

# COVID-19's Impact on Workers Compensation

## Phase II of the Multi-Bureau Collaboration



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Minnesota Workers' Compensation Insurers Association  
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National Council on Compensation Insurance  
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New Jersey Compensation Rating and Inspection Bureau  
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North Carolina Rate Bureau  
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## Introduction | Background

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To better understand how the workers compensation (WC) industry is impacted by the COVID-19 pandemic, a multistate evaluation of the reported [COVID-19 claims](#) was undertaken. This benchmarking analysis included representation from the following WC bureaus: California, Delaware, Indiana, Michigan, Minnesota, New Jersey, North Carolina, Pennsylvania, Wisconsin and the National Council on Compensation Insurance (NCCI).<sup>1</sup> This multi-bureau collaboration allowed for the creation of a COVID-19 claims database, which enabled the development of a comprehensive view of COVID-19 claim characteristics and trends.

This article summarizes key findings from **Phase II** of this study, including the impact that the COVID-19 pandemic has had on the WC system. The analysis focused on the direct impact of COVID-19 claims. Changes to non-COVID-19 claims as an indirect result of the pandemic are not considered—for example, changes due to an increased use of telemedicine and telework.

<sup>1</sup> Includes the Workers' Compensation Insurance Rating Bureau of California, Delaware Compensation Rating Bureau, Indiana Compensation Rating Bureau, Compensation Advisory Organization of Michigan, Minnesota Workers' Compensation Insurers Association, National Council on Compensation Insurance, New Jersey Compensation Rating and Inspection Bureau, North Carolina Rate Bureau, Pennsylvania Compensation Rating Bureau and Wisconsin Compensation Rating Bureau.



## Introduction | Executive Summary

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While the impact of COVID-19 continues to lessen with time, it is important to understand the impact of these claims on the WC system.

- On a countrywide basis, COVID-19 WC claims were relatively less significant in Accident Year (AY) 2021 versus AY2020 with the shares of claim counts and paid and paid+case losses in 2021 decreasing by approximately two-thirds versus the 2020 figures.
- [Indemnity-only claims](#), while uncommon for non-COVID-19 claims, continued to represent the largest share of COVID-19 claim types. On average, these claims are relatively less costly, accounting for a relatively small amount of total loss.
- Total lost-time claim severity changes are driven by changes in the share of COVID-19 claims. Lost-time severity for non-COVID-19 claims has remained relatively flat.
- Three-quarters of reported lost-time COVID-19 claims were for workers in the healthcare sector. This is compared to less than 9% of non-COVID-19 lost-time claims.
- Paid-to-paid+case ratios remain lower for COVID-19 claims than comparably aged non-COVID-19 claims—indicating relatively more uncertainty associated with the ultimate costs for COVID-19 claims.
- For most states, the peak share of reported COVID-19 claims occurred in the fourth quarter of AY2020.
- COVID-19 experience varies significantly by both industry sector and state.

## Analysis | Background

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Each of the participating rating bureaus compiled claim count as well as paid and paid+case loss information for COVID-19 and non-COVID-19 claims. This data was aggregated for AYs 2019, 2020, and 2021 and reviewed during the analysis. Although COVID-19 was not active for the entirety of 2020, a full year of data was used for comparison purposes.

Other characteristics were also collected, including industry sector, accident quarter, and exposure information.

The data provided by each organization was based on aggregate financial call data and unit statistical data. After analyzing the countrywide data sets, the research team identified COVID-19 claim characteristics and trends that aided in the evaluation of the pandemic's impact on the WC industry.

# Overview

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This section provides an overview of COVID-19 claim and loss shares for the WC industry. In addition, distributions of COVID-19 claim count shares and paid+case losses are provided along with comparisons between COVID-19 and non-COVID-19 distributions.

[COVID-19 claim count shares](#) are the number of COVID-19 lost-time claim counts divided by the total number of lost-time claim counts.

[COVID-19 payment shares](#) are paid losses on COVID-19 claims divided by paid losses on all claims.

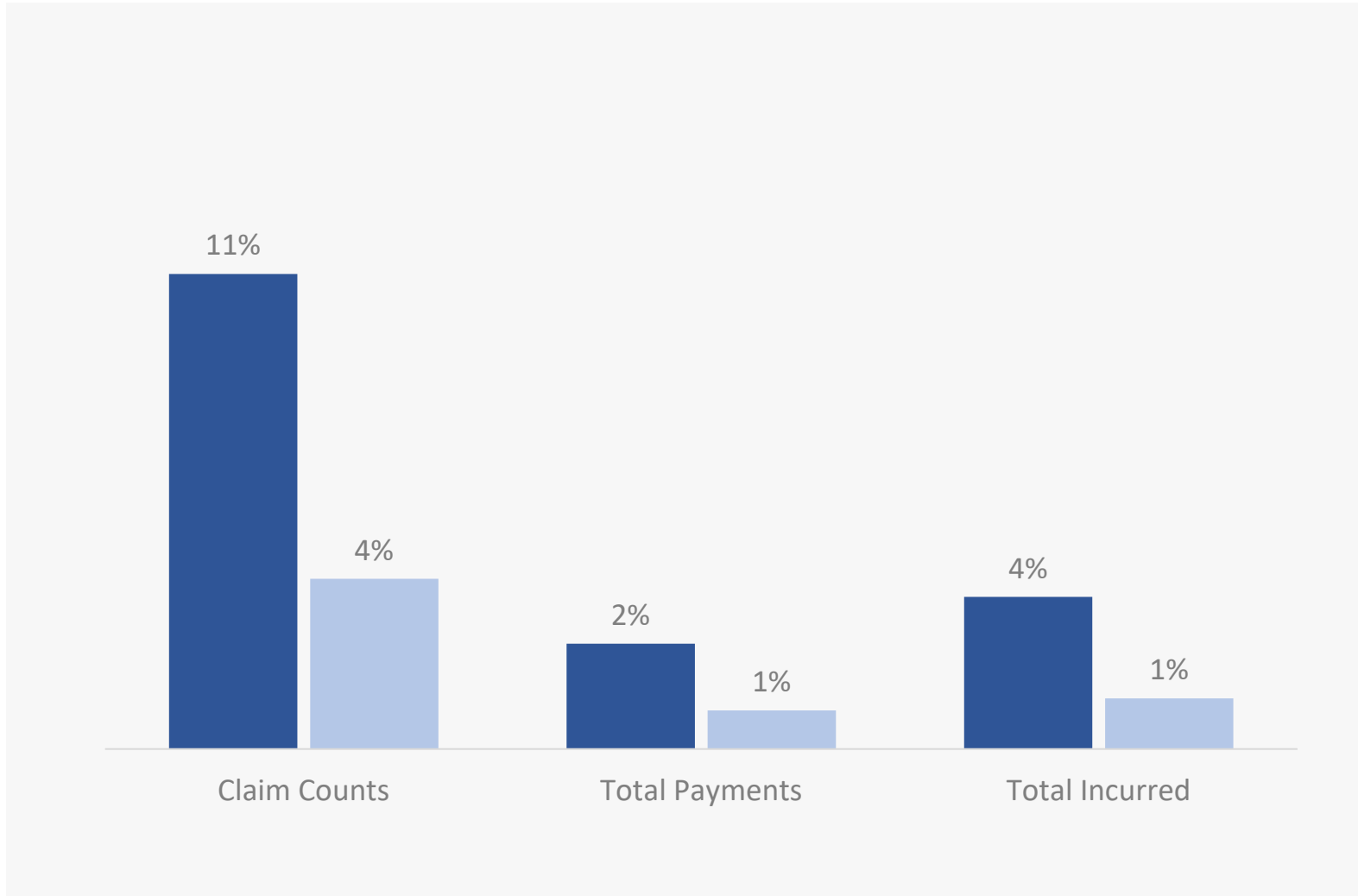
[COVID-19 paid+case shares](#) are paid losses plus case reserves on COVID-19 claims divided by paid losses plus case reserves on all claims.

## Metrics

- [COVID-19 Shares of Claim Counts, Payments, and Paid+Case Losses](#)
- [COVID-19 Shares of Claim Counts, Payments, and Paid+Case Losses by Quarter](#)
- [COVID-19 Claim Share Peak by State](#)
- [Shares of Payroll and Non-COVID-19 and COVID-19 Claim Counts](#)
- [COVID-19 Shares of Claim Counts and Paid+Case Losses by Industry Sector](#)
- [Statewide Shares of COVID-19 Lost-Time Claims by Industry Sector](#)

# COVID-19 Shares of Claim Counts, Payments, and Paid+Case Losses

## Accident Year 2020 and Accident Year 2021



### Insights

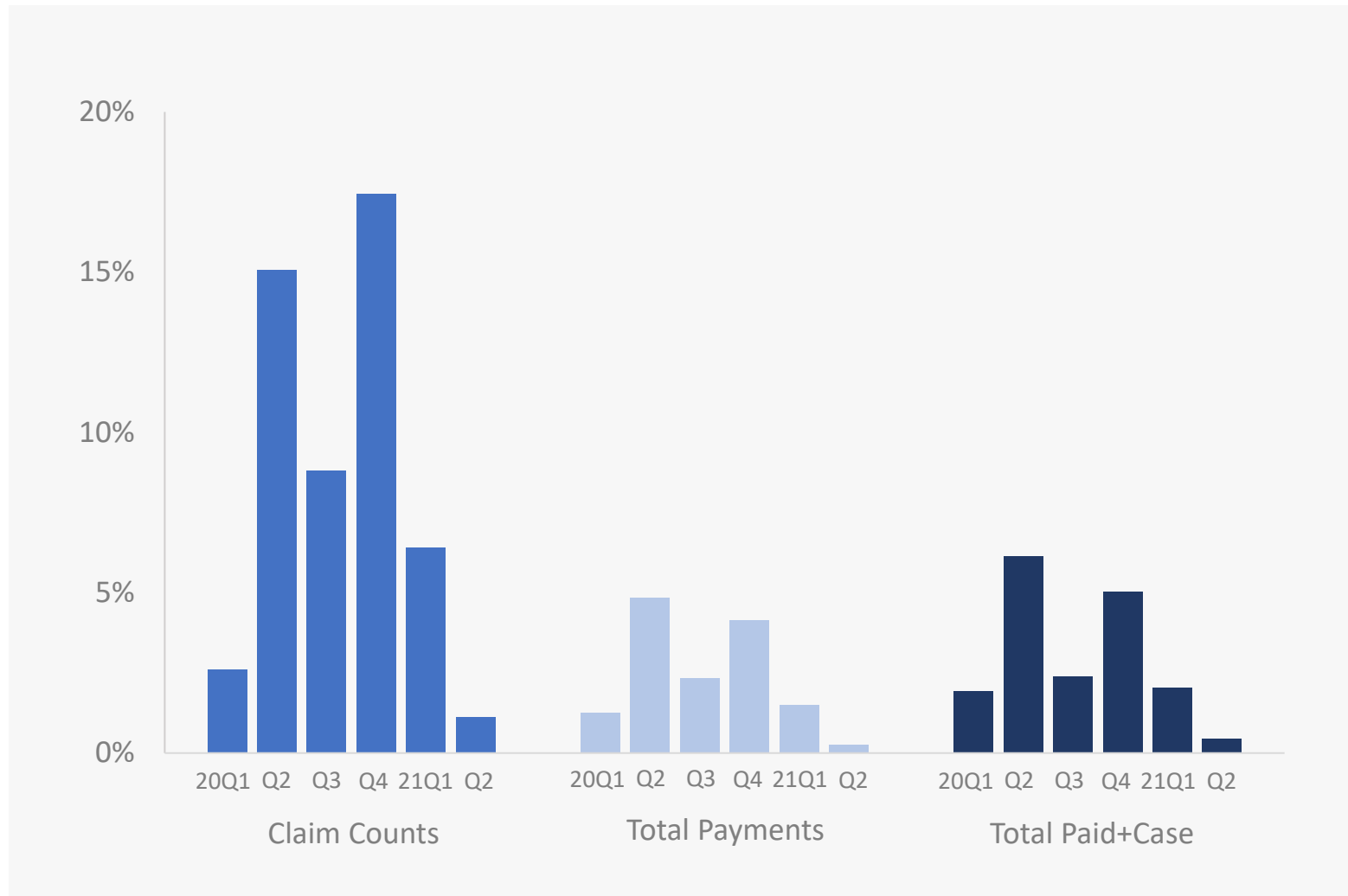
Countrywide, the impact of COVID-19 has lessened in AY2021, with both claim counts and losses decreasing by more than half.

The share of total paid+case losses on COVID-19 claims is far below COVID-19's share of total claim counts. This indicates that COVID-19 claims reported to date are generally low-cost claims.

Between AYs 2020 and 2021, the paid+case loss dollars decreased at a greater rate than claim counts—implying a decrease in average severity from AY2020 to AY2021 .

Source: Financial Data from Accident Year 2020 evaluated as of year-end 2020 and Accident Year 2021 as of year-end 2021

# COVID-19 Shares of Claim Counts, Payments, and Paid+Case Losses by Quarter



## Insights

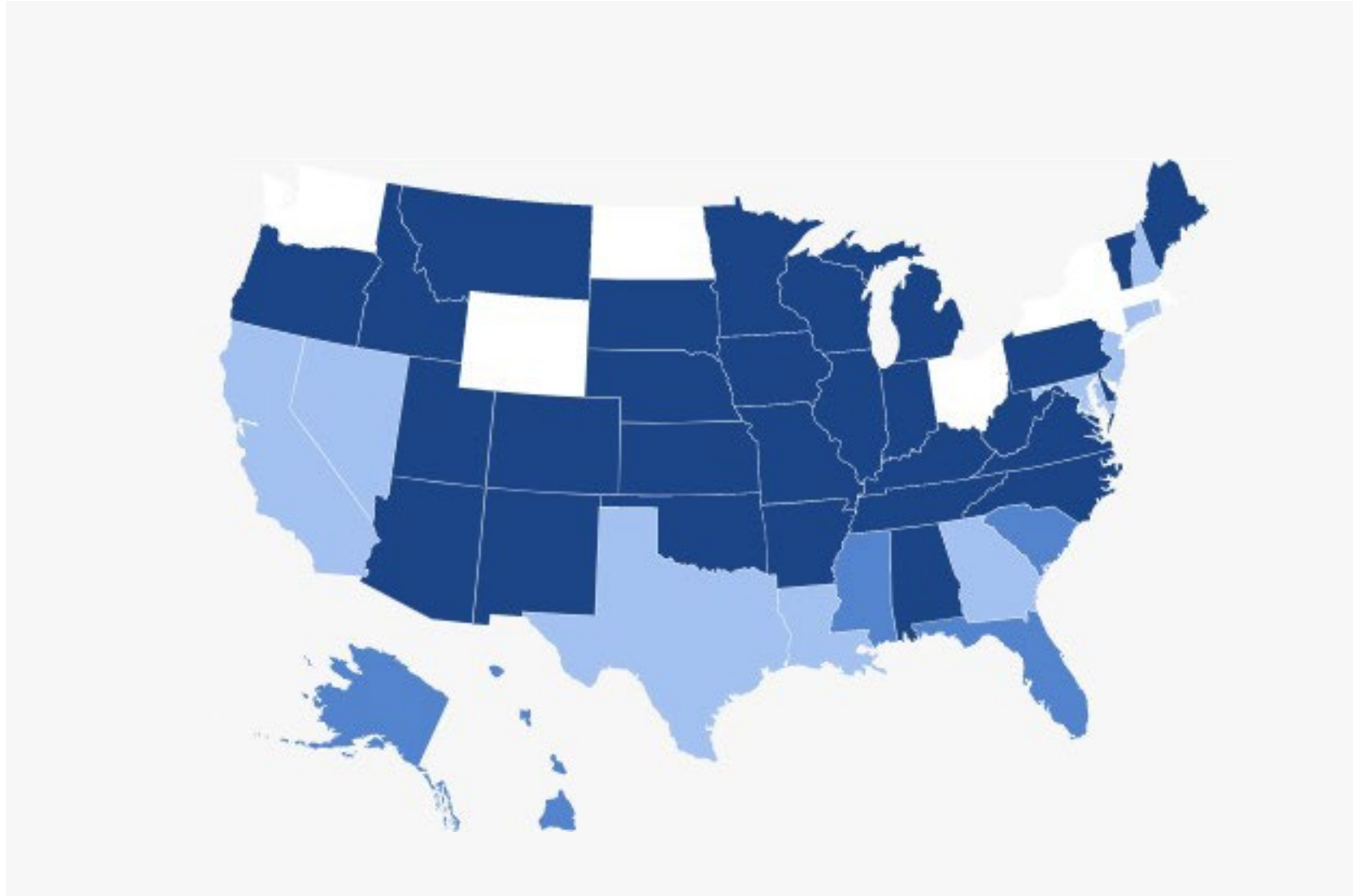
The share of COVID-19 claims and losses was largest in the second and fourth quarters of AY2020.

While the magnitude of the pandemic's surges varied across states, most states saw a peak in COVID-19 claims in the fourth quarter of AY2020.



# COVID-19 Claim Share Peak by State

2Q20, 3Q20, 4Q20 peak quarter



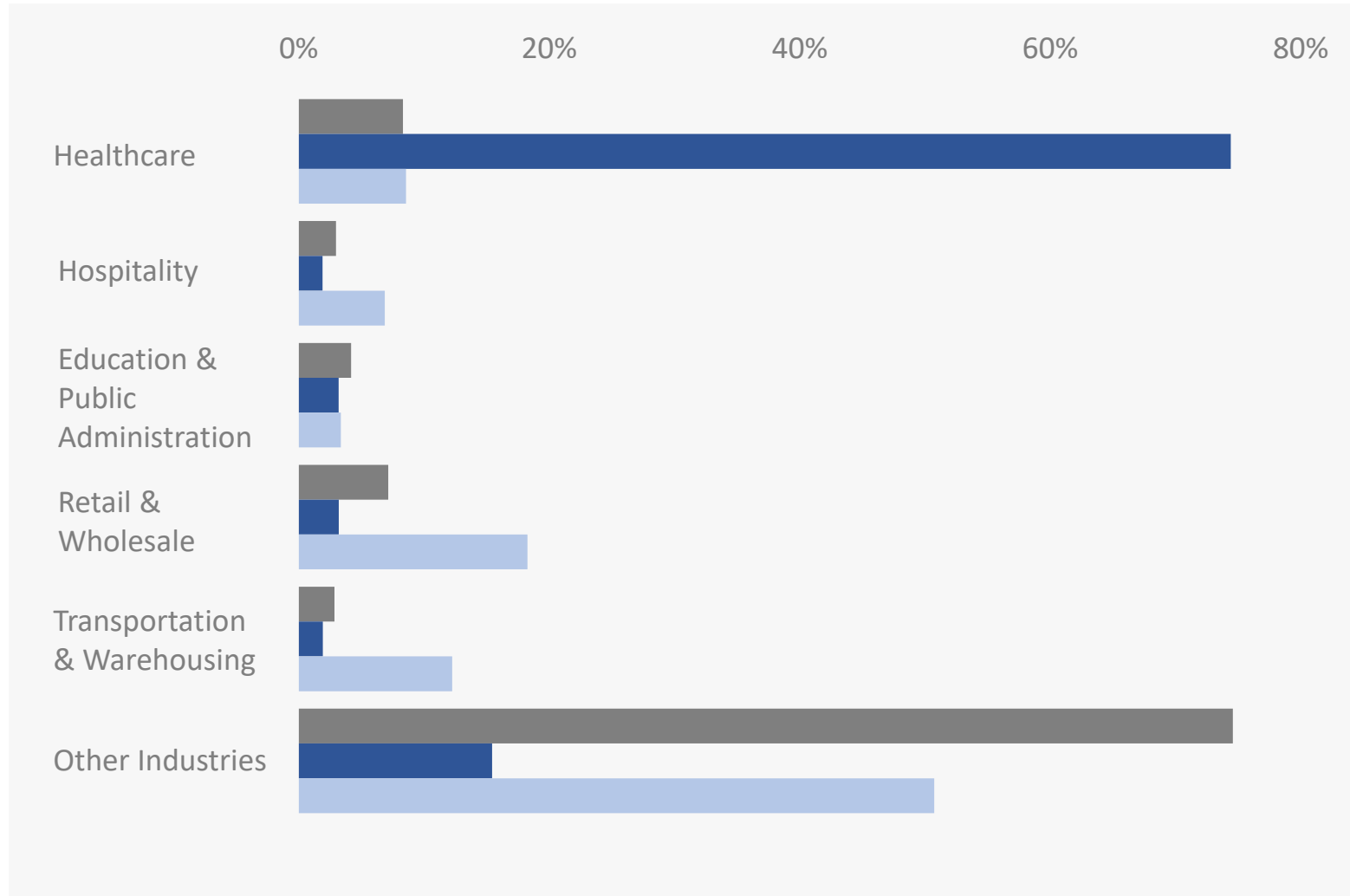
## Insights

Timing of AY2020 COVID-19 surges varied by state leading to different average accident dates for COVID-19 claims by state.

Most states saw a peak in COVID-19 claims with accident dates during the fourth quarter of AY2020.

The peak of the pandemic's waves varied across states, with the COVID-19 claim share peaks ranging from 4% to 49%.

# Distribution of Payroll and COVID-19 and Non-COVID-19 Claims



## Insights

Comparing claim counts to payroll is one measure of claim frequency.

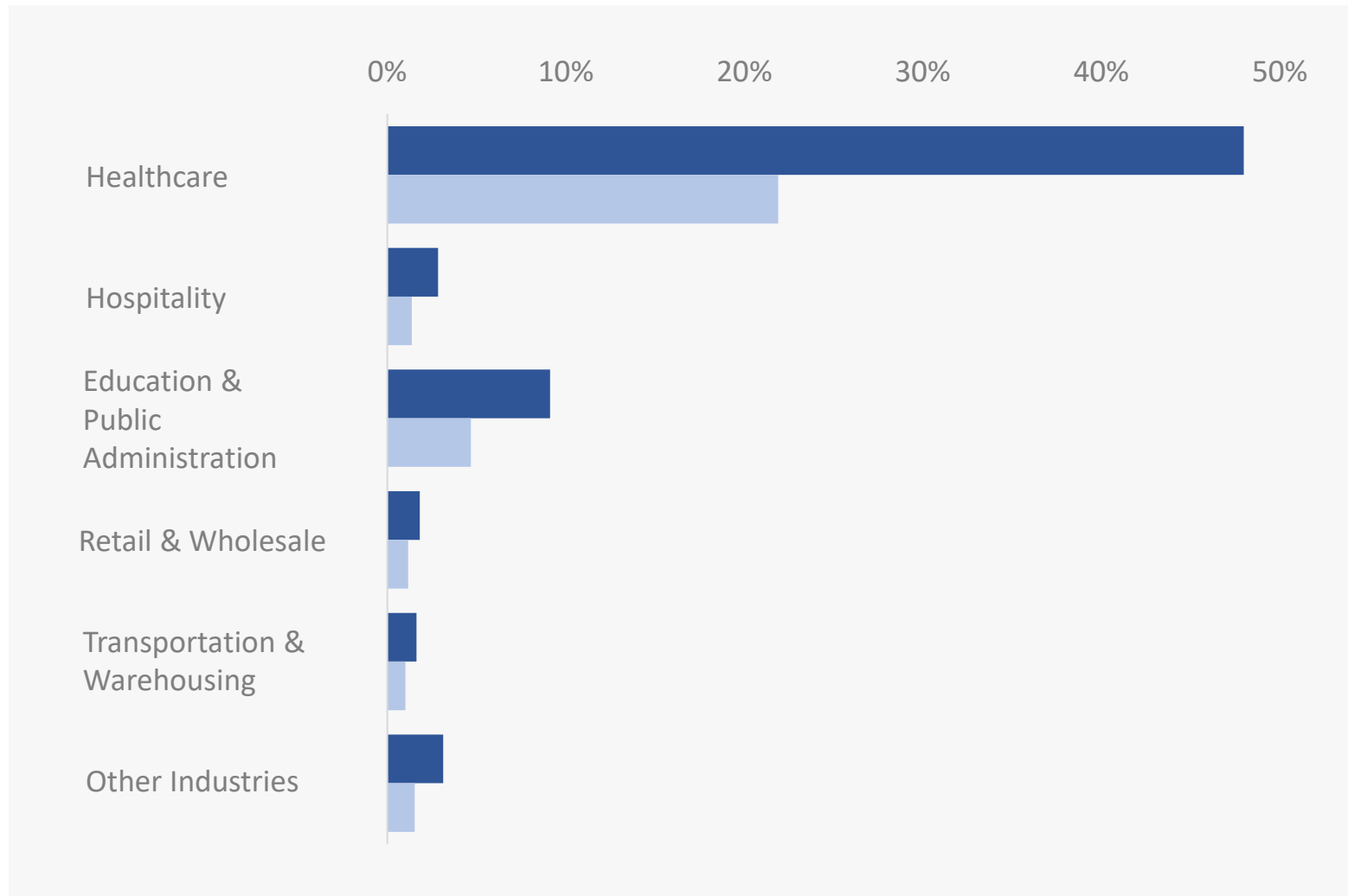
The share of COVID-19 claims in the Healthcare sector was higher than both the shares of payroll and non-COVID-19 claims. The share of COVID-19 claims was lower for each of the remaining sectors.

For all industry sectors shown here except Education & Public Administration, the shares of non-COVID-19 claims were higher than the share of payroll.

Caveat: In most states, most of the Education & Public Administration sector is covered within the self-insured rather than the insured market. Metrics for the portion of this industry covered by the insured market may not be reflective of that covered by the self-insured market.

Source: Unit Statistical Data from Accident Year 2020 and Quarters 1 and 2 of Accident Year 2021, evaluated at a first report. Payroll excludes WI.

# COVID-19 Shares of Claim Counts and Paid+Case Losses by Industry Sector



## Insights

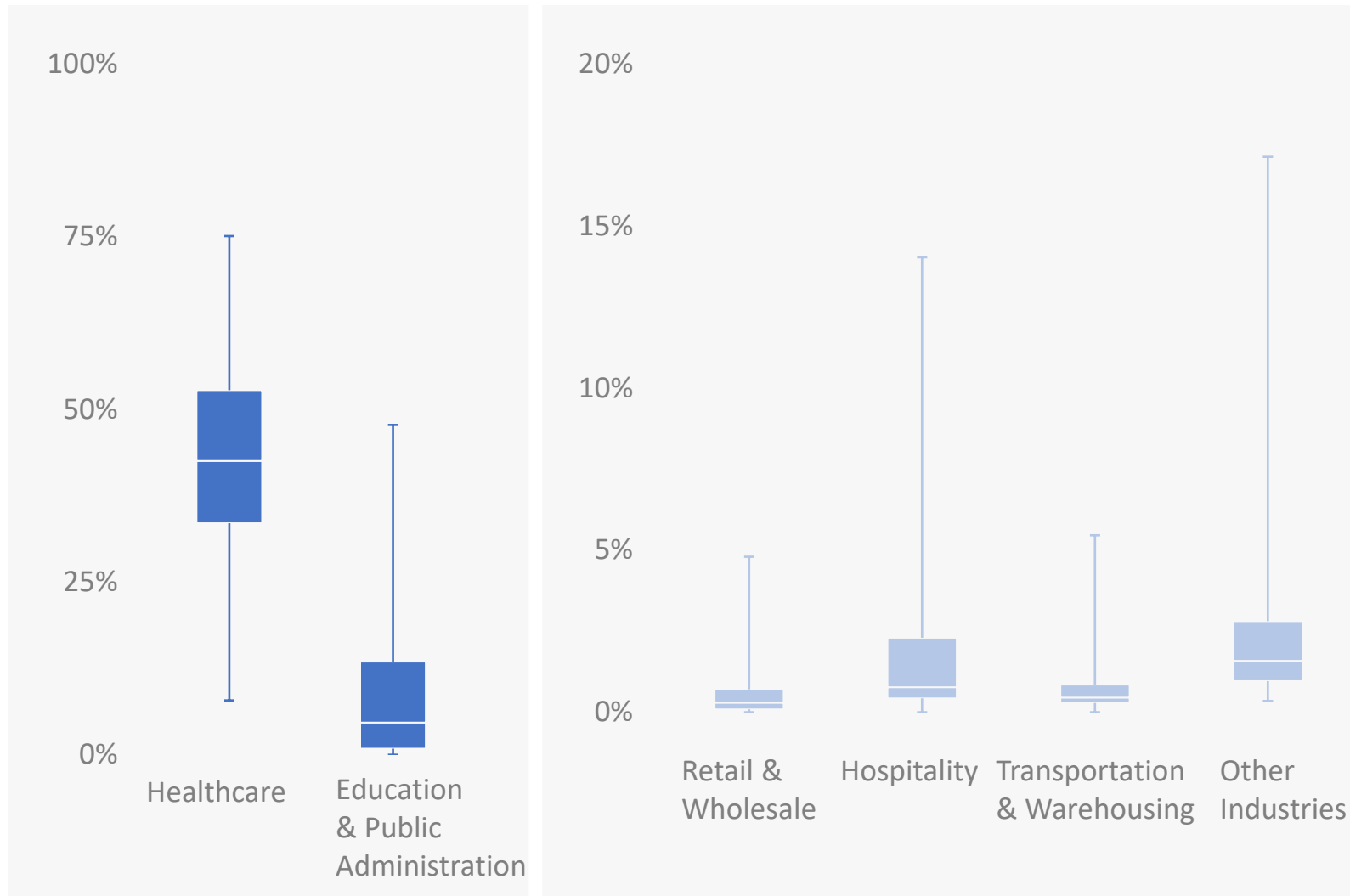
This chart compares the share of COVID-19 lost-time claims to total lost-time claims by industry sector.

COVID-19 was not a significant loss driver for most industry segments.

However, COVID-19 claims in the Healthcare sector accounted for nearly 50% of all lost-time claims and more than 20% of paid+case losses.

While most of the Education & Public Administration sector is outside of the insured market, the ratio of COVID-19-to-total lost-time claims was the second largest for industry sectors reviewed.

# COVID-19 Claim Share by Industry Sector and State



## Insights

The range of COVID-19 lost-time claims to total lost-time claims by industry sector and state is shown in these charts.

Note: The scale of two charts is different so that additional detail could be provided for the sectors shown in the chart on the right.

For most states, the largest share of COVID-19 claims has been in the healthcare industry sector.

For each sector, the share of COVID-19 claims varies significantly by state.

# Distributions

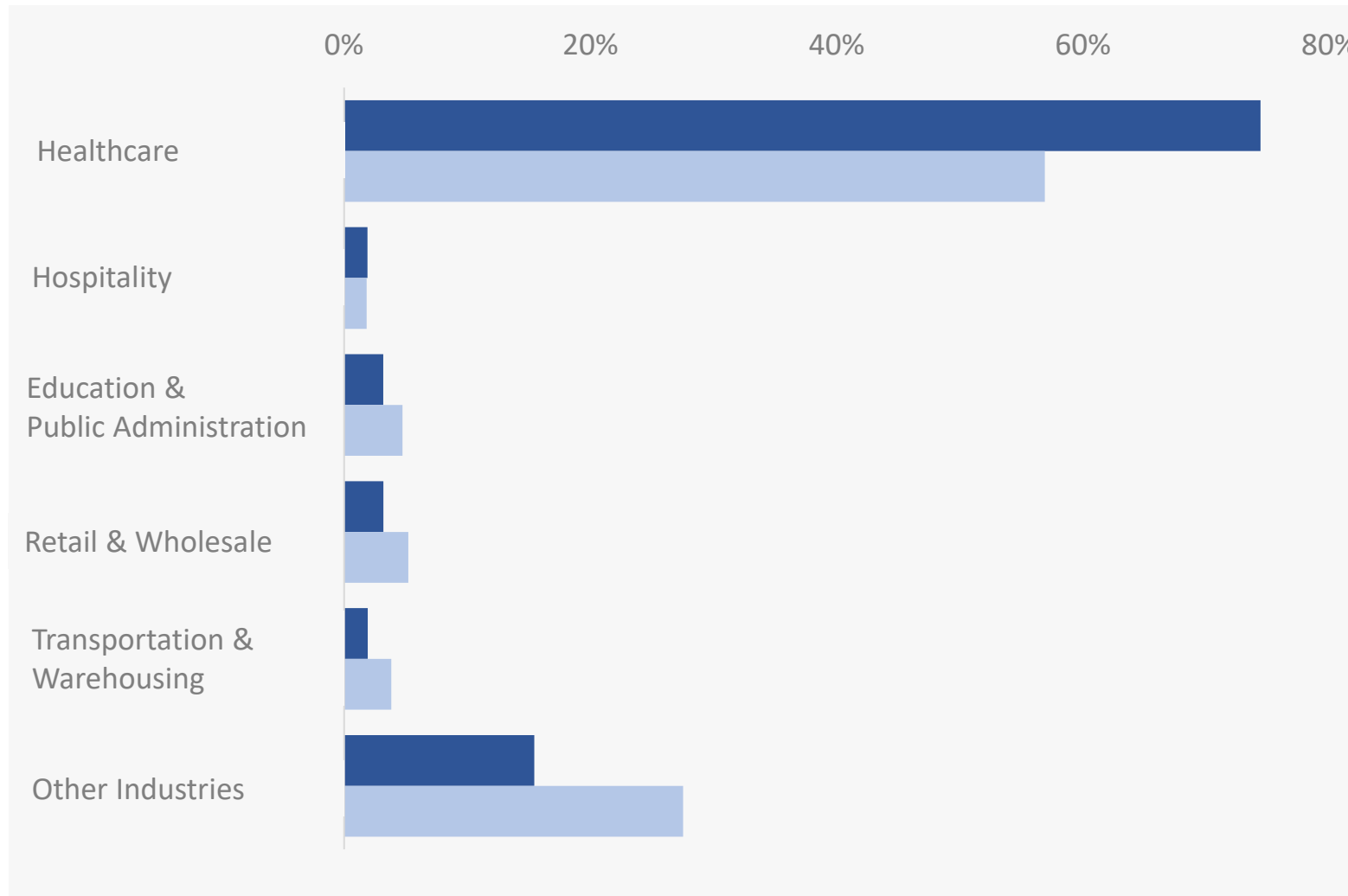
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This section provides an overview of COVID-19 claim and loss shares for the WC industry. In addition, distributions of COVID-19 claim count shares and paid+case losses are provided along with comparisons between COVID-19 and non-COVID-19 distributions. Distributions are defined as COVID-19 claims (losses) divided by total claims (losses).

## Metrics

- [Distribution of COVID-19 Claims and Paid+Case Losses by Industry Sector](#)
- [Distribution of COVID-19 and Non-COVID-19 Claims by Healthcare Segment](#)
- [Distribution of COVID-19 Claims by Industry Sector and State](#)
- [COVID-19 Shares by Loss Type](#)
- [COVID-19 Claim Count Shares by Loss Type and Industry Sector](#)
- [COVID-19 Paid+Case Loss Distribution by Loss Type and Industry Sector](#)

# Distribution of COVID-19 Claims and Paid+Case Losses by Industry Sector



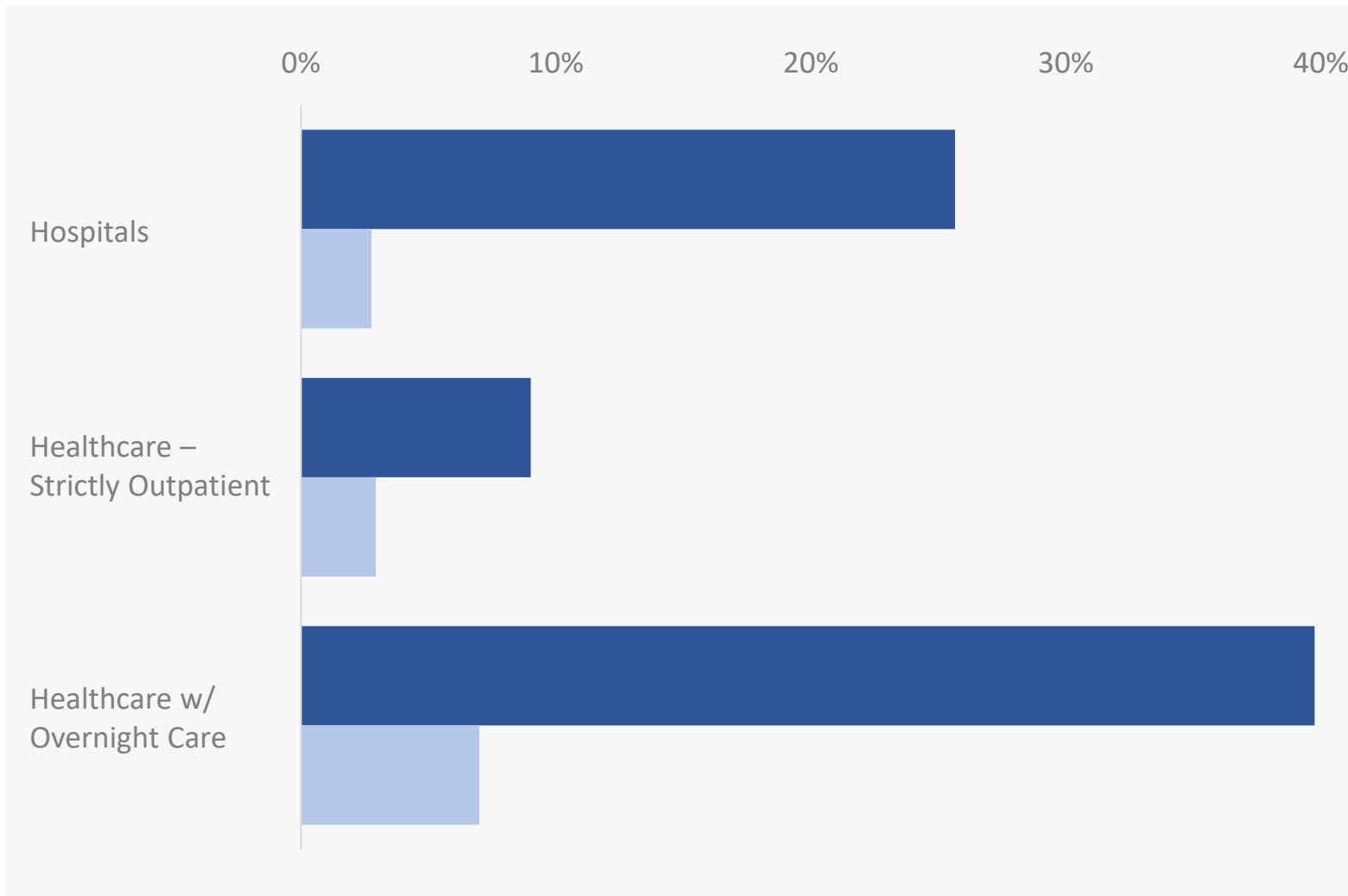
## Insights

More than 70% of COVID-19 claims and almost 60% of COVID-19 paid+case losses were associated with the healthcare industry sector.

Approximately 15% of claims and 30% of paid+case losses are from the “other industries” sector, which includes construction and manufacturing.

Although COVID-19 claims have been a significant driver of overall claims for the healthcare sector, COVID-19 claims represent a small share of claims for other industries.

# Distribution of COVID-19 and Non-COVID-19 Claims by Healthcare Segment



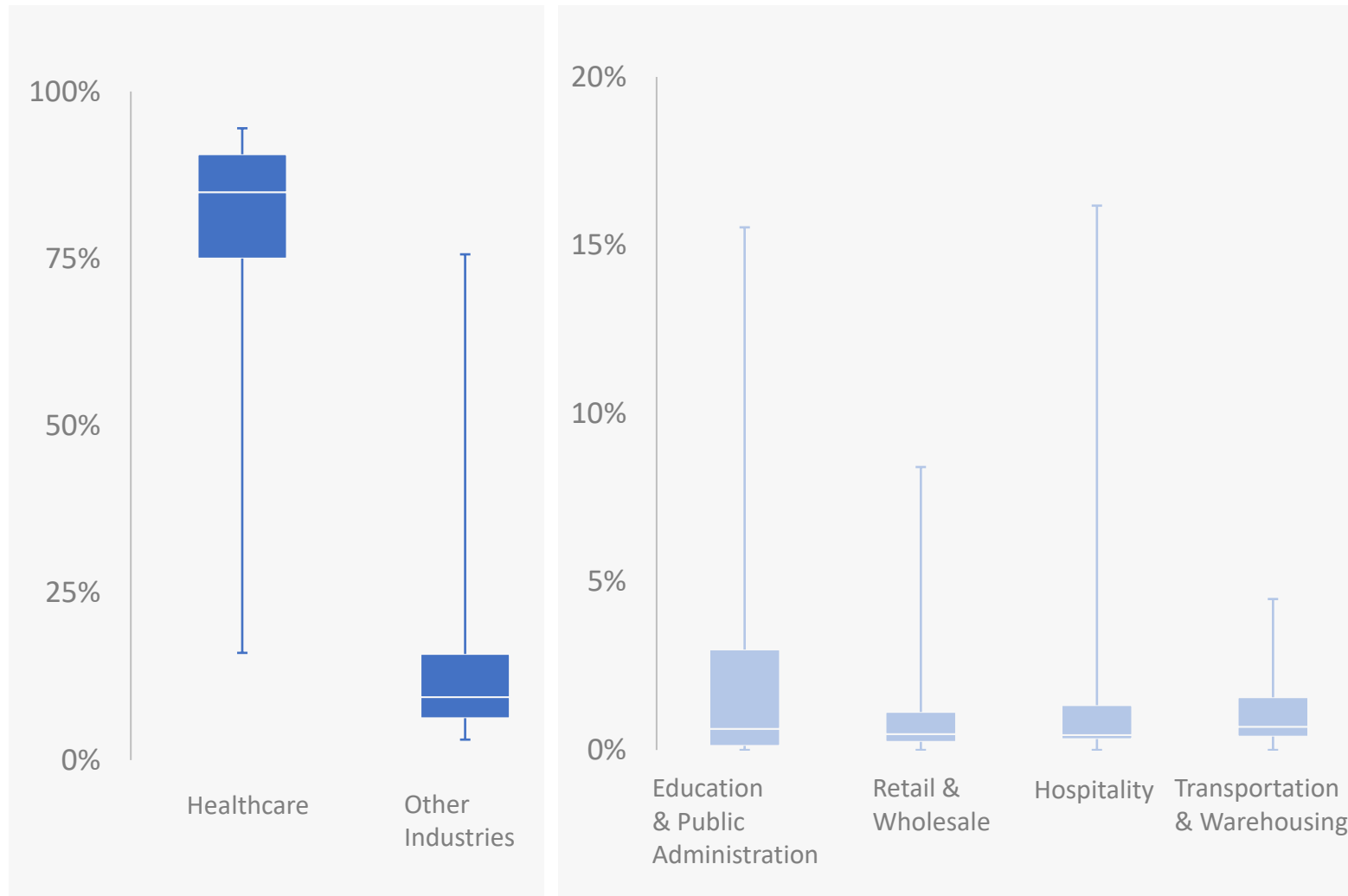
## Insights

As shown earlier, more than 70% of COVID-19 claims were associated with the healthcare industry. The corresponding percentage of non-COVID-19 claims in the healthcare sector is approximately 3%.

Healthcare with Overnight Care (which includes retirement homes and nursing homes) had the highest relative share of COVID-19 claims.

Source: Unit Statistical Data from Accident Year 2020 and Quarters 1 and 2 of Accident Year 2021, evaluated at a first report.

# Distribution of COVID-19 Claims by Industry Sector and State



## Insights

The range of COVID-19 lost-time claims by industry sector to all COVID-19 lost-time claims by state is shown in these charts.

Note: The scale of two charts is different so that additional detail could be provided for the sectors shown in the chart on the right.

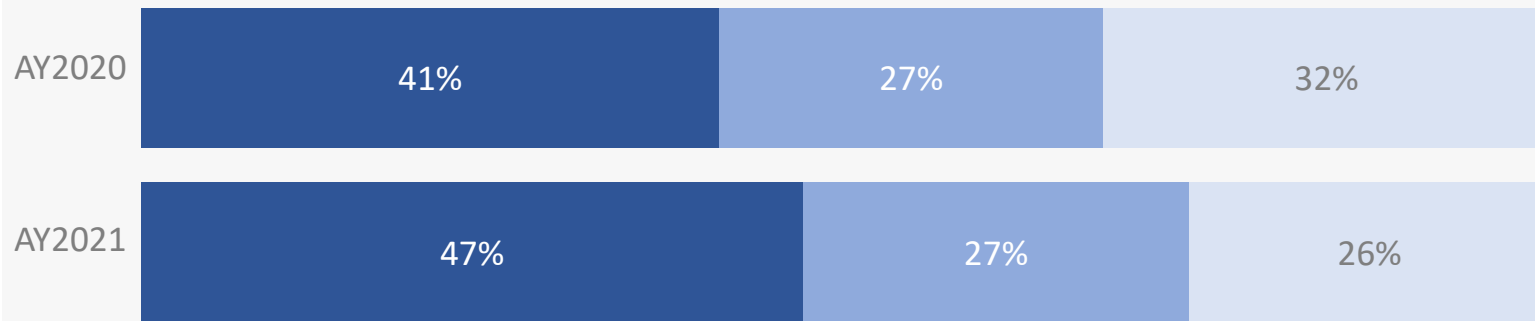
Across states, most COVID-19 claims have generally been in the healthcare industry sector.

For each state, the distribution of COVID-19 claims varies significantly by industry.

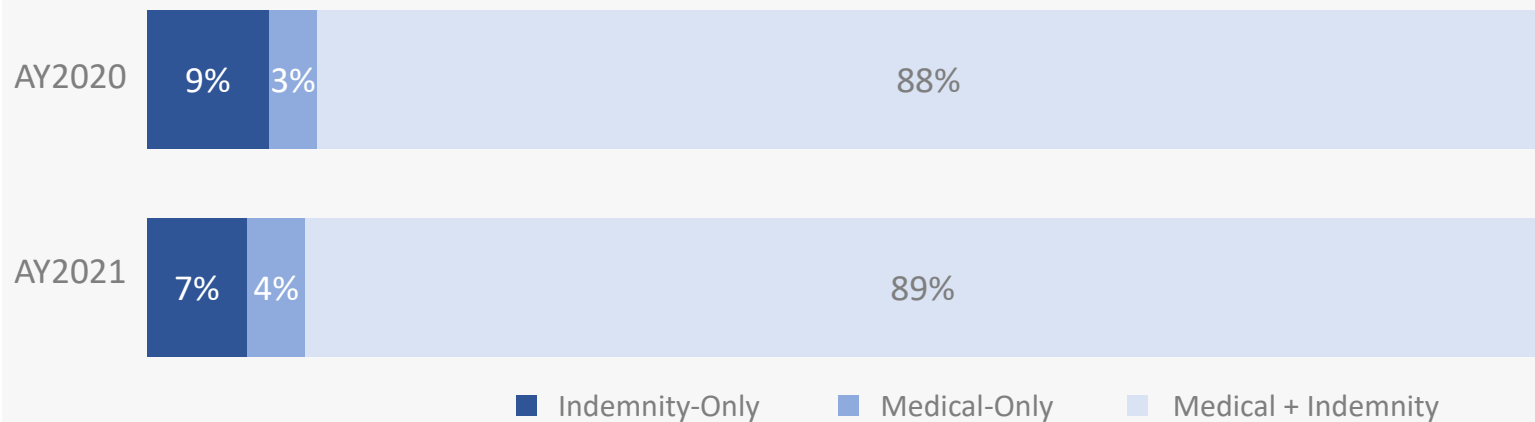


# Distribution of COVID-19 Claims and Losses by Loss Type

## Distribution of COVID-19 Claim Count Shares by Loss Type



## Distribution of COVID-19 Paid+Case Shares by Loss Type



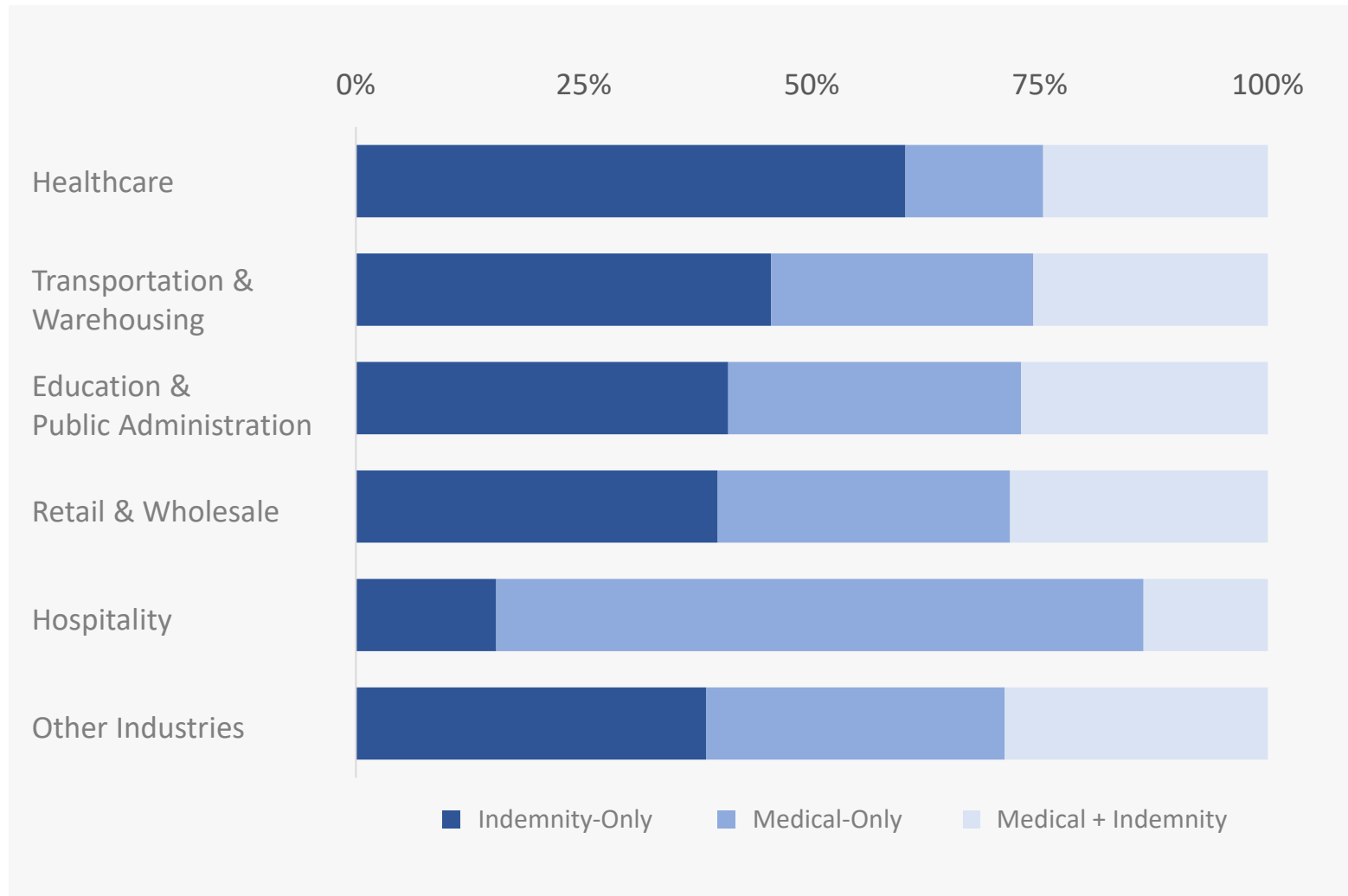
## Insights

The share of COVID-19 claims which are indemnity-only increased from 41% of all claims in AY2020 to 47% of claims in AY2021. The share of claims by state ranged from 16% to 74%.

The share of paid+case losses on indemnity-only COVID-19 claims decreased from 9% to 7%.

As indemnity-only claims tend to be less costly, the increased share of indemnity-only COVID-19 claims has led to an overall decrease in COVID-19 severity in AY2021.

# COVID-19 Claim Count Distribution by Loss Type and Industry Sector



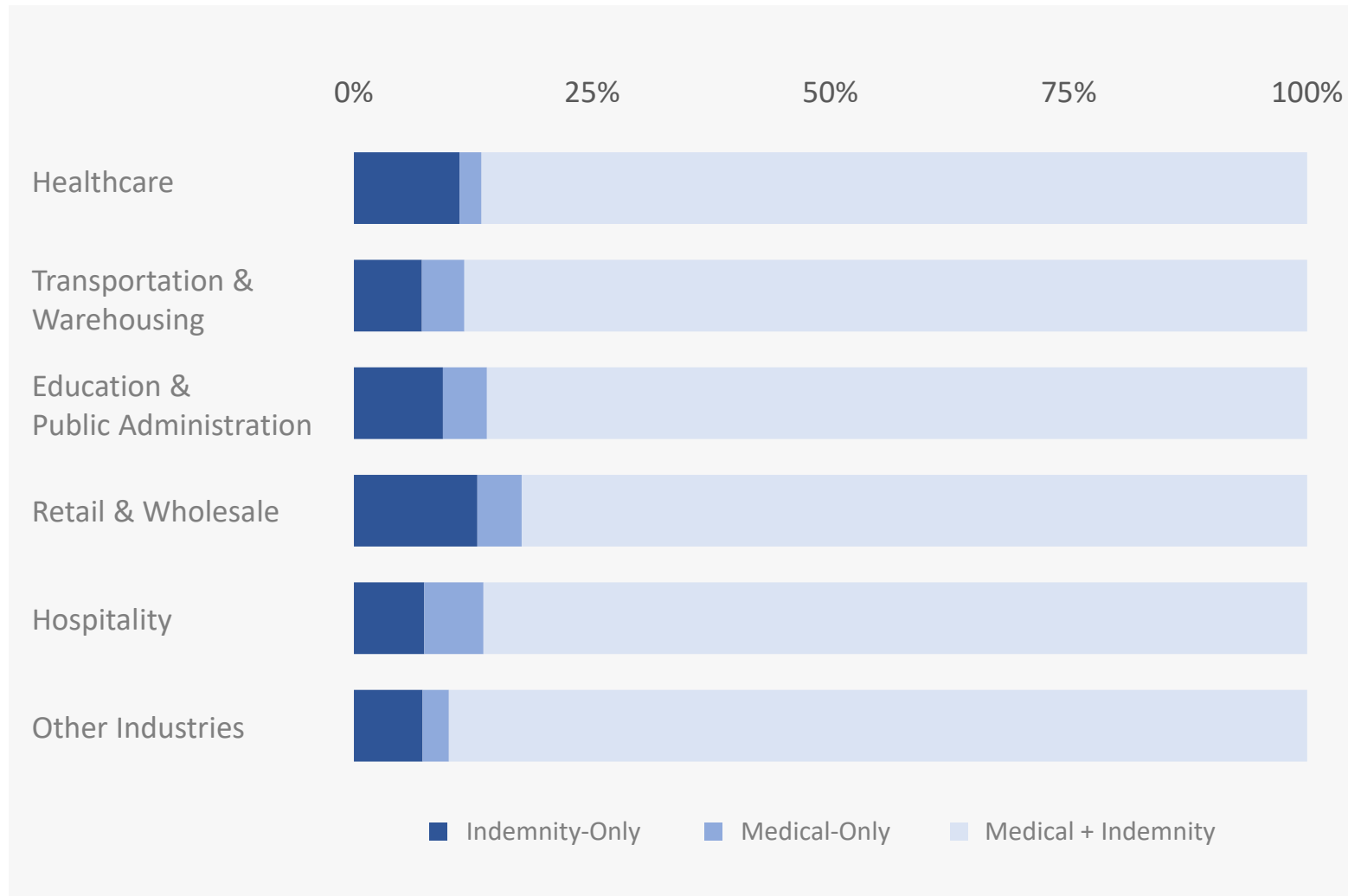
## Insights

Indemnity-only claims account for the largest share of claims in most industries.

Healthcare workers have had the highest share of indemnity-only claims (60%) and a relatively low share of medical-only claims (15%).

Most hospitality-industry claims have been medical-only (71%).

# COVID-19 Paid+Case Loss Distribution by Loss Type and Industry Sector



## Insights

Claims with both a medical and an indemnity component account for most of the losses for the industries shown.

Medical-only claims typically account for more than 7%<sup>1</sup> of incurred losses on non-COVID-19 claims. The medical-only incurred loss share ranged from 2% to 6% on COVID-19 claims across all industry sectors.

Source: Unit Statistical Data from Accident Year 2020 and Quarters 1 and 2 of Accident Year 2021, evaluated at a first report.

<sup>1</sup>[NCCI's Annual Statistical Bulletin](#)

# Severities

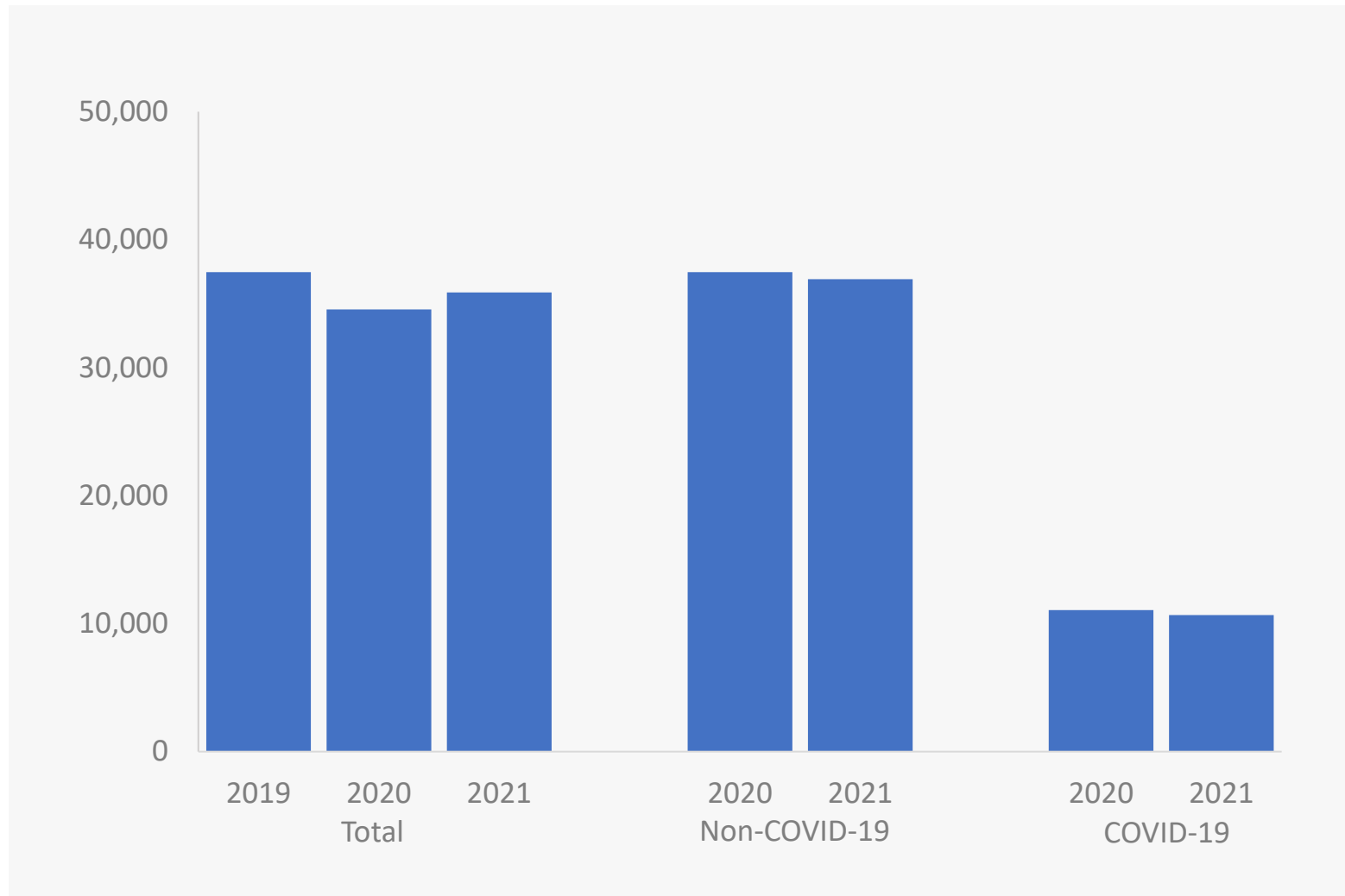
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This section focuses on [paid and paid+case severities](#) for the WC industry. Severities indicate the average paid or paid+case amount per lost-time claim for each of the years shown. Unless stated otherwise, severities are lost-time claim severities.

## Metrics

- [Countrywide Lost-Time Severities by Accident Year](#)
- [Countrywide Paid and Paid+Case Severities by Accident Year](#)
- [Countrywide Paid and Paid+Case Severities by Accident Quarter](#)
- [Medical and Indemnity Severities for Accident Year 2021](#)

# Countrywide Lost-Time Severities by Accident Year



Source: Financial Data evaluated at respective year-ends.

## Insights

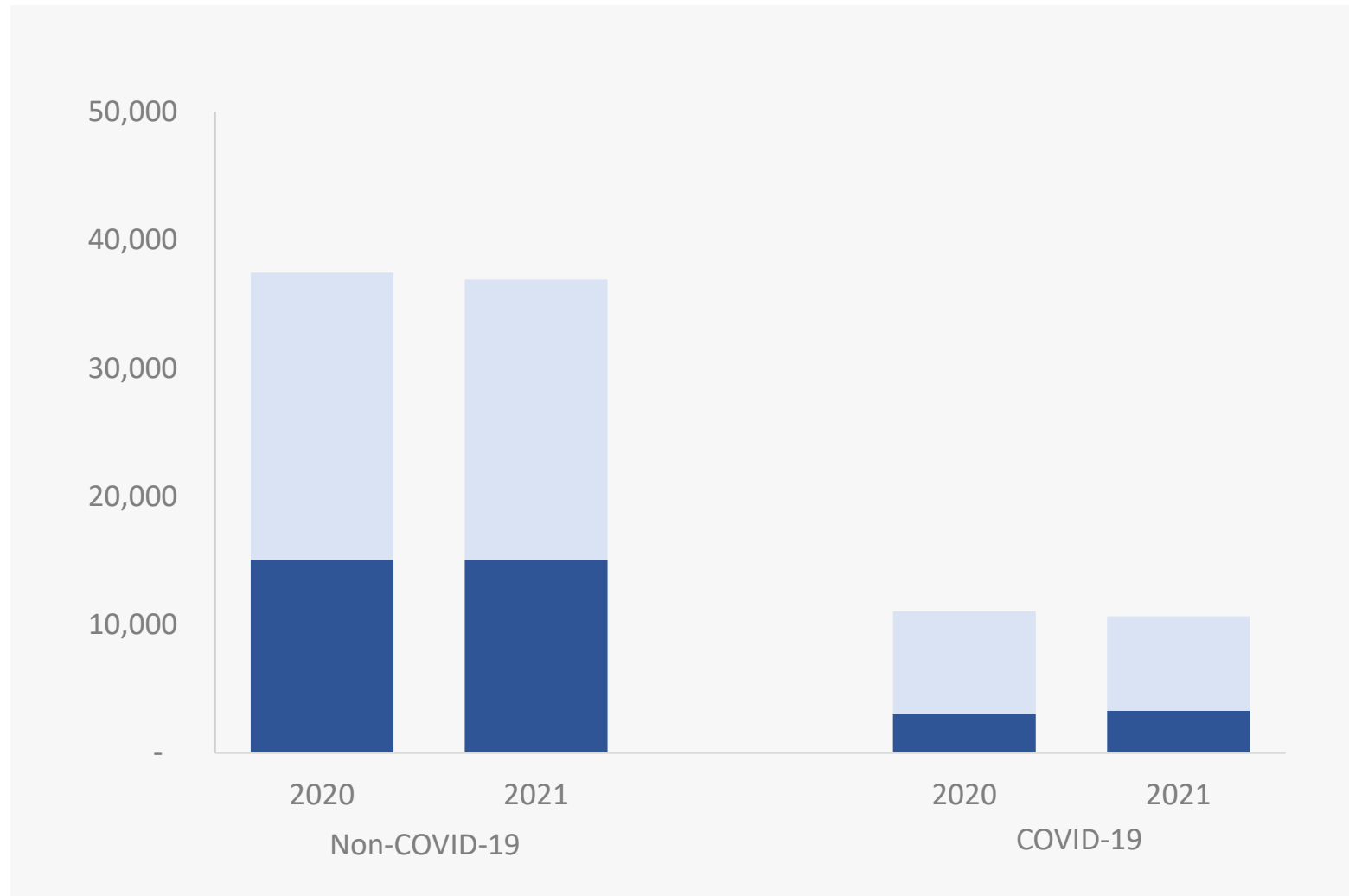
Average severities are relatively consistent among years.

The severity of non-COVID-19 claims decreased by 1.5% in AY2021, while the reported severity of COVID-19 claims decreased by 3.5%.

The decrease in COVID-19 claim severity is partially due to the increase in the share of indemnity-only claims (from 41% to 47%).

Because less costly COVID-19 claims were a smaller share of total claims in AY2021 than in AY2020, total severity increased.

# Countrywide Paid and Paid+Case Severities by Accident Year



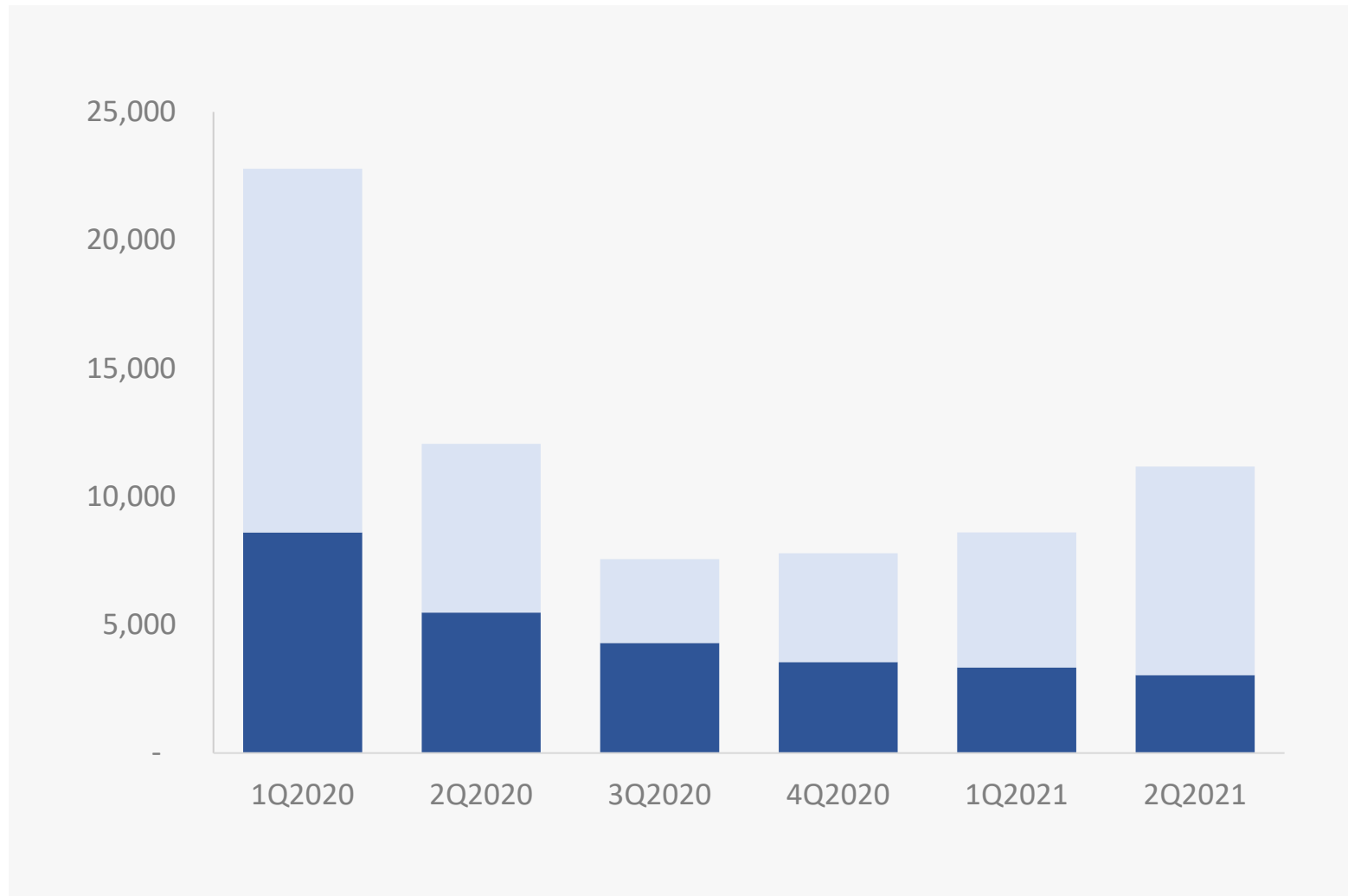
## Insights

Severities for both COVID-19 and non-COVID-19 claims were relatively stable across years.

For both paid and paid+case, the COVID-19 claim severities are significantly lower than those for non-COVID-19 claims. The differences are partially driven by the relatively high share of COVID-19 indemnity-only claims.

AY2021 has seen an increase in the share of COVID-19 indemnity-only claims, which have lower overall severities and generally close relatively faster than claims with both indemnity and medical components.

# Countrywide COVID-19 Paid and Paid+Case Severities by Accident Quarter



## Insights

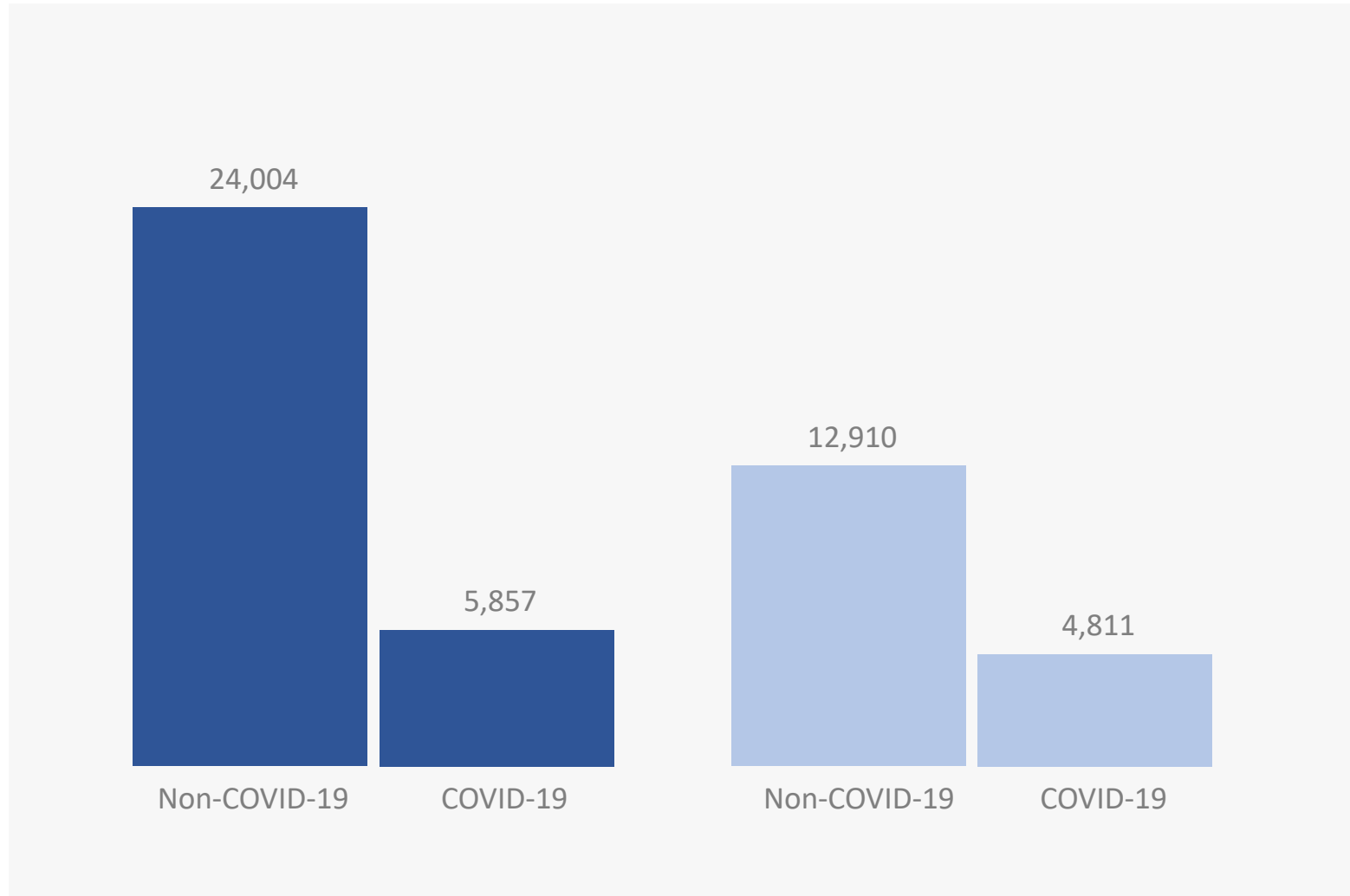
Initially, COVID-19 claims were more severe than non-COVID-19 claims of a similar age.

Throughout AY2020, as COVID-19 treatments emerged, COVID-19 claims became less severe relative to non-COVID-19 claims of a similar age.

Compared with the observed changes in paid+case claim severities by accident quarter throughout AY2020 and into AY2021, changes in non-COVID-19 claim severities have been relatively stable by quarter, with the changes averaging -1%.

Source: Unit Statistical Data from Accident Year 2020 and Quarters 1 and 2 of Accident Year 2021, evaluated at a first report.

# Medical and Indemnity Severities for Accident Year 2021



## Insights

On average, for both non-COVID-19 and COVID-19 claims, medical severities have been larger than indemnity severities.

The average medical severity of COVID-19 claims was 24% of the non-COVID-19 average medical severity. The average indemnity severity of COVID-19 claims was 37% of the non-COVID-19 average indemnity severity.

While indemnity dollars account for approximately 35% of paid+case losses for non-COVID-19 claims, they represent about 45% for COVID-19 claims.



# Open Ratios and Paid-to-Paid+Case Ratios

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This section focuses on open and paid-to-paid+case ratios for the WC industry. These metrics may aid in evaluating the expected portion of a claim that remains outstanding.

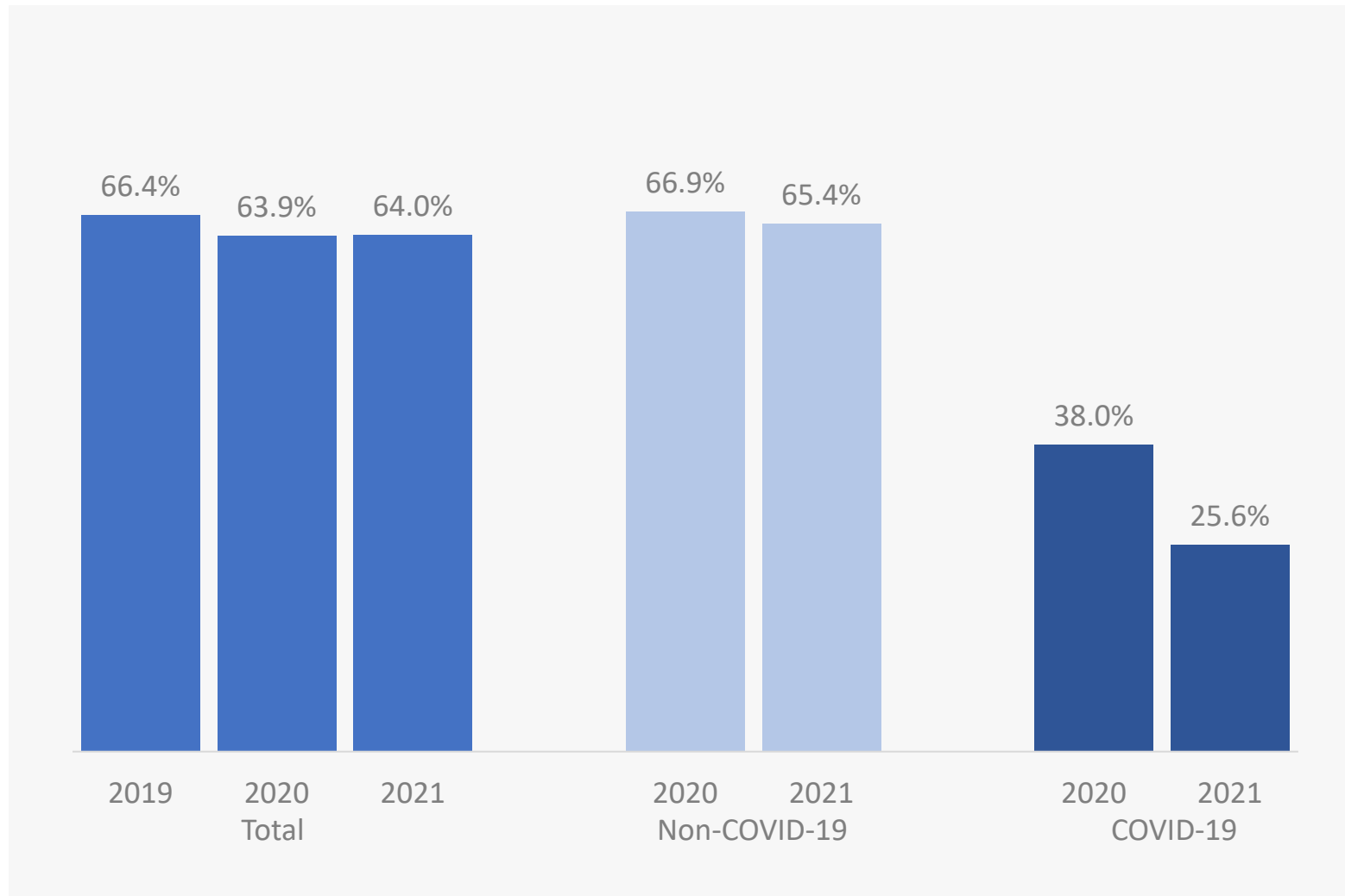
**Open ratios** indicate the number of claims that remained open at year-end for each of the years shown. Unless stated otherwise, open ratios are for lost-time claims.

**Paid-to-paid+case ratios** indicate the portion of the claim that has already been paid by the insurer, relative to the total amount anticipated to be paid. Unless stated otherwise, paid-to-paid+case ratios are for total losses.

## Metrics

- [Countrywide Open Ratios by Accident Year](#)
- [Countrywide Paid-to-Paid+Case Ratios by Accident Year](#)

# Countrywide Open Ratios by Accident Year



## Insights

Overall, the AY2021 open ratios are consistent with those for AY2020.

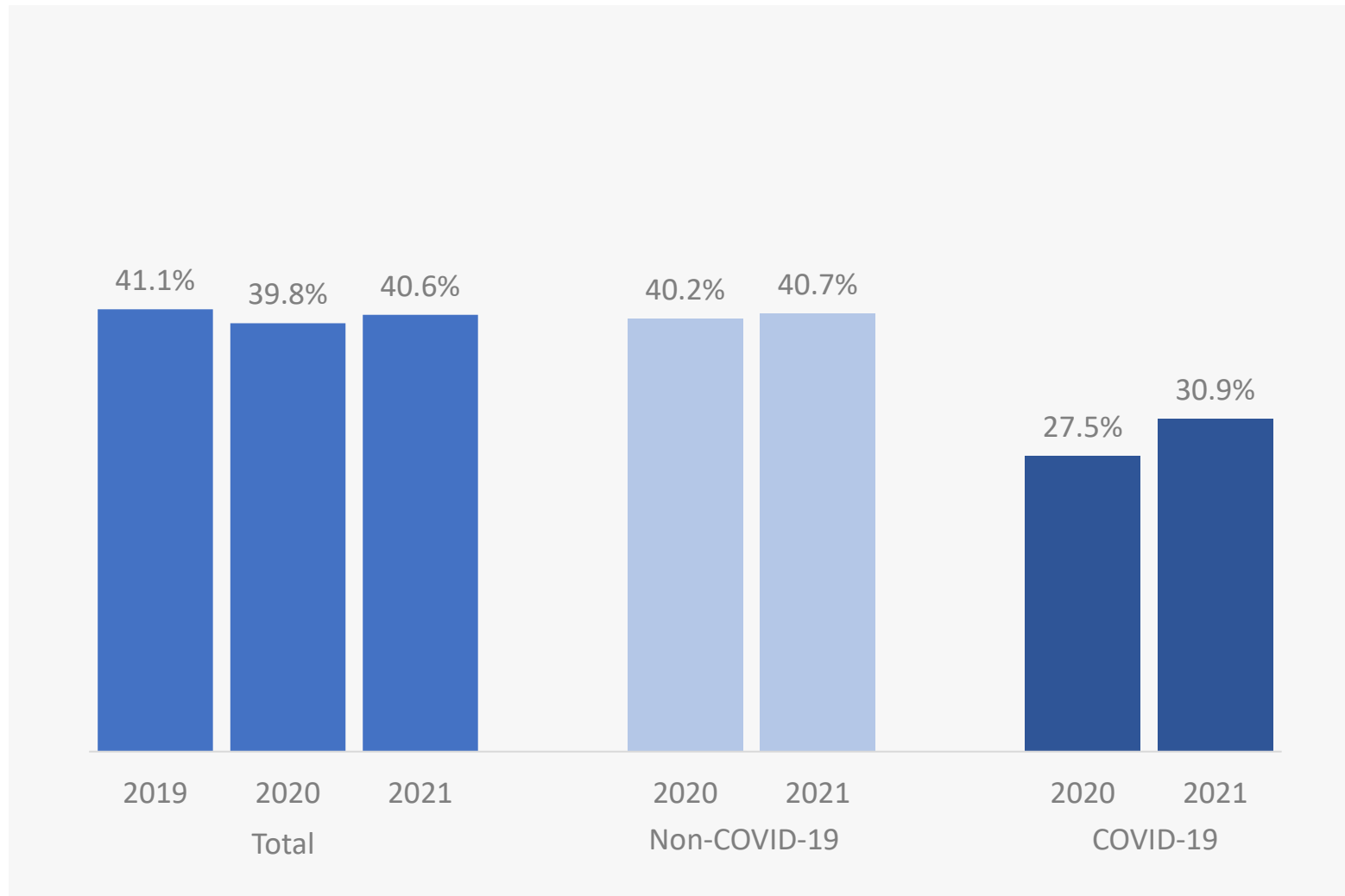
Open ratios for COVID-19 claims in AY2021 are notably lower than those for AY2020, indicating a larger share of AY2021 COVID-19 claims are closed when compared with AY2020 claims at the same maturity.

On average, COVID-19 claims have closed faster than non-COVID-19 claims primarily due to the higher prevalence of indemnity-only COVID-19 claims.

The share of open claims varies by state, ranging from 6% to 60% for COVID-19 claims.

Source: Financial Data evaluated at respective year-end. Excludes data for MN. Refer to [Data Description](#) for additional details.

# Countrywide Paid-to-Paid+Case Ratios by Accident Year



## Insights

Paid-to-paid+case ratios for COVID-19 claims have been lower than those for non-COVID-19 claims despite the lower open ratios for COVID-19 claims.

This may indicate more uncertainty about the ultimate costs for the COVID-19 claims which remain open.

Paid-to-paid+case ratios for COVID-19 claims in 2020 were lower than the comparable 2021 ratios.

The paid-to-paid+case ratios vary by state, ranging from 14% to 67% for COVID-19 claims.

# Development

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This section focuses on changes in the claim metrics for Accident Year 2020 as the claims mature. These metrics may aid in understanding characteristics of COVID-19 claims at different report levels.

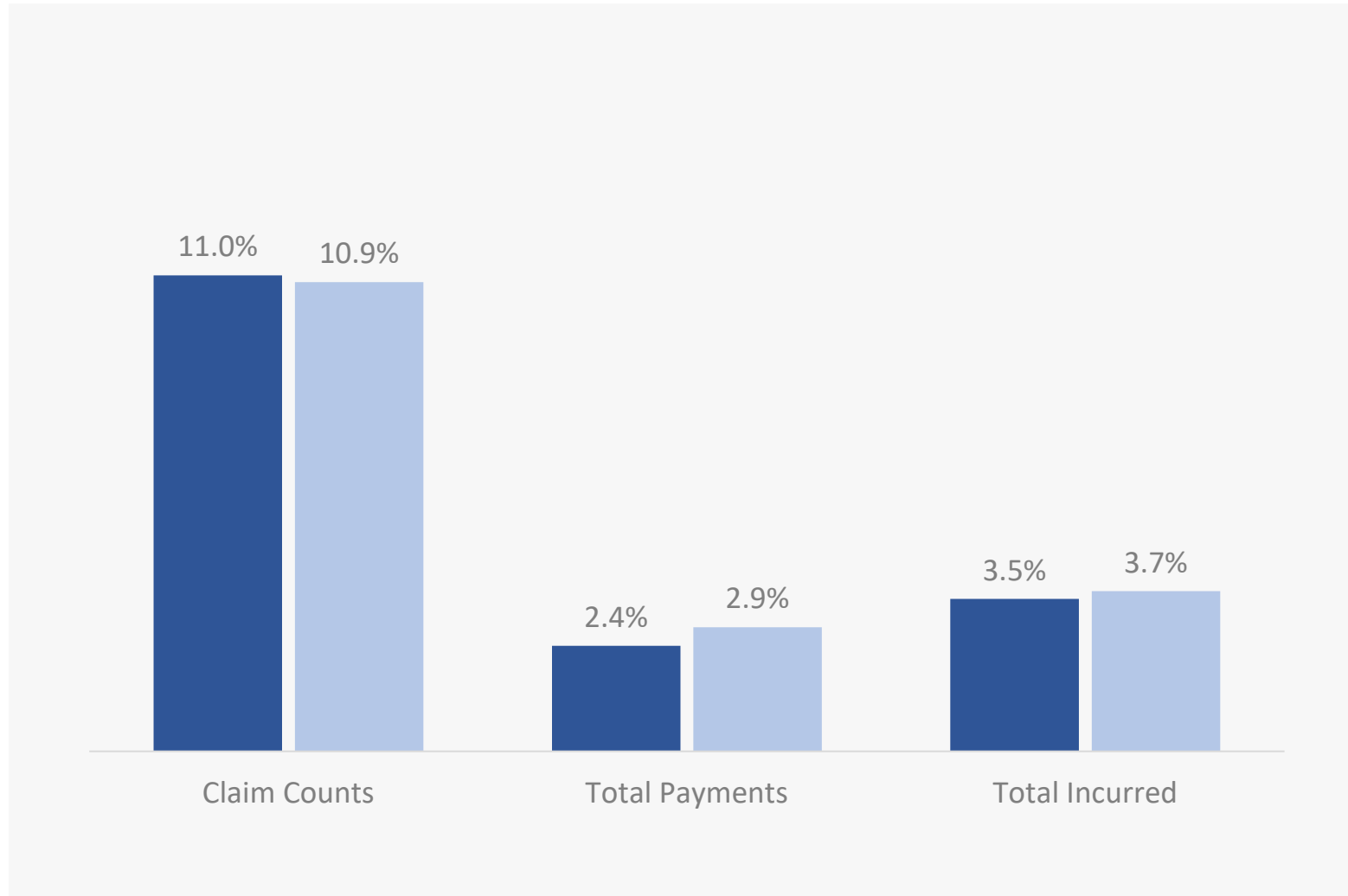
**Development** compares AY2020 data evaluated as of year-end 2020 with AY2020 data evaluated as of year-end 2021.

## Metrics

- [COVID-19 Shares of Claim Counts, Payments, and Paid+Case Losses](#)
- [Countrywide Lost-Time Paid+Case Severity](#)
- [Countrywide Open Ratios](#)
- [Countrywide Paid-to-Paid+Case Ratios](#)

# COVID-19 Shares of Claim Counts, Payments, and Paid+Case Losses

AY2020 evaluated at year-end 2020 and [year-end 2021](#)

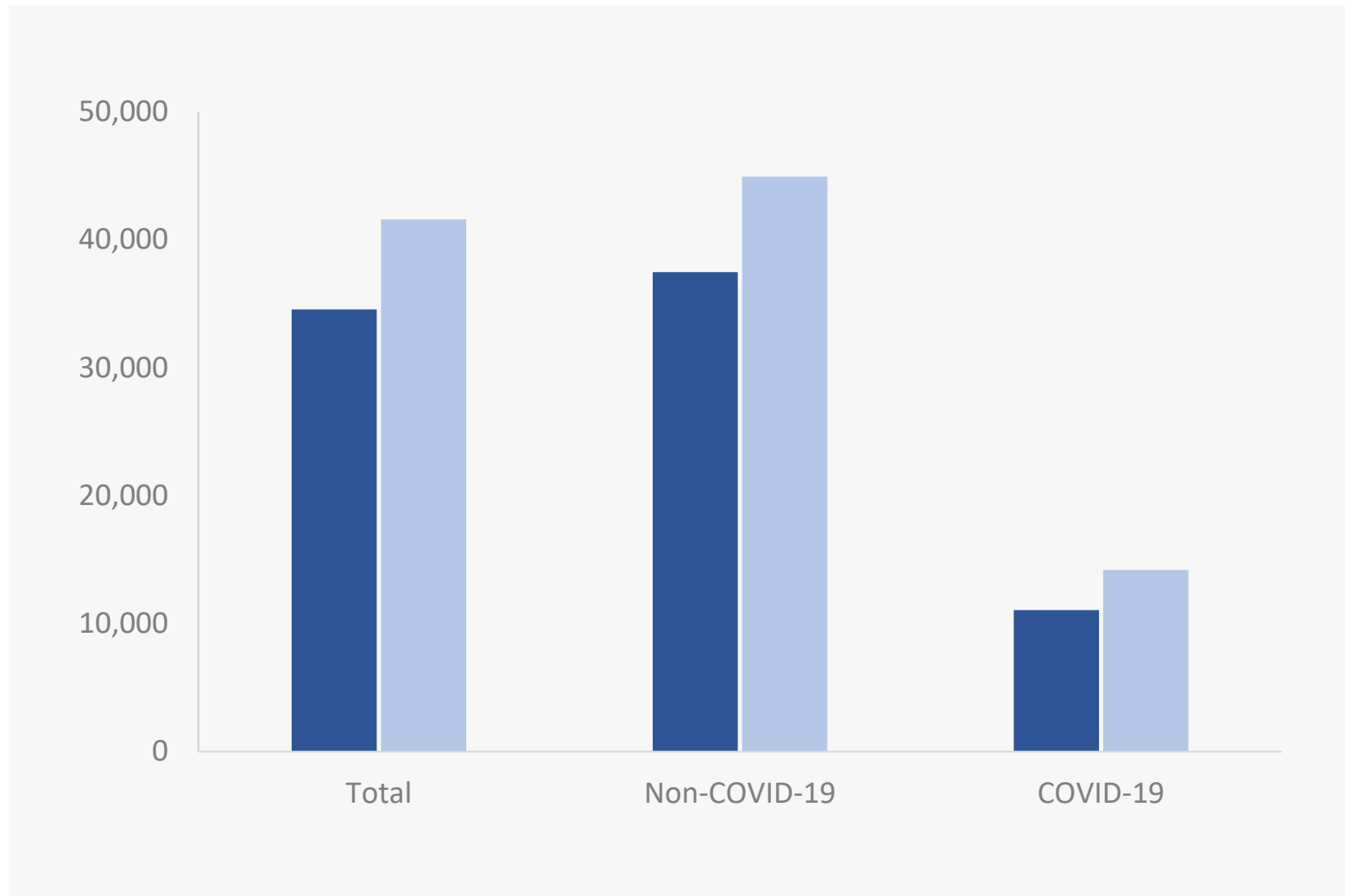


## Insights

The shares of total claim counts and losses associated with COVID-19 claims at year-end 2021 were similar to the respective shares at year-end 2020. This indicates that development on COVID-19 claims was similar to development on non-COVID-19 claims.

# Countrywide Lost-Time Paid+Case Severity

AY2020 evaluated at year-end 2020 and year-end 2021



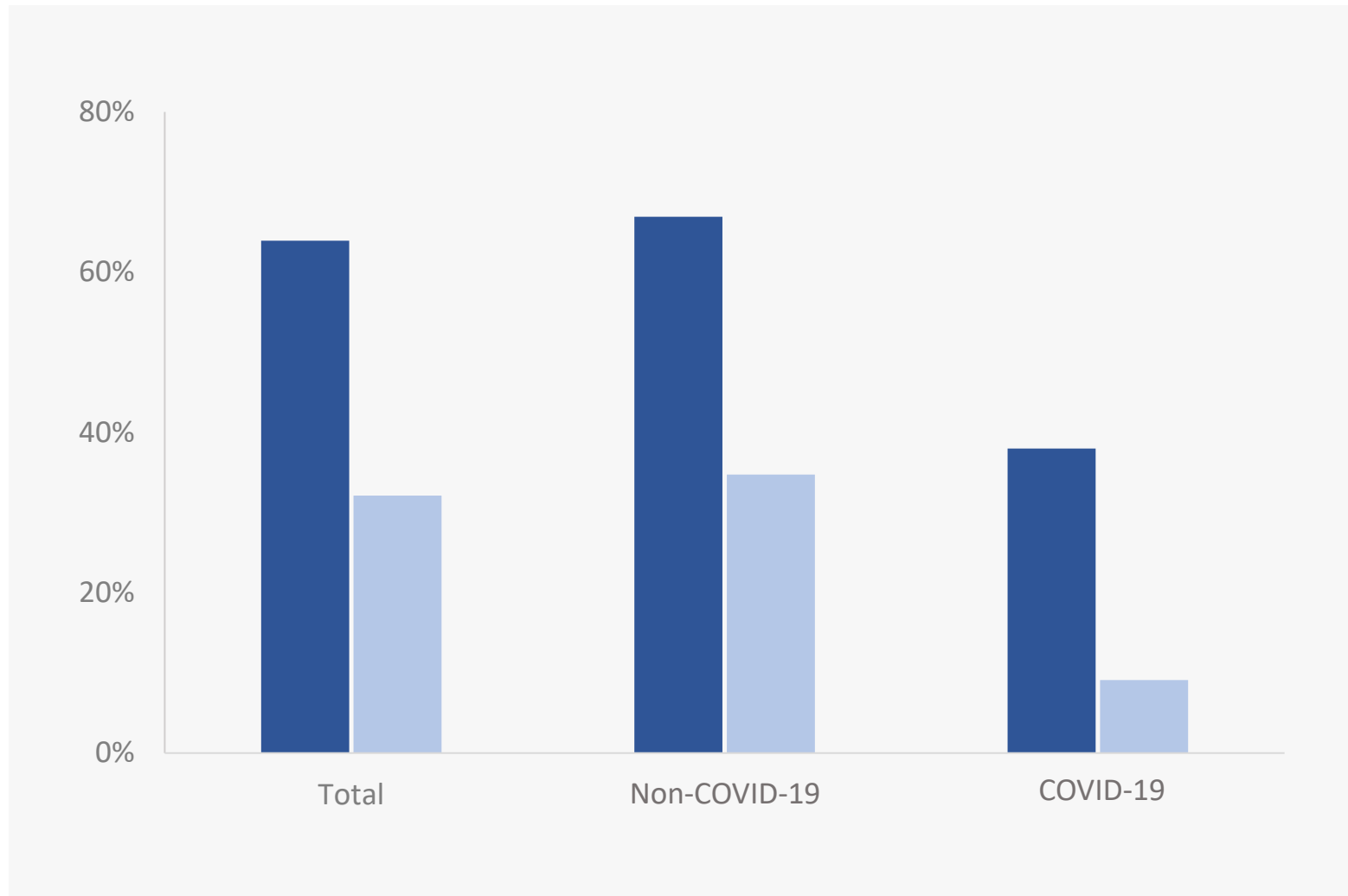
## Insights

While the severity for total and non-COVID-19 claims had an approximate 20% positive development between year-end 2020 and year-end 2021, severity for COVID-19 claims had an even larger positive development (approximately 28%).

The higher development for COVID-19 claim severity was driven by a slightly lower increase the number of COVID-19 claims and a slightly higher increase in paid+case loss.

# Countrywide Open Ratios

AY2020 evaluated at year-end 2020 and year-end 2021



Excludes data for MN. Refer to [Data Description](#) for additional details.

## Insights

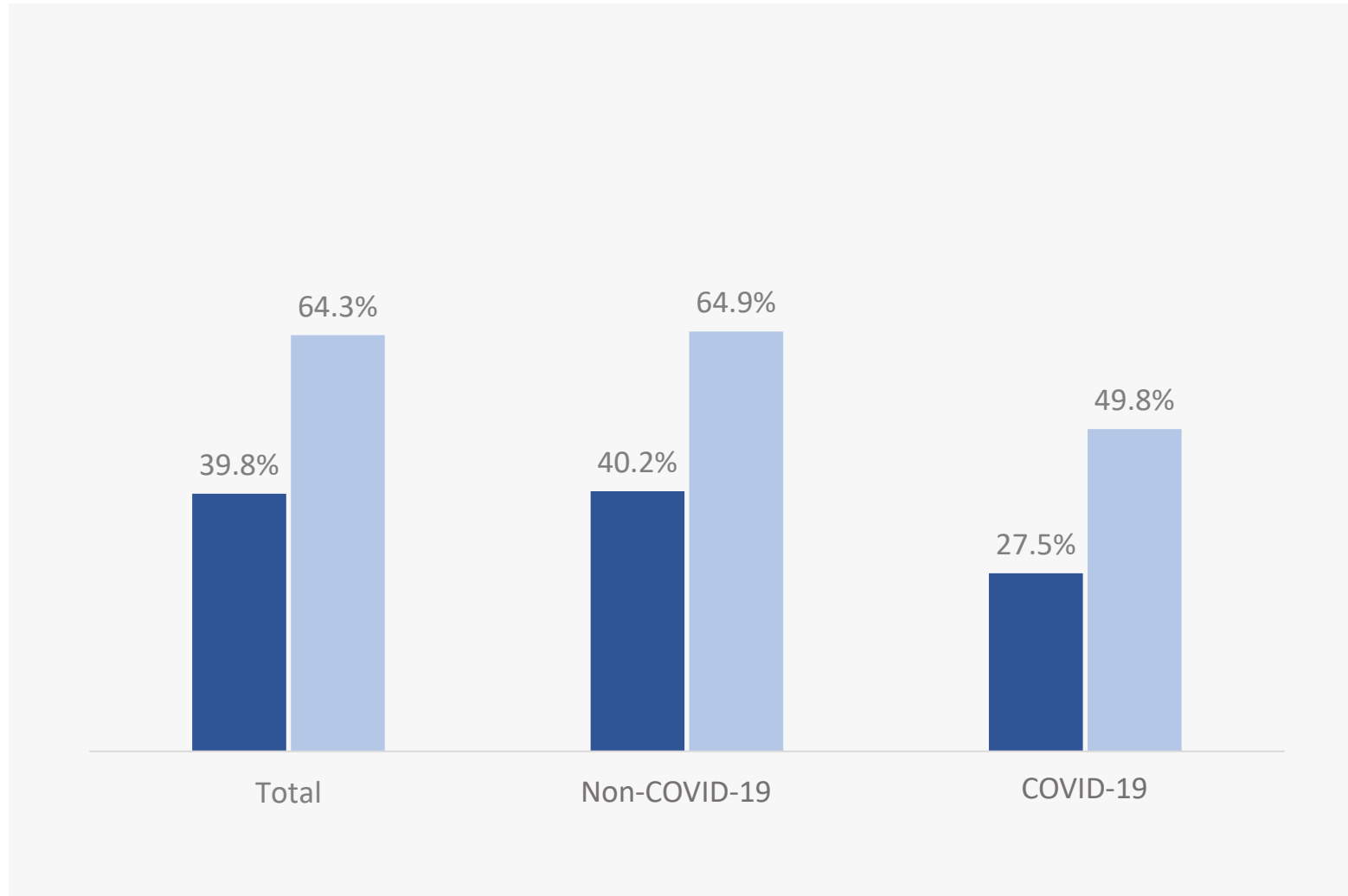
More than 90% of COVID-19 claims from AY2020 have closed as of year-end 2021.

Generally, the AY2020 COVID-19 claims that remain open as of year-end 2021 are claims with both indemnity and medical losses.

On average, indemnity-only and medical-only claims close more quickly than claims with both indemnity and medical losses.

# Countrywide Paid-to-Paid+Case Ratios

AY2020 evaluated at year-end 2020 and year-end 2021



## Insights

The difference between paid-to-paid+case ratios for COVID-19 and non-COVID-19 claims lessened, as paid-to-paid+case ratios increased 60% for non-COVID-19 claims and 80% for COVID-19 claims.

Paid-to-paid+case ratios remain lower for COVID-19 claims than comparably aged non-COVID-19 claims—indicating relatively more uncertainty associated with the ultimate costs for COVID-19 claims.



## Conclusion | Concluding Remarks

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In 2021, the timing and impact of the COVID-19 pandemic on the WC system continued to vary by state. Differences in presumptions of compensability, governmental closures, and the handling of the economy are some of the factors that have contributed to the observed differences across jurisdictions, such as differences in the timing of reported claims and impacts by industry sector. Thus far, the WC system has responded well—remaining strong and resilient.

COVID-19 claims decreased from 11% of all WC claims reported in AY2020 to just 4% in AY2021. The corresponding losses associated with these claims declined from 3.5% to 1.2% of total WC paid+case losses. The disproportionate share of claims versus losses continues to be driven by the large number of pandemic-related indemnity-only claims reported in AYs 2020 and 2021. WC indemnity-only claims were relatively uncommon prior to the pandemic and have continued to be significantly less-costly when compared with the typical WC claim that involves lost-time benefits.

Relatively more non-COVID-19 indemnity plus medical claims remain open as of year-end 2021 compared with COVID-19 indemnity plus medical claims. This is driven, in part, by the prevalence of indemnity-only COVID-19 claims which tend to have only a few weeks of temporary disability payments and close relatively quickly.

In the insured market, most reported COVID-19 claims are for workers in the healthcare industry. COVID-19 claims have not contributed significantly to overall claims activity in most other industry sectors.

Results of this analysis are preliminary. As data continues to be reported, new trends and patterns may emerge.

# Appendix

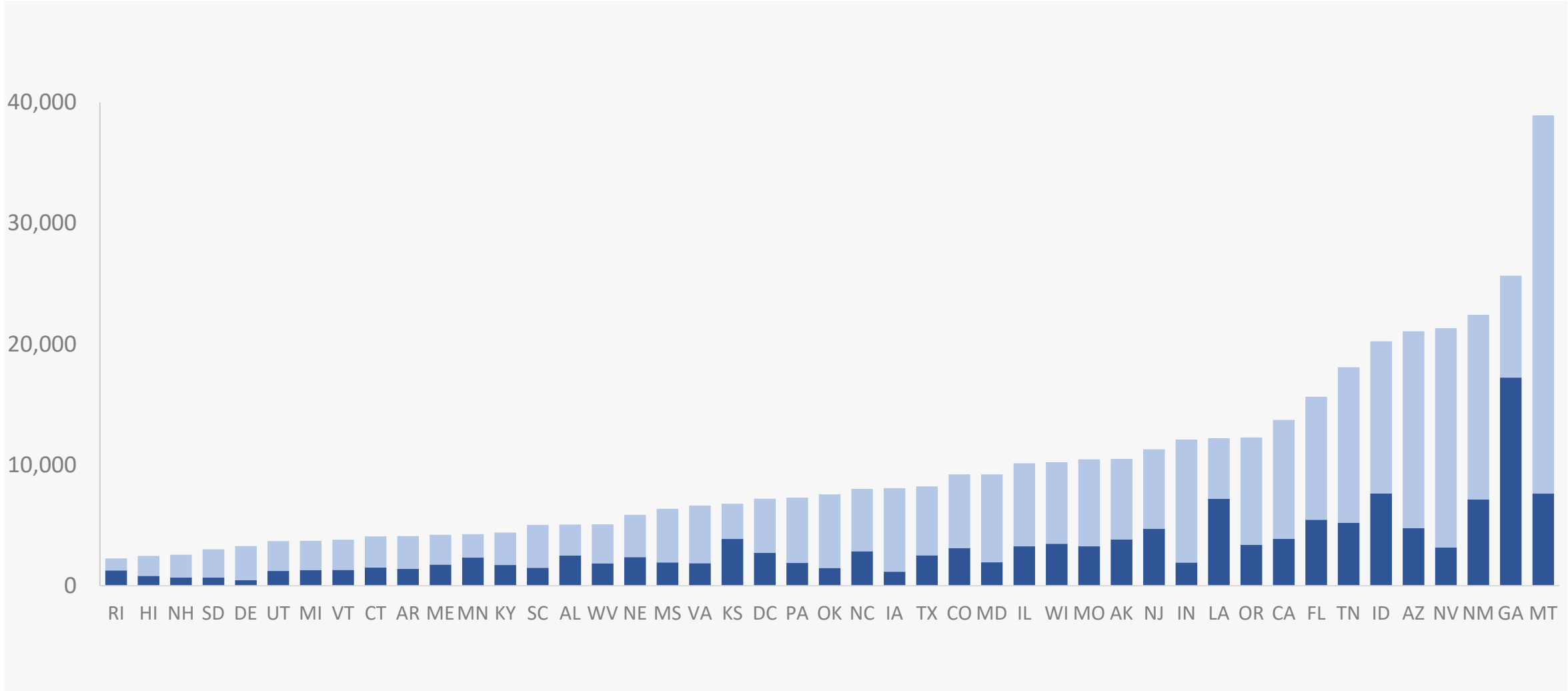
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Statewide metrics were also reviewed and are shared for completeness on the following pages. Due to claim volume, the data may not be credible and/or may be heavily impacted by the experience of large losses.

## Metrics

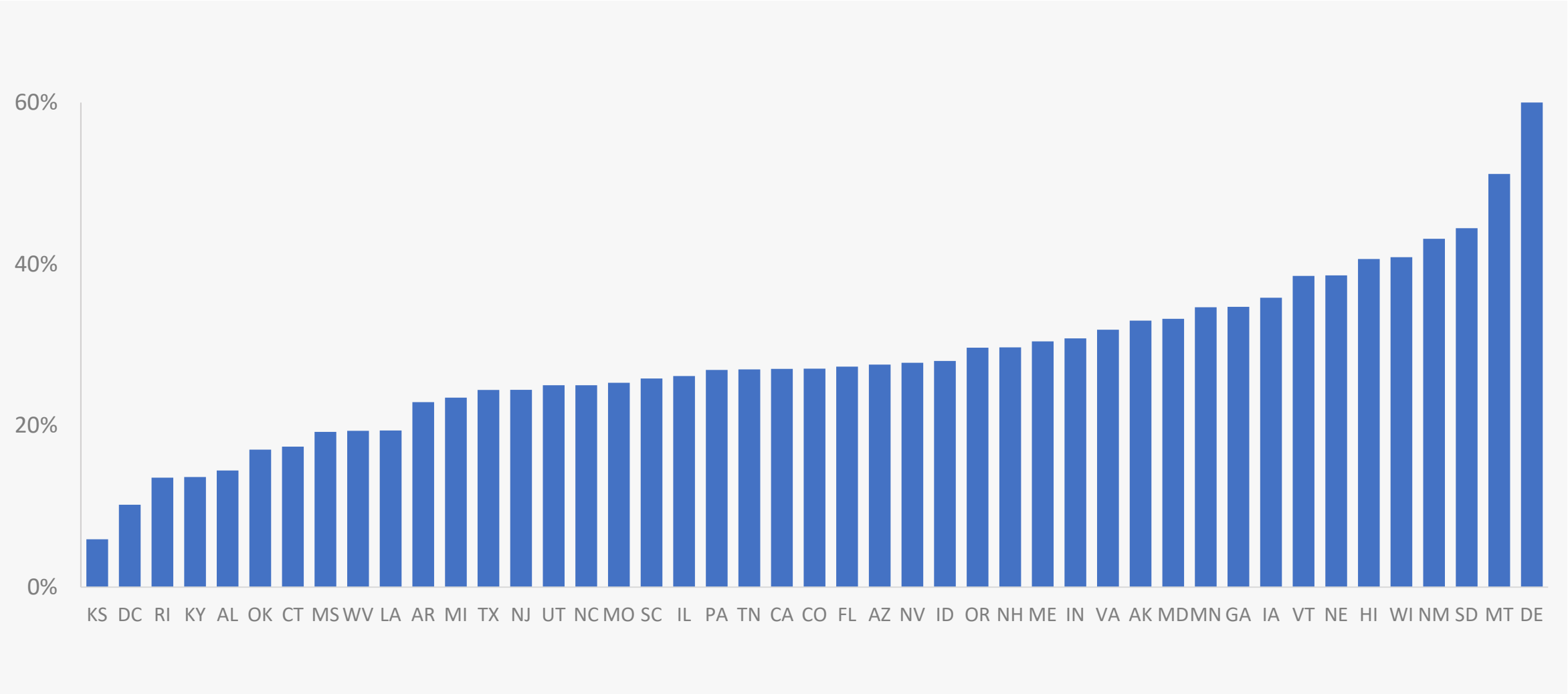
- [2021 COVID-19 Paid and Paid+Case Severities by State Countrywide Lost-Time Paid+Case Severity](#)
- [2021 COVID-19 Paid to Paid+Case Ratios by State Countrywide Paid-to-Paid+Case Ratios](#)
- [2021 COVID-19 Paid to Paid+Case Ratios by State](#)
- [Glossary](#)
- [Data Conditions and Limitations](#)
- [Data Description](#)
- [Related Publications](#)

# Appendix | 2021 COVID-19 Paid and Paid+Case Severities by State



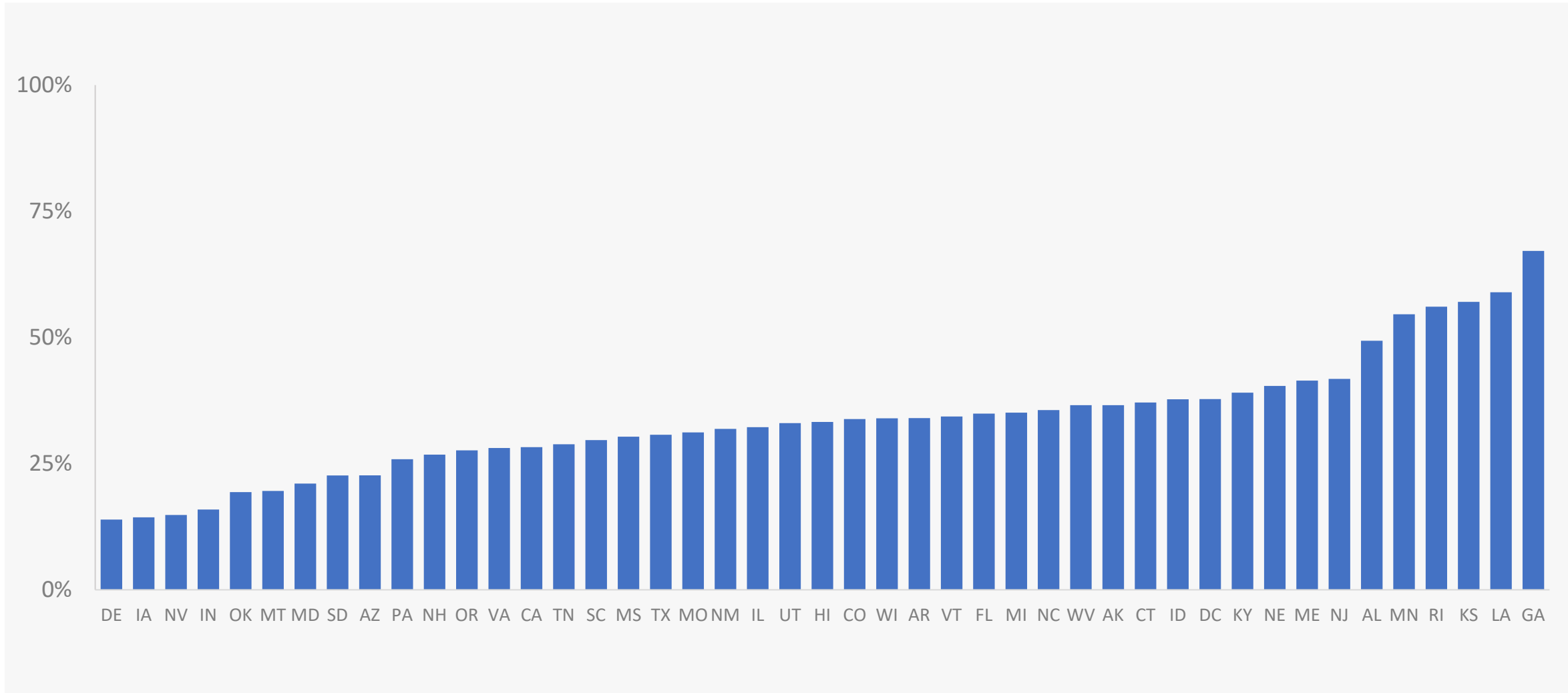
Data by state is provided for informational purposes only. Due to claim volume, the data may not be credible and/or may be heavily impacted by the experience of large losses.

# Appendix | 2021 COVID-19 Open Ratios by State



Data by state is provided for informational purposes only. Due to claim volume, the data may not be credible and/or may be heavily impacted by the experience of large losses.

## Appendix | 2021 COVID-19 Paid-to-Paid+Case Ratios by State



Data by state is provided for informational purposes only. Due to claim volume, the data may not be credible and/or may be heavily impacted by the experience of large losses.

## Appendix | Glossary

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**Box Plot:** Summary of five numbers from the claims' data set. The minimum and maximum points are drawn as points at the ends of the lines extending from the box. The median is the line dividing the box; the upper and lower quartiles of the data define the ends of the box.

**COVID-19 claim:** In most jurisdictions, a COVID-19 claim is defined as a claim reported with Cause of Injury 83 and Nature of Injury 83.

**Indemnity-Only Claim:** An indemnity-only claim is typically small, representing a few weeks of indemnity payments. Examples include mild cases where a positive COVID-19 test was not reimbursed through WC, quarantine claims (where covered), and/or claims where the medical was paid by another payor.

**Long COVID:** Post-COVID conditions are a wide range of new, returning, or ongoing health problems people can experience four or more weeks after first being infected with the virus that causes COVID-19. Even people who did not have COVID-19 symptoms in the days or weeks after they were infected may have post-COVID conditions.<sup>1</sup> Also referred to as post-acute COVID-19.

**Medical+Indemnity Claim:** A claim with both an indemnity and medical benefit component. These claims tend to be the more serious claims requiring medical intervention and time out of work (i.e., wage replacement benefits).

**Medical-Only Claim:** A claim only involving medical costs.

**Quarantine Claim:** Quarantine claims are those where there was no positive COVID-19 test but the worker was reimbursed for lost time while quarantining from exposure to the pandemic. These claims are only explicitly covered in some jurisdictions.

<sup>1</sup><https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html>

## Appendix | Data Conditions and Limitations

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Data is for WC claims. While definitions are generally similar across jurisdictions, they are not always identical, which could impact results. Similarly, only the experience of insured employers was reflected, and no experience of self-insured employers was included. We made no attempt to validate the applicability of the results for states not included in the study or for the experience of self-insured employers. The loss information reflected in this study included only paid+case indemnity and medical losses. No loss adjustment expense experience is reflected. The data in this report reflects information on claims submitted by insurers to each participating rating bureau. The source information underlying each insurer's data submission was relied upon by the participating rating bureaus.

## Appendix | Data Description

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Unless otherwise stated:

COVID-19-only metrics (i.e., metrics where both the numerator and denominator are limited to COVID-19 data) include both large and non-large deductible data.<sup>1</sup> All other metrics include both large and non-large deductible experience for CA, DE, MN, NJ, and PA and non-large deductible experience for all other states.

Data for DE and PA is reported on a policy year basis. COVID-19-only metrics include Policy Year 2020 data as of year-end 2020 and Policy Year 2021 data as of year-end 2021.<sup>2</sup>

Metrics shown by loss type are estimated using unit statistical data for CA.

Claim counts and losses are at first report and undeveloped, unless stated otherwise. Claim counts for non-COVID-19 claims are for lost-time claims only. Paid and paid+case losses include medical-only losses.

Due to the timing of the data, unit statistical data is available through second quarter of Accident Year 2021 as of this report.

<sup>1</sup>MI large deductible experience is excluded, as large deductible reporting is optional in the state. WI does not allow for large deductible policies in the WC system.

<sup>2</sup>Data for countrywide metrics is limited to AY experience.



## Appendix | Related Publications

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[COVID-19's Impact on Workers Compensation, A Multi-Bureau Collaboration](#)

[Minnesota's workers' compensation COVID-19 claims update](#), Minnesota Department of Labor and Industry

[Minnesota's workers' compensation response to COVID-19](#), Minnesota Department of Labor and Industry

[COVID-19 and Privately-Insured Workers Compensation in Minnesota](#), MWCIA

[Long COVID in Workers Compensation: A First Look](#), NCCI

[COVID-19 Research and Resources](#), Washington State Department of Labor & Industries

[Novel Coronavirus Outbreak \(COVID-19\) Resources](#), Washington State Department of Labor & Industries

[COVID-19 in California Workers' Compensation](#), WCIRB

[Medical Treatments and Costs of COVID-19 Claims and an Early Look at "Long COVID" in the California Workers' Compensation System](#), WCIRB

[Telemedicine: Patterns of Use and Reimbursement, 2020Q1–2021Q2 — A WCRI FlashReport](#), WCRI