

Assembly Bill No. 11–Committee
on Commerce and Labor

CHAPTER.....

AN ACT relating to industrial insurance; revising 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:

Existing law 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 relating to diseases of the heart or lungs and occupational diseases that are infectious or relate to cancer. (NRS 617.357) This bill revises that provision by requiring an insurer to submit such a report only if the claimant is a firefighter, police officer, including a peace officer, arson investigator or emergency medical attendant.

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

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

Section 1. (Deleted by amendment.)

Sec. 2. NRS 617.357 is hereby amended to read as follows:

617.357 1. Each insurer shall submit to the Administrator a written report concerning each claim for compensation *in which the claimant is a firefighter, police officer, arson investigator or emergency medical attendant* 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~~ *pursuant to NRS 617.453, 617.455, 617.457, 617.481, 617.485 or 617.487.* 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.

4. As used in this section, the term "police officer" includes a peace officer as that term is defined in subsection 3 of NRS 289.010.

Sec. 3. This act becomes effective upon passage and approval.

