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April 30, 2025

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

Re: Resolves 2023, c. 139, April 2025 Update

I. Introduction

Pursuant to Resolves 2023, c. 139 (the “Resolve”), the Board is required to analyze lost wage benefits paid for total disability (§ 212) partial disability (§ 213) and for death (§ 215). This update focuses on benefits paid for partial and total disability,¹ and, as required by the Resolve is based on “data supplied by insurers, 3rd-party administrators, group self-insurers and individual self-insured employers [together with] other relevant data and available reports.” The Board worked with insurers, 3rd-party administrators, group self-insurers and individual self-insured employers (collectively “claims administrators”) to ensure the information being analyzed was as complete as possible.

To ensure that the amount of data would be manageable, the Board focused on two injury years, 2018 (“TY 2018”) and 2020 (“TY 2020”). For these years, the Board looked at the length of time benefits were paid and at the benefit amount, meaning, whether the benefit amount was compensation for 100% incapacity or less than 100% incapacity.

The benefit amount was used (except where specified) in lieu of the statutory section (§ 212 or § 213) because, as discussed in the March 31, 2025 update, while claims administrators use designation such as Temporary Total Disability (“TTD”) and Temporary Partial Disability (“TPD”), they cannot be relied upon to identify whether a payment is made pursuant to § 212 or § 213. Claims were therefore separated into two categories based on whether the injured worker received (is receiving) 100% of their benefit amount or less than 100% or their benefit amount.²

¹ Death benefits will be discussed in a later update.

² More information about who qualifies for benefits pursuant to 39-A MRSA § 212 and § 213 is in the August 31, 2024 update.

II. Injury Year 2018

The chart below contains information about IY 2018 claims. With respect to claims where it appeared that more than 260 weeks of benefits were paid, the Board worked with claims administrators to try and ensure the Board’s information was as complete as possible. Based on the information available to the Board for IY 2018: The Board received 14,452 lost time First Reports of Injury (“LT FROIs”);³ and, injured workers received at least one day of compensation for lost wages in 4,663 of these claims. (The compensation paid could have been pursuant to § 212, § 213 or a combination of both.)

As the following chart shows, the vast majority of claimants received less than 52 weeks of lost wage benefits. Approximately 97 (2.1%) of injured workers received benefits for more than 260 weeks, and of those, approximately 51 (1.09%) received 100% of their benefit entitlement for greater than 260 weeks. With respect to the 51 claims that received 100% of their benefit entitlement, it is not known how many received benefits pursuant to § 212 and, if they did, how many weeks of benefits were paid pursuant to § 212 as opposed to § 213.

Injury Year 2018			
Weeks Paid	Claims	Claims with a payment	Total LT FROIs
0-52	4,006	85.91%	27.72%
53-103	303	6.50%	2.10%
104-155	126	2.70%	0.87%
156-207	79	1.69%	0.55%
208-259	52	1.12%	0.36%
260+ (All)	97	2.08%	0.67%
260+ (@ 100%)	51	1.09%	0.35%
Claims with a payment	4,663		32.27%
Total LT FROIs	14,452		

III. Injury Year 2020

For IY 2020, the Board identified cases where a cost-of-living-adjustment might be due in calendar year 2025. The Board sent this information to claims administrators both to help ensure completeness of information and because, pursuant to 39-A M.R.S.A. § 153(1)(B), the Board “shall monitor cases to ensure that . . . [p]ayments to the employee provide the full amount of

³ A lost time FROI must be filed with the Board any time an injury causes an employee to lose a day or more of work. 39-A M.R.S.A. § 303.

compensation to which the employee is entitled and are properly indicated on the memorandum of payment.”

Based on the information available to the Board, for IY 2020: The Board has received 15,029 LT FROIs.”);⁴ injured workers received at least one day of compensation for lost wages in 5,820 cases; and, in 5,628 of these cases, the Board’s data shows that payments have ended.⁵ The end of a payment period is determined by the information filed by claims administrators. Therefore, it is likely that this subset of claims accurately reflects the status of the claim. Based on the review of IY 2018 cases, it is likely that some claims that appear to have ongoing payments actually do not. Further review is likely needed to ensure the payment status is accurate. As mentioned above, because a COLA may be due to some injured workers in 2025, the Board undertook an additional review, in conjunction with claims administrators, in these cases.

This chart summarizes the totals described above.

IY 2020		
All LT FROIs	15,029	
Claims with a payment	5,820	38.73%
Claims without ongoing payments	5,628	37.45%

The next chart shows a breakdown, by the number of weeks paid, of claims without ongoing payments.

IY 2020			
	Claims	Claims without ongoing payments	All LT FROIs (without ongoing)
0-52	5005	88.93%	33.73%
53-103	351	6.24%	2.37%
104-155	170	3.02%	1.15%
156-207	72	1.28%	0.49%
208-259	29	0.52%	0.20%
260+	1	0.02%	0.01%
Claims without ongoing payments	5,628		37.93%
All LT FROIs (without ongoing)	14,837		

⁴ A lost time FROI must be filed with the Board any time an injury causes an employee to lose a day or more of work. 39-A M.R.S.A. § 303.

⁵ Unless a claim is settled pursuant to 39-A M.R.S.A. § 352 or a determination is made that the effects of an injury have ended, a claim for further lost wage compensation can be made.

Finally, the next chart shows the results of the Board’s review of cases that might be due a COLA in 2025.

IY 2020 Claims that may be due a COLA in 2025	
COLA applied	5
CA indicates COLA may be due in 2025	2
Paying per sec. 213 - no COLA	27
Response unclear	22
No response	35
Total	91

IV. Conclusion

The information reviewed by the Board and presented here begins to give a picture of the number of claims that fall within different categories of payment length. The Board will continue to analyze this type of information as it continues its work on this Resolve.

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