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ASSEMBLY BILL NO. 11—COMMITTEE  
ON COMMERCE AND LABOR

(ON BEHALF OF THE DIVISION OF INDUSTRIAL RELATIONS)

PREFILED DECEMBER 19, 2012

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Referred to Committee on Commerce and Labor

SUMMARY—Repeals the provision requiring insurers to report to the Division of Industrial Relations of the Department of Business and Industry certain claims relating to diseases of the heart or lung and occupational diseases that are infectious or relate to cancer. (BDR 53-351)

FISCAL NOTE: Effect on Local Government: No.  
Effect on the State: No.

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

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AN ACT relating to industrial insurance; repealing the provision which requires an insurer to submit to the Administrator of the Division of Industrial Relations of the Department of Business and Industry a written report concerning certain claims for compensation; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

1 This act repeals the provision which requires an insurer to submit to the  
2 Administrator of the Division of Industrial Relations of the Department of Business  
3 and Industry a written report concerning certain claims relating to diseases of the  
4 heart or lungs and occupational diseases that are infectious or relate to cancer.  
5 (NRS 617.357)

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THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 **Section 1.** NRS 617.357 is hereby repealed.  
2 **Sec. 2.** This act becomes effective upon passage and approval.



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TEXT OF REPEALED SECTION

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**617.357 Claims regarding diseases of heart or lungs, infectious diseases or cancer: Reports by insurers to Administrator; public reports by Administrator.**

1. Each insurer shall submit to the Administrator a written report concerning each claim for compensation that is filed with the insurer for an occupational disease of the heart or lungs or any occupational disease that is infectious or relates to cancer. The written report must be submitted to the Administrator within 30 days after the insurer accepts or denies the claim pursuant to NRS 617.356 and must include:

- (a) A statement specifying the nature of the claim;
- (b) A statement indicating whether the insurer accepted or denied the claim and the reasons for the acceptance or denial;
- (c) A statement indicating the estimated medical costs for the claim; and
- (d) Any other information required by the Administrator.

2. If a claim specified in subsection 1 is appealed or affirmed, modified or reversed on appeal, or is closed or reopened, the insurer shall notify the Administrator of that fact in writing within 30 days after the claim is appealed, affirmed, modified, reversed, closed or reopened.

3. On or before February 1 of each year, the Administrator shall prepare and make available to the general public a written report concerning claims specified in subsection 1. The written report must include:

- (a) The information submitted to the Administrator by an insurer pursuant to this section during the immediately preceding year; and
- (b) Any other information concerning those claims required by the Administrator.

