## SENATE BILL NO. 320-SENATOR SHAFFER (BY REQUEST)

## MARCH 17, 2003

## Referred to Committee on Commerce and Labor

SUMMARY—Makes various changes to provisions governing industrial insurance. (BDR 53-600)

FISCAL NOTE: Effect on Local Government: No. 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; requiring the adoption of certain medical standards for evaluating permanent impairments to injured employees; revising various provisions relating to the payment of compensation to injured employees; revising certain procedures and establishing certain requirements relating to the adjudication of contested claims; 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 616C.110 is hereby amended to read as follows:

616C.110 1. For the purposes of NRS 616B.557, 616B.578, 616B.587, 616C.490 and 617.459, the Division shall adopt regulations incorporating the American Medical Association's Guides to the Evaluation of Permanent Impairment, 5th edition, by reference. [and] The Division may amend those regulations from time to time as it deems necessary [. In adopting], except that the amendments to those regulations:

10 (a) Must be consistent with the American Medical
11 Association's Guides to the Evaluation of Permanent Impairment,
12 [the Division shall consider the edition most recently published by]
13 5th edition;



(b) Must not incorporate any contradictory matter from any other edition or printing of the American Medical [Association.] Association's Guides to the Evaluation of Permanent Impairment; and

- (c) Must not consider any factors other than the degree of physical impairment of the whole man in calculating the entitlement to compensation.
- 2. If the American Medical Association's Guides to the Evaluation of Permanent Impairment [adopted by the Division contain], 5th edition, contains more than one method of determining the rating of an impairment, the Administrator shall designate by regulation the method from that edition which must be used to rate an impairment pursuant to NRS 616C.490.
  - **Sec. 2.** NRS 616C.175 is hereby amended to read as follows: 616C.175 1. The resulting condition of an employee who:
- (a) Has a preexisting condition from a cause or origin that did not arise out of or in the course of his current or past employment; and
- (b) Subsequently sustains an injury by accident arising out of and in the course of his employment which aggravates, precipitates or accelerates his preexisting condition,
- shall *not* be deemed to be an injury by accident that is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS, unless the **[insurer can prove]** *physician or chiropractor proves* by a preponderance of the evidence that the subsequent injury *described in paragraph* (b) is **[not a substantial contributing]** *the major* cause of the resulting condition.
  - 2. The resulting condition of an employee who:
- (a) Sustains an injury by accident arising out of and in the course of his employment; and
- (b) Subsequently aggravates, precipitates or accelerates the injury in a manner that does not arise out of and in the course of his employment,
- shall *not* be deemed to be an injury by accident that is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS, unless the **[insurer can prove]** *physician or chiropractor proves* by a preponderance of the evidence that the injury described in paragraph (a) is **[not a substantial contributing]** *the major* cause of the resulting condition.
  - **Sec. 3.** NRS 616C.245 is hereby amended to read as follows:
- 616C.245 1. Every injured employee within the provisions of chapters 616A to 616D, inclusive, of NRS is entitled to receive promptly such accident benefits as may reasonably be required at the time of the injury and within 6 months thereafter. Such benefits may be further extended for additional periods as may be required.



- 2. An injured employee is entitled to receive as an accident benefit a motor vehicle that is modified to allow the employee to operate the vehicle safely if:
- (a) As a result of an injury arising out of and in the course of his employment, he is quadriplegic, paraplegic or has had a part of his body amputated; and
- (b) He cannot be fitted with a prosthetic device which allows him to operate a motor vehicle safely.
- 3. If an injured employee is entitled to receive a motor vehicle pursuant to subsection 2, a motor vehicle must be modified to allow the employee to operate it safely in the following order of preference:
- (a) A motor vehicle owned by the injured employee must be so modified if the insurer or employer providing accident benefits determines that it is reasonably feasible to do so.
- (b) A used motor vehicle must be so modified if the insurer or employer providing accident benefits determines that it is reasonably feasible to do so.
  - (c) A new motor vehicle must be so modified.
- 4. The Administrator shall adopt regulations establishing a maximum benefit to be paid under the provisions of this section.
  - **Sec. 4.** NRS 616C.315 is hereby amended to read as follows:
- 616C.315 1. Any person who is subject to the jurisdiction of the hearing officers pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS may request a hearing before a hearing officer of any matter within the hearing officer's authority. The insurer shall provide, without cost, the forms necessary to request a hearing to any person who requests them.
- 2. A request for a hearing must not be granted unless the request for a hearing includes:
  - (a) The name and last known mailing address of:
    - (1) The claimant;

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- (2) The employer; and
- (3) The insurer;
- (b) The number of the claim; and
- (c) If applicable, a copy of the letter of determination being appealed, or if such a copy is unavailable, the date of the determination and the issues stated in the determination.
- 3. Except as otherwise provided in NRS 616B.772, 616B.775, 616B.787 and 616C.305, a person who is aggrieved by:
  - (a) A written determination of an insurer; or
- (b) The failure of an insurer to respond within 30 days to a written request mailed to the insurer by the person who is aggrieved,



may appeal from the determination or failure to respond by filing a request for a hearing before a hearing officer. Such a request must *include the information required pursuant to subsection 2 and must* be filed within 70 days after the date on which the notice of the insurer's determination was mailed by the insurer or the unanswered written request was mailed to the insurer, as applicable. The failure of an insurer to respond to a written request for a determination within 30 days after receipt of such a request shall be deemed by the hearing officer to be a denial of the request.

- [3.] 4. Failure to file a request for a hearing within the period specified in subsection [2] 3 may be excused if the person aggrieved shows by a preponderance of the evidence that he did not receive the notice of the determination and the forms necessary to request a hearing. The claimant or employer shall notify the insurer of a change of address.
- [4.] 5. The hearing before the hearing officer must be conducted as expeditiously and informally as is practicable.
- [5.] 6. The parties to a contested claim may, if the claimant is represented by legal counsel, agree to forego a hearing before a hearing officer and submit the contested claim directly to an appeals officer.
  - **Sec. 5.** 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. A request for a hearing must be dismissed unless the request for a hearing includes:
  - (a) The name and last known mailing address of:
    - (1) The claimant;

- (2) The employer; and
- (3) The insurer;
- (b) The number of the claim; and
- (c) A copy of the decision of the hearing officer being appealed, or if such a copy is unavailable, the date of the determination and the issues stated in the determination.
- **3.** 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
- 41 (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.] 4. 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, the decision must be complied with within 10 days after the date of the refusal to grant a stay.

[4.] 5. 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 a contested claim pursuant to subsection [5] 6 of NRS 616C.315, 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.] 6. An appeal or contested claim may be continued upon written stipulation of all parties, or upon good cause shown.
- [6.] 7. Failure to file a notice of appeal within the period specified in subsection 1 or [2] 3 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. 6.** 1. This section and sections 4 and 5 of this act become effective upon passage and approval.
- 2. Section 3 of this act becomes effective upon passage and approval for the purpose of adopting regulations and on October 1, 2003, for all other purposes.





