ASSEMBLY BILL NO. 168–ASSEMBLYMEN GIUNCHIGLIANI, ANDERSON, PARKS, GOLDWATER, GIBBONS, ARBERRY, ATKINSON, BUCKLEY, CLABORN, COLLINS, CONKLIN, HORNE, LESLIE, MANENDO AND WILLIAMS

February 20, 2003

JOINT SPONSOR: SENATOR CARLTON

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions governing industrial insurance. (BDR 53-255)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State: No.

EXPLANATION - Matter in bolded italics is new; matter between brackets [omitted material] is material to be omitted.

AN ACT relating to industrial insurance; prohibiting a self-insured employer, an association of self-insured public or private employers or a private carrier from entering into a contract with an organization for managed care under certain circumstances; increasing the period during which the Administrator of the Division of Industrial Relations of the Department of Business and Industry must cause an audit of certain insurers to be conducted; revising the requirements for determining the percentage of disability for certain injuries and occupational diseases; requiring an employer who offers temporary, light-duty employment to an injured employee to confirm the offer within a certain period under certain circumstances; providing that such an offer must specify a position that has the same seniority and employment benefits as the position of the employee at the time of his injury; requiring a person who wishes to contest a decision of the Administrator to impose or refuse to impose an administrative fine to file a notice of appeal in the district court; authorizing a person who is aggrieved by a written determination of the



Administrator or the failure of the Administrator to respond to a written request to appeal the determination or failure to respond to an appeals officer under certain circumstances; and providing other matters properly relating thereto.

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

Section 1. NRS 616A.070 is hereby amended to read as follows:

1 2

616A.070 "Benefit penalty" means an additional amount of money that is payable to a claimant if the Administrator has determined that a violation of any of the provisions of paragraphs (a) to [(d),] (e), inclusive, of subsection 1 of NRS 616D.120 has occurred.

- **Sec. 2.** Chapter 616B of NRS is hereby amended by adding thereto the provisions set forth as sections 3 and 4 of this act.
- Sec. 3. 1. A self-insured employer, an association of self-insured public or private employers or a private carrier shall not enter into a contract with an organization for managed care unless the organization's proposed plan for providing medical and health care services ensures that, if medical or health care services are to be provided by the organization, an employee who is injured in the county in which he is employed may choose the services of any provider of health care located in that county or an adjacent county if the employee's place of employment is not within a 20-mile radius of a provider of health care who has contracted with the organization to participate in the plan and provide the services required by the employee. If those services are not available, the injured employee may choose the services of any provider of health care located in this state.
- 2. The fees charged by a provider of health care chosen by an injured employee pursuant to this section may not exceed the fees established in accordance with NRS 616C.260 or the usual fee charged by that provider, whichever is less.
- Sec. 4. 1. A self-insured employer, an association of self-insured public or private employers or a private carrier shall not enter into a contract with an organization for managed care unless the organization's proposed plan for providing medical and health care services:
- (a) Will provide all medical and health care services that may be required for industrial injuries and occupational diseases that are compensable under chapters 616A to 617, inclusive, of NRS in



a manner that ensures the availability and accessibility of adequate treatment to injured employees;

(b) Provides to injured employees an adequate choice of providers of health care who have contracted with the organization to participate in the proposed plan; and

(c) Provides appropriate financial incentives to reduce costs of medical and health care services without affecting the quality of any care provided to an injured employee.

2. The Division may adopt regulations to ensure the adequacy of an insurer's panel of providers of health care established pursuant to subsection 1.

Sec. 5. NRS 616B.003 is hereby amended to read as follows:

616B.003 1. The Administrator shall cause to be conducted at least every [3] 5 years an audit of all insurers who provide benefits to injured employees pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS. The Administrator shall cause to be conducted each year on a random basis additional partial audits of any insurer who has a history of violations of the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS, or the regulations adopted pursuant thereto, as determined by the Administrator.

- 2. The Administrator shall require the use of standard auditing procedures and shall establish a manual to describe the standard auditing procedures. The manual must include:
 - (a) Specific audit objectives;

- (b) Standards for documentation;
- (c) Policies for supervisory review;
- (d) Policies for the training of auditors;
- (e) The format for the audit report; and
- (f) Procedures for the presentation, distribution and retention of the audit report.
- 3. The Commissioner and the Administrator shall establish a procedure for sharing information between the Division of Insurance of the Department of Business and Industry and the Division concerning the qualifications of employers as self-insured employers pursuant to NRS 616B.300 or as an association of self-insured public or private employers pursuant to NRS 616B.353.
- 4. On or before March 1 of each year, the Administrator shall make a report of each audit to the Legislature, if it is in session, or to the Interim Finance Committee if the Legislature is not in session.
- **Sec. 6.** NRS 616B.527 is hereby amended to read as follows: 616B.527 1. A self-insured employer, an association of self-insured public or private employers or a private carrier may:
- 44 (a) Enter Except as otherwise provided in sections 3 and 4 of 45 this act, enter into a contract or contracts with one or more



organizations for managed care to provide comprehensive medical and health care services to employees for injuries and diseases that are compensable pursuant to chapters 616A to 617, inclusive, of NRS

- (b) Enter into a contract or contracts with providers of health care, including, without limitation, physicians who provide primary care, specialists, pharmacies, physical therapists, radiologists, nurses, diagnostic facilities, laboratories, hospitals and facilities that provide treatment to outpatients, to provide medical and health care services to employees for injuries and diseases that are compensable pursuant to chapters 616A to 617, inclusive, of NRS.
- (c) Require employees to obtain medical and health care services for their industrial injuries from those organizations and persons with whom the self-insured employer, association or private carrier has contracted pursuant to paragraphs (a) and (b), or as the self-insured employer, association or private carrier otherwise prescribes.
- (d) Except as otherwise provided in subsection 3 of NRS 616C.090, require employees to obtain the approval of the self-insured employer, association or private carrier before obtaining medical and health care services for their industrial injuries from a provider of health care who has not been previously approved by the self-insured employer, association or private carrier.
- 2. An organization for managed care with whom a self-insured employer, association of self-insured public or private employers or a private carrier has contracted pursuant to this section shall comply with the provisions of NRS 616B.528, 616B.5285 and 616B.529.
- **Sec. 7.** NRS 616C.110 is hereby amended to read as follows: 616C.110 1. For the purposes of NRS 616B.557, 616C.490 and 617.459, the Division [shall]:
- (a) Shall adopt regulations incorporating by reference the most recently published edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment [by reference and may] not later than 1 year after the publication of that edition; and
- (b) May amend those regulations from time to time as it deems necessary. [In adopting the Guides to the Evaluation of Permanent Impairment, the Division shall consider the edition most recently published by the American Medical Association.]
- 2. If the Guides to the Evaluation of Permanent Impairment adopted by the Division contain more than one method of determining the rating of an impairment, the Administrator shall designate by regulation the method which must be used to rate an impairment pursuant to NRS 616C.490.



Sec. 8. NRS 616C.340 is hereby amended to read as follows: 616C.340 1. The Governor shall appoint one or more appeals officers to conduct hearings [in contested claims for compensation pursuant to NRS 616C.360.] and appeals as required pursuant to chapters 616A to 617, inclusive, of NRS. Each appeals officer shall hold office for 2 years [from] after the date of his appointment and until his successor is appointed and has qualified. Each appeals officer is entitled to receive an annual salary in an amount provided by law and is in the unclassified service of the State.

- 2. Each appeals officer must be an attorney who has been licensed to practice law before all the courts of this state for at least 2 years. Except as otherwise provided in NRS 7.065, an appeals officer shall not engage in the private practice of law.
- 3. If an appeals officer determines that he has a personal interest or a conflict of interest, directly or indirectly, in any case which is before him, he shall disqualify himself from hearing the case.
- 4. The Governor may appoint one or more special appeals officers to conduct hearings [in contested claims for compensation pursuant to NRS 616C.360.] and appeals as required pursuant to chapters 616A to 617, inclusive, of NRS. The Governor shall not appoint an attorney who represents persons in actions related to claims for compensation to serve as a special appeals officer.
- 5. A special appeals officer appointed pursuant to subsection 4 is vested with the same powers as a regular appeals officer. A special appeals officer may hear any case in which a regular appeals officer has a conflict, or any case assigned to him by the Senior Appeals Officer to assist with a backlog of cases. A special appeals officer is entitled to be paid at an hourly rate, as determined by the Department of Administration.
- 6. The decision of an appeals officer is the final and binding administrative determination of a claim for compensation under chapters 616A to 616D, inclusive, or chapter 617 of NRS, and the whole record consists of all evidence taken at the hearing before the appeals officer and any findings of fact and conclusions of law based thereon.
 - **Sec. 9.** NRS 616C.345 is hereby amended to read as follows:
- 616C.345 1. Any party aggrieved by a decision of the hearing officer relating to a claim for compensation may appeal from the decision by filing a notice of appeal with an appeals officer within 30 days after the date of the decision.
- 2. If a dispute is required to be submitted to a procedure for resolving complaints pursuant to NRS 616C.305 and:
- (a) A final determination was rendered pursuant to that procedure; or



(b) The dispute was not resolved pursuant to that procedure within 14 days after it was submitted,

- any party to the dispute may file a notice of appeal within 70 days after the date on which the final determination was mailed to the employee, or his dependent, or the unanswered request for resolution was submitted. Failure to render a written determination within 30 days after receipt of such a request shall be deemed by the appeals officer to be a denial of the request.
- 3. Except as otherwise provided in NRS 616C.380, the filing of a notice of appeal does not automatically stay the enforcement of the decision of a hearing officer or a determination rendered pursuant to NRS 616C.305. The appeals officer may order a stay, when appropriate, upon the application of a party. If such an application is submitted, the decision is automatically stayed until a determination is made concerning the application. A determination on the application must be made within 30 days after the filing of the application. If a stay is not granted by the officer after reviewing the application, the decision must be complied with within 10 days after the date of the refusal to grant a stay.
- 4. Except as otherwise provided in this subsection, [the appeals officer shall,] within 10 days after receiving a notice of appeal pursuant to this section or NRS 616D.140, or within 10 days after receiving a notice of a contested claim pursuant to subsection 5 of NRS 616C.315, the appeals officer shall schedule a hearing on the merits of the appeal or contested claim for a date and time within 90 days after his receipt of the notice and give notice by mail or by personal service to all parties to the matter and their attorneys or agents at least 30 days before the date and time scheduled. A request to schedule the hearing for a date and time which is:
- (a) Within 60 days after the receipt of the notice of appeal or contested claim; or
- (b) More than 90 days after the receipt of the notice or claim,
- may be submitted to the appeals officer only if all parties to the appeal or contested claim agree to the request.
- 5. An appeal or contested claim may be continued upon written stipulation of all parties, or upon good cause shown.
- 6. Failure to file a notice of appeal within the period specified in subsection 1 or 2 may be excused if the party aggrieved shows by a preponderance of the evidence that he did not receive the notice of the determination and the forms necessary to appeal the determination. The claimant, employer or insurer shall notify the hearing officer of a change of address.



Sec. 10. NRS 616C.475 is hereby amended to read as follows: 616C.475 1. Except as otherwise provided in this section, NRS 616C.175 and 616C.390, every employee in the employ of an employer, within the provisions of chapters 616A to 616D, inclusive, of NRS, who is injured by accident arising out of and in the course of employment, or his dependents, is entitled to receive for the period of temporary total disability, 66 2/3 percent of the average monthly wage.

1 2

4 5

- 2. Except as otherwise provided in NRS 616B.028 and 616B.029, an injured employee or his dependents are not entitled to accrue or be paid any benefits for a temporary total disability during the time the injured employee is incarcerated. The injured employee or his dependents are entitled to receive such benefits when the injured employee is released from incarceration if he is certified as temporarily totally disabled by a physician or chiropractor.
- 3. If a claim for the period of temporary total disability is allowed, the first payment pursuant to this section must be issued by the insurer within 14 working days after receipt of the initial certification of disability and regularly thereafter.
- 4. Any increase in compensation and benefits effected by the amendment of subsection 1 is not retroactive.
 - 5. Payments for a temporary total disability must cease when:
- (a) A physician or chiropractor determines that the employee is physically capable of any gainful employment for which the employee is suited, after giving consideration to the employee's education, training and experience;
- (b) The employer offers the employee light-duty employment or employment that is modified according to the limitations or restrictions imposed by a physician or chiropractor pursuant to subsection 7; or
- (c) Except as otherwise provided in NRS 616B.028 and 616B.029, the employee is incarcerated.
- 6. Each insurer may, with each check that it issues to an injured employee for a temporary total disability, include a form approved by the Division for the injured employee to request continued compensation for the temporary total disability.
- 7. A certification of disability issued by a physician or chiropractor must:
- (a) Include the period of disability and a description of any physical limitations or restrictions imposed upon the work of the employee;
- (b) Specify whether the limitations or restrictions are permanent or temporary; and



- (c) Be signed by the treating physician or chiropractor authorized pursuant to NRS 616B.527 or appropriately chosen pursuant to subsection 3 of NRS 616C.090.
- 8. If the certification of disability specifies that the physical limitations or restrictions are temporary, the employer of the employee at the time of his accident [is not required to comply] may offer temporary, light-duty employment to the employee. If the employer makes such an offer, the employer shall confirm the offer in writing within 10 days after making the offer. The making, acceptance or rejection of an offer of temporary, light-duty employment pursuant to this subsection does not affect the eligibility of the employee to receive compensation or vocational rehabilitation services and does not exempt the employer from complying with NRS 616C.545 to 616C.575, inclusive, and 616C.590 or the regulations adopted by the Division governing vocational rehabilitation services. [if the employer offers the employee temporary, light duty employment.] Any offer of temporary, light-duty employment made by the employer must specify a position that:
- (a) Is substantially similar to the employee's position at the time of his injury in relation to the location of the employment and the hours he is required to work; [and]
 - (b) Provides a gross wage that is:

- (1) If the position is in the same classification of employment, equal to the gross wage the employee was earning at the time of his injury; or
- (2) If the position is not in the same classification of employment, substantially similar to the gross wage the employee was earning at the time of his injury [-]; and
- (c) Has the same seniority and employment benefits as the position of the employee at the time of his injury.
- **Sec. 11.** NRS 616C.495 is hereby amended to read as follows: 616C.495 1. Except as otherwise provided in NRS 616C.380, an award for a permanent partial disability may be paid in a lump sum under the following conditions:
- (a) A claimant injured on or after July 1, 1973, and before July 1, 1981, who incurs a disability that does not exceed 12 percent may elect to receive his compensation in a lump sum. A claimant injured on or after July 1, 1981, and before July 1, 1995, who incurs a disability that does not exceed 25 percent may elect to receive his compensation in a lump sum.
- (b) The spouse, or in the absence of a spouse, any dependent child of a deceased claimant injured on or after July 1, 1973, who is not entitled to compensation in accordance with NRS 616C.505, is



entitled to a lump sum equal to the present value of the deceased claimant's undisbursed award for a permanent partial disability.

- (c) Any claimant injured on or after July 1, 1981, and before July 1, 1995, who incurs a disability that exceeds 25 percent may elect to receive his compensation in a lump sum equal to the present value of an award for a disability of 25 percent. If the claimant elects to receive compensation pursuant to this paragraph, the insurer shall pay in installments to the claimant that portion of the claimant's disability in excess of 25 percent.
- (d) Any claimant injured on or after July 1, 1995, may elect to receive his compensation in a lump sum in accordance with regulations adopted by the Administrator and approved by the Governor. The Administrator shall adopt regulations for determining the eligibility of such a claimant to receive all or any portion of his compensation in a lump sum. Such regulations may include the manner in which an award for a permanent partial disability may be paid to such a claimant in installments. Notwithstanding the provisions of NRS 233B.070, any regulation adopted pursuant to this paragraph does not become effective unless it is first approved by the Governor.
- 2. If the claimant elects to receive his payment for a permanent partial disability in a lump sum pursuant to subsection 1, all of his benefits for compensation terminate. His acceptance of that payment constitutes a final settlement of all factual and legal issues in the case. By so accepting, he waives all of his rights regarding the claim, including the right to appeal from the closure of the case or the percentage of his disability, except:
- (a) His right to reopen his claim according to the provisions of NRS 616C.390; [and]
- (b) Any counseling, training or other rehabilitative services provided by the insurer [-]; and
- (c) His right to receive a benefit penalty in accordance with NRS 616D.120.
- The claimant must be advised in writing of the provisions of this subsection when he demands his payment in a lump sum, and has 20 days after the mailing or personal delivery of [this] the notice within which to retract or reaffirm his demand, before payment may be made and his election becomes final.
- 3. Any lump-sum payment which has been paid on a claim incurred on or after July 1, 1973, must be supplemented if necessary to conform to the provisions of this section.
- 4. Except as otherwise provided in this subsection, the total lump-sum payment for disablement must not be less than one-half the product of the average monthly wage multiplied by the percentage of disability. If the claimant received compensation in



installment payments for his permanent partial disability before electing to receive his payment for that disability in a lump sum, the lump-sum payment must be calculated for the remaining payment of compensation.

- 5. The lump sum payable must be equal to the present value of the compensation awarded, less any advance payment or lump sum previously paid. The present value must be calculated using monthly payments in the amounts prescribed in subsection 7 of NRS 616C.490 and actuarial annuity tables adopted by the Division. The tables must be reviewed annually by a consulting actuary.
- 6. If a claimant would receive more money by electing to receive compensation in a lump sum than he would if he receives installment payments, he may elect to receive the lump-sum payment.
- **Sec. 12.** NRS 616C.590 is hereby amended to read as follows: 616C.590 1. Except as otherwise provided in this section, an injured employee is not eligible for vocational rehabilitation services, unless:
- (a) The treating physician or chiropractor approves the return of the injured employee to work but imposes permanent restrictions that prevent the injured employee from returning to the position that he held at the time of his injury;
- (b) The injured employee's employer does not offer employment that:
- (1) The employee is eligible for considering the restrictions imposed pursuant to paragraph (a); [and]
- (2) Provides a gross wage that is equal to or greater than 80 percent of the gross wage that the employee was earning at the time of his injury; and
- (3) Has the same seniority and employment benefits as the position of the employee at the time of his injury; and
- (c) The injured employee is unable to return to gainful employment with any other employer at a gross wage that is equal to or greater than 80 percent of the gross wage that the employee was earning at the time of his injury.
- 2. If the treating physician or chiropractor imposes permanent restrictions on the injured employee for the purposes of paragraph (a) of subsection 1, he shall specify in writing:
- (a) The medically objective findings upon which his determination is based; and
- (b) A detailed description of the restrictions.
- The treating physician or chiropractor shall deliver a copy of the findings and the description of the restrictions to the insurer.
- 3. If there is a question as to whether the restrictions imposed upon the injured employee are permanent, the employee may



receive vocational rehabilitation services until a final determination concerning the duration of the restrictions is made.

- 4. Vocational rehabilitation services must cease as soon as the injured employee is no longer eligible for the services pursuant to subsection 1.
- 5. An injured employee is not entitled to vocational rehabilitation services solely because the position that he held at the time of his injury is no longer available.
- 6. An injured employee or his dependents are not entitled to accrue or be paid any money for vocational rehabilitation services during the time the injured employee is incarcerated.
- 7. Any injured employee eligible for compensation other than accident benefits may not be paid those benefits if he refuses counseling, training or other vocational rehabilitation services offered by the insurer. Except as otherwise provided in NRS 616B.028 and 616B.029, an injured employee shall be deemed to have refused counseling, training and other vocational rehabilitation services while he is incarcerated.
- 8. If an insurer cannot locate an injured employee for whom it has ordered vocational rehabilitation services, the insurer may close his claim 21 days after the insurer determines that the employee cannot be located. The insurer shall make a reasonable effort to locate the employee.
- 9. The reappearance of the injured employee after his claim has been closed does not automatically reinstate his eligibility for vocational rehabilitation benefits. If the employee wishes to reestablish his eligibility for [such] those benefits, he must file a written application with the insurer to reinstate his claim. The insurer shall reinstate the employee's claim if good cause is shown for the employee's absence.
- **Sec. 13.** Chapter 616D is hereby amended by adding thereto a new section to read as follows:
- 1. If a person wishes to contest a decision of the Administrator to impose or refuse to impose an administrative fine pursuant to this chapter or chapter 616A, 616B, 616C or 617 of NRS, he must file a notice of appeal with the district court in accordance with this section. The notice of appeal must set forth the reasons the proposed administrative fine should or should not be imposed.
 - 2. A person who is aggrieved by:
 - (a) A written determination of the Administrator; or
- 42 (b) The failure of the Administrator to respond within 70 days 43 to a written request mailed to the Administrator by the person who 44 is aggrieved,



may appeal from the determination or failure to respond by filing a request for a hearing before the district court. The request must be filed within 30 days after the date on which the notice of the Administrator's determination was mailed by the Administrator or within 100 days after the date on which the unanswered written request was mailed to the Administrator, as applicable. The failure of the Administrator to respond to a written request for a determination within 70 days after receipt of the request shall be deemed by the district court to be a denial of the request.

3. If a notice of appeal is not filed as required by this section, the imposition of or refusal to impose the administrative fine shall be deemed a final order and is not subject to review by any court or agency

4. An administrative fine imposed pursuant to this chapter or chapter 616A, 616B, 616C or 617 of NRS must be paid to the Division. If the violation for which the fine is levied was committed by a person while acting within the course and scope of his agency or employment, the fine must be paid by his principal or employer. The fine may be recovered in a civil action brought in the name of the Division in a court of competent jurisdiction in the county in which the violation occurred or in which the person against whom the fine is levied has his principal place of business.

Sec. 14. NRS 616D.120 is hereby amended to read as follows: 616D.120 1. Except as otherwise provided in this section, if the Administrator determines that an insurer, organization for managed care, health care provider, third-party administrator or employer has:

(a) [Through fraud, coercion, duress or undue influence:

(1) Induced a claimant to fail to report an accidental injury or occupational disease;

(2) Persuaded

- (b) Without justification, persuaded a claimant to [settle]:
 - (1) Settle for an amount which is less than reasonable;
 - [(3) Persuaded a claimant to settle]
- (2) Settle for an amount which is less than reasonable while a hearing or an appeal is pending; or

[(4) Persuaded a claimant to accept]

- (3) Accept less than the compensation found to be due him by a hearing officer, appeals officer, court of competent jurisdiction, written settlement agreement, written stipulation or the Division when carrying out its duties pursuant to chapters 616A to 617, inclusive, of NRS;
- [(b)] (c) Refused to pay or unreasonably delayed payment to a claimant of compensation *or other relief* found to be due him by a hearing officer, appeals officer, court of competent jurisdiction,



written settlement agreement, written stipulation or the Division when carrying out its duties pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS, if the refusal or delay occurs:

- (1) Later than 10 days after the date of the settlement agreement or stipulation;
- (2) Later than 30 days after the date of the decision of a court, hearing officer, appeals officer or *the* Division, unless a stay has been granted; or
- (3) Later than 10 days after a stay of the decision of a court, hearing officer, appeals officer or *the* Division has been lifted;

(d) Refused to process a claim for compensation pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS;

- [(d)] (e) Made it necessary for a claimant to initiate proceedings pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS for compensation found to be due him by a hearing officer, appeals officer, court of competent jurisdiction, written settlement agreement, written stipulation or the Division when carrying out its duties pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS;
- [(e)] (f) Failed to comply with the Division's regulations covering the payment of an assessment relating to the funding of costs of administration of chapters 616A to 617, inclusive, of NRS;
- [(f)] (g) Failed to provide or unreasonably delayed payment to an injured employee or reimbursement to an insurer pursuant to NRS 616C.165; or
- [(g)] (h) Intentionally failed to comply with any provision of, or regulation adopted pursuant to, this chapter or chapter 616A, 616B, 616C or 617 of NRS,
- the Administrator shall impose an administrative fine of \$1,000 for each initial violation, or a fine of \$10,000 for a second or subsequent violation.
- 2. Except as otherwise provided in chapters 616A to 616D, inclusive, or chapter 617 of NRS, if the Administrator determines that an insurer, organization for managed care, health care provider, third-party administrator or employer has failed to comply with any provision of this chapter or chapter 616A, 616B, 616C or 617 of NRS, or any regulation adopted pursuant thereto, the Administrator may take any of the following actions:
 - (a) Issue a notice of correction for:
- (1) A minor violation, as defined by regulations adopted by the Division; or
- (2) A violation involving the payment of compensation in an amount which is greater than that required by any provision of this chapter or chapter 616A, 616B, 616C or 617 of NRS, or any regulation adopted pursuant thereto.



The notice of correction must set forth with particularity the violation committed and the manner in which the violation may be corrected. The provisions of this section do not authorize the Administrator to modify or negate in any manner a determination or any portion of a determination made by a hearing officer, appeals officer or court of competent jurisdiction or a provision contained in a written settlement agreement or written stipulation.

(b) Impose an administrative fine for:

2

3

4

5

7

8

10

11

12 13

15

16 17

18 19

20

21

22

23

24

25

27

28

29

33

34

35

36 37

38

39

40

41 42

43

44

45

- (1) A second or subsequent violation for which a notice of correction has been issued pursuant to paragraph (a); or
- (2) Any other violation of this chapter or chapter 616A, 616B, 616C or 617 of NRS, or any regulation adopted pursuant thereto, for which a notice of correction may not be issued pursuant to paragraph (a).

The fine imposed [may] must not be greater than \$250 for an initial violation, or more than \$1,000 for any second or subsequent violation.

- (c) Order a plan of corrective action to be submitted to the Administrator within 30 days after the date of the order.
- 3. If the Administrator determines that a violation of any of the provisions of paragraphs (a) to (e), inclusive, of subsection 1 has occurred, the Administrator shall order the insurer, organization for managed care, health care provider, third-party administrator or employer to pay to the claimant a benefit penalty in an amount that is not less than \$5,000 and not greater than \$25,000. To determine the amount of the benefit penalty, the Administrator shall consider the degree of physical harm suffered by the injured employee or his dependents as a result of the violation of paragraph (a), (b), (c), [or] (d) or (e) of subsection 1, the amount of compensation found to be due the claimant, and the number of fines and benefit penalties previously imposed against the insurer, organization for managed care, health care provider, third-party administrator or employer pursuant to this section. If this is the third violation within 5 years for which a benefit penalty has been imposed against the insurer, organization for managed care, health care provider, third-party administrator or employer, the Administrator shall also consider the degree of economic harm suffered by the injured employee or his dependents as a result of the violation of paragraph (a), (b), (c), for (d) or (e) of subsection 1. Except as otherwise provided in this section, the benefit penalty is for the benefit of the claimant and must be paid directly to him within 10 days after the date of the Administrator's determination. If the claimant is the injured employee and he dies before the benefit penalty is paid to him, the benefit penalty must be paid to his estate. Proof of the payment of the benefit penalty must be submitted to the Administrator within 10



days after the date of his determination unless an appeal is filed pursuant to NRS 616D.140. Any compensation to which the claimant may otherwise be entitled pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS must not be reduced by the amount of any benefit penalty received pursuant to this subsection.

- 4. In addition to any fine or benefit penalty imposed pursuant to this section, the Administrator may assess against an insurer who violates any regulation concerning the reporting of claims expenditures or premiums received that are used to calculate an assessment, an administrative penalty of up to twice the amount of any underpaid assessment.
 - 5. If:

- (a) The Administrator determines that a person has violated any of the provisions of NRS 616D.200, 616D.220, 616D.240, 616D.300, 616D.310 or 616D.350 to 616D.440, inclusive; and
- (b) The Fraud Control Unit for Industrial Insurance of the Office of the Attorney General established pursuant to NRS 228.420 notifies the Administrator that the unit will not prosecute the person for that violation,
- 20 the Administrator shall impose an administrative fine of not more than \$10,000.
 - 6. Two or more fines of \$1,000 or more imposed in 1 year for acts enumerated in subsection 1 must be considered by the Commissioner as evidence for the withdrawal of:
 - (a) A certificate to act as a self-insured employer.
 - (b) A certificate to act as an association of self-insured public or private employers.
 - (c) A certificate of registration as a third-party administrator.
 - 7. The Commissioner may, without complying with the provisions of NRS 616B.327 or 616B.431, withdraw the certification of a self-insured employer, association of self-insured public or private employers or third-party administrator if, after a hearing, it is shown that the self-insured employer, association of self-insured public or private employers or third-party administrator violated any provision of subsection 1.
 - Sec. 15. NRS 616D.130 is hereby amended to read as follows: 616D.130 1. Upon receipt of a complaint for a violation of subsection 1 of NRS 616D.120, or if the Administrator has reason to believe that such a violation has occurred, the Administrator shall cause to be conducted an investigation of the alleged violation. Except as otherwise provided in subsection 2, the Administrator shall, within 30 days after initiating the investigation:
 - (a) Render a determination. The determination must include his findings of fact and, if he determines that a violation has occurred, one or more of the following:



(1) The amount of any fine required to be paid pursuant to NRS 616D.120.

- (2) The amount of any benefit penalty required to be paid to a claimant pursuant to NRS 616D.120.
- (3) A plan of corrective action to be taken by the insurer, organization for managed care, health care provider, third-party administrator or employer, including the manner and time within which the violation must be corrected.
- (4) A requirement that notice of the violation be given to the appropriate agency that regulates the activities of the violator.
- (b) Notify the Commissioner if he determines that a violation was committed by a self-insured employer, association of self-insured public or private employers or third-party administrator.
- 2. Upon receipt of a complaint for any violation of paragraph (a), (b) or [(e)] (d) of subsection 1 of NRS 616D.120, or if the Administrator has reason to believe that such a violation has occurred, the Administrator shall complete the investigation required by subsection 1 within [120] 90 days and, within 30 days after the completion of the investigation, render a determination and notify the Commissioner if he determines that a violation was committed by a self-insured employer, association of self-insured public or private employers or third-party administrator.
- 3. If, based upon the Administrator's findings of fact, he determines that a violation has not occurred, he shall issue a determination to that effect.
- Sec. 16. NRS 616D.140 is hereby amended to read as follows: 616D.140 1. If a person wishes to contest a decision of the Administrator to impose [an administrative fine] or refuse to impose a benefit penalty pursuant to [this chapter or chapter 616A, 616B, 616C or 617 of NRS,] NRS 616D.120, he must file a notice of appeal with [the Division within 10 days after receipt of the Administrator's decision, showing why] an appeals officer in accordance with this section. The notice of appeal must set forth the reasons the proposed [fine or] benefit penalty should or should not be imposed.
- 2. [If a notice of appeal is filed as required by subsection 1, the Administrator shall, in accordance with the provisions of NRS 233B.121, issue a notice of hearing that must include a date for a hearing on the matter, which must be no sooner than 30 days after the notice of appeal is filed. The Administrator may grant a continuance of the hearing upon a showing of good cause.] A person who is aggrieved by:
 - (a) A written determination of the Administrator; or



(b) The failure of the Administrator to respond within 70 days to a written request mailed to the Administrator by the person who is aggrieved,

may appeal from the determination or failure to respond by filing a request for a hearing before an appeals officer. The request must be filed within 30 days after the date on which the notice of the Administrator's determination was mailed by the Administrator or within 100 days after the date on which the unanswered written request was mailed to the Administrator, as applicable. The failure of the Administrator to respond to a written request for a determination within 70 days after receipt of the request shall be deemed by the appeals officer to be a denial of the request.

- 3. If a notice of appeal is not filed as required by this section, the imposition of *or refusal to impose* the [fine or] benefit penalty shall be deemed a final order and is not subject to review by any court or agency.
- 4. [Except as otherwise provided in NRS 616A.467, a] A hearing held pursuant to this section must be conducted by the [Administrator or a person designated by him. A record of the hearing must be kept but it need not be transcribed unless it is requested by the person against whom the order or notice of violation has been issued and that person pays the cost of transcription. The Administrator] appeals officer as a hearing de novo. The appeals officer shall render a written decision on the appeal. Except as otherwise provided in this section, the provisions of NRS 616C.345 to 616C.385, inclusive, apply to an appeal filed pursuant to this section.
- 5. [An administrative fine imposed pursuant to this chapter or chapter 616A, 616B, 616C or 617 of NRS must be paid to the Division. If the violation for which the fine is levied was committed by a person while acting within the course and scope of his agency or employment, the fine must be paid by his principal or employer. The fine may be recovered in a civil action brought in the name of the Division in a court of competent jurisdiction in the county in which the violation occurred or in which the person against whom the fine is levied has his principal place of business.
- 6.] A benefit penalty imposed pursuant to NRS 616D.120 must be paid to the claimant on whose behalf it is imposed. If such a payment is not made within the period required by NRS 616D.120, the benefit penalty may be recovered in a civil action brought by the Administrator on behalf of the claimant in a court of competent jurisdiction in the county in which the claimant resides, in which the violation occurred or in which the person who is required to pay the benefit penalty has his principal place of business.



[7.] 6. Any party aggrieved by a decision [of the Administrator rendered] issued pursuant to this section by an appeals officer may appeal the decision directly to the district court.

Sec. 17. NRS 616D.280 is hereby repealed.

1

2

3

TEXT OF REPEALED SECTION

616D.280 Injury to employee caused by absence of safety device.

- 1. If any workman is injured because of the absence of any safeguard or protection required to be provided or maintained by, or pursuant to, any statute, ordinance, or any divisional regulation under any statute, the employer is liable to the Division for a penalty of not less than \$300 nor more than \$2,000, to be collected in a civil action at law by the Division.
- 2. The provisions of subsection 1 do not apply if the absence of the safeguard or protection is due to the removal thereof by the injured workman himself, or with his knowledge by any fellow workman, unless the removal is by order or direction of the employer or superintendent or foreman of the employer.
- 3. If the safeguard or protection is removed by the workman himself, or with his consent is removed by any of his fellow workmen, unless done by order or direction of the employer or superintendent or foreman of the employer, the compensation of the injured workman, as provided for by NRS 616C.405, 616C.425, 616C.435, 616C.440, 616C.445 and 616C.475 to 616C.505, inclusive, must be reduced 25 percent.



