)	

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 2024, there were 88 public-sector employers who received SHAPE status, including:

Addison Volunteer Fire Department	Greenville Fire Department	North Lakes Fire & Rescue
Alna Volunteer Fire Department	Hampden Water District	Northport First Responders
Appleton Fire Department	Harrington VFD	Northport Volunteer Fire Department
Ashland, Town of	Hope Fire Department	Norway Water District
Belgrade Fire & Rescue	Jay, Town of	Oakland Fire Department
Belgrade Transfer Station	Jefferson Fire & Rescue	Old Town, City of
Boothbay Fire Department	Kennebec Water District	Paris Fire Department
Bradley Fire Department	Kennebunk, Kennebunkport & Wells Water	Presque Isle, City of
Bristol / So. Bristol Transfer Station	Kennebunk, Town of	Rockland, City
Bristol, Town	Kingfield Fire Department	Rockport, Town
Brooks Fire Department	Kittery Water District	Rome Fire Department
Brownfield Volunteer Fire Department	Knox County	Sabattus Sanitary & Water
Brunswick Fire Department	Levant Fire Department	Sagadahoc County
Brunswick Sewer District	Lewiston Fire Department	Saint Agatha Fire Department
Bucksport, Town	Liberty Fire Department	Sidney, Town of
Camden Fire Department	Limestone Water and Sewer	Skowhegan, Town
Carrabassett Valley Fire Department	Lincoln County	Smithfield Fire Department
Cary Medical Center & L'Acadia Van Buren	Lincoln Water District	Somerville Fire Department
Cumberland County Regional Communication Center	Litchfield Fire Rescue	South Thomaston Fire Department
Cushing Fire Department	Maine DOT - Region 2	Topsham Fire Rescue Department
Damariscotta Fire Department	Maine DOT - Region 3	Town of Orono
Dover and Foxcroft Water District	Maine DOT - Region 4	United Technologies
Durham Fire Department	Maine DOT - Region 5	Waldoboro Fire Department
Edgecomb Fire Department	Maine Turnpike Authority	Westbrook Fire Department
Fairfield, Town of	Maine Veterans' Home - Caribou	Wilton, Town
Farmingdale Fire Department	Mapleton, Town	Windsor Volunteer Fire Department
Farmington, Town	Mid-Maine Technical Center	Winslow, Town of
Fort Fairfield, Town of	Newcastle Fire Company	Winthrop Fire Department
Fort Kent Fire & Rescue	Nobleboro Fire & Rescue	York Water District
Greater Augusta Utilities District		