

SENATE BILL NO. 176—SENATOR SETTELMAYER

FEBRUARY 18, 2019

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to workers' compensation. (BDR 53-179)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.  
Effect on the State: Yes.

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

AN ACT relating to industrial insurance; establishing the substantive right of an injured employee to choose a treating health care provider under the Nevada Industrial Insurance Act or the Nevada Occupational Diseases Act; revising provisions governing the panel of treating physicians and chiropractors established by the Administrator of the Division of Industrial Relations of the Department of Business and Industry to require the inclusion of certain health care providers; authorizing the Administrator to select a rating physician or chiropractor for an injured employee upon request; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

1 In 2007, the Nevada Supreme Court held that the Nevada Industrial Insurance  
2 Act does not entitle a claimant for compensation under that Act to his or her choice  
3 of treating physician as a substantive right. (*Valdez v. Employers Ins. Co. of Nev.*,  
4 123 Nev. 170 (2007)) **Section 2** of this bill provides that the choice of a treating  
5 health care provider, defined as a physician, osteopathic physician, chiropractor,  
6 physical therapist or psychologist, is a substantive right of an injured employee who  
7 has a claim under the Nevada Industrial Insurance Act (chapters 616A-616D of  
8 NRS) or the Nevada Occupational Diseases Act (chapter 617 of NRS). **Section 2**  
9 does not revise certain existing provisions to grant an injured employee the choice  
10 of physician or chiropractor in the performance of certain examinations or  
11 certifications or ratings of disability. **Section 2** requires an insurer to: (1) include in  
12 its list of health care providers from which an injured employee may choose to  
13 receive treatment a certain percentage or number of health care providers from the  
14 panel of health care providers established and maintained by the Administrator of  
15 the Division of Industrial Relations of the Department of Business and Industry;  
16 and (2) update and file its list of health care providers with the Administrator



17 annually. **Section 2** also requires the Administrator to provide a copy of an  
18 insurer's list to any member of the public upon request or post a copy of each such  
19 list on an Internet website for viewing, printing or downloading by the public.  
20 **Section 2** sets forth procedures and limitations governing the removal of a health  
21 care provider from an insurer's list. Finally, **section 2** provides that, except under  
22 certain circumstances, an injured employee may continue to receive treatment from  
23 a health care provider who has been removed from a list.

24 **Sections 3-7, 9-25 and 28-35** of this bill revise provisions referencing treating  
25 physicians or chiropractors to instead reference treating health care providers for  
26 consistency with **section 2**.

27 Existing law requires the Administrator to establish a panel of physicians and  
28 chiropractors to treat injured employees under chapters 616A to 616D, inclusive, or  
29 chapter 617 of NRS. Existing law also provides that an injured employee may  
30 receive treatment by more than one physician or chiropractor if the insurer provides  
31 written authorization. (NRS 616C.090) **Section 8** of this bill revises these  
32 provisions to: (1) require the Administrator to annually update the panel; (2) require  
33 the inclusion of physicians, chiropractors, osteopathic physicians, physical  
34 therapists and psychologists on the panel maintained by the Administrator; and (3)  
35 provide that an injured employee may receive treatment by more than one health  
36 care provider if the insurer provides written authorization or by order of a hearing  
37 officer or appeals officer.

38 Existing law sets forth procedures under which an insurer selects a physician or  
39 chiropractor to determine an injured employee's percentage of disability. (NRS  
40 616C.490) **Section 26** of this bill additionally authorizes an injured employee or his  
41 or her legal representative to request that the Administrator select a rating physician  
42 or chiropractor.

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

1 **Section 1.** NRS 616B.527 is hereby amended to read as  
2 follows:

3 616B.527 1. A self-insured employer, an association of self-  
4 insured public or private employers or a private carrier may:

5 (a) Except as otherwise provided in NRS 616B.5273, enter into  
6 a contract or contracts with one or more organizations for managed  
7 care to provide comprehensive medical and health care services to  
8 employees for injuries and diseases that are compensable pursuant  
9 to chapters 616A to 617, inclusive, of NRS.

10 (b) Enter into a contract or contracts with providers of health  
11 care, including, without limitation, physicians who provide primary  
12 care, specialists, pharmacies, physical therapists, radiologists,  
13 nurses, diagnostic facilities, laboratories, hospitals and facilities that  
14 provide treatment to outpatients, to provide medical and health care  
15 services to employees for injuries and diseases that are compensable  
16 pursuant to chapters 616A to 617, inclusive, of NRS.

17 (c) Require employees to obtain medical and health care  
18 services for their industrial injuries from those organizations and  
19 persons with whom the self-insured employer, association or private



1 carrier has contracted pursuant to paragraphs (a) and (b), or as the  
2 self-insured employer, association or private carrier otherwise  
3 prescribes.

4 (d) Except as otherwise provided in subsection ~~3~~ 4 of NRS  
5 616C.090, require employees to obtain the approval of the self-  
6 insured employer, association or private carrier before obtaining  
7 medical and health care services for their industrial injuries from a  
8 provider of health care who has not been previously approved by the  
9 self-insured employer, association or private carrier.

10 2. An organization for managed care with whom a self-insured  
11 employer, association of self-insured public or private employers or  
12 a private carrier has contracted pursuant to this section shall comply  
13 with the provisions of NRS 616B.528, 616B.5285 and 616B.529.

14 **Sec. 2.** Chapter 616C of NRS is hereby amended by adding  
15 thereto a new section to read as follows:

16 *1. The Legislature hereby declares that:*

17 *(a) The choice of a treating health care provider is a*  
18 *substantive right and substantive benefit of an injured employee*  
19 *who has a claim under the Nevada Industrial Insurance Act or the*  
20 *Nevada Occupational Diseases Act.*

21 *(b) The injured employees of this State have a substantive right*  
22 *to an adequate choice of health care providers to treat their*  
23 *industrial injuries and occupational diseases.*

24 *2. Except as otherwise provided in subsections 3 and 4, an*  
25 *insurer's list of health care providers from which an injured*  
26 *employee may choose pursuant to NRS 616C.090 must include not*  
27 *less than 25 percent of the total number of health care providers in*  
28 *each of the following disciplines and specializations, without*  
29 *limitation, from the panel of health care providers maintained by*  
30 *the Administrator pursuant to NRS 616C.090:*

- 31 *(a) Orthopedic surgery on spines;*
- 32 *(b) Orthopedic surgery on shoulders;*
- 33 *(c) Orthopedic surgery on elbows;*
- 34 *(d) Orthopedic surgery on wrists;*
- 35 *(e) Orthopedic surgery on hands;*
- 36 *(f) Orthopedic surgery on hips;*
- 37 *(g) Orthopedic surgery on knees;*
- 38 *(h) Orthopedic surgery on ankles;*
- 39 *(i) Orthopedic surgery on feet;*
- 40 *(j) Neurosurgery;*
- 41 *(k) Neurology;*
- 42 *(l) Cardiology;*
- 43 *(m) Pulmonology;*
- 44 *(n) Psychology;*
- 45 *(o) Psychiatry;*



- (p) Pain management;
- (q) Occupational medicine;
- (r) Psychiatry;
- (s) Physical medicine;
- (t) Physical therapy; and
- (u) Chiropractic medicine.

3. An insurer's list of health care providers required pursuant to NRS 616C.090 must include not fewer than 10 health care providers for each discipline or specialization set forth in subsection 2. For any other discipline or specialization not specifically identified in subsection 2, the insurer's list must include not fewer than 10 health care providers unless the panel of health care providers maintained by the Administrator pursuant to NRS 616C.090 contains fewer than 10 health care providers for that discipline or specialization, in which case all of the health care providers on the panel for that discipline or specialization must be included on the insurer's list.

4. For each county whose population is 100,000 or more, in addition to meeting the percentage required by subsection 2, an insurer's list of health care providers must include for that county only those health care providers who maintain in that county:

- (a) An active practice; and
- (b) A physical office.

5. Each insurer shall, not later than October 1 of each year, update the list of health care providers and file the list with the Administrator. The list must be certified by an adjuster who is licensed pursuant to chapter 684A of NRS.

6. Upon receipt of a list of health care providers that is filed pursuant to subsection 5, the Administrator shall:

- (a) Stamp the list as having been filed; and
- (b) Indicate on the list the date on which it was filed.

7. The Administrator shall:

- (a) Provide a copy of an insurer's list of health care providers to any member of the public who requests a copy; or
- (b) Post a copy of each insurer's list of health care providers on an Internet website maintained by the Administrator and accessible to the public for viewing, printing or downloading.

8. At any time, a health care provider may request in writing that he or she be removed from an insurer's list of health care providers. The insurer must comply with the request and omit the health care provider from the next list which the insurer files with the Administrator.

9. A health care provider may not be involuntarily removed from an insurer's list of health care providers except for good



1 *cause. As used in this subsection, "good cause" means that one or*  
2 *more of the following circumstances apply:*

3 (a) *The health care provider has died or is disabled.*

4 (b) *The license of the health care provider has been revoked or*  
5 *suspended.*

6 (c) *The health care provider has been convicted of:*

7 (1) *A felony; or*

8 (2) *A crime for a violation of a provision of chapter 616D*  
9 *of NRS.*

10 (d) *The health care provider has been removed from the panel*  
11 *of health care providers maintained by the Administrator pursuant*  
12 *to NRS 616C.090 by the Administrator upon a finding of good*  
13 *cause due to one of the circumstances described in paragraph (a),*  
14 *(b) or (c).*

15 10. *Unless a health care provider is removed from an*  
16 *insurer's list of health care providers pursuant to subsection 9, an*  
17 *injured employee may continue to receive treatment from that*  
18 *health care provider even if:*

19 (a) *The employer of the injured employee changes insurers or*  
20 *administrators.*

21 (b) *The health care provider is no longer included in the*  
22 *applicable insurer's list of health care providers, provided that the*  
23 *health care provider agrees to continue to accept compensation for*  
24 *that treatment at the rates which:*

25 (1) *Were previously agreed upon when the health care*  
26 *provider was most recently included in the list; or*

27 (2) *Are newly negotiated but do not exceed the amounts*  
28 *provided under the fee schedule adopted by the Administrator.*

29 11. *As used in this section, "health care provider" means:*

30 (a) *A physician who is licensed pursuant to chapter 630 of*  
31 *NRS;*

32 (b) *An osteopathic physician who is licensed pursuant to*  
33 *chapter 633 of NRS;*

34 (c) *A chiropractor who is licensed pursuant to chapter 634 of*  
35 *NRS;*

36 (d) *A physical therapist who is licensed pursuant to chapter*  
37 *640 of NRS; or*

38 (e) *A psychologist who is licensed pursuant to chapter 641 of*  
39 *NRS.*

40 **Sec. 3.** NRS 616C.040 is hereby amended to read as follows:

41 616C.040 1. Except as otherwise provided in this section, a  
42 treating ~~[physician or chiropractor]~~ *health care provider* shall,  
43 within 3 working days after first providing treatment to an injured  
44 employee for a particular injury, complete and file a claim for  
45 compensation with the employer of the injured employee and the



1 employer's insurer. If the employer is a self-insured employer, the  
2 treating ~~{physician or chiropractor}~~ *health care provider* shall file  
3 the claim for compensation with the employer's third-party  
4 administrator. If the ~~{physician or chiropractor}~~ *health care provider*  
5 files the claim for compensation by electronic transmission, the  
6 ~~{physician or chiropractor}~~ *health care provider* shall, upon request,  
7 mail to the insurer or third-party administrator the form that contains  
8 the original signatures of the injured employee and the ~~{physician or~~  
9 ~~chiropractor.}~~ *health care provider*. The form must be mailed within  
10 7 days after receiving such a request.

11 2. A ~~{physician or chiropractor}~~ *health care provider* who has  
12 a duty to file a claim for compensation pursuant to subsection 1 may  
13 delegate the duty to a medical facility. If the ~~{physician or~~  
14 ~~chiropractor}~~ *health care provider* delegates the duty to a medical  
15 facility:

16 (a) The medical facility must comply with the filing  
17 requirements set forth in this section; and

18 (b) The delegation must be in writing and signed by:

19 (1) The ~~{physician or chiropractor.}~~ *health care provider;*  
20 and

21 (2) An authorized representative of the medical facility.

22 3. A claim for compensation required by subsection 1 must be  
23 filed on a form prescribed by the Administrator.

24 4. If a claim for compensation is accompanied by a certificate  
25 of disability, the certificate must include a description of any  
26 limitation or restrictions on the injured employee's ability to work.

27 5. Each ~~{physician, chiropractor}~~ *health care provider* and  
28 medical facility that treats injured employees, each insurer, third-  
29 party administrator and employer, and the Division shall maintain at  
30 their offices a sufficient supply of the forms prescribed by the  
31 Administrator for filing a claim for compensation.

32 6. The Administrator may impose an administrative fine of not  
33 more than \$1,000 for each violation of subsection 1 on:

34 (a) A ~~{physician or chiropractor.}~~ *health care provider;* or

35 (b) A medical facility if the duty to file the claim for  
36 compensation has been delegated to the medical facility pursuant to  
37 this section.

38 7. *As used in this section, "health care provider" has the*  
39 *meaning ascribed to it in section 2 of this act.*

40 **Sec. 4.** NRS 616C.045 is hereby amended to read as follows:

41 616C.045 1. Except as otherwise provided in NRS 616B.727,  
42 within 6 working days after the receipt of a claim for compensation  
43 from a ~~{physician or chiropractor.}~~ *health care provider*, or a  
44 medical facility if the duty to file the claim for compensation has  
45 been delegated to the medical facility pursuant to NRS 616C.040, an



1 employer shall complete and file with his or her insurer or third-  
2 party administrator an employer's report of industrial injury or  
3 occupational disease.

4 2. The report must:

5 (a) Be filed on a form prescribed by the Administrator;

6 (b) Be signed by the employer or the employer's designee;

7 (c) Contain specific answers to all questions required by the  
8 regulations of the Administrator; and

9 (d) Be accompanied by a statement of the wages of the  
10 employee if the claim for compensation received from the treating  
11 ~~physician or chiropractor,~~ *health care provider*, or a medical  
12 facility if the duty to file the claim for compensation has been  
13 delegated to the medical facility pursuant to NRS 616C.040,  
14 indicates that the injured employee is expected to be off work for 5  
15 days or more.

16 3. An employer who files the report required by subsection 1  
17 by electronic transmission shall, upon request, mail to the insurer or  
18 third-party administrator the form that contains the original  
19 signature of the employer or the employer's designee. The form  
20 must be mailed within 7 days after receiving such a request.

21 4. The Administrator shall impose an administrative fine of not  
22 more than \$1,000 on an employer for each violation of this section.

23 *5. As used in this section, "health care provider" has the*  
24 *meaning ascribed to it in section 2 of this act.*

25 **Sec. 5.** NRS 616C.050 is hereby amended to read as follows:

26 616C.050 1. An insurer shall provide to each claimant:

27 (a) Upon written request, one copy of any medical information  
28 concerning the claimant's injury or illness.

29 (b) A statement which contains information concerning the  
30 claimant's right to:

31 (1) Receive the information and forms necessary to file a  
32 claim;

33 (2) Select a treating ~~physician or chiropractor~~ *health care*  
34 *provider* and an alternative treating ~~physician or chiropractor~~  
35 *health care provider* in accordance with the provisions of  
36 NRS 616C.090;

37 (3) Request the appointment of the Nevada Attorney for  
38 Injured Workers to represent the claimant before the appeals officer;

39 (4) File a complaint with the Administrator;

40 (5) When applicable, receive compensation for:

41 (I) Permanent total disability;

42 (II) Temporary total disability;

43 (III) Permanent partial disability;

44 (IV) Temporary partial disability;



1 (V) All medical costs related to the claimant's injury or  
2 disease; or

3 (VI) The hours the claimant is absent from the place of  
4 employment to receive medical treatment pursuant to  
5 NRS 616C.477;

6 (6) Receive services for rehabilitation if the claimant's injury  
7 prevents him or her from returning to gainful employment;

8 (7) Review by a hearing officer of any determination or  
9 rejection of a claim by the insurer within the time specified by  
10 statute; and

11 (8) Judicial review of any final decision within the time  
12 specified by statute.

13 2. The insurer's statement must include a copy of the form  
14 designed by the Administrator pursuant to subsection ~~[8]~~ 9 of NRS  
15 616C.090 that notifies injured employees of their right to select an  
16 alternative treating ~~[physician or chiropractor.]~~ *health care*  
17 *provider*. The Administrator shall adopt regulations for the manner  
18 of compliance by an insurer with the other provisions of  
19 subsection 1.

20 3. *As used in this section, "health care provider" has the*  
21 *meaning ascribed to it in section 2 of this act.*

22 **Sec. 6.** NRS 616C.055 is hereby amended to read as follows:

23 616C.055 1. The insurer may not, in accepting responsibility  
24 for any charges, use fee schedules which unfairly discriminate  
25 among ~~[physicians and chiropractors.]~~ *health care providers*.

26 2. ~~[If a physician or chiropractor]~~ *Except as otherwise*  
27 *provided in section 2 of this act, if a health care provider* is  
28 removed from the panel established pursuant to NRS 616C.090 or  
29 from participation in a plan for managed care established pursuant  
30 to NRS 616B.527, the ~~[physician or chiropractor, as applicable,]~~  
31 *health care provider* must not be paid for any services rendered to  
32 the injured employee after the date of the removal.

33 3. *As used in this section, "health care provider" has the*  
34 *meaning ascribed to it in section 2 of this act.*

35 **Sec. 7.** NRS 616C.075 is hereby amended to read as follows:

36 616C.075 1. If an employee is properly directed to submit to  
37 a physical examination and the employee refuses to permit the  
38 treating ~~[physician or chiropractor]~~ *health care provider* to make an  
39 examination and to render medical attention as may be required  
40 immediately, no compensation may be paid for the injury claimed to  
41 result from the accident.

42 2. *As used in this section, "health care provider" has the*  
43 *meaning ascribed to it in section 2 of this act.*



**Sec. 8.** NRS 616C.090 is hereby amended to read as follows:

616C.090 1. The Administrator shall establish, *maintain and update not less frequently than annually on or before July 1 of each year*, a panel of ~~physicians and chiropractors~~ *health care providers* who have demonstrated special competence and interest in industrial health to treat injured employees under chapters 616A to 616D, inclusive, or chapter 617 of NRS. *The Administrator shall maintain the following information relating to each health care provider on the panel:*

- (a) *The name of the health care provider.*
- (b) *The title or degree of the health care provider.*
- (c) *The street address of the office of the health care provider.*
- (d) *The telephone number of the office of the health care provider.*
- (e) *The discipline or specialization practiced by the health care provider.*

2. Every employer whose insurer has not entered into a contract with an organization for managed care or with providers of health care ~~services~~ pursuant to NRS 616B.527 shall maintain a list of those ~~physicians and chiropractors~~ *health care providers* on the panel who are reasonably accessible to his or her employees.

~~2.~~ 3. An injured employee whose employer's insurer has not entered into a contract with an organization for managed care or with providers of health care ~~services~~ pursuant to NRS 616B.527 may choose a treating ~~physician or chiropractor~~ *health care provider* from the panel of ~~physicians and chiropractors.~~ *health care providers.* If the injured employee is not satisfied with the first ~~physician or chiropractor~~ *health care provider* he or she so chooses, the injured employee may make an alternative choice of ~~physician or chiropractor~~ *health care provider* from the panel if the choice is made within 90 days after his or her injury. The insurer shall notify the first ~~physician or chiropractor~~ *health care provider* in writing. The notice must be postmarked within 3 working days after the insurer receives knowledge of the change. The first ~~physician or chiropractor~~ *health care provider* must be reimbursed only for the services the ~~physician or chiropractor, as applicable,~~ *health care provider* rendered to the injured employee up to and including the date of notification. Except as otherwise provided in this subsection, any further change is subject to the approval of the insurer, which must be granted or denied within 10 days after a written request for such a change is received from the injured employee. If no action is taken on the request within 10 days, the request shall be deemed granted. Any request for a change of ~~physician or chiropractor~~ *health care provider* must include the name of the new ~~physician or chiropractor~~ *health care provider*



1 chosen by the injured employee. If the treating ~~[physician or~~  
2 ~~chiropractor]~~ *health care provider* refers the injured employee to a  
3 specialist for treatment, the treating ~~[physician or chiropractor]~~  
4 *health care provider* shall provide to the injured employee a list that  
5 includes the name of each ~~[physician or chiropractor]~~ *health care*  
6 *provider* with that specialization who is on the panel. After  
7 receiving the list, the injured employee shall, at the time the referral  
8 is made, select a ~~[physician or chiropractor]~~ *health care provider*  
9 from the list.

10 ~~[3.]~~ 4. An injured employee whose employer's insurer has  
11 entered into a contract with an organization for managed care or  
12 with providers of health care ~~[services]~~ pursuant to NRS 616B.527  
13 must choose a treating ~~[physician or chiropractor]~~ *health care*  
14 *provider* pursuant to the terms of that contract. If the injured  
15 employee is not satisfied with the first ~~[physician or chiropractor]~~  
16 *health care provider* he or she so chooses, the injured employee  
17 may make an alternative choice of ~~[physician or chiropractor]~~  
18 *health care provider* pursuant to the terms of the contract without  
19 the approval of the insurer if the choice is made within 90 days after  
20 his or her injury. If the injured employee, after choosing a treating  
21 ~~[physician or chiropractor.]~~ *health care provider*, moves to a county  
22 which is not served by the organization for managed care or  
23 providers of health care ~~[services]~~ named in the contract and the  
24 insurer determines that it is impractical for the injured employee to  
25 continue treatment with the ~~[physician or chiropractor.]~~ *health care*  
26 *provider*, the injured employee must choose a treating ~~[physician or~~  
27 ~~chiropractor]~~ *health care provider* who has agreed to the terms of  
28 that contract unless the insurer authorizes the injured employee to  
29 choose another ~~[physician or chiropractor.]~~ *health care provider*. If  
30 the treating ~~[physician or chiropractor]~~ *health care provider* refers  
31 the injured employee to a specialist for treatment, the treating  
32 ~~[physician or chiropractor]~~ *health care provider* shall provide to the  
33 injured employee a list that includes the name of each ~~[physician or~~  
34 ~~chiropractor]~~ *health care provider* with that specialization who is  
35 available pursuant to the terms of the contract with the organization  
36 for managed care or with providers of health care ~~[services]~~  
37 pursuant to NRS 616B.527, as appropriate. After receiving the list,  
38 the injured employee shall, at the time the referral is made, select a  
39 ~~[physician or chiropractor]~~ *health care provider* from the list. If the  
40 employee fails to select a ~~[physician or chiropractor.]~~ *health care*  
41 *provider*, the insurer may select a ~~[physician or chiropractor]~~ *health*  
42 *care provider* with that specialization. If a ~~[physician or~~  
43 ~~chiropractor]~~ *health care provider* with that specialization is not  
44 available pursuant to the terms of the contract, the organization for  
45 managed care or the provider of health care ~~[services]~~ may select a



1 ~~physician or chiropractor~~ *health care provider* with that  
2 specialization.

3 ~~4.~~ 5. If the injured employee is not satisfied with the  
4 ~~physician or chiropractor~~ *health care provider* selected by himself  
5 or herself or by the insurer, the organization for managed care or the  
6 provider of health care ~~services~~ pursuant to subsection ~~3.~~ 4, the  
7 injured employee may make an alternative choice of ~~physician or~~  
8 ~~chiropractor~~ *health care provider* pursuant to the terms of the  
9 contract. A change in the treating ~~physician or chiropractor~~ *health*  
10 *care provider* may be made at any time but is subject to the approval  
11 of the insurer, which must be granted or denied within 10 days after  
12 a written request for such a change is received from the injured  
13 employee. If no action is taken on the request within 10 days, the  
14 request shall be deemed granted. Any request for a change of  
15 ~~physician or chiropractor~~ *health care provider* must include the  
16 name of the new ~~physician or chiropractor~~ *health care provider*  
17 chosen by the injured employee. If the insurer denies a request for a  
18 change in the treating ~~physician or chiropractor~~ *health care*  
19 *provider* under this subsection, the insurer must include in a written  
20 notice of denial to the injured employee the specific reason for the  
21 denial of the request.

22 ~~5.~~ 6. Except when emergency medical care is required and  
23 except as otherwise provided in NRS 616C.055, the insurer is not  
24 responsible for any charges for medical treatment or other accident  
25 benefits furnished or ordered by any ~~physician, chiropractor~~ *health*  
26 *care provider* or other person selected by the injured employee in  
27 disregard of the provisions of this section or for any compensation  
28 for any aggravation of the injured employee's injury attributable to  
29 improper treatments by such ~~physician, chiropractor~~ *health care*  
30 *provider* or other person.

31 ~~6.~~ 7. The Administrator may order necessary changes in a  
32 panel of ~~physicians and chiropractors~~ *health care providers* and  
33 shall suspend or remove any ~~physician or chiropractor~~ *health care*  
34 *provider* from a panel for good cause shown ~~;~~  
35 ~~7.~~ *in accordance with section 2 of this act.*

36 8. An injured employee may receive treatment by more than  
37 one ~~physician or chiropractor if~~ *health care provider:*

38 (a) *If* the insurer provides written authorization for such  
39 treatment ~~;~~  
40 ~~8.~~ *;* *or*

41 (b) *By order of a hearing officer or appeals officer.*

42 9. The Administrator shall design a form that notifies injured  
43 employees of their right pursuant to subsections ~~2.~~ 3, ~~and~~ 4 *and*  
44 5 to select an alternative treating ~~physician or chiropractor~~ *health*



1 *care provider* and make the form available to insurers for  
2 distribution pursuant to subsection 2 of NRS 616C.050.

3 **10.** *As used in this section, "health care provider" has the*  
4 *meaning ascribed to it in section 2 of this act.*

5 **Sec. 9.** NRS 616C.095 is hereby amended to read as follows:

6 616C.095 **1.** The ~~physician or chiropractor~~ *health care*  
7 *provider* shall inform the injured employee of the injured  
8 employee's rights under chapters 616A to 616D, inclusive, or  
9 chapter 617 of NRS and lend all necessary assistance in making  
10 application for compensation and such proof of other matters as  
11 required by the rules of the Division, without charge to the  
12 employee.

13 **2.** *As used in this section, "health care provider" has the*  
14 *meaning ascribed to it in section 2 of this act.*

15 **Sec. 10.** NRS 616C.098 is hereby amended to read as follows:

16 616C.098 **1.** Certain phrases relating to a claim for  
17 compensation for an industrial injury or occupational disease and  
18 used by a ~~physician or chiropractor~~ *health care provider* when  
19 determining the causation of an industrial injury or occupational  
20 disease are deemed to be equivalent and may be used  
21 interchangeably. Those phrases are:

22 ~~1.~~ **(a)** "Directly connect this injury or occupational disease as  
23 job incurred"; and

24 ~~2.~~ **(b)** "A degree of reasonable medical probability that the  
25 condition in question was caused by the industrial injury."

26 **2.** *As used in this section, "health care provider" has the*  
27 *meaning ascribed to it in section 2 of this act.*

28 **Sec. 11.** NRS 616C.130 is hereby amended to read as follows:

29 616C.130 **1.** The insurer shall not authorize the payment of  
30 any money to a ~~physician or chiropractor~~ *health care provider* for  
31 services rendered by the ~~physician or chiropractor, as applicable,~~  
32 *health care provider* in attending an injured employee until an  
33 itemized statement for the services has been received by the insurer  
34 accompanied by a certificate of the ~~physician or chiropractor~~  
35 *health care provider* stating that a duplicate of the itemized  
36 statement has been filed with the employer of the injured employee.

37 **2.** *As used in this section, "health care provider" has the*  
38 *meaning ascribed to it in section 2 of this act.*

39 **Sec. 12.** NRS 616C.140 is hereby amended to read as follows:

40 616C.140 **1.** Any employee who is entitled to receive  
41 compensation under chapters 616A to 616D, inclusive, of NRS  
42 shall, if:

43 (a) Requested by the insurer or employer; or

44 (b) Ordered by an appeals officer or a hearing officer,



1 ↪ submit to a medical examination at a time and from time to time  
2 at a place reasonably convenient for the employee, and as may be  
3 provided by the regulations of the Division.

4 2. If the insurer has reasonable cause to believe that an injured  
5 employee who is receiving compensation for a permanent total  
6 disability is no longer disabled, the insurer may request the  
7 employee to submit to an annual medical examination to determine  
8 whether the disability still exists. The insurer shall pay the costs of  
9 the examination.

10 3. The request or order for an examination must fix a time and  
11 place therefor, with due regard for the nature of the medical  
12 examination, the convenience of the employee, the employee's  
13 physical condition and the employee's ability to attend at the time  
14 and place fixed.

15 4. The employee is entitled to have a ~~physician or~~  
16 ~~chiropractor.] health care provider~~, provided and paid for by the  
17 employee, present at any such examination.

18 5. If the employee refuses to submit to an examination ordered  
19 or requested pursuant to subsection 1 or 2 or obstructs the  
20 examination, the right of the employee to compensation is  
21 suspended until the examination has taken place, and no  
22 compensation is payable during or for the period of suspension.

23 6. Any ~~physician or chiropractor] health care provider~~ who  
24 makes or is present at any such examination may be required to  
25 testify as to the result thereof.

26 7. *As used in this section, "health care provider" has the*  
27 *meaning ascribed to it in section 2 of this act.*

28 **Sec. 13.** NRS 616C.145 is hereby amended to read as follows:

29 616C.145 1. An injured employee may obtain an independent  
30 medical examination:

31 (a) Except as otherwise provided in subsections 2 and 3,  
32 whenever a dispute arises from a determination issued by the insurer  
33 regarding the approval of care, the direction of a treatment plan or  
34 the scope of the claim;

35 (b) Within 30 days after an injured employee receives any report  
36 generated pursuant to a medical examination requested by the  
37 insurer pursuant to NRS 616C.140; or

38 (c) At any time by leave of a hearing officer or appeals officer  
39 after the denial of any therapy or treatment.

40 2. An injured employee is entitled to an independent medical  
41 examination pursuant to paragraph (a) of subsection 1 only:

42 (a) For a claim for compensation that is open;

43 (b) When the closure of a claim for compensation is under  
44 dispute pursuant to NRS 616C.235; or



1 (c) When a hearing or appeal is pending pursuant to NRS  
2 616C.330 or 616C.360.

3 3. An injured employee is entitled to only one independent  
4 medical examination per calendar year pursuant to paragraph (a) of  
5 subsection 1.

6 4. Except as otherwise provided in subsection 5, an  
7 independent medical examination must not involve treatment and  
8 must be conducted by a physician or chiropractor selected by the  
9 injured employee from the panel of ~~[physicians and chiropractors]~~  
10 *health care providers* established pursuant to subsection 1 of NRS  
11 616C.090. *As used in this subsection, "health care provider" has*  
12 *the meaning ascribed to it in section 2 of this act.*

13 5. If the dispute concerns the rating of a permanent disability,  
14 an independent medical examination may be conducted by a rating  
15 physician or chiropractor. The injured employee must select the next  
16 rating physician or chiropractor in rotation from the list of qualified  
17 physicians and chiropractors maintained by the Administrator  
18 pursuant to subsection 2 of NRS 616C.490, unless the insurer and  
19 the injured employee otherwise agree to a rating physician or  
20 chiropractor.

21 6. The insurer shall:

22 (a) Pay the costs of any independent medical examination  
23 conducted pursuant to this section in accordance with NRS  
24 616C.260; and

25 (b) Upon request, receive a copy of any report or other  
26 document that is generated as a result of the independent medical  
27 examination.

28 7. The provisions of this section do not apply to an independent  
29 medical examination ordered by a hearing officer pursuant to  
30 subsection 3 of NRS 616C.330 or by an appeals officer pursuant to  
31 subsection 3 of NRS 616C.360.

32 **Sec. 14.** NRS 616C.160 is hereby amended to read as follows:

33 616C.160 **1.** If, after a claim for compensation is filed  
34 pursuant to NRS 616C.020:

35 ~~[1.]~~ (a) The injured employee seeks treatment from a ~~[physician~~  
36 ~~or chiropractor]~~ *health care provider* for a newly developed injury  
37 or disease; and

38 ~~[2.]~~ (b) The employee's medical records for the injury reported  
39 do not include a reference to the injury or disease for which  
40 treatment is being sought, or there is no documentation indicating  
41 that there was possible exposure to an injury described in paragraph  
42 (b), (c) or (d) of subsection 2 of NRS 616A.265,

43 ↪ the injury or disease for which treatment is being sought must not  
44 be considered part of the employee's original claim for  
45 compensation unless the ~~[physician or chiropractor]~~ *health care*



1 *provider* establishes by medical evidence a causal relationship  
2 between the injury or disease for which treatment is being sought  
3 and the original accident.

4 *2. As used in this section, "health care provider" has the*  
5 *meaning ascribed to it in section 2 of this act.*

6 **Sec. 15.** NRS 616C.230 is hereby amended to read as follows:

7 616C.230 1. Compensation is not payable pursuant to the  
8 provisions of chapters 616A to 616D, inclusive, or chapter 617 of  
9 NRS for an injury:

10 (a) Caused by the employee's willful intention to injure himself  
11 or herself.

12 (b) Caused by the employee's willful intention to injure another.

13 (c) That occurred while the employee was in a state of  
14 intoxication, unless the employee can prove by clear and convincing  
15 evidence that his or her state of intoxication was not the proximate  
16 cause of the injury. For the purposes of this paragraph, an employee  
17 is in a state of intoxication if the level of alcohol in the bloodstream  
18 of the employee meets or exceeds the limits set forth in subsection 1  
19 of NRS 484C.110.

20 (d) That occurred while the employee was under the influence of  
21 a controlled or prohibited substance, unless the employee can prove  
22 by clear and convincing evidence that his or her being under the  
23 influence of a controlled or prohibited substance was not the  
24 proximate cause of the injury. For the purposes of this paragraph, an  
25 employee is under the influence of a controlled or prohibited  
26 substance if the employee had an amount of a controlled or  
27 prohibited substance in his or her system at the time of his or her  
28 injury that was equal to or greater than the limits set forth in  
29 subsection 3 or 4 of NRS 484C.110 and for which the employee did  
30 not have a current and lawful prescription issued in the employee's  
31 name.

32 2. For the purposes of paragraphs (c) and (d) of subsection 1:

33 (a) The affidavit or declaration of an expert or other person  
34 described in NRS 50.310, 50.315 or 50.320 is admissible to prove  
35 the existence of an impermissible quantity of alcohol or the  
36 existence, quantity or identity of an impermissible controlled or  
37 prohibited substance in an employee's system. If the affidavit or  
38 declaration is to be so used, it must be submitted in the manner  
39 prescribed in NRS 616C.355.

40 (b) When an examination requested or ordered includes testing  
41 for the use of alcohol or a controlled or prohibited substance, the  
42 laboratory that conducts the testing must be licensed pursuant to the  
43 provisions of chapter 652 of NRS.

44 (c) The results of any testing for the use of alcohol or a  
45 controlled or prohibited substance, irrespective of the purpose for



1 performing the test, must be made available to an insurer or  
2 employer upon request, to the extent that doing so does not conflict  
3 with federal law.

4 3. No compensation is payable for the death, disability or  
5 treatment of an employee if the employee's death is caused by,  
6 or insofar as the employee's disability is aggravated, caused or  
7 continued by, an unreasonable refusal or neglect to submit to or to  
8 follow any competent and reasonable surgical treatment or medical  
9 aid.

10 4. If any employee persists in an unsanitary or injurious  
11 practice that imperils or retards his or her recovery, or refuses to  
12 submit to such medical or surgical treatment as is necessary to  
13 promote his or her recovery, the employee's compensation may be  
14 reduced or suspended.

15 5. An injured employee's compensation, other than accident  
16 benefits, must be suspended if:

17 (a) A ~~physician or chiropractor~~ *health care provider*  
18 determines that the employee is unable to undergo treatment, testing  
19 or examination for the industrial injury solely because of a condition  
20 or injury that did not arise out of and in the course of employment;  
21 and

22 (b) It is within the ability of the employee to correct the  
23 nonindustrial condition or injury.

24 ➤ The compensation must be suspended until the injured employee  
25 is able to resume treatment, testing or examination for the industrial  
26 injury. The insurer may elect to pay for the treatment of the  
27 nonindustrial condition or injury.

28 6. As used in this section ~~["prohibited"]~~:

29 (a) *"Health care provider" has the meaning ascribed to it in*  
30 *section 2 of this act.*

31 (b) *"Prohibited substance" has the meaning ascribed to it in*  
32 *NRS 484C.080.*

33 **Sec. 16.** NRS 616C.260 is hereby amended to read as follows:

34 616C.260 1. All fees and charges for accident benefits must  
35 not:

36 (a) Exceed the amounts usually billed and paid in the State for  
37 similar treatment.

38 (b) Be unfairly discriminatory as between persons legally  
39 qualified to provide the particular service for which the fees or  
40 charges are asked.

41 2. The Administrator shall, giving consideration to the fees and  
42 charges being billed and paid in the State, establish a schedule of  
43 reasonable fees and charges allowable for accident benefits provided  
44 to injured employees whose insurers have not contracted with an  
45 organization for managed care or with providers of health care



1 ~~services~~ pursuant to NRS 616B.527. The Administrator shall  
2 review and revise the schedule on or before February 1 of each year.  
3 In the revision, the Administrator shall adjust the schedule by the  
4 corresponding annual change in the Consumer Price Index, Medical  
5 Care Component.

6 3. The Administrator shall designate a vendor who compiles  
7 data on a national basis concerning fees and charges that are billed  
8 and paid for treatment or services similar to the treatment and  
9 services that qualify as accident benefits in this State to provide the  
10 Administrator with such information as the Administrator deems  
11 necessary to carry out the provisions of subsection 2. The  
12 designation must be made pursuant to reasonable competitive  
13 bidding procedures established by the Administrator. In addition,  
14 the Administrator may request a health insurer, health maintenance  
15 organization or provider of accident benefits, an agent or employee  
16 of such a person, or an agency of the State to provide the  
17 Administrator with information concerning fees and charges that are  
18 billed and paid in this State for similar services as the Administrator  
19 deems necessary to carry out the provisions of subsection 2. The  
20 Administrator shall require a health insurer, health maintenance  
21 organization or provider of accident benefits, an agent or employee  
22 of such a person, or an agency of the State that provides records or  
23 reports of fees and charges billed and paid pursuant to this section to  
24 provide interpretation and identification concerning the information  
25 delivered. The Administrator may impose an administrative fine of  
26 \$500 on a health insurer, health maintenance organization or  
27 provider of accident benefits, or an agent or employee of such a  
28 person for each refusal to provide the information requested  
29 pursuant to this subsection.

30 4. The Division may adopt reasonable regulations necessary to  
31 carry out the provisions of this section. The regulations must include  
32 provisions concerning:

33 (a) Standards for the development of the schedule of fees and  
34 charges that are billed and paid; and

35 (b) The monitoring of compliance by providers of benefits with  
36 the schedule of fees and charges.

37 5. The Division shall adopt regulations requiring the use of a  
38 system of billing codes as recommended by the American Medical  
39 Association.

40 **Sec. 17.** NRS 616C.270 is hereby amended to read as follows:

41 616C.270 1. Every employer who has elected to provide  
42 accident benefits for his or her injured employees shall prepare and  
43 submit a written report to the Administrator:



1 (a) Within 6 days after any accident if an injured employee is  
2 examined *by a physician or chiropractor* or treated by a ~~[physician~~  
3 ~~or chiropractor;]~~ *health care provider*; and

4 (b) If the injured employee receives additional medical services.  
5 2. The Administrator shall review each report to determine  
6 whether the employer is furnishing the accident benefits required by  
7 chapters 616A to 616D, inclusive, of NRS.

8 3. The content and form of the written reports must be  
9 prescribed by the Administrator.

10 4. *As used in this section, "health care provider" has the*  
11 *meaning ascribed to it in section 2 of this act.*

12 **Sec. 18.** NRS 616C.275 is hereby amended to read as follows:

13 616C.275 1. If the Administrator finds that the employer is  
14 furnishing the requirements of accident benefits in such a manner  
15 that there are reasonable grounds for believing that the health, life or  
16 recovery of the employee is being endangered or impaired thereby,  
17 or that an employer has failed to provide benefits pursuant to NRS  
18 616C.265 for which he or she has made arrangements, the  
19 Administrator may, upon application of the employee, or upon the  
20 Administrator's own motion, order a change of ~~[physicians or~~  
21 ~~chiropractors]~~ *health care providers* or of any other requirements of  
22 accident benefits.

23 2. If the Administrator orders a change of ~~[physicians or~~  
24 ~~chiropractors]~~ *health care providers* or of any other accident  
25 benefits, the cost of the change must be borne by the insurer.

26 3. The cause of action of an injured employee against an  
27 employer insured by a private carrier must be assigned to the private  
28 carrier.

29 4. *As used in this section, "health care provider" has the*  
30 *meaning ascribed to it in section 2 of this act.*

31 **Sec. 19.** NRS 616C.280 is hereby amended to read as follows:

32 616C.280 1. The Administrator may withdraw his or her  
33 approval of an employer's providing accident benefits for his or her  
34 employees and require the employer to pay the premium collected  
35 pursuant to NRS 616C.255 if the employer intentionally:

36 ~~[1.]~~ (a) Determines incorrectly that a claimed injury did not  
37 arise out of and in the course of the employee's employment;

38 ~~[2.]~~ (b) Fails to advise an injured employee of the employee's  
39 rights under chapters 616A to 616D, inclusive, or chapter 617 of  
40 NRS;

41 ~~[3.]~~ (c) Impedes the determination of disability or benefits by  
42 delaying a needed change of an injured employee's ~~[physician or~~  
43 ~~chiropractor;~~

44 ~~—4.]~~ *health care provider*;



1 (d) Causes an injured employee to file a legal action to recover  
2 any compensation or other medical benefits due the employee from  
3 the employer;

4 ~~15.1~~ (e) Violates any of the Administrator's or the Division's  
5 regulations regarding the provision of accident benefits by  
6 employers; or

7 ~~16.1~~ (f) Discriminates against an employee who claims benefits  
8 under chapters 616A to 616D, inclusive, or chapter 617 of NRS.

9 **2. As used in this section, "health care provider" has the**  
10 **meaning ascribed to it in section 2 of this act.**

11 **Sec. 20.** NRS 616C.330 is hereby amended to read as follows:

12 616C.330 1. The hearing officer shall:

13 (a) Except as otherwise provided in subsection 2 of NRS  
14 616C.315, within 5 days after receiving a request for a hearing, set  
15 the hearing for a date and time within 30 days after his or her receipt  
16 of the request at a place in Carson City, Nevada, or Las Vegas,  
17 Nevada, or upon agreement of one or more of the parties to pay all  
18 additional costs directly related to an alternative location, at any  
19 other place of convenience to the parties, at the discretion of the  
20 hearing officer;

21 (b) Give notice by mail or by personal service to all interested  
22 parties to the hearing at least 15 days before the date and time  
23 scheduled; and

24 (c) Conduct hearings expeditiously and informally.

25 2. The notice must include a statement that the injured  
26 employee may be represented by a private attorney or seek  
27 assistance and advice from the Nevada Attorney for Injured  
28 Workers.

29 3. If necessary to resolve a medical question concerning an  
30 injured employee's condition or to determine the necessity of  
31 treatment for which authorization for payment has been denied, the  
32 hearing officer may order an independent medical examination,  
33 which must not involve treatment, and refer the employee to a  
34 physician or chiropractor of his or her choice who has demonstrated  
35 special competence to treat the particular medical condition of the  
36 employee, whether or not the physician or chiropractor is on the  
37 insurer's panel of providers of health care. If the medical question  
38 concerns the rating of a permanent disability, the hearing officer  
39 may refer the employee to a rating physician or chiropractor. The  
40 rating physician or chiropractor must be selected in rotation from  
41 the list of qualified physicians and chiropractors maintained by the  
42 Administrator pursuant to subsection 2 of NRS 616C.490, unless the  
43 insurer and injured employee otherwise agree to a rating physician  
44 or chiropractor. The insurer shall pay the costs of any medical  
45 examination requested by the hearing officer.



1 4. The hearing officer may consider the opinion of an  
2 examining physician or chiropractor, in addition to the opinion of an  
3 authorized treating ~~[physician or chiropractor,]~~ **health care**  
4 **provider**, in determining the compensation payable to the injured  
5 employee. *As used in this subsection, "health care provider" has*  
6 *the meaning ascribed to it in section 2 of this act.*

7 5. If an injured employee has requested payment for the cost of  
8 obtaining a second determination of his or her percentage of  
9 disability pursuant to NRS 616C.100, the hearing officer shall  
10 decide whether the determination of the higher percentage of  
11 disability made pursuant to NRS 616C.100 is appropriate and, if so,  
12 may order the insurer to pay to the employee an amount equal to the  
13 maximum allowable fee established by the Administrator pursuant  
14 to NRS 616C.260 for the type of service performed, or the usual fee  
15 of that physician or chiropractor for such service, whichever is less.

16 6. The hearing officer shall order an insurer, organization for  
17 managed care or employer who provides accident benefits for  
18 injured employees pursuant to NRS 616C.265 to pay to the  
19 appropriate person the charges of a provider of health care if the  
20 conditions of NRS 616C.138 are satisfied.

21 7. The hearing officer may allow or forbid the presence of a  
22 court reporter and the use of a tape recorder in a hearing.

23 8. The hearing officer shall render his or her decision within 15  
24 days after:

25 (a) The hearing; or

26 (b) The hearing officer receives a copy of the report from the  
27 medical examination the hearing officer requested.

28 9. The hearing officer shall render a decision in the most  
29 efficient format developed by the Chief of the Hearings Division of  
30 the Department of Administration.

31 10. The hearing officer shall give notice of the decision to each  
32 party by mail. The hearing officer shall include with the notice of  
33 the decision the necessary forms for appealing from the decision.

34 11. Except as otherwise provided in NRS 616C.380, the  
35 decision of the hearing officer is not stayed if an appeal from that  
36 decision is taken unless an application for a stay is submitted by a  
37 party. If such an application is submitted, the decision is  
38 automatically stayed until a determination is made on the  
39 application. A determination on the application must be made within  
40 30 days after the filing of the application. If, after reviewing the  
41 application, a stay is not granted by the hearing officer or an appeals  
42 officer, the decision must be complied with within 10 days after the  
43 refusal to grant a stay.



1       **Sec. 21.** NRS 616C.350 is hereby amended to read as follows:

2       616C.350 1. Any ~~physician or chiropractor~~ *health care*  
3 *provider* who attends an employee within the provisions of chapters  
4 616A to 616D, inclusive, or chapter 617 of NRS in a professional  
5 capacity, may be required to testify before an appeals officer. A  
6 ~~physician or chiropractor~~ *health care provider* who testifies is  
7 entitled to receive the same fees as witnesses in civil cases and, if  
8 the appeals officer so orders at his or her own discretion, a fee equal  
9 to that authorized for a consultation by the appropriate schedule of  
10 fees for ~~physicians or chiropractors.~~ *health care providers who*  
11 *practice in that discipline or specialization.* These fees must be  
12 paid by the insurer.

13       2. Information gained by the attending ~~physician or~~  
14 ~~chiropractor~~ *health care provider* while in attendance on the  
15 injured employee is not a privileged communication if:

16       (a) Required by an appeals officer for a proper understanding of  
17 the case and a determination of the rights involved; or

18       (b) The information is related to any fraud that has been or is  
19 alleged to have been committed in violation of the provisions of this  
20 chapter or chapter 616A, 616B, 616D or 617 of NRS.

21       3. *As used in this section, "health care provider" has the*  
22 *meaning ascribed to it in section 2 of this act.*

23       **Sec. 22.** NRS 616C.360 is hereby amended to read as follows:

24       616C.360 1. A stenographic or electronic record must be kept  
25 of the hearing before the appeals officer and the rules of evidence  
26 applicable to contested cases under chapter 233B of NRS apply to  
27 the hearing.

28       2. The appeals officer must hear any matter raised before him  
29 or her on its merits, including new evidence bearing on the matter.

30       3. If there is a medical question or dispute concerning an  
31 injured employee's condition or concerning the necessity of  
32 treatment for which authorization for payment has been denied, the  
33 appeals officer may:

34       (a) Order an independent medical examination and refer the  
35 employee to a physician or chiropractor of his or her choice who has  
36 demonstrated special competence to treat the particular medical  
37 condition of the employee, whether or not the physician or  
38 chiropractor is on the insurer's panel of providers of health care. If  
39 the medical question concerns the rating of a permanent disability,  
40 the appeals officer may refer the employee to a rating physician or  
41 chiropractor. The rating physician or chiropractor must be selected  
42 in rotation from the list of qualified physicians or chiropractors  
43 maintained by the Administrator pursuant to subsection 2 of NRS  
44 616C.490, unless the insurer and the injured employee otherwise



1 agree to a rating physician or chiropractor. The insurer shall pay the  
2 costs of any examination requested by the appeals officer.

3 (b) If the medical question or dispute is relevant to an issue  
4 involved in the matter before the appeals officer and all parties agree  
5 to the submission of the matter to an independent review  
6 organization, submit the matter to an independent review  
7 organization in accordance with NRS 616C.363 and any regulations  
8 adopted by the Commissioner.

9 4. The appeals officer may consider the opinion of an  
10 examining physician or chiropractor, in addition to the opinion of an  
11 authorized treating ~~{physician or chiropractor.}~~ *health care*  
12 *provider*, in determining the compensation payable to the injured  
13 employee. *As used in this subsection, "health care provider" has*  
14 *the meaning ascribed to it in section 2 of this act.*

15 5. If an injured employee has requested payment for the cost of  
16 obtaining a second determination of his or her percentage of  
17 disability pursuant to NRS 616C.100, the appeals officer shall  
18 decide whether the determination of the higher percentage of  
19 disability made pursuant to NRS 616C.100 is appropriate and, if so,  
20 may order the insurer to pay to the employee an amount equal to the  
21 maximum allowable fee established by the Administrator pursuant  
22 to NRS 616C.260 for the type of service performed, or the usual fee  
23 of that physician or chiropractor for such service, whichever is less.

24 6. The appeals officer shall order an insurer, organization for  
25 managed care or employer who provides accident benefits for  
26 injured employees pursuant to NRS 616C.265 to pay to the  
27 appropriate person the charges of a provider of health care if the  
28 conditions of NRS 616C.138 are satisfied.

29 7. Any party to the appeal or contested case or the appeals  
30 officer may order a transcript of the record of the hearing at any  
31 time before the seventh day after the hearing. The transcript must be  
32 filed within 30 days after the date of the order unless the appeals  
33 officer otherwise orders.

34 8. Except as otherwise provided in subsection 9, the appeals  
35 officer shall render a decision:

36 (a) If a transcript is ordered within 7 days after the hearing,  
37 within 30 days after the transcript is filed; or

38 (b) If a transcript has not been ordered, within 30 days after the  
39 date of the hearing.

40 9. The appeals officer shall render a decision on a contested  
41 claim submitted pursuant to subsection 2 of NRS 616C.345 within  
42 15 days after:



1 (a) The date of the hearing; or  
2 (b) If the appeals officer orders an independent medical  
3 examination, the date the appeals officer receives the report of the  
4 examination,

5 ↪ unless both parties to the contested claim agree to a later date.

6 10. The appeals officer may affirm, modify or reverse any  
7 decision made by a hearing officer and issue any necessary and  
8 proper order to give effect to his or her decision.

9 **Sec. 23.** NRS 616C.363 is hereby amended to read as follows:

10 616C.363 1. Not later than 5 business days after the date that  
11 an independent review organization receives a request for an  
12 external review, the independent review organization shall:

13 (a) Review the documents and materials submitted for the  
14 external review; and

15 (b) Notify the injured employee, his or her employer and the  
16 insurer whether the independent review organization needs any  
17 additional information to conduct the external review.

18 2. The independent review organization shall render a decision  
19 on the matter not later than 15 business days after the date that it  
20 receives all information that is necessary to conduct the external  
21 review.

22 3. In conducting the external review, the independent review  
23 organization shall consider, without limitation:

24 (a) The medical records of the insured;

25 (b) Any recommendations of the ~~physician~~ *health care*  
26 *provider, as defined in section 2 of this act*, of the insured; and

27 (c) Any other information approved by the Commissioner for  
28 consideration by an independent review organization.

29 4. In its decision, the independent review organization shall  
30 specify the reasons for its decision. The independent review  
31 organization shall submit a copy of its decision to:

32 (a) The injured employee;

33 (b) The employer;

34 (c) The insurer; and

35 (d) The appeals officer, if any.

36 5. The insurer shall pay the costs of the services provided by  
37 the independent review organization.

38 6. The Commissioner may adopt regulations to govern the  
39 process of external review and to carry out the provisions of this  
40 section. Any regulations adopted pursuant to this section must  
41 provide that:

42 (a) All parties must agree to the submission of a matter to an  
43 independent review organization before a request for external  
44 review may be submitted;



1 (b) A party may not be ordered to submit a matter to an  
2 independent review organization; and

3 (c) The findings and decisions of an independent review  
4 organization are not binding.

5 **Sec. 24.** NRS 616C.390 is hereby amended to read as follows:  
6 616C.390 Except as otherwise provided in NRS 616C.392:

7 1. If an application to reopen a claim to increase or rearrange  
8 compensation is made in writing more than 1 year after the date on  
9 which the claim was closed, the insurer shall reopen the claim if:

10 (a) A change of circumstances warrants an increase or  
11 rearrangement of compensation during the life of the claimant;

12 (b) The primary cause of the change of circumstances is the  
13 injury for which the claim was originally made; and

14 (c) The application is accompanied by the certificate of a  
15 ~~[physician or a chiropractor]~~ *health care provider* showing a change  
16 of circumstances which would warrant an increase or rearrangement  
17 of compensation.

18 2. After a claim has been closed, the insurer, upon receiving an  
19 application and for good cause shown, may authorize the reopening  
20 of the claim for medical investigation only. The application must be  
21 accompanied by a written request for treatment from the ~~[physician  
22 or chiropractor]~~ *health care provider* treating the claimant,  
23 certifying that the treatment is indicated by a change in  
24 circumstances and is related to the industrial injury sustained by the  
25 claimant.

26 3. If a claimant applies for a claim to be reopened pursuant to  
27 subsection 1 or 2 and a final determination denying the reopening is  
28 issued, the claimant shall not reapply to reopen the claim until at  
29 least 1 year after the date on which the final determination is issued.

30 4. Except as otherwise provided in subsection 5, if an  
31 application to reopen a claim is made in writing within 1 year after  
32 the date on which the claim was closed, the insurer shall reopen the  
33 claim only if:

34 (a) The application is supported by medical evidence  
35 demonstrating an objective change in the medical condition of the  
36 claimant; and

37 (b) There is clear and convincing evidence that the primary  
38 cause of the change of circumstances is the injury for which the  
39 claim was originally made.

40 5. An application to reopen a claim must be made in writing  
41 within 1 year after the date on which the claim was closed if:

42 (a) The claimant did not meet the minimum duration of  
43 incapacity as set forth in NRS 616C.400 as a result of the injury;  
44 and



1 (b) The claimant did not receive benefits for a permanent partial  
2 disability.

3 ➔ If an application to reopen a claim to increase or rearrange  
4 compensation is made pursuant to this subsection, the insurer shall  
5 reopen the claim if the requirements set forth in paragraphs (a), (b)  
6 and (c) of subsection 1 are met.

7 6. If an employee's claim is reopened pursuant to this section,  
8 the employee is not entitled to vocational rehabilitation services or  
9 benefits for a temporary total disability if, before the claim was  
10 reopened, the employee:

11 (a) Retired; or

12 (b) Otherwise voluntarily removed himself or herself from the  
13 workforce,

14 ➔ for reasons unrelated to the injury for which the claim was  
15 originally made.

16 7. One year after the date on which the claim was closed, an  
17 insurer may dispose of the file of a claim authorized to be reopened  
18 pursuant to subsection 5, unless an application to reopen the claim  
19 has been filed pursuant to that subsection.

20 8. An increase or rearrangement of compensation is not  
21 effective before an application for reopening a claim is made unless  
22 good cause is shown. The insurer shall, upon good cause shown,  
23 allow the cost of emergency treatment the necessity for which has  
24 been certified by a ~~[physician or a chiropractor.]~~ **health care**  
25 **provider.**

26 9. A claim that closes pursuant to subsection 2 of NRS  
27 616C.235 and is not appealed or is unsuccessfully appealed pursuant  
28 to the provisions of NRS 616C.305 and 616C.315 to 616C.385,  
29 inclusive, may not be reopened pursuant to this section.

30 10. The provisions of this section apply to any claim for which  
31 an application to reopen the claim or to increase or rearrange  
32 compensation is made pursuant to this section, regardless of the date  
33 of the injury or accident to the claimant. If a claim is reopened  
34 pursuant to this section, the amount of any compensation or benefits  
35 provided must be determined in accordance with the provisions of  
36 NRS 616C.425.

37 11. As used in this section:

38 (a) "Governmental program" means any program or plan under  
39 which a person receives payments from a public form of retirement.  
40 Such payments from a public form of retirement include, without  
41 limitation:

42 (1) Social security received as a result of the Social Security  
43 Act, as defined in NRS 287.120;

44 (2) Payments from the Public Employees' Retirement  
45 System, as established by NRS 286.110;



1 (3) Payments from the Retirees' Fund, as defined in  
2 NRS 287.04064;

3 (4) A disability retirement allowance, as defined in NRS  
4 1A.040 and 286.031;

5 (5) A retirement allowance, as defined in NRS 218C.080;  
6 and

7 (6) A service retirement allowance, as defined in NRS  
8 1A.080 and 286.080.

9 (b) *"Health care provider" has the meaning ascribed to it in*  
10 *section 2 of this act.*

11 (c) "Retired" means a person who, on the date he or she filed for  
12 reopening a claim pursuant to this section:

13 (1) Is not employed or earning wages; and

14 (2) Receives benefits or payments for retirement from a:

15 (I) Pension or retirement plan;

16 (II) Governmental program; or

17 (III) Plan authorized by 26 U.S.C. § 401(a), 401(k),  
18 403(b), 457 or 3121.

19 ~~(c)~~ (d) "Wages" means any remuneration paid by an employer  
20 to an employee for the personal services of the employee, including,  
21 without limitation:

22 (1) Commissions and bonuses; and

23 (2) Remuneration payable in any medium other than cash.

24 **Sec. 25.** NRS 616C.475 is hereby amended to read as follows:

25 616C.475 1. Except as otherwise provided in this section,  
26 NRS 616C.175 and 616C.390, every employee in the employ of an  
27 employer, within the provisions of chapters 616A to 616D,  
28 inclusive, of NRS, who is injured by accident arising out of and in  
29 the course of employment, or his or her dependents, is entitled to  
30 receive for the period of temporary total disability, 66 2/3 percent of  
31 the average monthly wage.

32 2. Except as otherwise provided in NRS 616B.028 and  
33 616B.029, an injured employee or his or her dependents are not  
34 entitled to accrue or be paid any benefits for a temporary total  
35 disability during the time the injured employee is incarcerated. The  
36 injured employee or his or her dependents are entitled to receive  
37 such benefits when the injured employee is released from  
38 incarceration if the injured employee is certified as temporarily  
39 totally disabled by a physician or chiropractor.

40 3. If a claim for the period of temporary total disability is  
41 allowed, the first payment pursuant to this section must be issued by  
42 the insurer within 14 working days after receipt of the initial  
43 certification of disability and regularly thereafter.

44 4. Any increase in compensation and benefits effected by the  
45 amendment of subsection 1 is not retroactive.



1 5. Payments for a temporary total disability must cease when:

2 (a) A physician or chiropractor determines that the employee is  
3 physically capable of any gainful employment for which the  
4 employee is suited, after giving consideration to the employee's  
5 education, training and experience;

6 (b) The employer offers the employee light-duty employment or  
7 employment that is modified according to the limitations or  
8 restrictions imposed by a physician or chiropractor , *or the*  
9 *employee's treating health care provider*, pursuant to subsection 7;  
10 or

11 (c) Except as otherwise provided in NRS 616B.028 and  
12 616B.029, the employee is incarcerated.

13 6. Each insurer may, with each check that it issues to an injured  
14 employee for a temporary total disability, include a form approved  
15 by the Division for the injured employee to request continued  
16 compensation for the temporary total disability.

17 7. A certification of disability issued by a physician or  
18 chiropractor *or the employee's treating health care provider* must:

19 (a) Include the period of disability and a description of any  
20 physical limitations or restrictions imposed upon the work of the  
21 employee;

22 (b) Specify whether the limitations or restrictions are permanent  
23 or temporary; and

24 (c) Be signed by the ~~treating~~ physician or chiropractor , *or the*  
25 *employee's treating health care provider* authorized pursuant to  
26 NRS 616B.527 or appropriately chosen pursuant to subsection ~~3 or~~  
27 *4 or 5* of NRS 616C.090.

28 8. If the certification of disability specifies that the physical  
29 limitations or restrictions are temporary, the employer of the  
30 employee at the time of the employee's accident may offer the  
31 temporary, light-duty employment to the employee. If the employer  
32 makes such an offer, the employer shall confirm the offer in writing  
33 within 10 days after making the offer. The making, acceptance or  
34 rejection of an offer of temporary, light-duty employment pursuant  
35 to this subsection does not affect the eligibility of the employee to  
36 receive vocational rehabilitation services, including compensation,  
37 and does not exempt the employer from complying with NRS  
38 616C.545 to 616C.575, inclusive, and 616C.590 or the regulations  
39 adopted by the Division governing vocational rehabilitation  
40 services. Any offer of temporary, light-duty employment made by  
41 the employer must specify a position that:

42 (a) Is substantially similar to the employee's position at the time  
43 of his or her injury in relation to the location of the employment and  
44 the hours the employee is required to work;

45 (b) Provides a gross wage that is:



1 (1) If the position is in the same classification of  
2 employment, equal to the gross wage the employee was earning at  
3 the time of his or her injury; or

4 (2) If the position is not in the same classification of  
5 employment, substantially similar to the gross wage the employee  
6 was earning at the time of his or her injury; and

7 (c) Has the same employment benefits as the position of the  
8 employee at the time of his or her injury.

9 **9. As used in this section, "health care provider" has the**  
10 **meaning ascribed to it in section 2 of this act.**

11 **Sec. 26.** NRS 616C.490 is hereby amended to read as follows:

12 616C.490 1. Except as otherwise provided in NRS 616C.175,  
13 every employee, in the employ of an employer within the provisions  
14 of chapters 616A to 616D, inclusive, of NRS, who is injured by an  
15 accident arising out of and in the course of employment is entitled to  
16 receive the compensation provided for permanent partial disability.  
17 As used in this section, "disability" and "impairment of the whole  
18 person" are equivalent terms.

19 2. **Except as otherwise provided in subsection 3:**

20 (a) Within 30 days after receiving from a physician or  
21 chiropractor a report indicating that the injured employee may have  
22 suffered a permanent disability and is stable and ratable, the insurer  
23 shall schedule an appointment with the rating physician or  
24 chiropractor selected pursuant to this subsection to determine the  
25 extent of the employee's disability.

26 (b) Unless the insurer and the injured employee otherwise agree  
27 to a rating physician or chiropractor:

28 ~~(a)~~ (1) The insurer shall select the rating physician or  
29 chiropractor from the list of qualified rating physicians and  
30 chiropractors designated by the Administrator, to determine the  
31 percentage of disability in accordance with the American Medical  
32 Association's Guides to the Evaluation of Permanent Impairment as  
33 adopted and supplemented by the Division pursuant to  
34 NRS 616C.110.

35 ~~(b)~~ (2) Rating physicians and chiropractors must be selected  
36 in rotation from the list of qualified physicians and chiropractors  
37 designated by the Administrator, according to their area of  
38 specialization and the order in which their names appear on the list  
39 unless the next physician or chiropractor is currently an employee of  
40 the insurer making the selection, in which case the insurer must  
41 select the physician or chiropractor who is next on the list and who  
42 is not currently an employee of the insurer.

43 3. **Notwithstanding any other provision of law, an injured**  
44 **employee or the legal representative of an injured employee may,**  
45 **at any time, without limitation, request that the Administrator**



1 *select a rating physician or chiropractor from the list of qualified*  
2 *physicians and chiropractors designated by the Administrator. The*  
3 *Administrator, upon receipt of the request, shall immediately*  
4 *select for the injured employee the rating physician or*  
5 *chiropractor who is next in rotation on the list, according to the*  
6 *area of specialization.*

7 4. If an insurer contacts ~~the~~ a treating physician or  
8 chiropractor to determine whether an injured employee has suffered  
9 a permanent disability, the insurer shall deliver to the treating  
10 physician or chiropractor that portion or a summary of that portion  
11 of the American Medical Association's Guides to the Evaluation of  
12 Permanent Impairment as adopted by the Division pursuant to NRS  
13 616C.110 that is relevant to the type of injury incurred by the  
14 employee.

15 ~~4.~~ 5. At the request of the insurer, the injured employee shall,  
16 before an evaluation by a rating physician or chiropractor is  
17 performed, notify the insurer of:

18 (a) Any previous evaluations performed to determine the extent  
19 of any of the employee's disabilities; and

20 (b) Any previous injury, disease or condition sustained by the  
21 employee which is relevant to the evaluation performed pursuant to  
22 this section.

23 ↪ The notice must be on a form approved by the Administrator and  
24 provided to the injured employee by the insurer at the time of the  
25 insurer's request.

26 ~~5.~~ 6. Unless the regulations adopted pursuant to NRS  
27 616C.110 provide otherwise, a rating evaluation must include an  
28 evaluation of the loss of motion, sensation and strength of an injured  
29 employee if the injury is of a type that might have caused such a  
30 loss. Except in the case of claims accepted pursuant to NRS  
31 616C.180, no factors other than the degree of physical impairment  
32 of the whole person may be considered in calculating the  
33 entitlement to compensation for a permanent partial disability.

34 ~~6.~~ 7. The rating physician or chiropractor shall provide the  
35 insurer with his or her evaluation of the injured employee. After  
36 receiving the evaluation, the insurer shall, within 14 days, provide  
37 the employee with a copy of the evaluation and notify the employee:

38 (a) Of the compensation to which the employee is entitled  
39 pursuant to this section; or

40 (b) That the employee is not entitled to benefits for permanent  
41 partial disability.

42 ~~7.~~ 8. Each 1 percent of impairment of the whole person must  
43 be compensated by a monthly payment:

44 (a) Of 0.5 percent of the claimant's average monthly wage for  
45 injuries sustained before July 1, 1981;



1 (b) Of 0.6 percent of the claimant's average monthly wage for  
2 injuries sustained on or after July 1, 1981, and before June 18, 1993;

3 (c) Of 0.54 percent of the claimant's average monthly wage for  
4 injuries sustained on or after June 18, 1993, and before January 1,  
5 2000; and

6 (d) Of 0.6 percent of the claimant's average monthly wage for  
7 injuries sustained on or after January 1, 2000.

8 ↪ Compensation must commence on the date of the injury or the  
9 day following the termination of temporary disability compensation,  
10 if any, whichever is later, and must continue on a monthly basis for  
11 5 years or until the claimant is 70 years of age, whichever is later.

12 ~~8.~~ 9. Compensation benefits may be paid annually to  
13 claimants who will be receiving less than \$100 a month.

14 ~~9.~~ 10. Except as otherwise provided in subsection ~~10.~~ 11, if  
15 there is a previous disability, as the loss of one eye, one hand, one  
16 foot, or any other previous permanent disability, the percentage of  
17 disability for a subsequent injury must be determined by computing  
18 the percentage of the entire disability and deducting therefrom the  
19 percentage of the previous disability as it existed at the time of the  
20 subsequent injury.

21 ~~10.~~ 11. If a rating evaluation was completed for a previous  
22 disability involving a condition, organ or anatomical structure that is  
23 identical to the condition, organ or anatomical structure being  
24 evaluated for the present disability, the percentage of disability for a  
25 subsequent injury must be determined by deducting the percentage  
26 of the previous disability from the percentage of the present  
27 disability, regardless of the edition of the American Medical  
28 Association's Guides to the Evaluation of Permanent Impairment as  
29 adopted by the Division pursuant to NRS 616C.110 used to  
30 determine the percentage of the previous disability. The  
31 compensation awarded for a permanent disability on a subsequent  
32 injury must be reduced only by the awarded or agreed upon  
33 percentage of disability actually received by the injured employee  
34 for the previous injury regardless of the percentage of the previous  
35 disability.

36 ~~11.~~ 12. The Division may adopt schedules for rating  
37 permanent disabilities resulting from injuries sustained before  
38 July 1, 1973, and reasonable regulations to carry out the provisions  
39 of this section.

40 ~~12.~~ 13. The increase in compensation and benefits effected  
41 by the amendment of this section is not retroactive for accidents  
42 which occurred before July 1, 1973.

43 ~~13.~~ 14. This section does not entitle any person to double  
44 payments for the death of an employee and a continuation of



1 payments for a permanent partial disability, or to a greater sum in  
2 the aggregate than if the injury had been fatal.

3 **Sec. 27.** NRS 616C.495 is hereby amended to read as follows:

4 616C.495 1. Except as otherwise provided in NRS 616C.380,  
5 an award for a permanent partial disability may be paid in a lump  
6 sum under the following conditions:

7 (a) A claimant injured on or after July 1, 1973, and before  
8 July 1, 1981, who incurs a disability that does not exceed 12 percent  
9 may elect to receive his or her compensation in a lump sum. A  
10 claimant injured on or after July 1, 1981, and before July 1, 1995,  
11 who incurs a disability that does not exceed 30 percent may elect to  
12 receive his or her compensation in a lump sum.

13 (b) The spouse, or in the absence of a spouse, any dependent  
14 child of a deceased claimant injured on or after July 1, 1973, who is  
15 not entitled to compensation in accordance with NRS 616C.505, is  
16 entitled to a lump sum equal to the present value of the deceased  
17 claimant's undisbursed award for a permanent partial disability.

18 (c) Any claimant injured on or after July 1, 1981, and before  
19 July 1, 1995, who incurs a disability that exceeds 30 percent may  
20 elect to receive his or her compensation in a lump sum equal to the  
21 present value of an award for a disability of 30 percent. If the  
22 claimant elects to receive compensation pursuant to this paragraph,  
23 the insurer shall pay in installments to the claimant that portion of  
24 the claimant's disability in excess of 30 percent.

25 (d) Any claimant injured on or after July 1, 1995, and before  
26 January 1, 2016, who incurs a disability that:

27 (1) Does not exceed 25 percent may elect to receive his or  
28 her compensation in a lump sum.

29 (2) Exceeds 25 percent may:

30 (I) Elect to receive his or her compensation in a lump sum  
31 equal to the present value of an award for a disability of 25 percent.  
32 If the claimant elects to receive compensation pursuant to this sub-  
33 subparagraph, the insurer shall pay in installments to the claimant  
34 that portion of the claimant's disability in excess of 25 percent.

35 (II) To the extent that the insurer has offered to provide  
36 compensation in a lump sum up to the present value of an award for  
37 disability of 30 percent, elect to receive his or her compensation in a  
38 lump sum up to the present value of an award for a disability of 30  
39 percent. If the claimant elects to receive compensation pursuant to  
40 this sub-subparagraph, the insurer shall pay in installments to the  
41 claimant that portion of the claimant's disability in excess of 30  
42 percent.

43 (e) Any claimant injured on or after January 1, 2016, and before  
44 July 1, 2017, who incurs a disability that:



1 (1) Does not exceed 30 percent may elect to receive his or  
2 her compensation in a lump sum.

3 (2) Exceeds 30 percent may elect to receive his or her  
4 compensation in a lump sum equal to the present value of an award  
5 for a disability of 30 percent. If the claimant elects to receive  
6 compensation pursuant to this subparagraph, the insurer shall pay in  
7 installments to the claimant that portion of the claimant's disability  
8 in excess of 30 percent.

9 (f) Any claimant injured on or after July 1, 2017, who incurs a  
10 disability that exceeds 30 percent may elect to receive his or her  
11 compensation in a lump sum equal to the present value of an award  
12 for a disability of up to 30 percent. If the claimant elects to receive  
13 compensation pursuant to this paragraph, the insurer shall pay in  
14 installments to the claimant that portion of the claimant's disability  
15 in excess of 30 percent.

16 (g) If the permanent partial disability rating of a claimant  
17 seeking compensation pursuant to this section would, when  
18 combined with any previous permanent partial disability rating of  
19 the claimant that resulted in an award of benefits to the claimant,  
20 result in the claimant having a total permanent partial disability  
21 rating in excess of 100 percent, the claimant's disability rating upon  
22 which compensation is calculated must be reduced by such  
23 percentage as required to limit the total permanent partial disability  
24 rating of the claimant for all injuries to not more than 100 percent.

25 2. If the claimant elects to receive his or her payment for a  
26 permanent partial disability in a lump sum pursuant to subsection 1,  
27 all of the claimant's benefits for compensation terminate. The  
28 claimant's acceptance of that payment constitutes a final settlement  
29 of all factual and legal issues in the case. By so accepting the  
30 claimant waives all of his or her rights regarding the claim,  
31 including the right to appeal from the closure of the case or the  
32 percentage of his or her disability, except:

33 (a) The right of the claimant to:

34 (1) Reopen his or her claim in accordance with the  
35 provisions of NRS 616C.390; or

36 (2) Have his or her claim considered by his or her insurer  
37 pursuant to NRS 616C.392;

38 (b) Any counseling, training or other rehabilitative services  
39 provided by the insurer; and

40 (c) The right of the claimant to receive a benefit penalty in  
41 accordance with NRS 616D.120.

42 ↪ The claimant, when he or she demands payment in a lump sum,  
43 must be provided with a written notice which prominently displays a  
44 statement describing the effects of accepting payment in a lump sum  
45 of an entire permanent partial disability award, any portion of such



1 an award or any uncontested portion of such an award, and that the  
2 claimant has 20 days after the mailing or personal delivery of the  
3 notice within which to retract or reaffirm the demand, before  
4 payment may be made and the claimant's election becomes final.

5 3. Any lump-sum payment which has been paid on a claim  
6 incurred on or after July 1, 1973, must be supplemented if necessary  
7 to conform to the provisions of this section.

8 4. Except as otherwise provided in this subsection, the total  
9 lump-sum payment for disablement must not be less than one-half  
10 the product of the average monthly wage multiplied by the  
11 percentage of disability. If the claimant received compensation in  
12 installment payments for his or her permanent partial disability  
13 before electing to receive payment for that disability in a lump sum,  
14 the lump-sum payment must be calculated for the remaining  
15 payment of compensation.

16 5. The lump sum payable must be equal to the present value of  
17 the compensation awarded, less any advance payment or lump sum  
18 previously paid. The present value must be calculated using monthly  
19 payments in the amounts prescribed in subsection ~~[7]~~ 8 of NRS  
20 616C.490 and actuarial annuity tables adopted by the Division. The  
21 tables must be reviewed annually by a consulting actuary and must  
22 be adjusted accordingly on July 1 of each year by the Division  
23 using:

24 (a) The most recent unisex "Static Mortality Tables for Defined  
25 Benefit Pension Plans" published by the Internal Revenue Service;  
26 and

27 (b) The average 30-Year Treasury Constant Maturity Rate for  
28 March of the current year as reported by the Board of Governors of  
29 the Federal Reserve System.

30 6. If a claimant would receive more money by electing to  
31 receive compensation in a lump sum than the claimant would if he  
32 or she receives installment payments, the claimant may elect to  
33 receive the lump-sum payment.

34 **Sec. 28.** NRS 616C.545 is hereby amended to read as follows:

35 616C.545 1. If an employee does not return to work for 28  
36 consecutive calendar days as a result of an injury arising out of and  
37 in the course of his or her employment or an occupational disease,  
38 the insurer shall contact the treating ~~[physician or chiropractor]~~  
39 *health care provider* to determine whether:

40 ~~[1]~~ (a) There are physical limitations on the injured employee's  
41 ability to work; and

42 ~~[2]~~ (b) The limitations, if any, are permanent or temporary.

43 2. *As used in this section, "health care provider" has the*  
44 *meaning ascribed to it in section 2 of this act.*



1       **Sec. 29.** NRS 616C.550 is hereby amended to read as follows:  
2       616C.550 1. If benefits for a temporary total disability will  
3 be paid to an injured employee for more than 90 days, the insurer or  
4 the injured employee may request a vocational rehabilitation  
5 counselor to prepare a written assessment of the injured employee's  
6 ability or potential to return to:

7       (a) The position the employee held at the time that he or she was  
8 injured; or

9       (b) Any other gainful employment.

10      2. Before completing the written assessment, the counselor  
11 shall:

12      (a) Contact the injured employee and:

13          (1) Identify the injured employee's educational background,  
14 work experience and career interests; and

15          (2) Determine whether the injured employee has any existing  
16 marketable skills.

17      (b) Contact the injured employee's treating ~~physician or~~  
18 ~~chiropractor~~ *health care provider* and determine:

19          (1) Whether the employee has any temporary or permanent  
20 physical limitations;

21          (2) The estimated duration of the limitations;

22          (3) Whether there is a plan for continued medical treatment;  
23 and

24          (4) When the employee may return to the position that the  
25 employee held at the time of his or her injury or to any other  
26 position. The treating ~~physician or chiropractor~~ *health care*  
27 *provider* shall determine whether an employee may return to the  
28 position that the employee held at the time of his or her injury.

29      3. Except as otherwise provided in NRS 616C.542 and  
30 616C.547, a vocational rehabilitation counselor shall prepare a  
31 written assessment not more than 30 days after receiving a request  
32 for a written assessment pursuant to subsection 1. The written  
33 assessment must contain a determination as to whether the employee  
34 is eligible for vocational rehabilitation services pursuant to NRS  
35 616C.590. If the insurer, with the assistance of the counselor,  
36 determines that the employee is eligible for vocational rehabilitation  
37 services, a plan for a program of vocational rehabilitation must be  
38 completed pursuant to NRS 616C.555.

39      4. The Division may, by regulation, require a written  
40 assessment to include additional information.

41      5. If an insurer determines that a written assessment requested  
42 pursuant to subsection 1 is impractical because of the expected  
43 duration of the injured employee's total temporary disability, the  
44 insurer shall:



1 (a) Complete a written report which specifies the insurer's  
2 reasons for the decision; and

3 (b) Review the claim at least once every 60 days.

4 6. The insurer shall deliver a copy of the written assessment or  
5 the report completed pursuant to subsection 5 to the injured  
6 employee, his or her employer, the treating ~~physician or~~  
7 ~~chiropractor~~ *health care provider* and the injured employee's  
8 attorney or representative, if applicable.

9 7. For the purposes of this section, "existing marketable skills"  
10 include, but are not limited to:

11 (a) Completion of:

12 (1) A program at a trade school;

13 (2) A program which resulted in an associate's degree; or

14 (3) A course of study for certification,

15 ↪ if the program or course of study provided the skills and training  
16 necessary for the injured employee to be gainfully employed on a  
17 reasonably continuous basis in an occupation that is reasonably  
18 available in this State.

19 (b) Completion of a 2-year or 4-year program at a college or  
20 university which resulted in a degree.

21 (c) Completion of any portion of a program for a graduate's  
22 degree at a college or university.

23 (d) Skills acquired in previous employment, including those  
24 acquired during an apprenticeship or a program for on-the-job  
25 training.

26 ↪ The skills set forth in paragraphs (a) to (d), inclusive, must have  
27 been acquired within the preceding 7 years and be compatible with  
28 the physical limitations of the injured employee to be considered  
29 existing marketable skills.

30 8. Each written assessment of an injured employee must be  
31 signed by a certified vocational rehabilitation counselor.

32 *9. As used in this section, "health care provider" has the*  
33 *meaning ascribed to it in section 2 of this act.*

34 **Sec. 30.** NRS 616C.555 is hereby amended to read as follows:

35 616C.555 1. A vocational rehabilitation counselor shall  
36 develop a plan for a program of vocational rehabilitation for each  
37 injured employee who is eligible for vocational rehabilitation  
38 services pursuant to NRS 616C.590. The counselor shall work with  
39 the insurer and the injured employee to develop a program that is  
40 compatible with the injured employee's age, sex and physical  
41 condition.

42 2. If the counselor determines in a written assessment  
43 requested pursuant to NRS 616C.550 that the injured employee has  
44 existing marketable skills, the plan must consist of job placement  
45 assistance only. When practicable, the goal of job placement



1 assistance must be to aid the employee in finding a position which  
2 pays a gross wage that is equal to or greater than 80 percent of the  
3 gross wage that the employee was earning at the time of his or her  
4 injury. An injured employee must not receive job placement  
5 assistance for more than 6 months after the date on which the  
6 injured employee was notified that he or she is eligible only for job  
7 placement assistance because:

8 (a) The injured employee was physically capable of returning to  
9 work; or

10 (b) It was determined that the injured employee had existing  
11 marketable skills.

12 3. If the counselor determines in a written assessment  
13 requested pursuant to NRS 616C.550 that the injured employee does  
14 not have existing marketable skills, the plan must consist of a  
15 program which trains or educates the injured employee and provides  
16 job placement assistance. Except as otherwise provided in NRS  
17 616C.560, such a program must not exceed:

18 (a) If the injured employee has incurred a permanent disability  
19 as a result of which permanent restrictions on the ability of the  
20 injured employee to work have been imposed but no permanent  
21 physical impairment rating has been issued, or a permanent  
22 disability with a permanent physical impairment of 1 percent or  
23 more but less than 6 percent, 9 months.

24 (b) If the injured employee has incurred a permanent physical  
25 impairment of 6 percent or more, but less than 11 percent, 1 year.

26 (c) If the injured employee has incurred a permanent physical  
27 impairment of 11 percent or more, 18 months.

28 ➔ The percentage of the injured employee's permanent physical  
29 impairment must be determined pursuant to NRS 616C.490.

30 4. A plan for a program of vocational rehabilitation must  
31 comply with the requirements set forth in NRS 616C.585.

32 5. A plan created pursuant to subsection 2 or 3 must assist the  
33 employee in finding a job or train or educate the employee and  
34 assist the employee in finding a job that is a part of an employer's  
35 regular business operations and from which the employee will gain  
36 skills that would generally be transferable to a job with another  
37 employer.

38 6. A program of vocational rehabilitation must not commence  
39 before the treating ~~[physician or chiropractor,]~~ *health care provider*  
40 or an examining physician or chiropractor determines that the  
41 injured employee is capable of safely participating in the program.

42 7. If, based upon the opinion of a treating *health care provider*  
43 or an examining physician or chiropractor, the counselor determines  
44 that an injured employee is not eligible for vocational rehabilitation



1 services, the counselor shall provide a copy of the opinion to the  
2 injured employee, the injured employee's employer and the insurer.

3 8. A plan for a program of vocational rehabilitation must be  
4 signed by a certified vocational rehabilitation counselor.

5 9. If an initial program of vocational rehabilitation pursuant to  
6 this section is unsuccessful, an injured employee may submit a  
7 written request for the development of a second program of  
8 vocational rehabilitation which relates to the same injury. An insurer  
9 shall authorize a second program for an injured employee upon  
10 good cause shown.

11 10. If a second program of vocational rehabilitation pursuant to  
12 subsection 9 is unsuccessful, an injured employee may submit a  
13 written request for the development of a third program of vocational  
14 rehabilitation which relates to the same injury. The insurer, with the  
15 approval of the employer who was the injured employee's employer  
16 at the time of his or her injury, may authorize a third program for the  
17 injured employee. If such an employer has terminated operations,  
18 the employer's approval is not required for authorization of a third  
19 program. An insurer's determination to authorize or deny a third  
20 program of vocational rehabilitation may not be appealed.

21 11. The Division shall adopt regulations to carry out the  
22 provisions of this section. The regulations must specify the contents  
23 of a plan for a program of vocational rehabilitation.

24 *12. As used in this section, "health care provider" has the*  
25 *meaning ascribed to it in section 2 of this act.*

26 **Sec. 31.** NRS 616C.590 is hereby amended to read as follows:

27 616C.590 1. Except as otherwise provided in this section, an  
28 injured employee is not eligible for vocational rehabilitation  
29 services, unless:

30 (a) The treating ~~[physician or chiropractor]~~ *health care provider*  
31 approves the return of the injured employee to work but imposes  
32 permanent restrictions that prevent the injured employee from  
33 returning to the position that the employee held at the time of his or  
34 her injury;

35 (b) The injured employee's employer does not offer  
36 employment that:

37 (1) The employee is eligible for considering the restrictions  
38 imposed pursuant to paragraph (a);

39 (2) Provides a gross wage that is equal to or greater than 80  
40 percent of the gross wage that the employee was earning at the time  
41 of injury; and

42 (3) Has the same employment benefits as the position of the  
43 employee at the time of his or her injury; and

44 (c) The injured employee is unable to return to gainful  
45 employment with any other employer at a gross wage that is equal



1 to or greater than 80 percent of the gross wage that the employee  
2 was earning at the time of his or her injury.

3 2. If the treating ~~{physician or chiropractor}~~ *health care*  
4 *provider* imposes permanent restrictions on the injured employee for  
5 the purposes of paragraph (a) of subsection 1, he or she shall specify  
6 in writing:

7 (a) The medically objective findings upon which his or her  
8 determination is based; and

9 (b) A detailed description of the restrictions.

10 ↪ The treating ~~{physician or chiropractor}~~ *health care provider*  
11 shall deliver a copy of the findings and the description of the  
12 restrictions to the insurer.

13 3. If there is a question as to whether the restrictions imposed  
14 upon the injured employee are permanent, the employee may  
15 receive vocational rehabilitation services until a final determination  
16 concerning the duration of the restrictions is made.

17 4. Vocational rehabilitation services must cease as soon as the  
18 injured employee is no longer eligible for the services pursuant to  
19 subsection 1.

20 5. An injured employee is not entitled to vocational  
21 rehabilitation services solely because the position that the employee  
22 held at the time of his or her injury is no longer available.

23 6. An injured employee or the dependents of the injured  
24 employee are not entitled to accrue or be paid any money for  
25 vocational rehabilitation services during the time the injured  
26 employee is incarcerated.

27 7. Any injured employee eligible for compensation other than  
28 accident benefits may not be paid those benefits if the injured  
29 employee refuses counseling, training or other vocational  
30 rehabilitation services offered by the insurer. Except as otherwise  
31 provided in NRS 616B.028 and 616B.029, an injured employee  
32 shall be deemed to have refused counseling, training and other  
33 vocational rehabilitation services while the injured employee is  
34 incarcerated.

35 8. If an insurer cannot locate an injured employee for whom it  
36 has ordered vocational rehabilitation services, the insurer may close  
37 his or her claim 21 days after the insurer determines that the  
38 employee cannot be located. The insurer shall make a reasonable  
39 effort to locate the employee.

40 9. The reappearance of the injured employee after his or her  
41 claim has been closed does not automatically reinstate his or her  
42 eligibility for vocational rehabilitation benefits. If the employee  
43 wishes to re-establish his or her eligibility for those benefits, the  
44 injured employee must file a written application with the insurer to



1 reinstate the claim. The insurer shall reinstate the employee's claim  
2 if good cause is shown for the employee's absence.

3 **10. As used in this section, "health care provider" has the**  
4 **meaning ascribed to it in section 2 of this act.**

5 **Sec. 32.** NRS 616D.330 is hereby amended to read as follows:

6 616D.330 1. An insurer, an employer, an organization for  
7 managed care, a third-party administrator or the representative of  
8 any of those persons, the Nevada Attorney for Injured Workers or  
9 an attorney or other compensated representative of an injured  
10 employee shall not initiate:

11 (a) Any oral communication relating to the medical disposition  
12 of the claim of an injured employee with the injured employee's  
13 **treating health care provider or** examining ~~for treating~~ physician  
14 or chiropractor unless the initiator of the oral communication:

15 (1) Maintains, in written form or in a form from which a  
16 written record may be produced, a log that includes the date, time  
17 and subject matter of the communication; and

18 (2) Makes the log available, upon request, to each insurer,  
19 organization for managed care and third-party administrator  
20 interested in the claim or the representative of each of those persons,  
21 the Administrator and the injured employee, the injured employee's  
22 representative and the injured employee's employer; or

23 (b) Any written communication relating to the medical  
24 disposition of the claim with the injured employee's **treating health**  
25 **care provider or** examining ~~for treating~~ physician or chiropractor  
26 unless a copy of the communication is submitted to the injured  
27 employee or the injured employee's representative in a timely  
28 manner.

29 2. If the Administrator determines that a person has violated  
30 the provisions of this section, the Administrator shall:

31 (a) For an initial violation, issue a notice of correction.

32 (b) For a second violation, impose an administrative fine of not  
33 more than \$250.

34 (c) For a third or subsequent violation, impose an administrative  
35 fine of not more than \$1,000.

36 **3. As used in this section, "health care provider" has the**  
37 **meaning ascribed to it in section 2 of this act.**

38 **Sec. 33.** NRS 617.352 is hereby amended to read as follows:

39 617.352 1. Except as otherwise provided in this section, a  
40 treating ~~physician or chiropractor~~ **health care provider** shall,  
41 within 3 working days after first providing treatment to an employee  
42 who has incurred an occupational disease, complete and file a claim  
43 for compensation with the employer of the employee and the  
44 employer's insurer. If the employer is a self-insured employer, the  
45 treating ~~physician or chiropractor~~ **health care provider** shall file



1 the claim for compensation with the employer's third-party  
2 administrator. If the ~~[physician or chiropractor]~~ *health care provider*  
3 files the claim for compensation by electronic transmission, the  
4 ~~[physician or chiropractor]~~ *health care provider* shall, upon request,  
5 mail to the insurer or third-party administrator the form that contains  
6 the original signatures of the employee and the ~~[physician or~~  
7 ~~chiropractor.]~~ *health care provider*. The form must be mailed within  
8 7 days after receiving such a request.

9 2. A ~~[physician or chiropractor]~~ *health care provider* who has  
10 a duty to file a claim for compensation pursuant to subsection 1 may  
11 delegate the duty to a medical facility. If the ~~[physician or~~  
12 ~~chiropractor]~~ *health care provider* delegates the duty to a medical  
13 facility:

14 (a) The medical facility must comply with the filing  
15 requirements set forth in this section; and

16 (b) The delegation must be in writing and signed by:

17 (1) The ~~[physician or chiropractor;]~~ *health care provider;*  
18 and

19 (2) An authorized representative of the medical facility.

20 3. A claim for compensation required by subsection 1 must be  
21 filed on a form prescribed by the Administrator.

22 4. If a claim for compensation is accompanied by a certificate  
23 of disability, the certificate must include a description of any  
24 limitation or restrictions on the employee's ability to work.

25 5. Each ~~[physician, chiropractor]~~ *health care provider* and  
26 medical facility that treats employees who have incurred  
27 occupational diseases, each insurer, third-party administrator and  
28 employer, and the Division shall maintain at their offices a sufficient  
29 supply of the forms prescribed by the Administrator for filing a  
30 claim for compensation.

31 6. The Administrator may impose an administrative fine of not  
32 more than \$1,000 for each violation of subsection 1 on:

33 (a) A ~~[physician or chiropractor;]~~ *health care provider;* or

34 (b) A medical facility if the duty to file the claim for  
35 compensation has been delegated to the medical facility pursuant to  
36 this section.

37 7. *As used in this section, "health care provider" has the*  
38 *meaning ascribed to it in section 2 of this act.*

39 **Sec. 34.** NRS 617.354 is hereby amended to read as follows:

40 617.354 1. Except as otherwise provided in NRS 616B.727,  
41 within 6 working days after the receipt of a claim for compensation  
42 from a ~~[physician or chiropractor.]~~ *health care provider*, or a  
43 medical facility if the duty to file the claim for compensation has  
44 been delegated to the medical facility pursuant to NRS 617.352, an  
45 employer shall complete and file with the employer's insurer or



1 third-party administrator an employer's report of industrial injury or  
2 occupational disease.

3 2. The report must:

4 (a) Be filed on a form prescribed by the Administrator;

5 (b) Be signed by the employer or the employer's designee;

6 (c) Contain specific answers to all questions required by the  
7 regulations of the Administrator; and

8 (d) Be accompanied by a statement of the wages of the  
9 employee if the claim for compensation received from the treating  
10 ~~[physician or chiropractor,]~~ *health care provider*, or a medical  
11 facility if the duty to file the claim for compensation has been  
12 delegated to the medical facility pursuant to NRS 617.352, indicates  
13 that the employee is expected to be off work for 5 days or more.

14 3. An employer who files the report required by subsection 1  
15 by electronic transmission shall, upon request, mail to the insurer or  
16 third-party administrator the form that contains the original  
17 signature of the employer or the employer's designee. The form  
18 must be mailed within 7 days after receiving such a request.

19 4. The Administrator shall impose an administrative fine of not  
20 more than \$1,000 against an employer for each violation of this  
21 section.

22 *5. As used in this section, "health care provider" has the*  
23 *meaning ascribed to it in section 2 of this act.*

24 **Sec. 35.** NRS 617.364 is hereby amended to read as follows:

25 617.364 **1.** If, after a claim for compensation is filed pursuant  
26 to NRS 617.344:

27 ~~[1.]~~ (a) The employee seeks treatment from a ~~[physician or~~  
28 ~~chiropractor]~~ *health care provider* for a newly developed injury or  
29 disease; and

30 ~~[2.]~~ (b) The employee's medical records for the occupational  
31 disease reported do not include a reference to the injury or disease  
32 for which treatment is being sought,

33 ↪ the injury or disease for which treatment is being sought must not  
34 be considered part of the employee's original claim for  
35 compensation unless the ~~[physician or chiropractor]~~ *health care*  
36 *provider* establishes by medical evidence a causal relationship  
37 between the injury and disease for which treatment is being sought  
38 and the occupational disease reported pursuant to NRS 617.344.

39 *2. As used in this section, "health care provider" has the*  
40 *meaning ascribed to it in section 2 of this act.*

41 **Sec. 36.** The amendatory provisions of this act apply  
42 prospectively with regard to any claim pursuant to chapters 616A to  
43 616D, inclusive, or 617 of NRS which is open on the effective date  
44 of this act.



1     **Sec. 37.** This act becomes effective upon passage and  
2 approval.

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