

2023
Occupational Disease Claims Report
NRS 617.357



Prepared By:

State of Nevada
Department of Business and Industry
Division of Industrial Relations
Workers' Compensation Section

February 2024

Revised 4/8/24

BACKGROUND

The 2001 Nevada Legislature passed Assembly Bill 345 (AB 345), creating Nevada Revised Statutes (NRS) 617.357, which required workers' compensation insurers to submit to the Administrator of the Division of Industrial Relations (DIR), a written report concerning each claim for an occupational disease of the heart or lungs or any occupational disease that is infectious or relates to cancer. Insurers were also required to provide updates on certain activities relating to those claims. This statute became effective July 1, 2001. In addition to setting forth occupational disease claim reporting requirements for insurers, NRS 617.357 required the DIR to prepare and make available to the public a report (*Occupational Disease Claim Report*) containing the information submitted by insurers during the preceding calendar year.

The 2013 Nevada Legislature amended NRS 617.357 by passing Assembly Bill 11 (AB 11) which limited the scope of reportable claims under the statute to only those in which the claimant was a firefighter, police officer, arson investigator or emergency medical attendant and to those claims filed pursuant to NRS 617.453, 617.455, 617.457, 617.481, 617.485 or 617.487. The amendment became effective on May 24, 2013. To ensure data continuity for the calendar year *2013 Occupational Disease Claim Report* and to allow time for insurer notification, revisions to the OD-8 form, and database transitioning, the DIR Workers' Compensation Section (WCS) implemented AB 11 on January 1, 2014. NRS 617.357 was amended again in 2019 to update a statutory reference, but the amendment made no changes to the reporting requirements.

The *2013 Occupational Disease Claim Report* was the final report of pre-AB 11 data reported pursuant to NRS 617.357. In that report, a total of 6,451 claims had been reported since the effective date of NRS 617.357 (July 1, 2001). (*Reports for calendar years 2001 through 2013 are available upon request, and reports for calendar years 2014 through 2022 are available on the [Insurer-TPA Reporting](#) page on the [Workers' Compensation Section](#) website.*)

The **2023 Occupational Disease Claims Report** represents data compiled as of December 31, 2023.

OCCUPATIONAL DISEASE CLAIM DATA

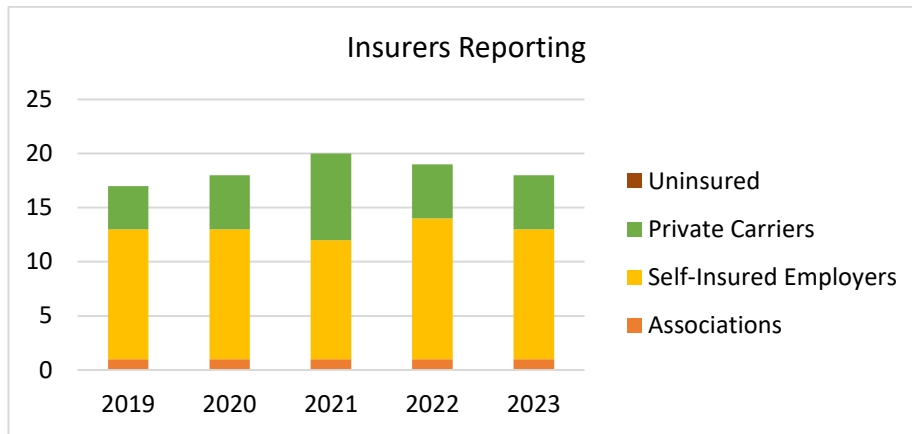
In 2023, 313 claims were reported pursuant to NRS 617.357. Insurers and third-party administrators provided updated information for 30 of these claims. An additional 47 updates were reported on claims initially reported prior to 2023. Updates are required when a claim is appealed, a hearing or appeals decision affirming, modifying, or reversing a claim acceptance or denial is rendered, or the claim is closed or reopened.

Calendar Year	# of Claims Reported	# of Insurers w/Reported Claims	# of Employers w/Reported Claims
2019	697	17	33
2020	707	18	29
2021	631	20	29
2022	437	19	31
2023	313	18	34

Insurer Type:

A breakdown of insurers by type (i.e., associations of self-insured employers, self-insured employers, and private carriers) that reported claims is shown below.

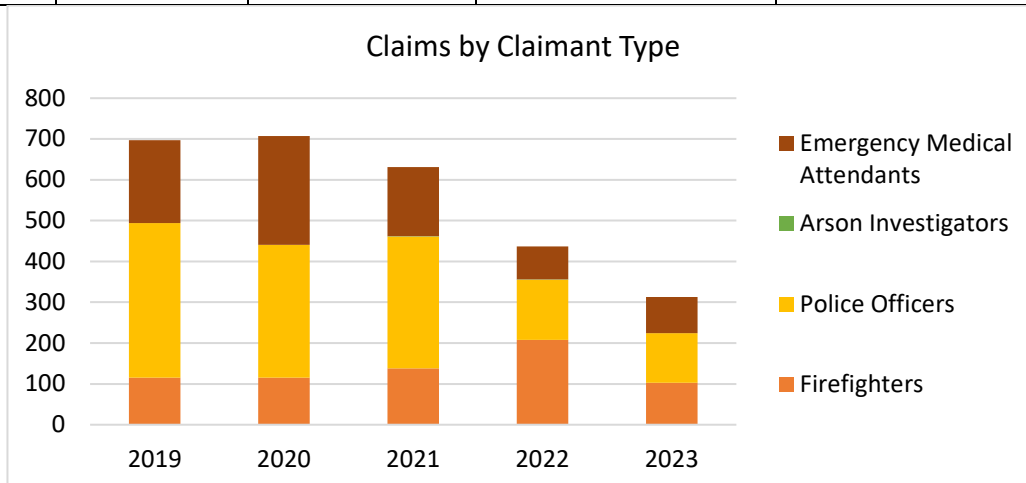
Calendar Year	Associations	Self-Insured Employers	Private Carriers	Uninsured	Total
2019	1	12	4	0	17
2020	1	12	5	0	18
2021	1	11	8	0	20
2022	1	13	5	0	19
2023	1	12	5	0	18



Claimant Type:

NRS 617.357 specifies the four (4) types of claimants for which claims may be reportable: firefighters, police officers, arson investigators and emergency medical attendants. Below is a breakdown of the number of claims reported from 2019 through 2023 by claimant type.

Calendar Year	Firefighters	Police Officers	Arson Investigators	Emergency Medical Attendants
2019	115	379	0	203
2020	115	326	0	266
2021	138	323	1	169
2022	208	147	1	81
2023	103	121	0	89

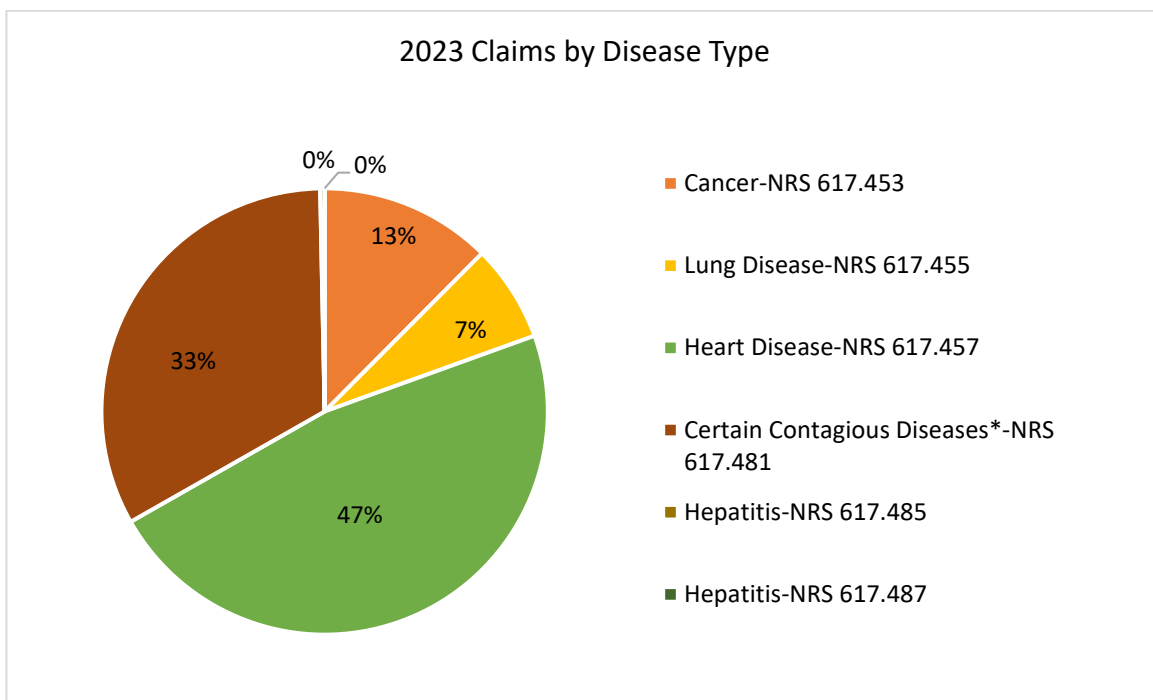


Claim Type:

NRS 617.357 requires insurers to report claims that are filed pursuant to NRS 616.453, 617.455, 617.457, 617.481, 617.485 and 617.487 for the 4 types of claimants. The table below shows the distribution of claims reported in 2023 for the applicable cross-sections of claimant type and claim type.

Claim Type	Firefighters	Police Officers	Arson Investigators	Emergency Medical Attendants	Totals
Cancer-NRS 617.453	39	N/A	N/A	N/A	39
Lung Disease-NRS 617.455	12	10	0	N/A	22
Heart Disease-NRS 617.457	41	107	0	N/A	148
Certain Contagious Diseases*-NRS 617.481	11	4	0	88	103
Hepatitis-NRS 617.485	0	0	N/A	1	1
Hepatitis-NRS 617.487	N/A	0	N/A	N/A	0
Totals	103	121	0	89	313

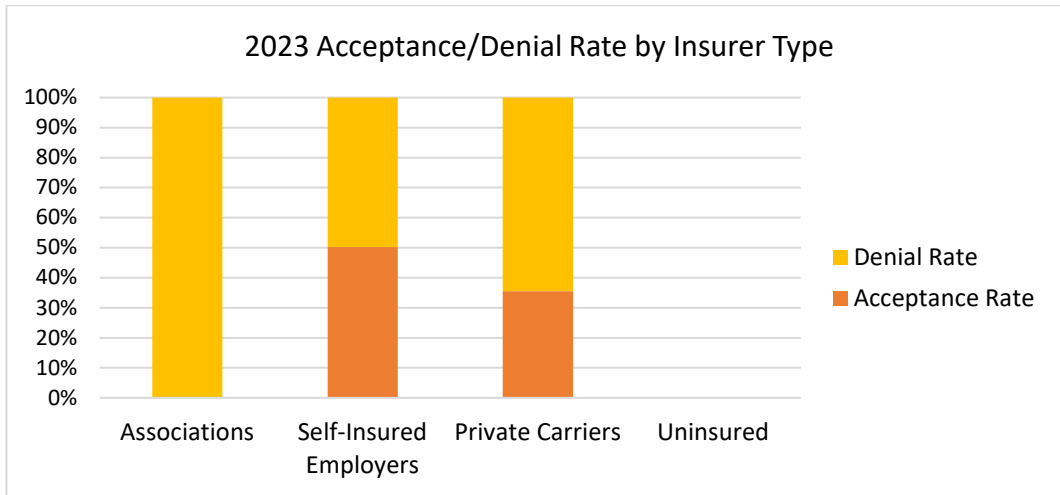
*“Certain Contagious Diseases” as used in NRS 617.481 refers to hepatitis A, hepatitis B, hepatitis C, tuberculosis, the human immunodeficiency virus or acquired immune deficiency syndrome.



Claim Disposition:

Insurers are required to accept (commence payment of) or deny a workers’ compensation claim within 30 working days of receipt of the claim. Claims meeting the criteria under NRS 617.357 become reportable to DIR within 30 days of acceptance or denial. Insurers may deny a claim and later accept the claim after a medical investigation has concluded. Claim denials are also appealable by the claimant and may be upheld or reversed by a hearing officer. The following is a breakdown of the initial determinations by insurers for claims reported in 2023:

Insurer Type	Total Claims	Accepted	Denied	Acceptance Rate	Denial Rate
Associations	9	0	9	0%	100%
Self-Insured Employers	273	137	136	50.2%	49.8%
Private Carriers	31	11	20	35.5%	64.5%
Uninsured	0	0	0	-	-
Overall	313	148	165	47.3%	52.7%



Denied Claims:

The OD-8 form provides insurers and/or third-party administrators a choice of seven (7) reasons for a claim denial. The following is a breakdown by denial reason of claims reported in 2019 through 2023:

	1 - Pending Medical Investigation	2 - Negative Test/No Exposure	3 - Not in course and scope of employment	4 - Not compensable/No disease	5 - Late reporting	6 - Failure to correct predisposing condition	7 - Misc	Total
2019	31	76	0	169	5	13	2	296
2020	44	53	2	126	6	15	5	251
2021	50	41	4	128	1	4	5	233
2022	45	48	21	71	2	11	6	204
2023	82	9	1	59	1	9	4	165

APPEALED CLAIMS

A **claimant** may appeal an insurer's decision to deny his or her claim. Depending on the outcome of the initial appeal, subsequent appeals of hearing determinations may be filed by **the claimant, the insurer or the employer**. An insurer or employer may appeal a hearing officer's decision to reverse the insurer's initial denial of the claim. A claimant may appeal a hearing officer's decision to uphold an insurer's initial denial of the claim. Below is a breakdown of the appeals filed on reported claims.

Calendar Year	Initial Appeals	Subsequent Appeals		Totals
		1st	2 nd	
2019	73	20	1	94
2020	19	5	0	24
2021	1	0	0	1
2022	1	0	0	1
2023	4	0	0	4
Total 2019-2023	98	25	1	124

Appeal Resolutions:

Appeals may result in hearings; and hearings result in decisions and orders. The outcome of an appeal may result in several generalized categories: affirmed, reversed, remanded, modified, dismissed or stipulation.

Initial Appeals:

The chart below shows the outcome of the four (4) appeals filed in 2023 by the claimant of the insurer’s initial claim denial determination:

2023	Denial Affirmed	Denial Reversed	Remanded	Modified	Dismissed	Stipulation	Pending
Associations	0	0	1	0	0	0	0
Self-Insured Employers	2	0	0	0	0	1	0
Private Carriers	0	0	0	0	0	0	0
Uninsured	-	-	-	-	-	-	-
Total	2	0	1	0	0	1	0

The chart below shows the outcomes of the 98 appeals filed by claimants from 2019 to 2023 of insurers’ initial claim denial determinations.

2019-2023	Denial Affirmed	Denial Reversed	Remanded	Modified	Dismissed	Stipulation	Pending
Associations	0	0	2	0	0	0	0
Self-Insured Employers	58	13	11	0	1	3	0
Private Carriers	3	3	2	0	2	0	0
Uninsured	-	-	-	-	-	-	-
Total	61	16	15	0	3	3	0

Subsequent Appeals:

Subsequent appeals may be filed by insurers, employers or claimants, depending on the nature of the appeal. The table below summarizes the status of the subsequent appeals reported from 2019 through 2023:

Year	Party	Denial Affirmed	Denial Reversed	Acceptance Affirmed	Stipulation	Pending	Dismissed	Stipulation Notes
2019	Claimants	13	5					
2019	Insurers			2			1	
2020	Claimants	3	2					
2021	-	-	-	-	-	-	-	
2022	-	-	-	-	-	-	-	
2023	-	-	-	-	-	-	-	

Claim Denial Affirmation/Reversal Rate:

Of the affirmed and reversed decisions rendered on initial appeals from 2019-2023, the chart below provides the claim denial affirmation and reversal rates:

Initial Appeals 2019-2023 (Claimants) – by Insurer Type	Decisions Rendered (Denial Affirm or Reverse)	Denial Affirmation Rate	Denial Reversal Rate
Associations	-	-	-
Self-Insured Employers	71	81.7%	18.3%
Private Carriers	6	50%	50%
Uninsured	-	-	-
Overall	77	79.2%	20.8%

Subsequent Appeals 2019-2023 (Claimants or Insurers)	Decisions Rendered (Affirm or Reverse)	Denial Affirmation Rate	Denial Reversal Rate
Claimants	39	56.4%	43.6%
Insurers	6	16.7%	83.3%

Exposure versus Confirmed Diagnosis:

A claim for a reportable condition listed in NRS 617.357 may first present itself in the form of exposure to an occupational disease. Depending on the nature of the disease, it may be months before a diagnosis is made.

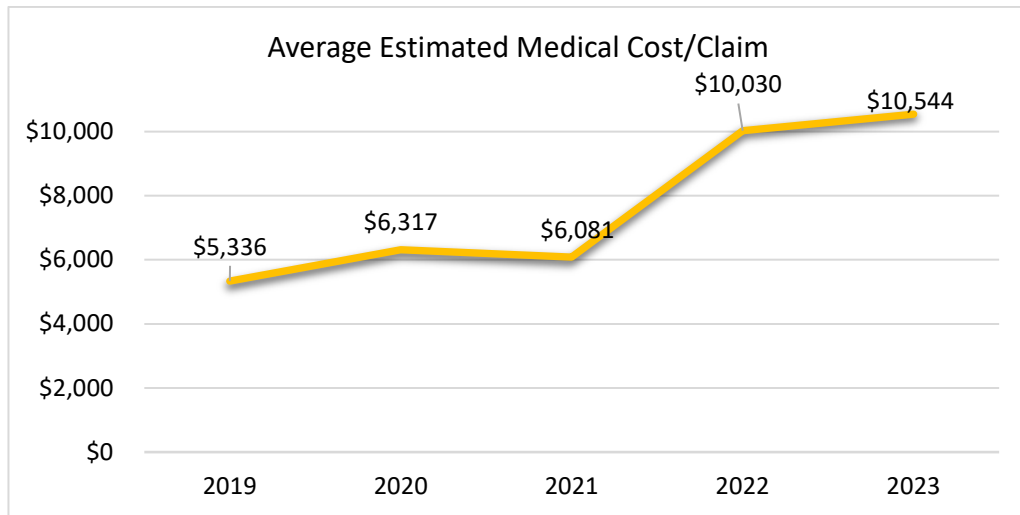
Of the 313 claims reported in 2023, a confirmed diagnosis was reported for 108 claims, whereas 199 claims were reported to have not obtained a confirmed diagnosis.

Of the 2,785 claims reported since 2019, a confirmed diagnosis was reported for 737 claims, and 2,031 claims were reported to have not obtained a confirmed diagnosis. This information was not provided for 17 claims.

Estimated Medical Costs:

The following table shows the reported estimated medical costs for claims accepted in 2019 through 2023. Costs incurred for claims that are ultimately denied, such as medical investigations and testing, are not considered claims costs pursuant to NAC 616B.707(2)(g).

Calendar Year	# of Accepted Claims	Total Est. Medical Costs	Ave. Est. Medical Cost/Claim
2019	420	\$2,241,135	\$5,336
2020	458	\$2,893,012	\$6,317
2021	364	\$2,213,405	\$6,081
2022	219	\$2,196,654	\$10,030
2023	143	\$1,486,756	\$10,544
Average (2019-2023)	1,604	\$11,030,962	\$7,662



Claim Status:

Of the 313 claims reported in 2023, insurers identified 33 as closed or having been closed at some time since their inception. None of the 33 claims that were reported as closed have been reopened as of December 31, 2023.

Of the 2,785 claims reported since 2019, insurers identified 786 as closed or having been closed at some time since their inception. One (1) of the 786 claims that were reported as closed was reopened and subsequently closed again as of the end of 2023.

DATA NOTES

The information presented in this report represents the data supplied by insurers and third-party administrators. The following limitations may be considered when reviewing this data:

- The number of reported claims continues to trend downward, with 2023 at less than 50% of the number of claims reported in 2019. While the decrease can be seen across each of the four (4) claimant types, reportable claims for firefighters dropped most significantly. Across claim types, claims for lung disease – historically most associated with firefighters – decreased drastically, as well. While this might be an indicator that the frequency of lung disease claims for firefighters is decreasing, it may also be an indicator of a reporting deficiency by insurers/employers of firefighters to accurately report claim data.

- Additionally, based on data compiled through 2023, it is likely that many claims are not being updated at each of the required report triggers. As a result, appeal statuses, medical costs, claim closures and reopenings may be underreported.
- Initial acceptance and denial rates may be reflective of insurers' internal claims handling procedures as well as claim validity. An insurer may accept a claim where there is a valid exposure, regardless of a confirmed diagnosis, while another may not accept claims unless a confirmed diagnosis is reached. Workers' compensation law accepts both approaches.
- Reporting inconsistencies can occur for a variety of reasons:
 - When claims are transferred from one insurer or third-party administrator to another or when there is employee turnover, because insurers and/or claims adjusters may differ in their interpretation of a reportable claim.
 - An incident that results in a reportable claim may include aspects of both an occupational disease and an injury sustained out of the incident. The data reported for this type of "combination" claim, which is reportable due to the occupational disease aspects, may include the injury-related portion of the claim, such as medical costs and appeal information.