

2025
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 2026

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 the most recent 5 calendar years are available on the [WCS Reports](#) page on the [Workers' Compensation Section](#) website. Reports for prior years are available upon request.*)

The ***2025 Occupational Disease Claims Report*** represents data compiled as of December 31, 2025.

OCCUPATIONAL DISEASE CLAIM DATA

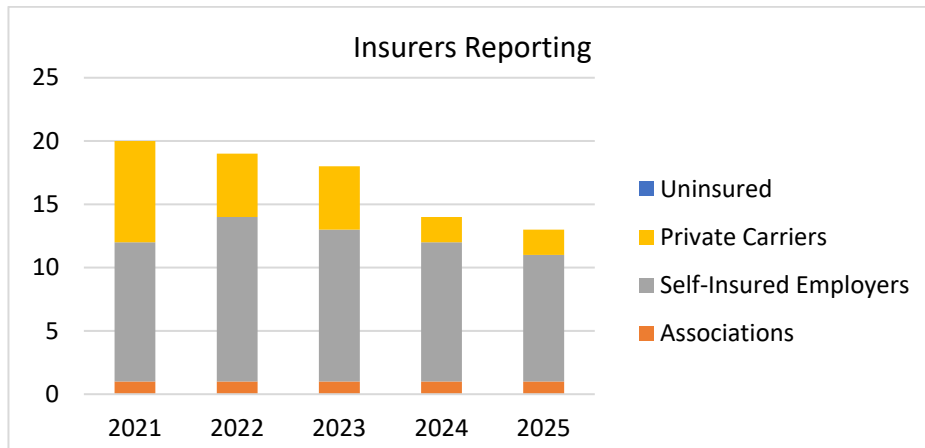
In 2025, 272 claims were reported pursuant to NRS 617.357. Insurers and third-party administrators provided updated information for 13 of these claims. An additional eight (8) updates were reported on claims initially reported prior to 2025. Updates are required when a claim is appealed, a hearing or 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
2021	631	20	29
2022	438	19	31
2023	313	18	34
2024	257	14	25
2025	272	13	27

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.

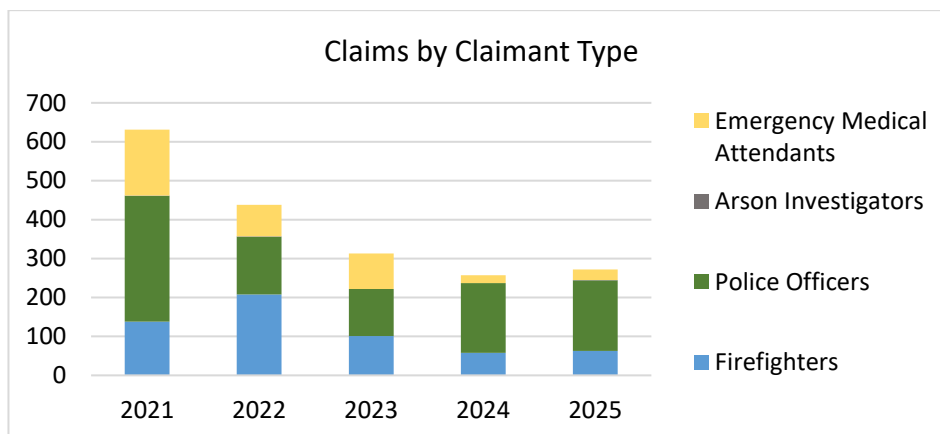
Calendar Year	Associations	Self-Insured Employers	Private Carriers	Uninsured	Total
2021	1	11	8	0	20
2022	1	13	5	0	19
2023	1	12	5	0	18
2024	1	11	2	0	14
2025	1	10	2	0	13



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 2021 through 2025 by claimant type.

Calendar Year	Firefighters	Police Officers	Arson Investigators	Emergency Medical Attendants
2021	138	323	1	169
2022	208	148	1	81
2023	101	121	0	91
2024	58	179	0	20
2025	63	181	1	27

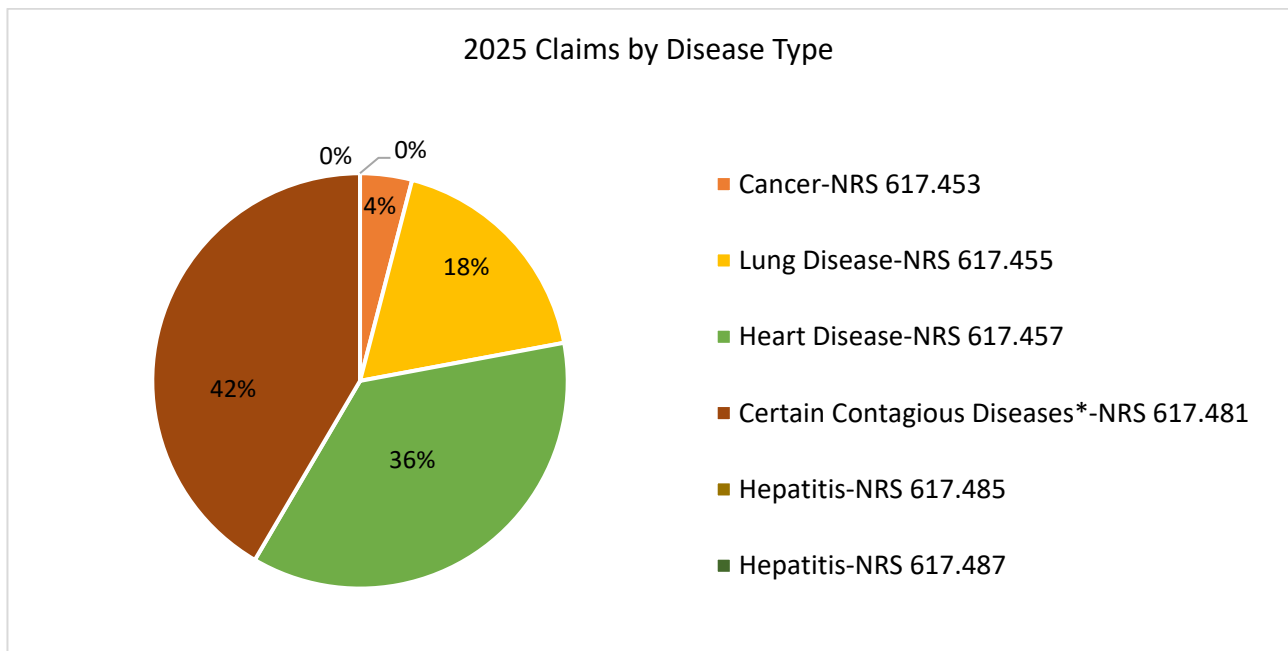


Claim Type:

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 2025 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	11	N/A	N/A	N/A	11
Lung Disease-NRS 617.455	6	42	1	N/A	49
Heart Disease-NRS 617.457	31	68	0	N/A	99
Certain Contagious Diseases*-NRS 617.481	15	71	0	27	113
Hepatitis-NRS 617.485	0	0	N/A	0	0
Hepatitis-NRS 617.487	N/A	0	N/A	N/A	0
Totals	63	181	1	27	272

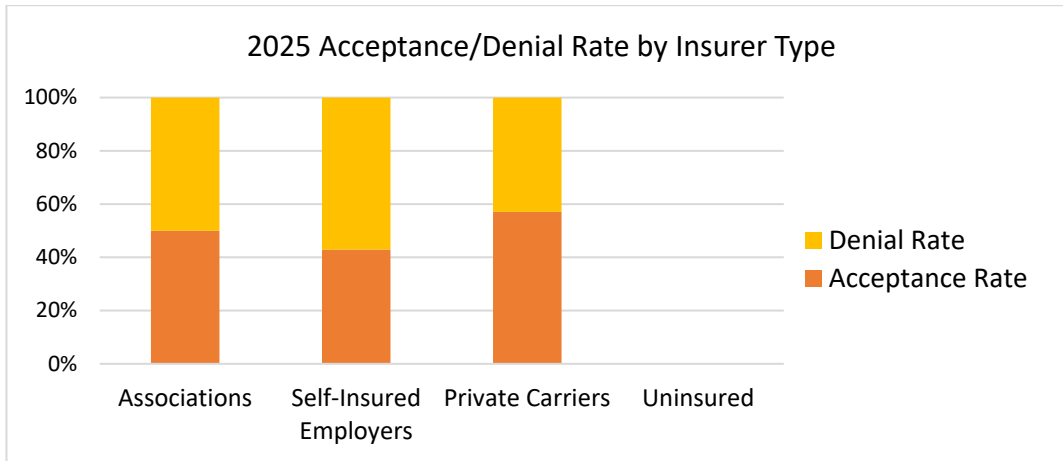
*“Certain Contagious Diseases” as used in NRS 617.481 refers to hepatitis A, hepatitis B, hepatitis C, tuberculosis, the human immunodeficiency virus or acquired immune deficiency syndrome.



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 2025:

Insurer Type	Total Claims	Accepted	Denied	Acceptance Rate	Denial Rate
Associations	6	3	3	50%	50%
Self-Insured Employers	203	87	116	42.9%	57.1%
Private Carriers	63	36	27	57.1%	42.9%
Uninsured	0	0	0	-	-
Overall	272	126	146	46.3%	53.7%



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 2021 through 2025:

	1 - Pending Medical Investigation	2 - Negative Test/No Exposure	3 - Not in course and scope of employment	4 - Not compensable/disease	5 - Late reporting	6 - Failure to correct predisposing condition	7 - Misc	Total
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	77	13	0	76	1	1	3	171
2025	43	28	1	72	0	1	1	146

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	
2021	6	0	0	0	0	6
2022	1	1	1	1	0	4
2023	8	2	1	0	0	11
2024	1	1	0	0	1	3
2025	1	1	0	0	0	2
Total 2021-2025	17	5	2	1	1	26

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 17 appeals filed by claimants from 2021 to 2025 of insurers' initial claim denial determinations.

2021-2025	Denial Affirmed	Denial Reversed	Remanded	Modified	Dismissed	Stipulation	Pending
Associations	0	2	6	0	1	1	0
Self-Insured Employers	3	1	1	0	0	1	0
Private Carriers	0	1	0	0	0	0	0
Uninsured	-	-	-	-	-	-	-
Total	3	4	7	0	1	2	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 2021 through 2025:

Year	Party	Denial Affirmed	Denial Reversed	Acceptance Affirmed	Stipulation	Pending	Dismissed	Stipulation Notes
2021	-	-	-	-	-	-	-	
2022	Claimants	-	1	-	-	-	-	
2022	Insurers	-	-	-	2	-	-	Consolidated multiple appeals
2023	Claimants	1	-	-	-	1	1	
2024	Claimants	-	1	-	-	-	-	
2024	Insurers	1	-	-	-	-	-	
2025	Insurers	-	-	-	-	1	-	

Claim Denial Affirmation/Reversal Rate:

Of the affirmed and reversed decisions rendered on initial appeals from 2021-2025, the chart below provides the claim denial affirmation and reversal rates:

Initial Appeals 2021-2025 (Claimants) – by Insurer Type	Decisions Rendered (Denial Affirm or Reverse)	Denial Affirmation Rate	Denial Reversal Rate
Associations	2	0%	100%
Self-Insured Employers	4	75%	25%
Private Carriers	1	0%	100%
Uninsured	-	-	-
Overall	7	42.9%	57.1%

Subsequent Appeals 2021-2025 (Claimants or Insurers)	Decisions Rendered (Affirm or Reverse)	Denial Affirmation Rate	Denial Reversal Rate
Claimants	3	33.3%	66.7%
Insurers	1	100%	0%

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 272 claims reported in 2025, a confirmed diagnosis was reported for 53 claims, whereas 219 claims were reported to have not obtained a confirmed diagnosis.

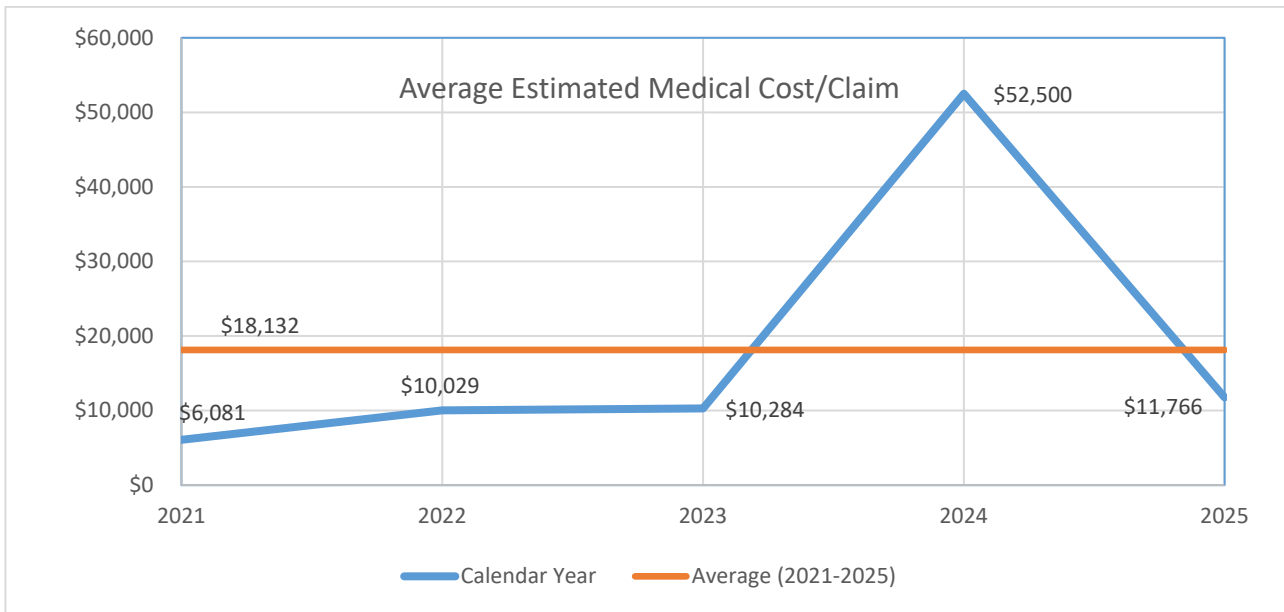
Of the 1,911 claims reported since 2021, a confirmed diagnosis was reported for 523 claims, and 1,379 claims were reported to have not obtained a confirmed diagnosis. This information was not provided for 9 claims.

Estimated Medical Costs:

The following table shows the reported estimated medical costs for claims accepted in 2021 through 2025. 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
2021	364	\$2,213,405	\$6,081
2022	219	\$2,196,454	\$10,029
2023	147	\$1,491,207	\$10,284
2024	87	\$4,567,505 *	\$52,500 *
2025	157	\$1,847,338	\$11,766
Average (2021-2025)	974	\$12,315,909	\$18,132

*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 272 claims reported in 2025, insurers identified 51 as closed or having been closed at some time since their inception. None of these claims had been reopened as of December 31, 2025.

Of the 1,911 claims reported since 2021, insurers identified 340 as closed or having been closed at some time since their inception. None of the 304 claims that were reported as closed were reopened.

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:

- Each of the four (4) claimant types recorded increases in claims reported over 2024. Despite these increases, the number of reported claims in 2025 remains less than half of the number reported in 2021.
- Across claim types, reports for heart disease claims decreased by nearly one-third in 2025 after years of relatively steady levels. Reports for cancer claims continued to trend downward, while reports of lung disease claims increased over the previous year. Reportable contagious disease claims increased from a dip in 2024. 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.
- After multiple years of steadily increasing denial rates, 2025 recorded a decrease in the claim denial rate from 66.9% in 2024 to 53.7%. On initial appeals by claimants, claim denials were affirmed approximately 43% of the time, down from 75% reported in 2024. Claimants unsuccessful in their first appeal that went on to file subsequent appeals beyond the Hearing Officer level were successful in overturning the denial two-thirds of the time.
- Based on data compiled through 2025 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 Estimated Medical Costs per claim returned to a slightly higher level and more closely in line with years prior to 2024. (The spike in average estimated medical costs per claim in 2024 was largely due to \$3M in expenses attributable to one (1) claim. The average estimated medical cost per claim excluding that outlier was \$11,865.)
- 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 claim adjusters may differ in their interpretation or understanding of the criteria 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.