

NATIONAL MEETING
FALL / DENVER



WORKERS' COMPENSATION (C) TASK FORCE

Sunday, November 17, 2024
11:30 – 12:30 a.m. (Mountain Time)
Denver, CO

Consider Adoption of the Task Force's October 23 and August 8 Minutes

Draft: 10/24/24

Workers' Compensation (C) Task Force
E-Vote
October 23, 2024

The Workers' Compensation (C) Task Force conducted an e-vote that concluded Oct. 23, 2024. The following Task Force members participated: Alan McClain, Chair (AR); John F. King, Vice Chair, represented by Steve Manders (GA); Lori K. Wing-Heier represented by Sian Ng-Ashcraft (AK); Mark Fowler represented by Erick Wright (AL); Ricardo Lara represented by Mitra Sanandajifar (CA); Andrew N. Mais represented by George Bradner (CT); Doug Ommen represented by Mathew Cunningham (IA); Vicki Schmidt represented by Julie Holmes (KS); Sharon P. Clark (KY); Kevin P. Beagan represented by Jackie Horigan (MA); Robert L. Carey represented by Sandra Darby (ME); Grace Arnold represented by Tammy Lohmann (MN); Chlora Lindley-Myers (MO); Scott Kipper (NV); Glen Mulready (OK); Andrew R. Stolfi represented by TK Keen (OR); Michael Humphreys (PA); Elizabeth Kelleher Dwyer represented by Beth Vollucci (RI); and Michael Wise represented by Will Davis (SC).

1. Adopted its 2025 Proposed Charges

The Task Force considered adoption of its 2025 proposed charges (Attachment X). A majority of the Task Force members voted in favor of adopting its charges. The motion passed.

Having no further business, the Workers' Compensation (C) Task Force adjourned.

SharePoint/NAIC Support Staff Hub/Committees/C CMTE/2024 Fall/Worker's Comp Task Force/10_23_EVVote Minutes – WCTF.docx

Draft: 10/24/24

Adopted by the Executive (EX) Committee and Plenary, Dec. __, 2024
Adopted by the [Insert name of the parent committee], Nov. __, 2024
Adopted by the Workers' Compensation (C) Task Force], Oct. 23, 2024

2025 Proposed Charges

WORKERS' COMPENSATION (C) TASK FORCE

The mission of the Workers' Compensation (C) Task Force is to study the nature and effectiveness of state approaches to workers' compensation and related issues, including, but not limited to: assigned risk plans; safety in the workplace; treatment of investment income in rating; occupational disease; cost containment; and the relevance of adopted NAIC model laws, regulations and/or guidelines pertaining to workers' compensation.

Ongoing Support of NAIC Programs, Products, or Services:

1. The **Workers' Compensation (C) Task Force** will:
 - A. Oversee the activities of the NAIC/International Association of Industrial Accident Boards and Commissions (IAIABC) Joint (C) Working Group.
 - B. Discuss issues with respect to advisory organizations, rating organizations, statistical agents, and insurance companies in the workers' compensation arena.
 - C. Monitor the movement of business from the standard markets to the assigned risk pools. Alert state insurance department representatives if the growth of assigned risk pools changes dramatically.
 - D. Follow workers' compensation issues regarding cannabis in coordination with the Cannabis Insurance (C) Working Group.
 - E. Discuss issues affecting workers' compensation.
2. The **NAIC/International Association of Industrial Accident Boards and Commissions (IAIABC) Joint (C) Working Group** will:
 - A. Study issues of mutual concern to state insurance regulators and the IAIABC. Review relevant IAIABC model laws and white papers and consider possible charges based on the Working Group's recommendations.

NAIC Support Staff: Sara Robben/Aaron Brandenburg

Draft Pending Adoption

Draft: 09/20/24

Workers' Compensation (C) Task Force
Virtual meeting (*in lieu of meeting at the 2024 Summer National Meeting*)
August 8, 2024

The Workers' Compensation (C) Task Force met Aug. 8, 2024. The following Task Force members participated: Alan McClain, Chair, and Jimmy Harris, (AR); John F. King, Vice Chair and Paula Shamburger (GA); Mark Fowler, Jennifer Brown, Jimmy Gunn, Erick Wright, and Yada Horace (AL); Ricardo Lara represented by Yvonne Hauscarriague and Mitra Sanandajifar (CA); Andrew N. Mais represented by George Bradner (CT); Karima M. Woods represented by Angela King (DC); Michael Yaworsky represented by Greg Jaynes (FL); Doug Ommen represented by Mathew Cunningham and Travis Grassel (IA); Dean L. Cameron represented by Maria Del Villar and Randy Pipal (ID); Vicki Schmidt represented by Julie Holmes and Sara Hurtado (KS); Sharon P. Clark and Sue Hicks (KY); James J. Donelon represented by Tom Travis (LA); Gary D. Anderson represented by Jackie Horigan and Matthew Mancini (MA); Timothy N. Schott represented by Brock Bubar, Sandra Darby, and Robert Wake (ME); Grace Arnold represented by Tammy Lohmann (MN); Chlora Lindley-Myers represented by Joe LeDuc, Patrick Lennon, and Rebecca Shavers (MO); Mike Causey represented by Tracy Biehn, Robert Croom, Fred Fuller, Sharon Thorton-Hall, and John Wren (NC); Scott Kipper represented by Gennady Stolyarov (NV); Glen Mulready represented by Kim Hunter and Cuc Nguyen (OK); Andrew R. Stolfi represented by Raven Collins (OR); Michael Humphreys represented by Aaron Hardenstine, Shannon Kost, Xiofeng Lu, Michael McKenney, Dennis Sloand, and Eric Zhou (PA); Elizabeth Kelleher Dwyer represented by Beth Vollucci (RI); Michael Wise represented by Will Davis (SC); Larry D. Dieter and Tony Dorschner (SD); Carter Lawrence represented by Jessica Thomas (TN); Kevin Gaffney, Rosemary Raszka, Mary Richter, and Zoie Y. Swaim (VT); and Allan L. McVey and Ellen Potter (WV). Also participating were: Tom Zuppan (AZ); Susan Jennette and Lucretia Prince (DE); Reid McClintock and Julie Rachford (IL); Patrick O'Connor (IN); Chris Arth and Paige Dickerson (MI); Chris Aufenthie (ND); and Christian Citarella (NH).

1. Heard a Presentation from NCCI on the State of the Line Report

Jeff Eddinger (NCCI) said the workers' compensation market is in good shape and has been in good shape for many years. He said that in evaluating the workers' compensation market NCCI looks at the combined ratio. The combined ratio compares the losses and the expenses that are paid out to the premium that is collected. For the latest year, the combined ratio is 86%, meaning that only 86% of the premiums are being paid out in losses and expenses. Eddinger said this is the seventh straight year of workers' compensation combined ratios being under 90%, and the tenth straight year there have been underwriting profits for workers' compensation.

Eddinger said the loss ratio increased slightly in the last year, but the other components have remained stable. This year is the seventh straight year with calendar-year loss ratios under 50%.

Eddinger said the net written premium has increased by 1% during the last year and has returned to its pre-pandemic levels. He said premiums are being driven by payroll increases. These payroll increases are relatively large, as there was a 6% increase in the latest year. This breaks down into an increase in employment of about 2% and an increase in wages of about 4%. Eddinger said wage increases have been relatively consistent across all industries, whereas employment changes can vary based on the industry.

Eddinger said payroll is up 7% but has been offset by the changes in loss costs. Loss costs have decreased for almost every NCCI state. Without the decreases in loss costs, we would have seen a larger increase in premium.

Draft Pending Adoption

Eddinger said there was about a 7% premium decrease in 2023, and there will be another 9% premium decrease in 2024. He said information is only available for the last filing season and does not include any filings that have been made so far this year. For the last filing season, every state received a loss cost decrease from a negative .5% in Virginia to a negative 19% in Maine.

Huntington asked if the premium change in the presentation was annualized or just recent change. Eddinger said the overall number is annualized. 7% was 2023 over 2022. The changes that are taking place in 2024 are 2024 versus 2023.

Eddinger said the residual market premium is down to about \$700 million in the latest year and has consistently decreased since 2014. This corresponds to just 5% of the total premium share. This is encouraging because it is a manageable size and shows companies are willing to write most of the business voluntarily.

Eddinger said claim frequency dropped by 8% for the latest year, which is more than twice the long-term average. In a 20-year period, claim frequency has only increased one time if you don't include the anomaly that occurred during the pandemic. He said you would have to look back to 2010 to see an increase in claim frequency.

Someone in the chat asked about what the drivers were for the drop in claim frequency. Eddinger said safer workplaces were a driver. He said workplaces continue to get safer. Eddinger said the experience modifications also have an incentive for safer workplaces, resulting in decreases in premiums. He said the NCCI continues to see long-term year over year continued safer workplaces and continued drops in the claim frequency relative to total payroll.

Eddinger said the claim severity or average medical payments amount on lost-time claims increased only 2% in the latest year and only 3.5% in the previous year. He compared this to the price index developed by the NCCI, which is the personal healthcare chain-weighted price index. He said medical costs have risen less than other healthcare costs affected by inflation due to the medical fee schedules used in most states for workers' compensation. These fee schedules keep the medical expenses in check.

Eddinger said the indemnity benefits are based directly on wages, and for the past couple of years, the indemnity severity increases have been larger. He said they were 5% for the latest year and 7% for the previous year. He said when you combine the medical and indemnity severity the latest year is only up about 3%.

Eddinger said that when you take into account the fact that the claims frequency is down 8% and claim severities are moderate, the current environment is conducive to continued loss cost decreases. He said workers' compensation has the lowest combined ratio in the property and casualty insurance industry. Both the calendar-year and accident-year combined ratios show profitability. The reserves are stronger than they have ever been. Eddinger said that even with strong payroll growth driven by increases in wages and employment, the premium is relatively flat because it is being offset by the decrease in loss cost. He reiterated that the decrease in loss cost is being driven by improvements in claims frequency and moderate changes in claims severity.

Eddinger said NCCI's current research includes some of the challenges for today's workers and is titled "*Challenges for Today's Worker – The Big Three: Environmental Impact / Physical Space /Mental Health.*" He said he would provide the Task Force with some information regarding the environmental impact section, which studied the relationship between weather conditions and work injuries.

Draft Pending Adoption

Eddinger said different areas of the country have different extreme weather exposures. He said workers in 2023 experienced hotter temperatures than usual. NCCI compared claims to an average weather baseline. In the study, temperature included both extreme heat and extreme cold and the impact of precipitation was also considered.

Eddinger said the study showed that injuries on hot days increased as the temperature increased. He said injuries on cold days do not necessarily have the same linear relationship. On cold days, injuries tend to peak at temperatures around freezing. Precipitation impacts injuries as well. Precipitation makes injuries on cold days worse, but it slightly improves injuries on hot days.

Eddinger said the study indicated that construction workers are the most impacted by extreme heat. On the other hand, office workers are most impacted by extremely cold temperatures around the freezing point. He said the study indicated that transportation workers are impacted by both extreme heat and extreme cold. Overall, the study showed that injuries on the hottest days were 10% higher. The study can be found on NCCI's website.

2. Discussed Any Other Matters

Chou suggested checking to see if other organizations have research studies. He said following COVID-19 there was a shift to the work environment, as there are more remote workers. Chou said he would like to see results taking the remote work environment into account.

Manders said that Georgia passed legislation on firefighters' cancer that removes it from the workers' compensation system and provides a separate benefit. He said a similar bill on post-traumatic stress disorder (PTSD) was passed. Manders said the bill provides a separate statutory benefit outside the workers' compensation system for PTSD claims. The program provides some lost-time wages, counseling services, and other types of benefits for PTSD claims. Manders said at some point in the future he would like to give a report on this if the Task Force has an interest. McClain said he thought this would be of interest to the Task Force.

Having no further business, the Workers' Compensation (C) Task Force adjourned.

SharePoint/NAIC Support Staff Hub/Committees/C CMTE/2024 Summer/WCTF/Minutes – WCTF – Aug 2024.docx

Hear a Presentation about the American Medical Association's Updated Impairment Guidelines



Navigating the Changes: AMA Guides[®] Updates for Stakeholders

Ken Eichler

American Medical Association
Director, AMA Guides Advocacy
Health Solutions

Douglas Martin, MD

FACOEM, FAAFP, FIAIME
Co-Chair, AMA Guides Editorial Panel
ACOEM Past President



November 17, 2024

NAIC Workers Compensation Task Force

Today's AMA Guides Presenters



Ken Eichler
Director, AMA Guides Advocacy
American Medical Association
Health Solutions



J. Douglas Martin, MD
FACOEM, FAAFP, FIAIME
Co-Chair, AMA Guides Editorial Panel
Medical Director, CNOS
ACOEM Past President

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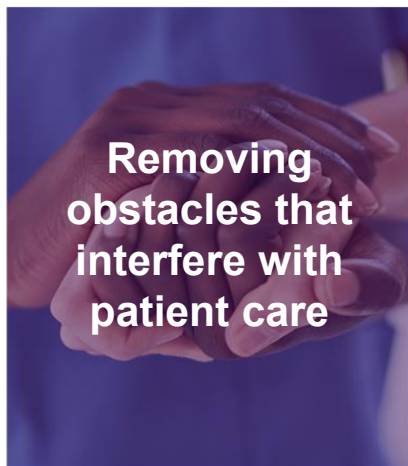
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**How may the AMA
best support your Jurisdiction
to review, evaluate and implement
the AMA Guides® Sixth Edition 2024?**

**AMA Staff are not medical experts and are unable to
answer questions and inquiries related to the practice of medicine.**

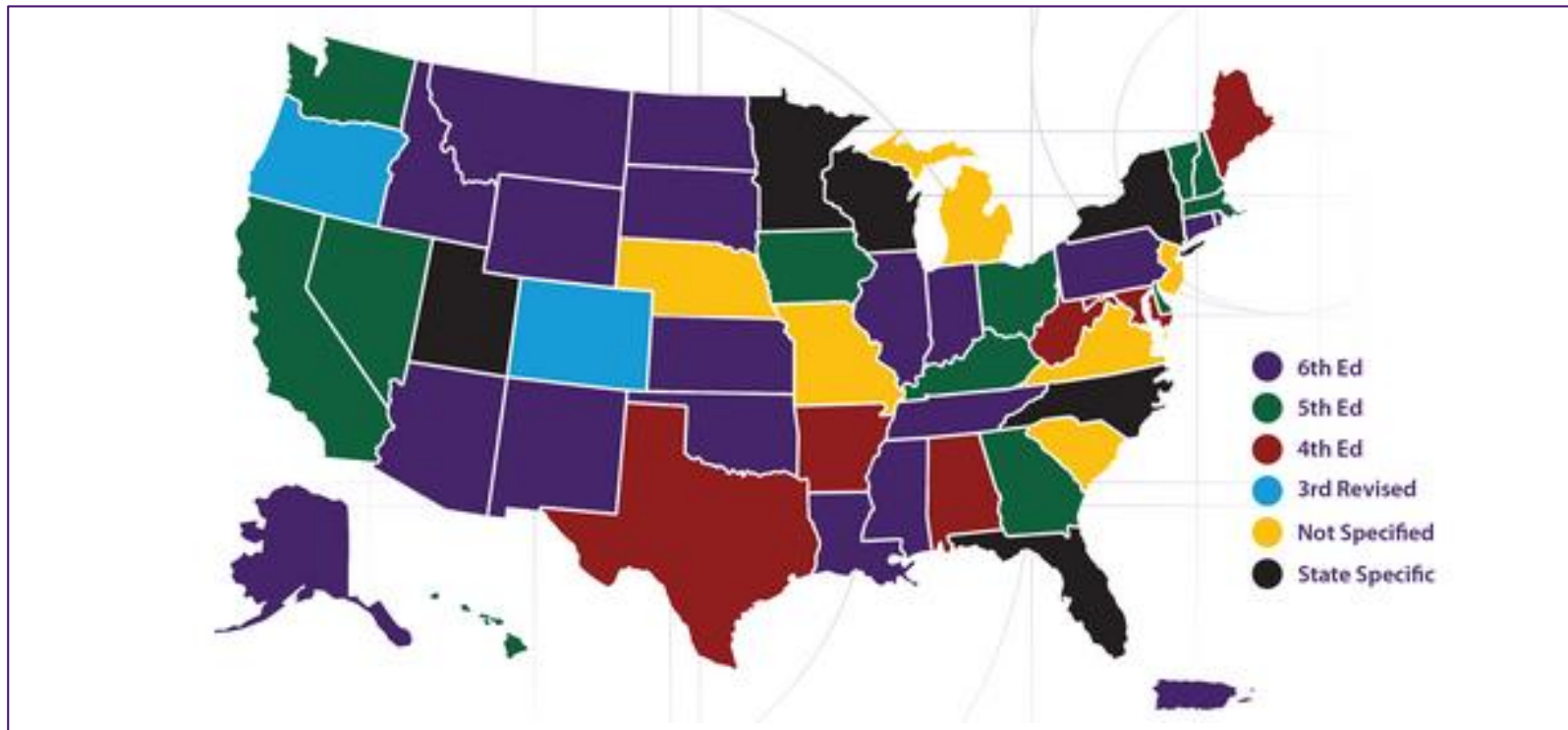
AMA: The Physicians' Powerful Ally in Patient Care





AMA Guides[®] to the Evaluation of Permanent Impairment

ADOPTION BY STATE



As of: 5/28/24

United States Jurisdictional Use of AMA Guides® Sixth Edition

Sixth Edition, Most Current Version

AK, AZ, DC, IL, IN, LA,
MA, NM, OK, PA, TN*, WY

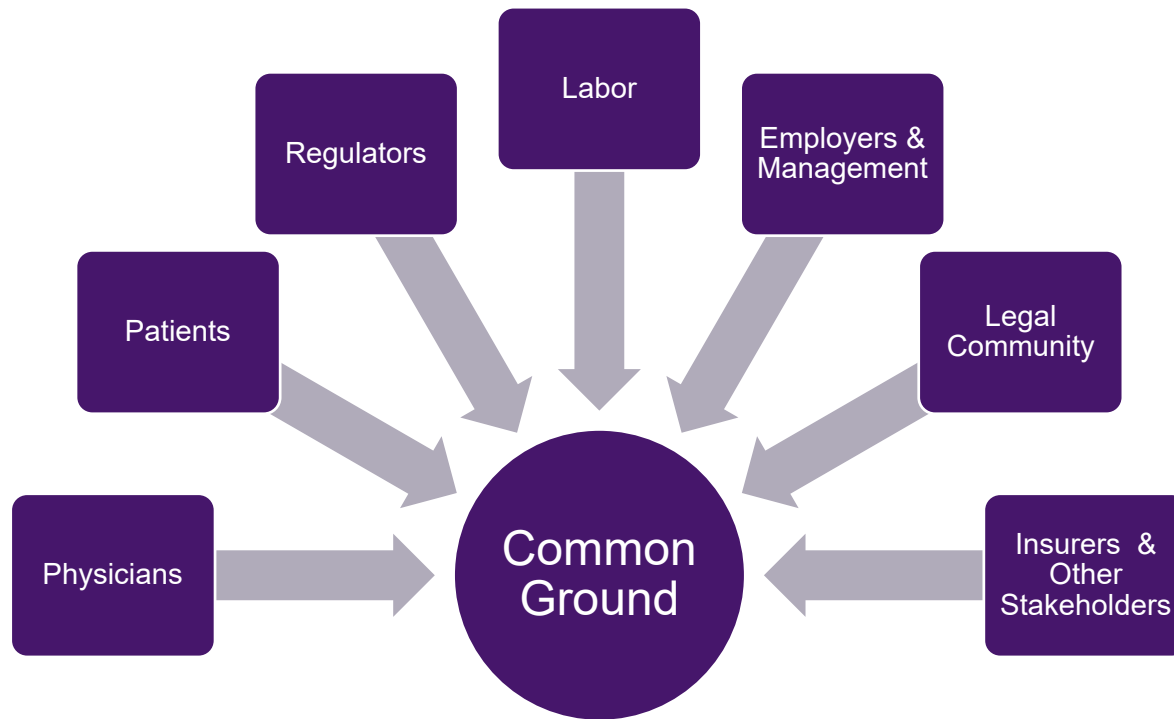
Sixth Edition 2008 & Version Unspecified

CT, KS, MA, MI, MT, RI, SD, TN*
Some US Federal Agencies

*Based upon date of injury

Consistency Across Stakeholders

More-efficient impairment ratings while retaining accuracy, consistency, reliability, and reproducibility



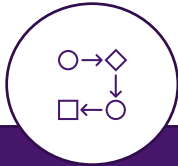
AMA Guides[®] to the Evaluation of Permanent Impairment 6th Edition 2024

By engaging the community of practice, the AMA Guides Editorial Panel process now incorporates:

- Best available science and evidence-based medicine
- Reflection of medical advances and new insights related to impairment
- Assessment tools to provide a rigorous methodology
- Fair, consistent and reproducible evaluation processes

AMA Guides® 6th Edition 2024

Support Standardized Methodology for Objectively Assessing Permanent Impairment Ratings



An impairment rating is often **one component** of a complex determination and compensation calculation.



AMA Guides are an assessment and rating **tool affording fair and equitable objective standards** for evaluating individuals with **incident-related injuries**.



Conversion of ratings using the AMA Guides to financial or other values is a **Jurisdictional matter**.

AMA Guides[®] Sixth Edition 2024 Content Revision Processes



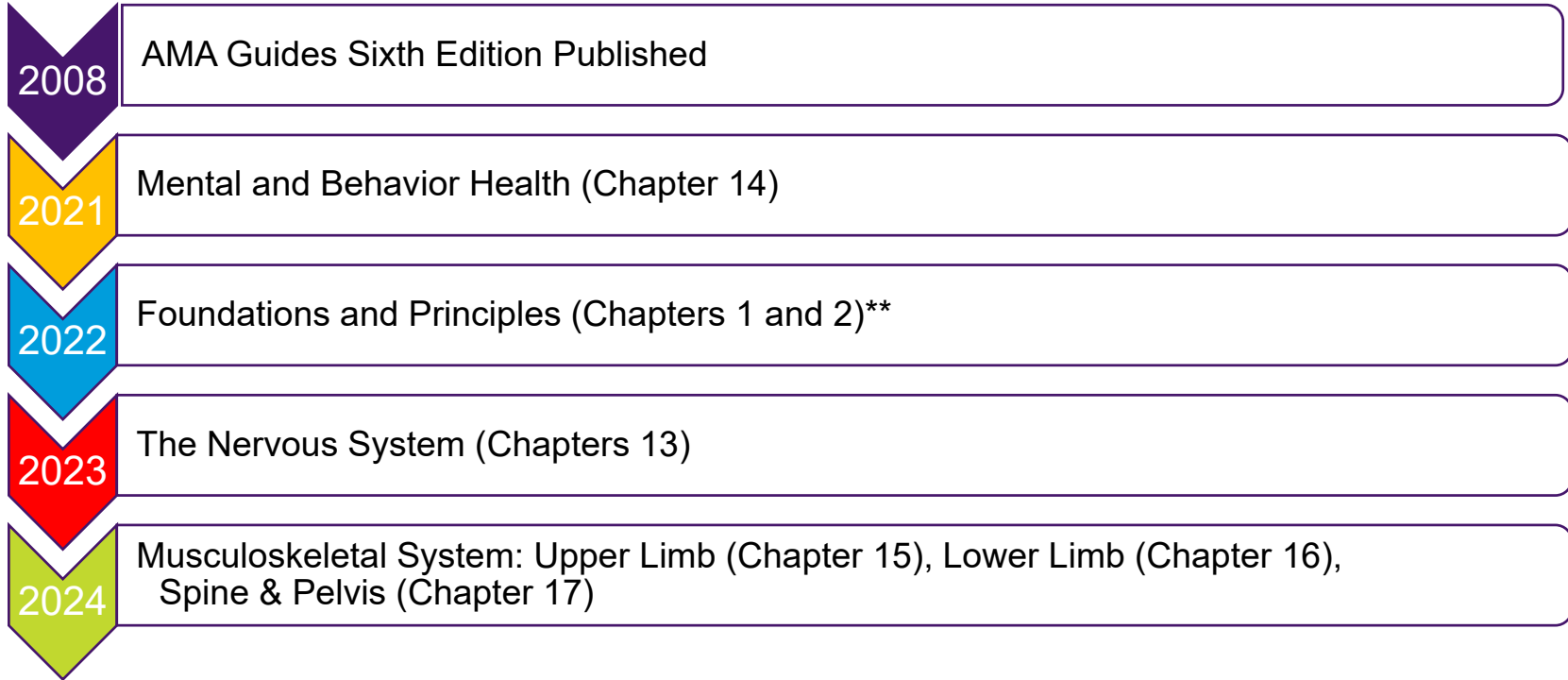
Understanding the AMA Guides® Editorial Panel

The Independent Panel is responsible for:

Creating, revising, and updating impairment ratings and applicable guidelines for fair and equitable permanent impairment ratings...

...open, transparent, and evidence-based process including public meetings and opportunities for public comment.

AMA Guides Sixth – Content Update History*

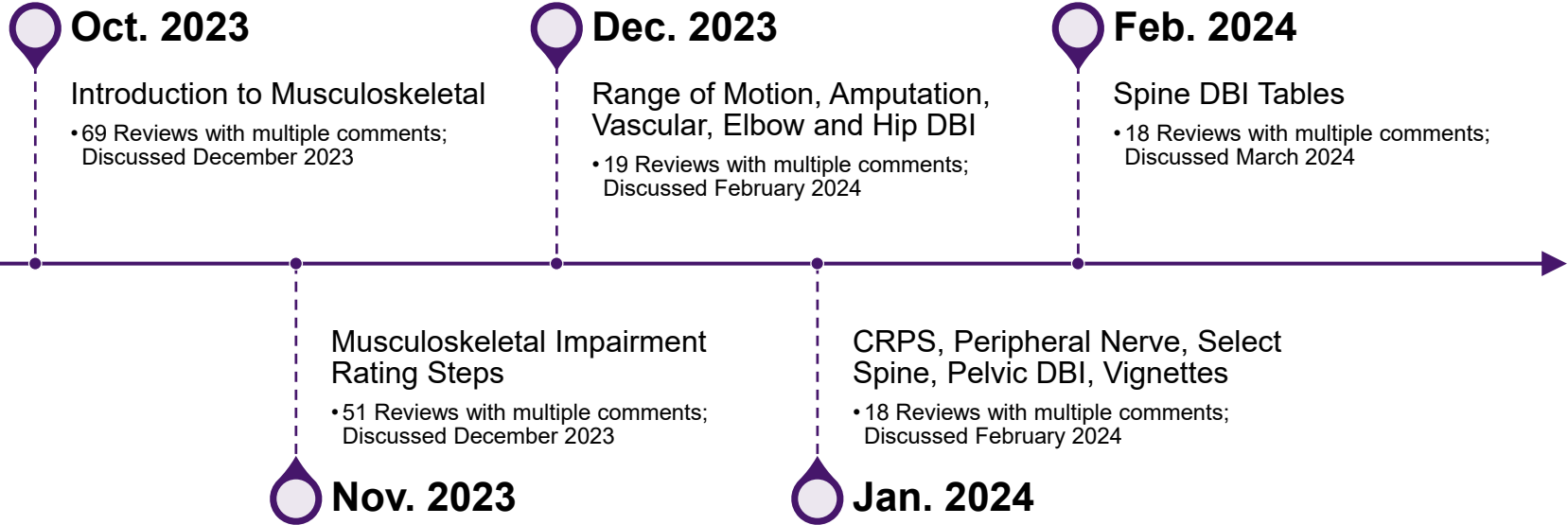


AMA Guides 2024 MSK Development

- AMA Guides Sixth 2008 was used as a base to start the editing process
- Feedback from various stakeholders was considered
- The *Guides* Panel initiated musculoskeletal (MSK) subcommittees in August 2022 to review the upper limb, lower limb, and spine and pelvis chapters
- Integration of the latest advancements in medical diagnosis, treatment methods, and patient outcomes
- Focus on improving the objective measurements of functional loss and impairment

Public Comment Periods

The AMA Guides Editorial Panel process is **open, transparent, and ensures collaboration** among stakeholders. Public comments were encouraged.



AMA Guides[®] Sixth Edition 2024 Content Revisions



Consistency: A Key Theme of the New Musculoskeletal (MSK) Methods

ICF Model

Existing Sixth Edition
Impairment Values Used as
Anchors*

Guides Editorial Panel Mission
and Vision



Clinical History (CH),
Physical Examination (PE),
and/or Clinical Studies (CS)
must be consistent with the
natural history of
diagnosis.

All Three MSK Chapters.

Improved ability to
reference to sections and
tables being used in
impairment reports.

**when possible*

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Physicians' powerful ally in patient care

Musculoskeletal Impairment Rating Steps

Step 1. Confirm a Clinically Relevant Diagnosis (DX)

Step 2. Confirm Maximum Medical Improvement (MMI)

Step 3. Identify the Relevant Diagnosis-Based Impairment (DBI) Table

Step 4. Determine the Diagnostic Row, Class, Grade, and Impairment Value

Step 5. Follow Guidelines for Report Documentation and Jurisdictional Requirements

Highlights for 2024 Musculoskeletal (MSK)

- The diagnostic row - diagnosis-based impairment (DBI) approach is consistent with the Sixth Edition 2008.
- The Guides Sixth Edition 2024 has been designed to standardize and simplify the diagnosis-based impairment rating process.
- Standardization improves content validity, and intra-rater and inter-rater reliability and agreement
 - fair and equitable impairment ratings based on a confirmed and clinically relevant diagnosis (DX) at the point of maximum medical improvement (MMI).

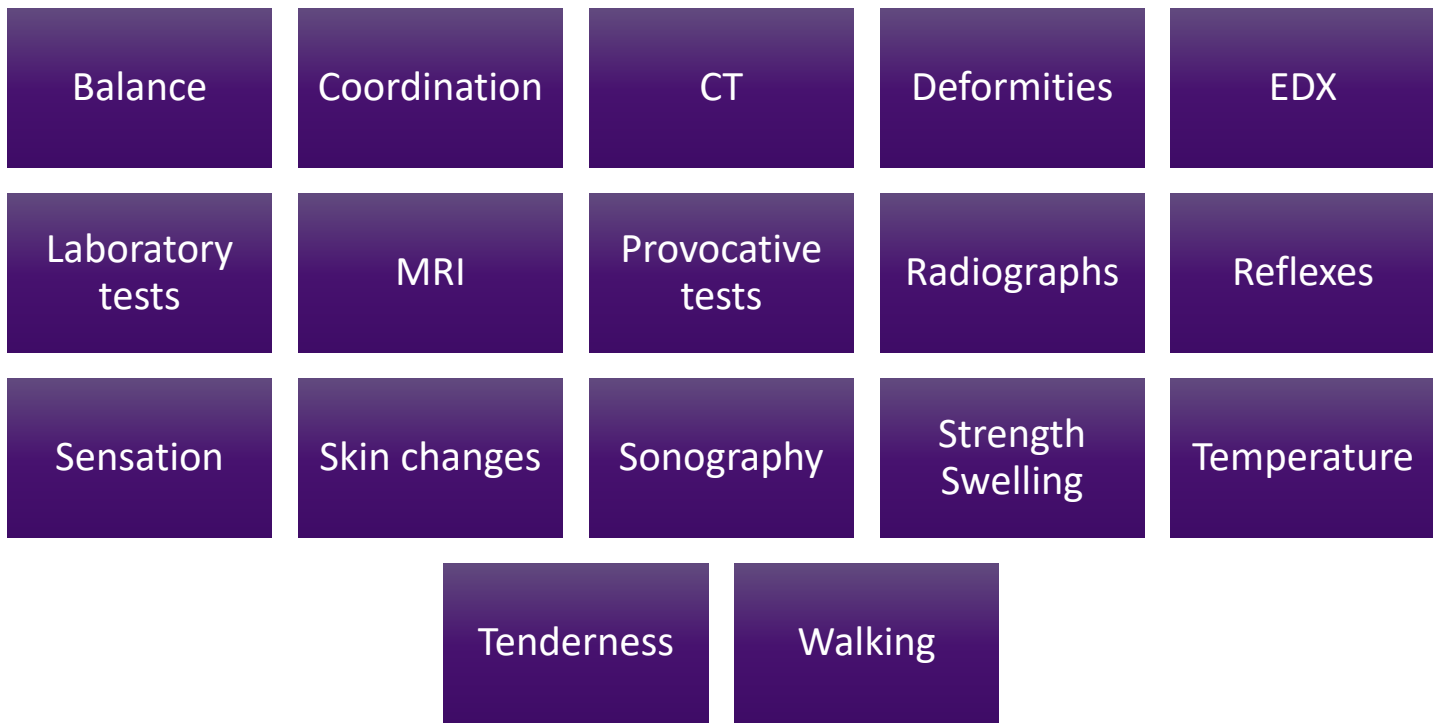
Physical Examination (PE)

- Objectively verified anatomical and/or physiological findings from physical examination (PE).
- The process may include a direct examination, a review of findings recorded in the medical records, or both.
- Evaluate the individual's physical state to detect abnormalities or signs that may indicate underlying conditions or impairments.

Relevant Clinical Studies (CS)

- Relevant or pertinent clinical studies (CS) are pivotal in the diagnostic process for some conditions.
- Involves a comprehensive evaluation of images and reports from various diagnostic tools, including imaging studies, laboratory tests, and electrodiagnostic studies.
- By thoroughly analyzing these results:
Evaluators can obtain objective evidence that aids in supporting or refining the patient's diagnosis, ensuring a robust assessment of the clinical presentation.

Specific Individual Elements Considered



Chapter 15: Upper Limb

Full access

Publication Date: 01 Jan 2024

DOI: <https://doi.org/10.1001/amaguides.6th2024.upex>

Search within Edition...



Jump to page...



Full Text Acknowledgements Headings **List of Tables** Impairment Categories Summary Of Changes Preface Intro Notes

• DBI Table 15-19 Digit/Hand Impairment

- 15-19-00 Confirmed Diagnosis Corroborated by the Clinical History (Presentation) With No Residual Symptoms
- 15-19-01 Incongruent Clinical Presentation With Residual Symptoms
- 15-19-02 Incongruent Clinical Presentation With Reported Nonspecific Pain (Primary Pain)
- 15-19-03 Soft Tissue Disease or Event Healed Superficial or Minor (ie, abrasion, bite, bruise, burn, contusion, laceration, puncture wound)*
- 15-19-04 Soft Tissue Disease or Event Healed Nonsuperficial
- 15-19-05 Sprain, Strain, Specific Traumatic Event, Tendonitis, Tendinosis, Nonspecific Tendonitis of Digit/Hand
- 15-19-06 Digital Stenosing Tenosynovitis, Trigger Digit
- 15-19-07 Dupuytren's Contracture*
- 15-19-08 Arthritis Posttraumatic Without ROM Loss, Reported by Joint (IP, DIP, PIP, MCP)
- 15-19-09 Instability Thumb IP Joint or Finger DIP Joint (eg, dislocation with residual)
- 15-19-10 Instability Finger PIP Joint (eg, dislocation with residual)
- 15-19-11 Instability Finger MCP Joint (eg, dislocation with residual)
- 15-19-12 Instability Thumb MCP Joint (eg, dislocation with residual)
- 15-19-13 Instability Thumb CMC Joint (eg, dislocation with residual)
- 15-19-14 Flexor Thumb IP Joint With ROM Loss (flexor tendon rupture/laceration)

Full Text Acknowledgements Headings List of Tables **Impairment Categories** Summary Of Changes Preface Intro Notes

• Digit & Hand

- Soft Tissue, Sprain/Strain
- Digital Stenosing Tenosynovitis, Trigger Digit
- Dupuytren's Contracture
- Arthritis
- Instability
- Muscle / Tendon
- Joint Stiffness
- Arthrodesis
- Arthroplasty
- Fracture

Optimizing Functionality

List of Tables and Impairment Categories

Assessing the Transition from AMA Impairment Guides Sixth Edition 2008 to Sixth Edition 2024




ORIGINAL ARTICLE

Advancements in AMA Guides Musculoskeletal Impairment Evaluations: Improved Reliability and Ease of Use

Melhorn, J. Mark MD¹; Gelinias, Barry MD²; Martin, Douglas W. MD³; Hegmann, Kurt T. MD⁴; Thiese, Matthew S. PhD⁴

Author Information 

Journal of Occupational and Environmental Medicine ():10.1097/JOM.0000000000003145, May 10, 2024. | DOI: 10.1097/JOM.0000000000003145 

OPEN PAP

 Metrics

Abstract

Objective

Describe and evaluate methodological improvements in *AMA Guides to the Evaluation of Permanent Impairment (Guides)* Sixth Edition 2024, including an updated sequential method and enhanced diagnosis-based impairment tables, compared to the *Guides* Sixth 2008.

Open-Access Article available on JOEM compares methodological improvements between AMA Guides Sixth 2008 and 2024 Musculoskeletal Chapters.

Key insights include:

- 2024 methods allow for more-efficient impairment ratings while retaining accuracy, consistency, reliability, and reproducibility.
- Intuitive impairment assessment process reduces training burden and improves implementation.
- Potential for cost-benefit savings to the workers' compensation system compared with Guides 2008 based on improved consistency and ease of use.

[Read the full article on JOEM](#)



ORIGINAL ARTICLE

Comparative Analysis of Upper Limb Impairment Rating Processes in the AMA Guides Sixth Edition 2024 vs 2008: Impact on Stakeholders

Melhorn, J. Mark MD¹; Gelinas, Barry MD²; Martin, Douglas W. MD³; Hegmann, Kurt T. MD⁴; Thiese, Matthew S. PhD⁴

Author Information 

Journal of Occupational and Environmental Medicine ();10.1097/JOM.0000000000003186, July 8, 2024. | DOI:

10.1097/JOM.0000000000003186 

OPEN

PAP

 Metrics

Abstract

Objective

To evaluate how upper limb impairment ratings are affected by updates to the *AMA Guides to the Evaluation of Permanent Impairment (AMA Guides) Sixth Edition 2024* compared with the *AMA Guides Sixth Edition 2008*, and to investigate potential correlations with judicial, legislative, and economic factors.

Open-Access Article available on JOEM evaluates how ratings are impacted by the 2024 MSK update.

Key insights include:

- 2024 method demonstrates Guides Sixth 2024 results in no significant impact on the impairment values when compared to 2008.
- Updates preserve the integrity and utility of impairment evaluation while offering advancements in application.

Read the full article on JOEM



Study Implications for the “System”

- Who benefits from the AMA Guides Updates with consistent and accurate impairment evaluations?
 - All system stakeholders including injured parties, employers, medical professionals, legal representatives, insurers, regulators, legislators and policymakers.
- Why transition to the Guides 2024?
 - Increased reliability reflecting current medical best practice, methodologies and technology
 - Enhancements which offer a more structured approach to confirming clinically relevant diagnoses

Study Implications for “the System”(continued)

- Evaluators can accurately assign the correct diagnostic row, class, grade, and impairment value in the DBI table by:
 - Thoroughly assessing the specific individual elements (SIEs) derived from the individual's clinical history (CH), physical examination (PE), and clinical studies (CS).
- The updated systematic approach ensures reliable and meaningful assessments of an individual's condition and associated impairment rating.
- Adoption and application of AMA Guides is a jurisdictional matter.

AMA Guides Resources



AMA Guides Digital

AMA Guides Digital is the exclusive source for new content. It delivers robust content searches, documentation options, citations, references and more!

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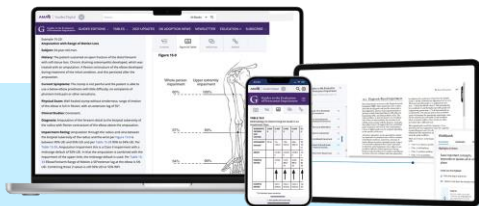
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AMA Guides® to the Evaluation of Permanent Impairment, Sixth Edition – Digital Access

Strengthen your regulatory framework with the AMA Guides Sixth 2024. This latest edition fine-tunes the concepts from the AMA Guides Sixth (2008), ensuring enhanced inter- and intra-impairment rater reliability.

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- AMA Guides Fifth
- AMA Guides Fourth
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Stay updated with the newest advancements in the application of the AMA Guides for assessing impairments, work ability, causation, and other case-related issues through the *AMA Guides Newsletter* yearly subscription, includes one year of access to the six most recent issues.

What we have discussed today:

- The latest medical advancements and evidence-based updates to spine, upper and lower extremity impairments
- Insights into ensuring consistency and fairness
- The benefits of a streamlined grading system
- How to simplify the evaluation process

Questions?

Contact the AMA Guides Team

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Physicians' powerful ally in patient care

Any Other Matters Brought before the Task Force