2024
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 2025

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 2023 are available on the Insurer-TPA Reporting page on the Workers' Compensation Section website.)*

The ***2024 Occupational Disease Claims Report*** represents data compiled as of December 31, 2024.

OCCUPATIONAL DISEASE CLAIM DATA

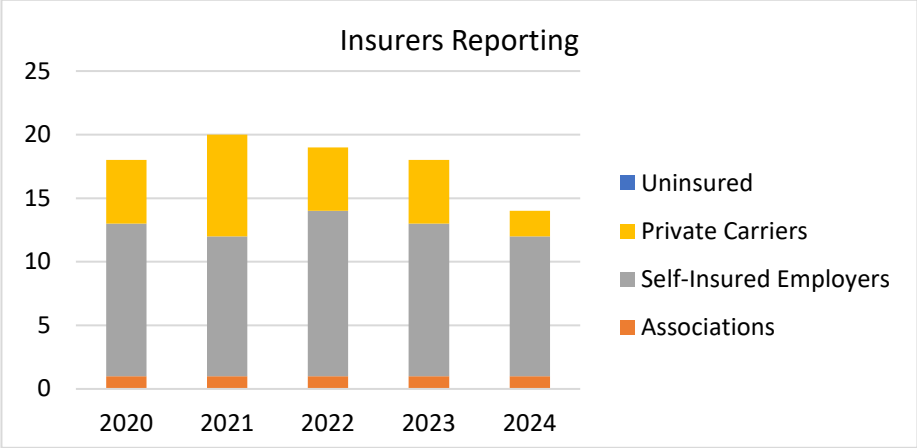
In 2024, 257 claims were reported pursuant to NRS 617.357. Insurers and third-party administrators provided updated information for one (1) of these claims. An additional 38 updates were reported on claims initially reported prior to 2024. Updates are required when a claim is appealed, a hearing or appeals 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
2020	707	18	29
2021	631	20	29
2022	438	19	31
2023	313	18	34
2024	257	14	25

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.

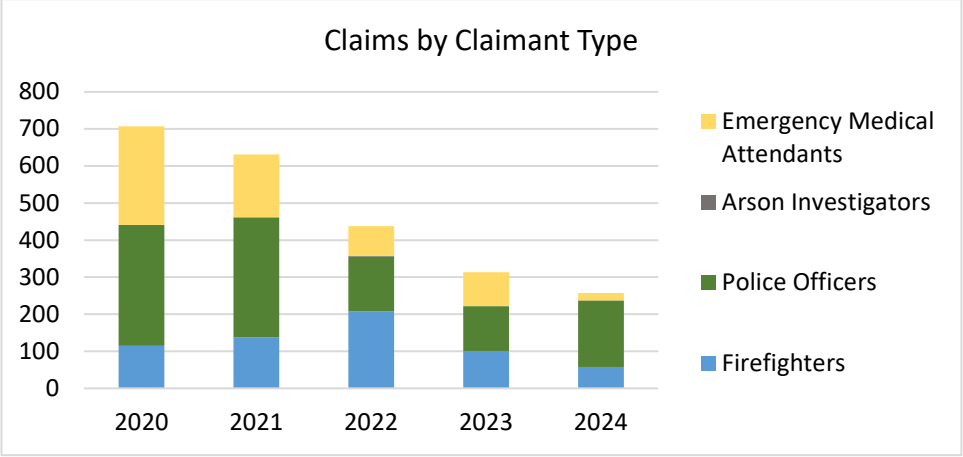
Calendar Year	Associations	Self-Insured Employers	Private Carriers	Uninsured	Total
2020	1	12	5	0	**18**
2021	1	11	8	0	**20**
2022	1	13	5	0	**19**
2023	1	12	5	0	**18**
2024	1	11	2	0	**14**



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 2020 through 2024 by claimant type.

Calendar Year	Firefighters	Police Officers	Arson Investigators	Emergency Medical Attendants
2020	115	326	0	266
2021	138	323	1	169
2022	208	148	1	81
2023	101	121	0	91
2024	58	179	0	20

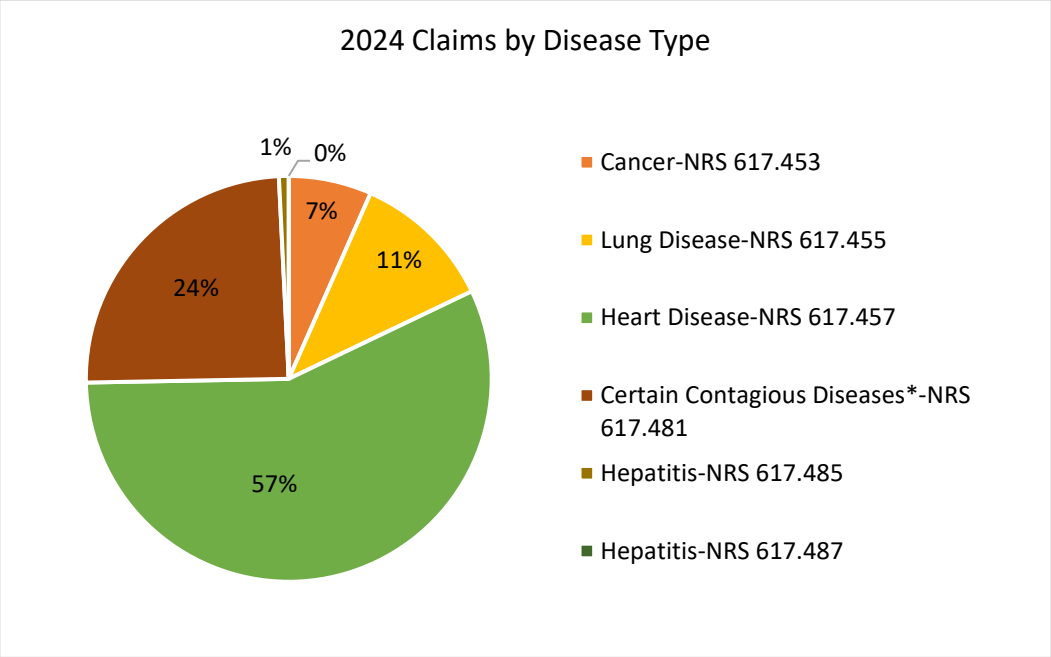


Claim Type:

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 2024 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	17	N/A	N/A	N/A	**17**
Lung Disease-NRS 617.455	4	25	0	N/A	**29**
Heart Disease-NRS 617.457	28	118	0	N/A	**146**
Certain Contagious Diseases*-NRS 617.481	9	36	0	18	**63**
Hepatitis-NRS 617.485	0	0	N/A	2	**2**
Hepatitis-NRS 617.487	N/A	0	N/A	N/A	**0**
Totals	**58**	**179**	**0**	**20**	**257**

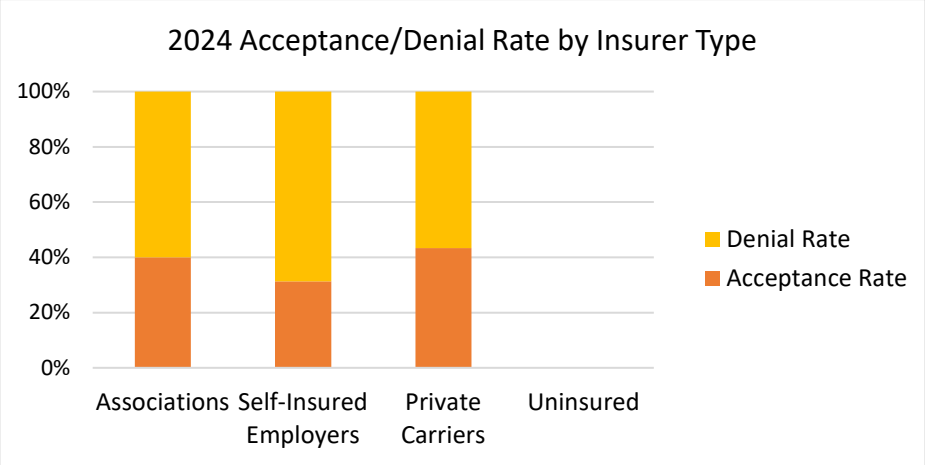
*"Certain Contagious Diseases" as used in NRS 617.481 refers to hepatitis A, hepatitis B, hepatitis C, tuberculosis, the human immunodeficiency virus or acquired immune deficiency syndrome.



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 2024:

Insurer Type	Total Claims	Accepted	Denied	Acceptance Rate	Denial Rate
Associations	10	4	6	40%	60%
Self-Insured Employers	217	68	149	31.3%	68.7%
Private Carriers	30	13	17	43.3%	56.7%
Uninsured	0	0	0	-	-
Overall	**257**	**85**	**172**	**33.1%**	**66.9%**



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 2020 through 2024:

	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
2020	**44**	**53**	**2**	**126**	**6**	**15**	**5**	**251**
2021	**50**	**41**	**4**	**128**	**1**	**4**	**4**	**232**
2022	**45**	**48**	**21**	**72**	**2**	**11**	**6**	**205**
2023	**77**	**9**	**1**	**59**	**1**	**9**	**4**	**160**
2024	**78**	**13**	**0**	**76**	**1**	**1**	**3**	**172**

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	2nd	3rd	4th	
2020	19	5	0	0	0	**24**
2021	6	0	0	0	0	**6**
2022	1	1	1	1	0	**4**
2023	7	1	0	0	0	**8**
2024	0	1	0	0	1	**2**
Total 2020-2024	33	8	1	1	1	**44**

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 outcomes of the 33 appeals filed by claimants from 2020 to 2024 of insurers' initial claim denial determinations.

2020-2024	Denial Affirmed	Denial Reversed	Remanded	Modified	Dismissed	Stipulation	Pending
Associations	0	1	6	0	0	1	0
Self-Insured Employers	15	3	2	0	0	2	0
Private Carriers	0	2	0	0	1	0	0
Uninsured	-	-	-	-	-	-	-
Total	**15**	**6**	**8**	**0**	**1**	**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 2020 through 2024:

Year	Party	Denial Affirmed	Denial Reversed	Acceptance Affirmed	Stipulation	Pending	Dismissed	Stipulation Notes
2020	**Claimants**	3	2	-	-	-	-	
2021	**-**	-	-	-	-	-	-	
2022	**Claimants**	-	1	-	-	-	-	
2022	**Insurers**	-	-	-	2	-	-	Consolidated multiple appeals
2023	**Claimants**	-	-	-	-	-	1	
2024	**Claimants**	-	1	-	-	-	-	
2024	**Insurers**	-	1	-	-	-	-	

Claim Denial Affirmation/Reversal Rate:
Of the affirmed and reversed decisions rendered on initial appeals from 2020-2024, the chart below provides the claim denial affirmation and reversal rates:

Initial Appeals 2020-2024 (Claimants) – by Insurer Type	Decisions Rendered (Denial Affirm or Reverse)	Denial Affirmation Rate	Denial Reversal Rate
Associations	1	0%	100%
Self-Insured Employers	18	83.3%	16.7%
Private Carriers	2	0%	100%
Uninsured	-	-	-
Overall	21	71.4%	28.6%

Subsequent Appeals 2020-2024 (Claimants or Insurers)	Decisions Rendered (Affirm or Reverse)	Denial Affirmation Rate	Denial Reversal Rate
Claimants	7	42.9%	57.1%
Insurers	1	0%	100%

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.

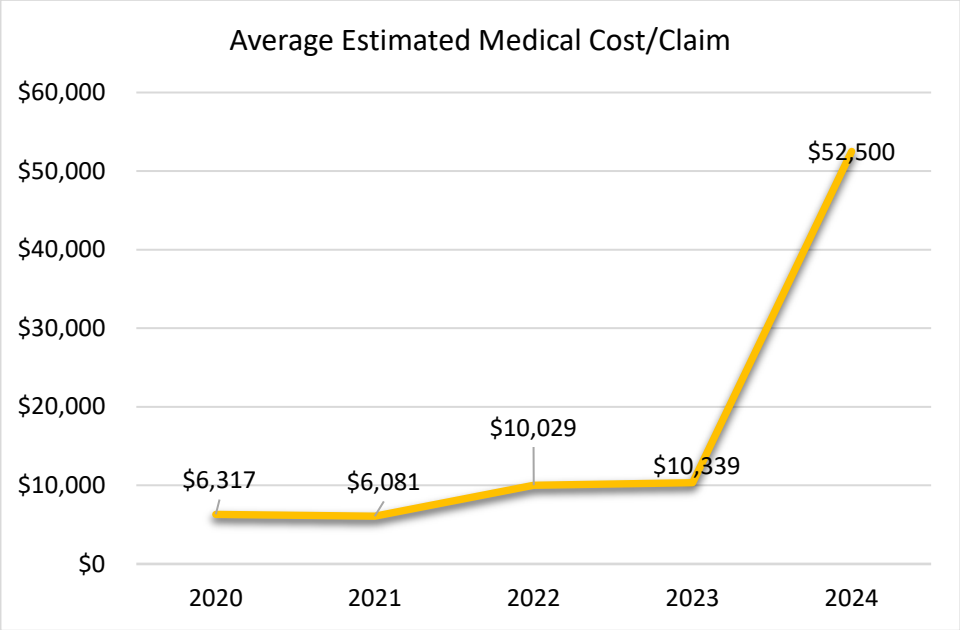
Of the 257 claims reported in 2024, a confirmed diagnosis was reported for 70 claims, whereas 187 claims were reported to have not obtained a confirmed diagnosis.

Of the 2,346 claims reported since 2020, a confirmed diagnosis was reported for 676 claims, and 1,660 claims were reported to have not obtained a confirmed diagnosis. This information was not provided for 10 claims.

Estimated Medical Costs:
The following table shows the reported estimated medical costs for claims accepted in 2020 through 2024. 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
2020	458	$2,893,012	$6,317
2021	364	$2,213,405	$6,081
2022	219	$2,196,454	$10,029
2023	146	$1,488,756	$10,339
2024	87	$4,567,505 *	$52,500 *
Average (2020-2024)	1,274	$13,359,132	$17,053

*One claim was reported to have over $3M in total costs. The average medical cost per claim excluding that outlier is $11,865.



Claim Status:
Of the 257 claims reported in 2024, insurers identified two (2) as closed or having been closed at some time since their inception. Neither of the two (2) claims that were reported as closed had been reopened as of December 31, 2024.

Of the 2,346 claims reported since 2020, insurers identified 506 as closed or having been closed at some time since their inception. One (1) of the 506 claims that were reported as closed was reopened and subsequently closed again as of the end of 2024.

DATA NOTES

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

- The number of reported claims continues to trend downward, with 2024 at just over 1/3 of the number of claims reported in 2020. The decline in claims continued for firefighters and emergency medical attendants while claims for police officers increased in 2024 over the previous two (2) years.

- Across claim types, claims for heart disease have remained relatively steady for the past 5 years, while all other categories have reported decreases during the same period. Most notably, reportable contagious disease claims have been decreased by roughly 50% each year since 2021. Parameters for reporting contagious disease claims may be the most loosely defined of the reportable categories, given that these claims are often filed for general exposure to contagious diseases of any kind. Insurers and TPAs may be reluctant to report contagious disease claims until and unless the exposure and/or diagnosis is confirmed for one of the reportable contagious diseases.

- 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.

- That said, claim denial rates overall have been increasing for past few years. On initial appeals by claimants, claim denials have been affirmed approximately 75% of the time; however, claimants that filed subsequent appeals beyond the Hearing Officer level were successful in overturning the denial more than half the time.

- Based on data compiled through 2024 and follow up with reporters, there is evidence that many claims are not being updated at each of the required report triggers. As a result, appeals, medical costs, claim closures and reopenings are likely underreported.

- Average Medical Costs per claim significantly spiked this year largely due to $3M in expenses attributable to one (1) claim. The average medical cost per claim excluding that outlier is $11,865 – still indicating a trend upward but more in line with previous years.

- 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.