Occupational Pneumoconiosis Board

2025-2026

Annual Report

Occupational Pneumoconiosis Board

Members

Jack L. Kinder, M.D.
Internal Medicine
Chairman

Bradley Henry, M.D.
Internal Medicine

Mallinath Kayi, M.D.
Internal / Pulmonary Medicine

Johnsey Lee Leef III, M.D.
Radiologist – B Reader

John A. Willis, M.D.
Radiologist – B Reader

Occupational Pneumoconiosis Board

Overview

The Occupational Pneumoconiosis Board schedules examinations for all persons filing occupational pneumoconiosis claims with the Insurance Commission. The Board makes impairment determinations based on available claim related medical evidence.

The Board obtains a complete medical history of the claimant, including any treatment for heart and lung disorders and other conditions that restrict the persons' activity. The medical history includes current and past tobacco use and to what extent. Clinical members of the Board conduct a physical examination of the claimant, giving special attention to heart and lungs, as well as any disabling injuries. Under close supervision, claimants able to exercise safely, perform a simple, standardized exercise test.

Chest X-rays are made under the supervision of the radiologist members of the Board, following film quality and technical standards established by the ***Federal Coal Mine Health and Safety Act of 1969*** to detect even minute changes possibly due to pneumoconiosis.

Board members are thoroughly familiar with identifiable diagnostic changes shown by X-rays of the claimant for evidence of changes occurring over time.

The Occupational Lung Center at Charleston Area Medical Center performs pulmonary diagnostic testing for the Board and reports on loss of lung function and to the extent to which lost lung function impairs the claimant's ability to work.

OCCUPATIONAL PNEUMOCONIOSIS PROGRAM
2025/2026 ANNUAL REPORT

The Occupational Lung Center in Charleston, West Virginia performed examinations on XXX claimants filing for Occupational Pneumoconiosis. In addition, there were 16 Fatal claims reviewed and 4 Out of Town claims reviewed. A summary of incidence follows:

	2024/2025	2025/2026
Total Number of Claimants Examined	366	383
First Time Claimants	194 (53%)	222 (58%)
First Time Claimants Receiving No Diagnosis	104 (54%)	70 (32%)
First Time Claimants Receiving Initial Award	90 (46%)	152 (68%)
Total Number of Cancels/No Shows	90	72

First Time Claimants Receiving OP/O (no award)	18	17
Repeat Claimants Receiving OP/O (first time-no award)	2	5
Total Claimants Receiving OP/O	20	22

laimants Receiving Repeat Examination	172 (47%)	161 (42%)
Repeat Exam of Claimants Receiving No Additional Award	95 (55%)	76 (47%)
Repeat Exam of Claimants Receiving Additional Award	77 (45%)	85 (53%)

Total Number of Fatal Claims Reviewed	32	16
Fatal Claims Due to Occupational Pneumoconiosis	12 (38%)	9 (56%)
Fatal Claims Not Due to Occupational Pneumoconiosis	20 (63%)	7 (44%)

Out of Town Reviews Examined	1	4
Out of Town Reviews Receiving No Award	1	0
Out of Town Reviews Receiving an Award	0	4

Physicians at the Occupational Lung Center in Charleston, West Virginia examined **383** occupational pneumoconiosis claimants during the reporting period. There were an additional **16** fatal claims and **4** out of town review.

The Insurance Commissioner was updated on the status of Progressive Massive Fibrosis cases for this year. There were **25** new cases of PMF seen during the report period.

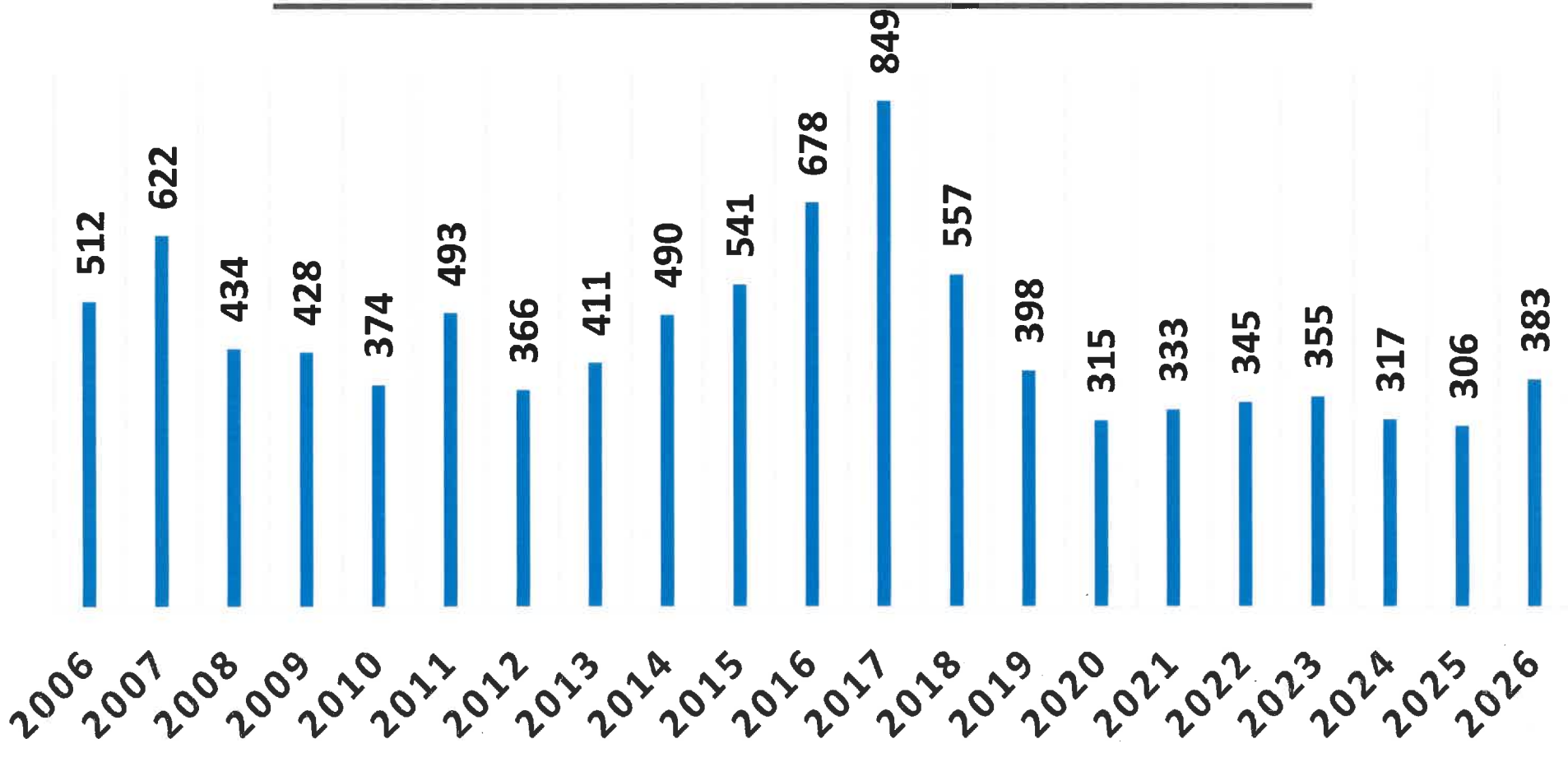
ck L. Kinder, M.D.
Chairman

Progressive Massive Fibrosis

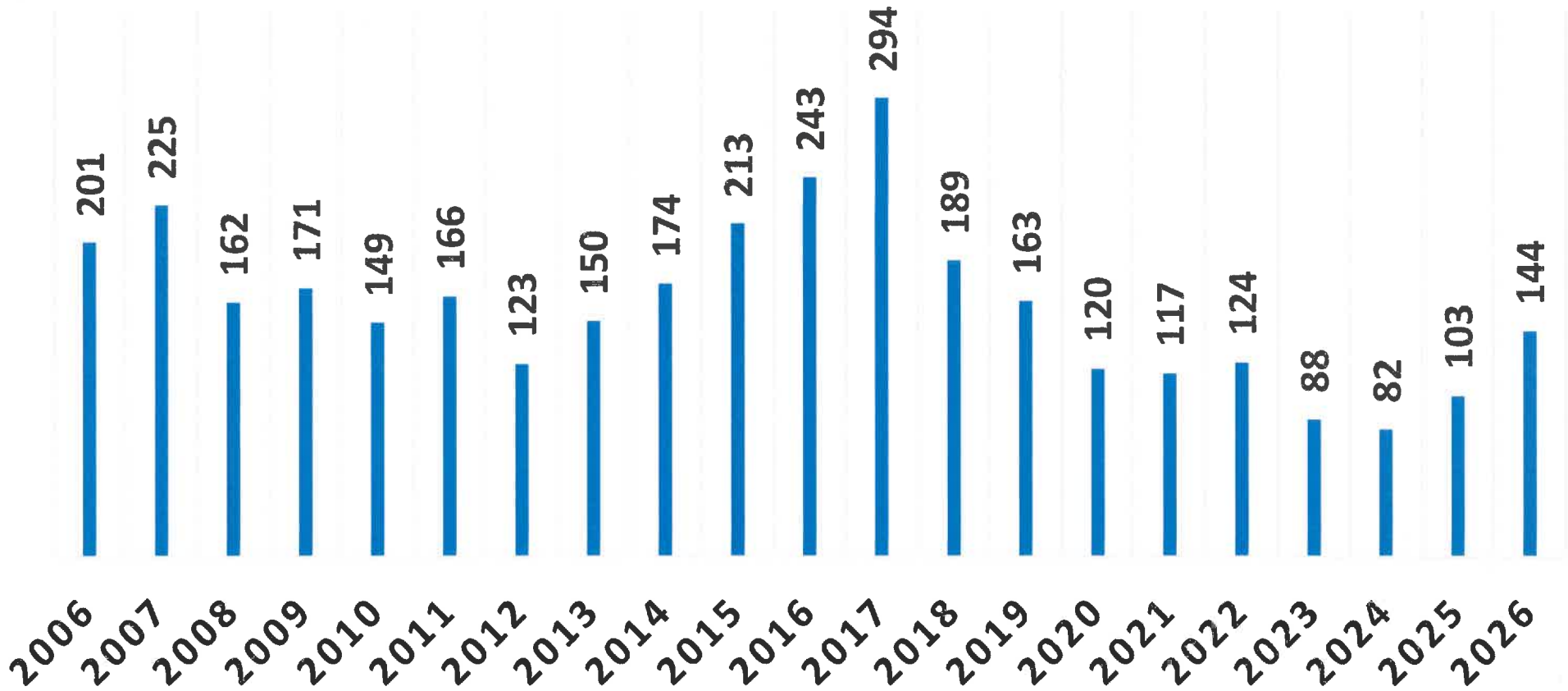
(PMF)

2000-2026

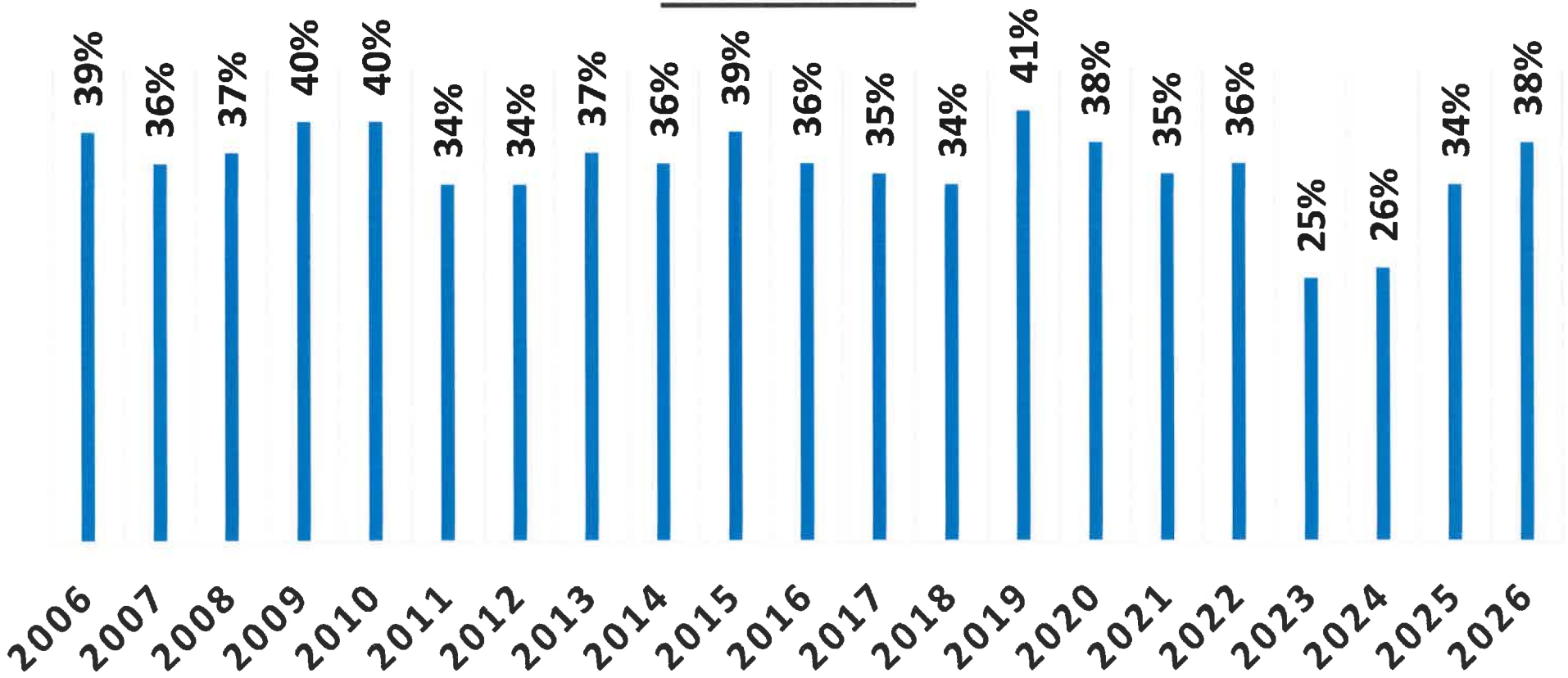
NUMBER OF COAL MINERS



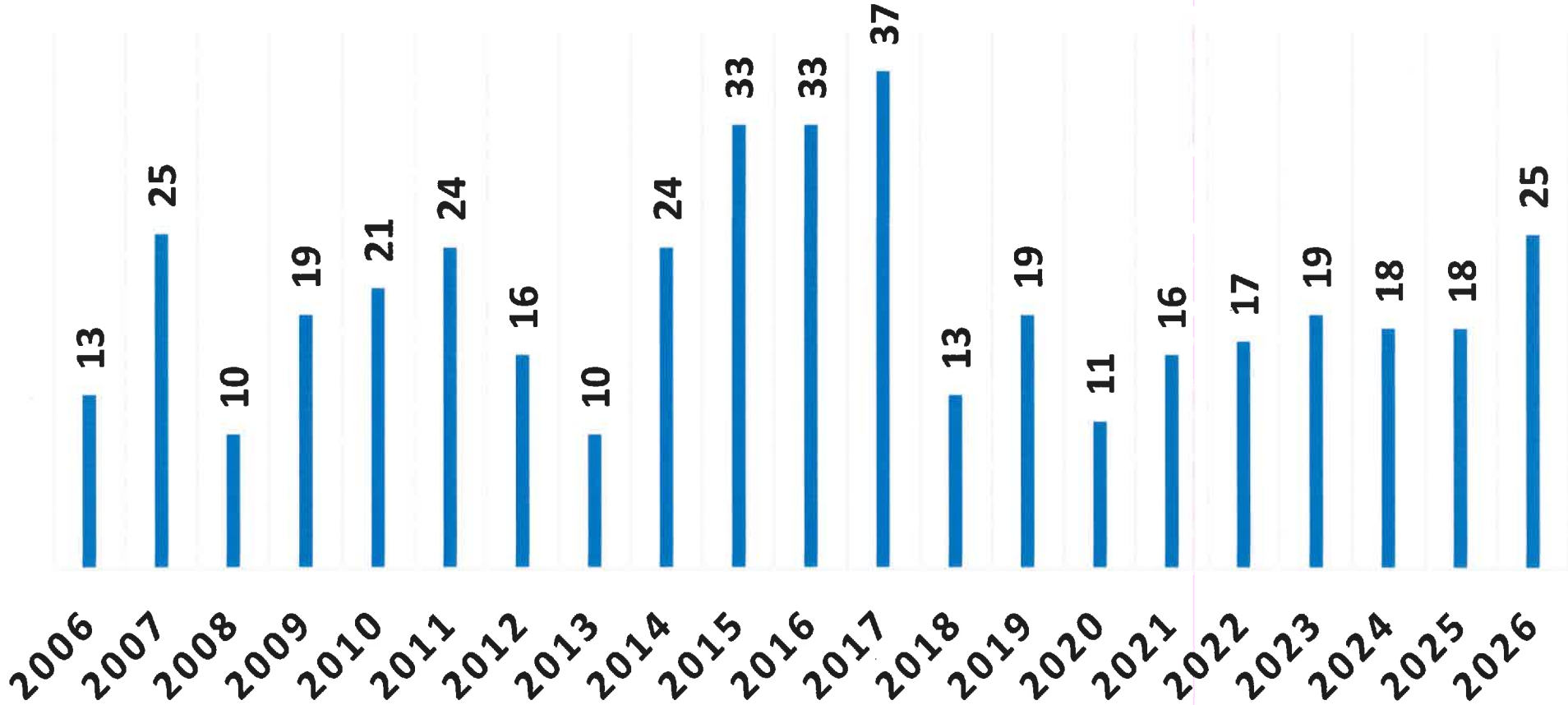
POSITIVE XRAYS-COAL MINERS

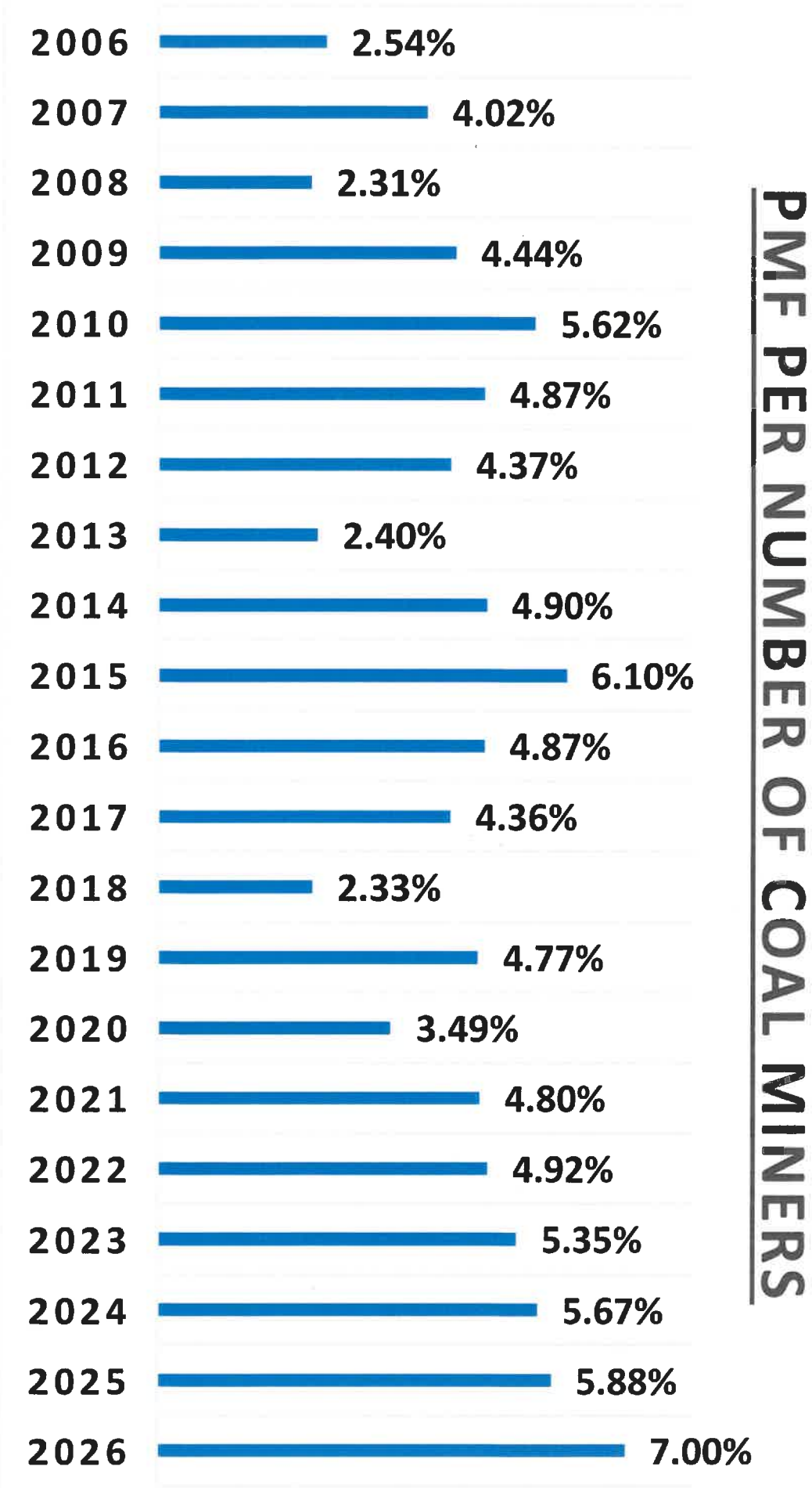


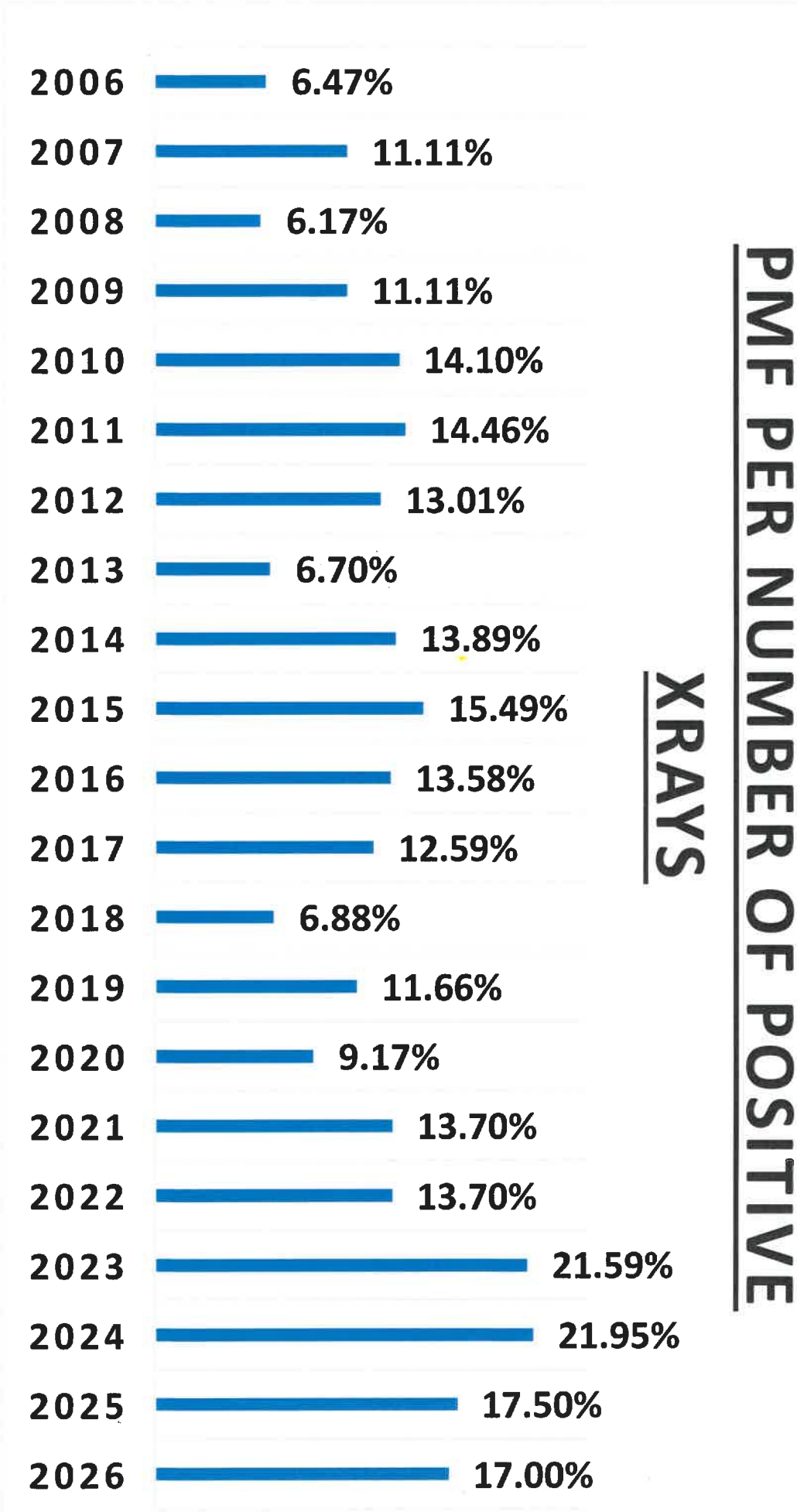
POSITIVE XRAYS PER NUMBER OF COAL MINERS



PMF-COAL MINERS




2006 2.54%
2007 4.02%
2008 2.31%
2009 4.44%
2010 5.62%
2011 4.87%
2012 4.37%
2013 2.40%
2014 4.90%
2015 6.10%
2016 4.87%
2017 4.36%
2018 2.33%
2019 4.77%
2020 3.49%
2021 4.80%
2022 4.92%
2023 5.35%
2024 5.67%
2025 5.88%
2026 7.00%
PMF PER NUMBER OF COAL MINERS


PMF PER NUMBER OF POSITIVE XRAYS
2006 6.47%
2007 11.11%
2008 6.17%
2009 11.11%
2010 14.10%
2011 14.46%
2012 13.01%
2013 6.70%
2014 13.89%
2015 15.49%
2016 13.58%
2017 12.59%
2018 6.88%
2019 11.66%
2020 9.17%
2021 13.70%
2022 13.70%
2023 21.59%
2024 21.95%
2025 17.50%
2026 17.00%