

Amendment No. 408

Senate Amendment to Senate Bill No. 289	(BDR 53-713)
<b>Proposed by:</b> Senate Committee on Commerce and Labor	
<b>Amends:</b> Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes	

ASSEMBLY ACTION			Initial and Date	SENATE ACTION			Initial and Date		
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.

DP/WLK



Date: 4/20/2021

S.B. No. 289—Revises provisions relating to workers’ compensation.  
(BDR 53-713)





## SENATE BILL NO. 289—SENATOR D. HARRIS

MARCH 22, 2021

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to workers' compensation. (BDR 53-713)

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 workers' compensation; establishing provisions relating to the apportionment of percentages for present and previous disabilities; requiring an insurer to send a written determination regarding an industrial insurance claim by facsimile or other electronic transmission under certain circumstances; making compensation for an industrial injury or occupational disease subject to an attorney's lien; providing for the tolling of certain periods to request a hearing or appeal under certain circumstances; providing for an award of certain costs to a claimant who prevails in a contested claim; providing for the ~~restoration~~ reservation of certain ~~benefits and~~ additional rights of a claimant who accepts a lump sum payment for a permanent partial disability; revising provisions governing the appointment of a vocational rehabilitation counselor for an injured employee; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law requires, in a case where an injured employee is determined to have a permanent partial disability and there is a previous disability, an apportionment to be made by subtracting the percentage of previous disability as it existed at the time of the previous disability from the percentage of present disability as it existed at the time of the present disability. (NRS 616C.490) **Sections 1 and 7** of this bill revise these provisions to prohibit: (1) an apportionment of percentages of disabilities where no rating evaluation was performed for the previous disability unless the insurer proves by a preponderance of the evidence that certain specific medical evidence supports a specific percentage of previous disability; and (2) any reduction of the percentage of present impairment if no medical documentation or health care records of a preexisting impairment exist ~~if~~ , unless certain other evidentiary requirements are satisfied. **Section 7** also requires an insurer to commence making installment payments to an injured employee, within a specified period of time and without requiring the employee to elect a method of payment, for that portion of an award of compensation for permanent partial disability which is not in dispute.

Existing law requires an injured employee to submit to an examination and any necessary immediate medical attention by a physician or chiropractor and requires the physician or chiropractor to complete and file a claim for compensation. (NRS 616C.010.

18 616C.040, 616C.075, 616C.095) Sections 1.4, 1.6, 2.2 and 2.4 of this bill authorize the  
 19 examination and treatment to be provided by a physician assistant or advanced practice  
 20 registered nurse and, if so provided, require the physician assistant or advanced practice  
 21 registered nurse to file a claim for compensation and provide a copy of the claim form to  
 22 the injured employee.

23 Existing law requires an insurer to mail a written determination regarding a claim for  
 24 compensation under industrial insurance. (NRS 616C.065, 617.356) **Sections 2 and 10** of this  
 25 bill require the insurer to send its determination by facsimile ~~or~~ **or other electronic**  
 26 **transmission**, if so requested, to the claimant or the person acting on behalf of the claimant  
 27 and retain proof of successful transmission of the facsimile.

28 Existing law provides that, except in matters relating to child support, compensation  
 29 payable or paid for an industrial injury or occupational disease is not assignable and is exempt  
 30 from attachment, garnishment and execution. (NRS 616C.205) **Section 3** of this bill provides  
 31 that such compensation may also be subject to an attorney's lien.

32 Existing law sets forth certain limits on the period of time in which an aggrieved party  
 33 may request a hearing before a hearing officer or appeal from a decision of a hearing officer.  
 34 (NRS 616C.315, 616C.345) **Sections 4 and 6** of this bill provide that periods within which a  
 35 request for a hearing or an appeal may be filed may be tolled if the insurer fails to mail or, if  
 36 so requested, send by facsimile **or other electronic transmission** a determination regarding a  
 37 claim for compensation.

38 Existing law provides that if a contested claim for compensation is decided in favor of the  
 39 claimant, he or she is entitled to an award of interest. (NRS 616C.335) **Section 5** of this bill  
 40 provides that the claimant is also entitled to an award of certain costs and sets forth the  
 41 procedure for requesting costs and adjudicating disputes for such costs.

42 Existing law provides that a claimant who elects to receive and accepts payment for a  
 43 permanent partial disability in a lump sum terminates the claimant's benefits and waives  
 44 certain rights regarding his or her claim, ~~including the right to appeal from the closure of the~~  
 45 ~~case and the percentage of his or her disability.]~~ **except the right to reopen his or her claim,**  
 46 **have the claim considered by his or her insurer, certain rehabilitative services and the**  
 47 **right to receive a benefit penalty.** (NRS 616C.495) **Section 8** of this bill ~~eliminates these~~  
 48 ~~provisions.]~~ **provides that the claimant also reserves the right to conclude or resolve any**  
 49 **contested matter, with certain exceptions, which is pending at the time of the election of**  
 50 **payment for a permanent partial disability in a lump sum.**

51 Existing law authorizes an insurer or injured employee to request a vocational  
 52 rehabilitation counselor to prepare a written assessment of the injured employee. (NRS  
 53 616C.550) Existing law requires the vocational rehabilitation counselor to develop a plan for a  
 54 program of vocational rehabilitation for each eligible injured employee. (NRS 616C.555)  
 55 Existing law further provides that where a written assessment is requested or a plan for a  
 56 program of vocational rehabilitation is required and the insurer or injured employee or  
 57 personal or legal representative of the injured employee are unable to agree on the  
 58 appointment of a vocational rehabilitation counselor, the insurer shall submit a list of at least  
 59 three vocational rehabilitation counselors to the injured employee or personal or legal  
 60 representative of the injured employee. (NRS 616C.541) **Section 9** of this bill ~~prohibits an~~  
 61 ~~insurer from including in the list any two counselors who are employed by the same~~  
 62 ~~organization or entity.]~~ **requires the counselors listed to be employed by at least three**  
 63 **different organizations or entities.**

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

1 **Section 1.** Chapter 616C of NRS is hereby amended by adding thereto a new  
 2 section to read as follows:

3 **1. If a rating evaluation was completed for a previous disability involving a**  
 4 **condition, occupational disease, organ, anatomical structure or other part of the**  
 5 **body that is identical to the condition, occupational disease, organ, anatomical**  
 6 **structure or other part of the body being evaluated for the present disability, the**

1 *percentage of disability for a subsequent injury must be determined by deducting*  
 2 *the percentage of the previous disability from the percentage of the present*  
 3 *disability, regardless of the edition of the American Medical Association's Guides*  
 4 *to the Evaluation of Permanent Impairment as adopted by the Division pursuant*  
 5 *to NRS 616C.110 used to determine the percentage of the previous disability. The*  
 6 *compensation awarded for a permanent disability on a subsequent injury must be*  
 7 *reduced only by the awarded or agreed upon percentage of disability actually*  
 8 *received by the injured employee for the previous injury regardless of the*  
 9 *percentage of the previous disability.*

10 2. *If no rating evaluation performed before the date of injury or onset of the*  
 11 *occupational disease exists for apportionment of percentage of present and*  
 12 *previous disabilities pursuant to subsection 1, the percentage of the present*  
 13 *disability must not be reduced unless:*

14 (a) *The insurer proves by a preponderance of the evidence that medical*  
 15 *documentation or health care records that existed before the date of the injury or*  
 16 *onset of the occupational disease that resulted in the present disability*  
 17 *demonstrate evidence that the injured employee had an actual impairment or*  
 18 *disability involving the condition, occupational disease, organ, anatomical*  
 19 *structure or other part of the body that is the subject of the present disability; and*

20 (b) *The rating physician or chiropractor states to a reasonable degree of*  
 21 *medical or chiropractic probability that, based upon the specific information in*  
 22 *the preexisting medical documentation or health care records, the injured*  
 23 *employee would have had a specific percentage of disability immediately before*  
 24 *the date of the injury or the onset of the occupational disease if, in the instant*  
 25 *before the injury or the onset of the occupational disease, the injured employee*  
 26 *had been evaluated under the edition of the American Medical Association's*  
 27 *Guides to the Evaluation of Permanent Impairment that had been adopted by the*  
 28 *Division pursuant to NRS 616C.110.*

29 3. *The documentation or records relied upon pursuant to subsection 2 must*  
 30 *provide specific references to ~~[diagnoses, measurements, imaging]~~ one or more of*  
 31 *the following:*

32 (a) Diagnoses;

33 (b) Measurements;

34 (c) Imaging studies ~~[, laboratory]~~ ;

35 (d) Laboratory testing ; or ~~[other]~~

36 (e) Other commonly relied upon medical evidence that supports the finding  
 37 of a preexisting ratable impairment under the specific provisions of the edition of  
 38 the American Medical Association's Guides to the Evaluation of Permanent  
 39 Impairment that had been adopted by the Division pursuant to NRS 616C.110 at  
 40 the time of that rating evaluation.

41 4. If there is physical evidence of a prior surgery to the same organ,  
 42 anatomical structure or other part of the body being evaluated for the present  
 43 disability but no medical documentation or health care records regarding that  
 44 organ, anatomical structure or other part of the body can be obtained, the rating  
 45 physician or chiropractor may apportion the rating provided that the applicable  
 46 requirements of subsection 2, other than any requirement to:

47 (a) Have medical documentation or health care records; or

48 (b) Base a rating upon medical documentation or health care records,  
 49 ↪ are satisfied.

50 5. If there is no physical evidence of a prior surgery to the same organ,  
 51 anatomical structure or other part of the body being evaluated for the present  
 52 disability and no medical documentation or health care records of a preexisting  
 53 whole person impairment for the identical condition, occupational disease, organ,

1 *anatomical structure or other part of the body being evaluated for the present*  
2 *disability exist for the purposes of subsection 1 or 2, the percentage of present*  
3 *impairment must not be reduced by any percentage for the previous impairment.*

4 **Sec. 1.2. NRS 616C.005 is hereby amended to read as follows:**

5 616C.005 On or before September 1 of each year:

6 1. An insurer shall distribute to each employer that it insures any form for  
7 reporting injuries that has been revised within the previous 12 months.

8 2. The Administrator shall make available to physicians, ~~chiropractors,~~  
9 physician assistants and advanced practice registered nurses any form for  
10 reporting injuries that has been revised within the previous 12 months.

11 **Sec. 1.4. NRS 616C.010 is hereby amended to read as follows:**

12 616C.010 1. Whenever any accident occurs to any employee, the employee  
13 shall forthwith report the accident and the injury resulting therefrom to his or her  
14 employer.

15 2. When an employer learns of an accident, whether or not it is reported, the  
16 employer may direct the employee to submit to, or the employee may request, an  
17 examination by a physician, ~~chiropractor,~~ physician assistant or advanced  
18 practice registered nurse, in order to ascertain the character and extent of the injury  
19 and render medical attention which is required immediately. The employer shall:

20 (a) If the employer's insurer has entered into a contract with an organization  
21 for managed care or with providers of health care pursuant to NRS 616B.527,  
22 furnish the names, addresses and telephone numbers of:

23 (1) Two or more physicians, ~~chiropractors,~~ physician assistants or  
24 advanced practice registered nurses who are qualified to conduct the examination  
25 and who are available pursuant to the terms of the contract, if there are two or more  
26 such physicians, ~~chiropractors,~~ physician assistants or advanced practice  
27 registered nurses within 30 miles of the employee's place of employment; or

28 (2) One or more physicians, ~~chiropractors,~~ physician assistants or  
29 advanced practice registered nurses who are qualified to conduct the examination  
30 and who are available pursuant to the terms of the contract, if there are not two or  
31 more such physicians, ~~chiropractors,~~ physician assistants or advanced  
32 practice registered nurses within 30 miles of the employee's place of employment.

33 (b) If the employer's insurer has not entered into a contract with an  
34 organization for managed care or with providers of health care pursuant to NRS  
35 616B.527, furnish the names, addresses and telephone numbers of:

36 (1) Two or more physicians, ~~chiropractors,~~ physician assistants or  
37 advanced practice registered nurses who are qualified to conduct the examination,  
38 if there are two or more such physicians, ~~chiropractors,~~ physician assistants  
39 or advanced practice registered nurses within 30 miles of the employee's place of  
40 employment; or

41 (2) One or more physicians, ~~chiropractors,~~ physician assistants or  
42 advanced practice registered nurses who are qualified to conduct the examination,  
43 if there are not two or more such physicians, ~~chiropractors,~~ physician  
44 assistants or advanced practice registered nurses within 30 miles of the  
45 employer's place of employment.

46 3. From among the names furnished by the employer pursuant to subsection  
47 2, the employee shall select one of those physicians, ~~chiropractors,~~ physician  
48 assistants or advanced practice registered nurses to conduct the examination, but  
49 the employer shall not require the employee to select a particular physician, ~~chiropractor,~~  
50 physician assistant or advanced practice registered nurse from  
51 among the names furnished by the employer. Thereupon, the examining physician, ~~chiropractor,~~  
52 physician assistant or advanced practice registered nurse, as  
53 applicable, shall report forthwith to the employer and to the insurer the character

1 and extent of the injury. The employer shall not require the employee to disclose or  
 2 permit the disclosure of any other information concerning the employee's physical  
 3 condition except as required by NRS 616C.177.

4 4. Further medical attention, except as otherwise provided in NRS 616C.265,  
 5 must be authorized by the insurer.

6 5. This section does not prohibit an employer from requiring the employee to  
 7 submit to an examination by a physician or chiropractor specified by the employer  
 8 at any convenient time after medical attention which is required immediately has  
 9 been completed.

10 6. An employee leasing company must provide to each employee covered  
 11 under an employee leasing contract instructions on how to notify the leasing  
 12 company supervisor and client company of an injury in plain, clear language placed  
 13 in conspicuous type in a specifically labeled area of instructions given to the  
 14 employee.

15 **Sec. 1.6. NRS 616C.040 is hereby amended to read as follows:**

16 616C.040 1. Except as otherwise provided in this section, a treating  
 17 physician, ~~or~~ chiropractor, physician assistant or advanced practice registered  
 18 nurse shall, within 3 working days after first providing treatment to an injured  
 19 employee for a particular injury, complete and file a claim for compensation with  
 20 the employer of the injured employee and the employer's insurer. If the employer is  
 21 a self-insured employer, the treating physician, ~~or~~ chiropractor, physician  
 22 assistant or advanced practice registered nurse shall file the claim for  
 23 compensation with the employer's third-party administrator. If the physician, ~~or~~  
 24 chiropractor, physician assistant or advanced practice registered nurse files the  
 25 claim for compensation by electronic transmission, the physician, ~~or~~ chiropractor  
 26 physician assistant or advanced practice registered nurse shall, upon request,  
 27 mail to the insurer or third-party administrator the form prescribed by the  
 28 Administrator for a claim for compensation that ~~contains the original signatures~~  
 29 is signed by the injured employee and the physician, ~~or~~ chiropractor, or  
 30 physician assistant or advanced practice registered nurse. The form must be  
 31 mailed within 7 days after receiving such a request.

32 2. A physician, ~~or~~ chiropractor, physician assistant or advanced practice  
 33 registered nurse who has a duty to file a claim for compensation pursuant to  
 34 subsection 1 may delegate the duty to a physician assistant or an advanced  
 35 practice registered nurse at a medical facility. If the physician, ~~or~~ chiropractor, a  
 36 physician assistant or advanced practice registered nurse delegates the duty to a  
 37 physician assistant or an advanced practice registered nurse at a medical facility:

38 (a) The physician assistant or advanced practice registered nurse, as  
 39 applicable, at the medical facility must comply with the filing requirements set  
 40 forth in this section; and

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

42 (1) The delegating physician, ~~or~~ chiropractor, or, physician assistant or  
 43 advanced practice registered nurse; and

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

45 3. A claim for compensation required by subsection 1 must ~~be~~ :

46 (a) Be filed on a form prescribed by the Administrator, or; and

47 (b) Be signed with the original or electronic signatures of the injured  
 48 employee and:

49 (1) The physician, chiropractor, physician assistant or advanced practice  
 50 registered nurse who treated the injured employee; or

51 (2) The physician assistant or advanced practice registered nurse to  
 52 whom the duty to file a claim for compensation is delegated pursuant to  
 53 subsection 2.

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

4 5. A copy of the completed form that is required to be filed pursuant to  
5 subsection 3 and which is fully executed with the required original or electronic  
6 signatures must be provided to the injured employee at the time of discharge.

7 6. Each physician, chiropractor ~~and~~, physician assistant, advanced practice  
8 registered nurse and medical facility that treats injured employees, each insurer,  
9 third-party administrator and employer, and the Division shall maintain at their  
10 offices a sufficient supply of the forms prescribed by the Administrator for filing a  
11 claim for compensation.

12 ~~6.~~ 7. The Administrator may impose an administrative fine of not more than  
13 \$1,000 for each violation of subsection 1 on:

14 (a) A treating physician, ~~and~~ chiropractor ~~and~~, physician assistant or  
15 advanced practice registered nurse; or

16 (b) A physician assistant or advanced practice registered nurse at a medical  
17 facility if the duty to file the claim for compensation has been delegated to ~~the~~  
18 ~~medical facility~~ him or her pursuant to this section.

19 **Sec. 1.8. NRS 616C.045 is hereby amended to read as follows:**

20 616C.045 1. Except as otherwise provided in NRS 616B.727, within 6  
21 working days after the receipt of a claim for compensation from a physician, ~~and~~  
22 chiropractor, physician assistant or advanced practice registered nurse, or a  
23 medical facility if the duty to file the claim for compensation has been delegated to  
24 the medical facility pursuant to NRS 616C.040, an employer shall complete and file  
25 with his or her insurer or third-party administrator an employer's report of  
26 industrial injury or occupational disease.

27 2. The report must:

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

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

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

32 (d) Be accompanied by a statement of the wages of the employee if the claim  
33 for compensation received from the treating physician, ~~and~~ chiropractor, physician  
34 assistant or advanced practice registered nurse, or a medical facility if the duty to  
35 file the claim for compensation has been delegated to the medical facility pursuant  
36 to NRS 616C.040, indicates that the injured employee is expected to be off work  
37 for 5 days or more.

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

42 4. The Administrator shall impose an administrative fine of not more than  
43 \$1,000 on an employer for each violation of this section.

44 **Sec. 2. NRS 616C.065 is hereby amended to read as follows:**

45 616C.065 1. Except as otherwise provided in NRS 616C.136, within 30  
46 days after the insurer has been notified of an industrial accident, every insurer shall:

47 (a) Accept a claim for compensation, notify the claimant or the person acting  
48 on behalf of the claimant that the claim has been accepted and commence payment  
49 of the claim; or

50 (b) Deny the claim and notify the claimant or the person acting on behalf of the  
51 claimant and the Administrator that the claim has been denied.

52 2. If an insurer is ordered by the Administrator, a hearing officer, an appeals  
53 officer, a district court, the Court of Appeals or the Supreme Court of Nevada to



1 make a new determination, including, without limitation, a new determination  
2 regarding the acceptance or denial of a claim for compensation, the insurer shall  
3 make the new determination within 30 days after the date on which the insurer has  
4 been ordered to do so.

5 3. Payments made by an insurer pursuant to this section are not an admission  
6 of liability for the claim or any portion of the claim.

7 4. Except as otherwise provided in this subsection, if an insurer unreasonably  
8 delays or refuses to pay the claim within 30 days after the insurer has been notified  
9 of an industrial accident, the insurer shall pay upon order of the Administrator an  
10 additional amount equal to three times the amount specified in the order as refused  
11 or unreasonably delayed. This payment is for the benefit of the claimant and must  
12 be paid to the claimant with the compensation assessed pursuant to chapters 616A  
13 to 617, inclusive, of NRS. The provisions of this section do not apply to the  
14 payment of a bill for accident benefits that is governed by the provisions of NRS  
15 616C.136.

16 5. The insurer shall notify the claimant or the person acting on behalf of the  
17 claimant that a claim has been accepted or denied pursuant to subsection 1 or 2 by:

18 (a) Mailing its written determination to the claimant or the person acting on  
19 behalf of the claimant ~~{ }~~ and

20 ~~{(b) }~~, if the claim has been denied, in whole or in part, obtaining a certificate  
21 of mailing ~~{ }~~; or

22 (b) *If and as requested by the claimant or the person acting on behalf of the*  
23 *claimant, sending its written determination to the claimant or the person acting*  
24 *on behalf of the claimant by facsimile or other electronic transmission the proof*  
25 *of sending and receipt of which is readily verifiable and retaining proof of a*  
26 *successful transmission and receipt of the facsimile ~~{ }~~ or other electronic*  
27 *transmission, as applicable.*

28 6. The failure of the insurer to ~~{obtain}~~, as applicable:

29 (a) Obtain a certificate of mailing as required by paragraph ~~{(b)}~~ (a) of  
30 subsection 5 shall be deemed to be a failure of the insurer to mail the written  
31 determination of the denial of a claim as required by this section ~~{ }~~; or

32 (b) *Retain proof of a successful transmission and receipt of the facsimile or*  
33 *other electronic transmission the proof of sending and receipt of which is readily*  
34 *verifiable as required by paragraph (b) of subsection 5 shall be deemed to be a*  
35 *failure of the insurer to send by facsimile or other electronic transmission the*  
36 *written determination regarding a claim as required by this section.*

37 7. The failure of the insurer to indicate the acceptance or denial of a claim for  
38 a part of the body or condition does not constitute a denial or acceptance thereof.

39 8. Upon request, the insurer shall provide a copy of the certificate of mailing,  
40 if any, *or proof of a successful transmission and receipt of the facsimile ~~{ }~~ or*  
41 *other electronic transmission, as applicable*, to the claimant or the person acting  
42 on behalf of the claimant.

43 9. For the purposes of this section, the insurer shall ~~{mail}~~ either:

44 (a) Mail the written determination to:

45 ~~{(a)}~~ (1) The mailing address of the claimant or the person acting on behalf of  
46 the claimant that is provided on the form prescribed by the Administrator for filing  
47 the claim; or

48 ~~{(b)}~~ (2) Another mailing address if the claimant or the person acting on behalf  
49 of the claimant provides to the insurer written notice of another mailing address ~~{ }~~;  
50 or

51 (b) *If and as requested by the claimant or the person acting on behalf of the*  
52 *claimant, send the written determination by facsimile or other electronic*

1 transmission the proof of sending and receipt of which is readily verifiable to the  
 2 claimant or the person acting on behalf of the claimant.

3 10. As used in this section, "certificate of mailing" means a receipt that  
 4 provides evidence of the date on which the insurer presented its written  
 5 determination to the United States Postal Service for mailing.

6 **Sec. 2.2. NRS 616C.075 is hereby amended to read as follows:**

7 616C.075 1. If an employee is properly directed to submit to a physical  
 8 examination and the employee refuses to permit the treating physician, ~~or~~  
 9 chiropractor, physician assistant or advanced practice registered nurse to make  
 10 an examination and to render medical attention as may be required immediately, no  
 11 compensation may be paid for the injury claimed to result from the accident.

12 2. References to a physician assistant and an advanced practice registered  
 13 nurse in this section are for the purposes of the examination and treatment of an  
 14 injured employee which are authorized to be provided by a physician assistant or  
 15 advanced practice registered nurse in the exclusive context of an initial  
 16 examination and treatment pursuant to NRS 616C.010.

17 **Sec. 2.4. NRS 616C.095 is hereby amended to read as follows:**

18 616C.095 1. The physician, ~~or~~ chiropractor, physician assistant or  
 19 advanced practice registered nurse shall inform the injured employee of the  
 20 injured employee's rights under chapters 616A to 616D, inclusive, or chapter 617  
 21 of NRS and lend all necessary assistance in making application for compensation  
 22 and such proof of other matters as required by the rules of the Division, without  
 23 charge to the employee.

24 2. References to a physician assistant and an advanced practice registered  
 25 nurse in this section are for the purposes of the examination and treatment of an  
 26 injured employee which are authorized to be provided by a physician assistant or  
 27 advanced practice registered nurse in the exclusive context of an initial  
 28 examination and treatment pursuant to NRS 616C.010.

29 **Sec. 2.6. NRS 616C.098 is hereby amended to read as follows:**

30 616C.098 1. Certain phrases relating to a claim for compensation for an  
 31 industrial injury or occupational disease and used by a physician, ~~or~~ chiropractor  
 32 , physician assistant or advanced practice registered nurse when determining the  
 33 causation of an industrial injury or occupational disease are deemed to be  
 34 equivalent and may be used interchangeably. Those phrases are:

35 ~~++~~ (a) "Directly connect this injury or occupational disease as job incurred";  
 36 and

37 ~~++~~ (b) "A degree of reasonable medical probability that the condition in  
 38 question was caused by the industrial injury."

39 2. References to a physician assistant and an advanced practice registered  
 40 nurse in this section are for the purposes of the examination and treatment of an  
 41 injured employee which are authorized to be provided by a physician assistant or  
 42 advanced practice registered nurse in the exclusive context of an initial  
 43 examination and treatment pursuant to NRS 616C.010.

44 **Sec. 2.8. NRS 616C.130 is hereby amended to read as follows:**

45 616C.130 1. The insurer shall not authorize the payment of any money to a  
 46 physician, ~~or~~ chiropractor, physician assistant or advanced practice registered  
 47 nurse for services rendered by the physician, ~~or~~ chiropractor, physician assistant  
 48 or advanced practice registered nurse, as applicable, in attending an injured  
 49 employee until an itemized statement for the services has been received by the  
 50 insurer accompanied by a certificate of the physician, ~~or~~ chiropractor, physician  
 51 assistant or advanced practice registered nurse stating that a duplicate of the  
 52 itemized statement has been filed with the employer of the injured employee.

2. References to a physician assistant and an advanced practice registered nurse in this section are for the purposes of the examination and treatment of an injured employee which are authorized to be provided by a physician assistant or advanced practice registered nurse in the exclusive context of an initial examination and treatment pursuant to NRS 616C.010.

**Sec. 3.** NRS 616C.205 is hereby amended to read as follows:

616C.205 Except as otherwise provided in this section and NRS 18.015, 31A.150 and 31A.330, compensation payable or paid under chapters 616A to 616D, inclusive, or chapter 617 of NRS, whether determined or due, or not:

1. Is not assignable before the issuance and delivery of the check or the deposit of any payment for compensation pursuant to NRS 616C.409;

2. Is exempt from attachment, garnishment and execution; and

3. Does not pass to any other person by operation of law.

↪ In the case of the death of an injured employee covered by chapters 616A to 616D, inclusive, or chapter 617 of NRS from causes independent from the injury for which compensation is payable, any compensation due the employee which was awarded or accrued but for which a check was not issued or delivered or for which payment was not made pursuant to NRS 616C.409 at the date of death of the employee is payable to the dependents of the employee as defined in NRS 616C.505.

**Sec. 3.3. NRS 616C.265 is hereby amended to read as follows:**

616C.265 1. Except as otherwise provided in NRS 616C.280, every employer operating under chapters 616A to 616D, inclusive, of NRS, alone or together with other employers, may make arrangements to provide accident benefits as defined in those chapters for injured employees.

2. Employers electing to make such arrangements shall notify the Administrator of the election and render a detailed statement of the arrangements made, which arrangements do not become effective until approved by the Administrator.

3. Every employer who maintains a hospital of any kind for his or her employees, or who contracts for the hospital care of injured employees, shall, on or before January 30 of each year, make a written report to the Administrator for the preceding year, which must contain a statement showing:

(a) The total amount of hospital fees collected, showing separately the amount contributed by the employees and the amount contributed by the employers;

(b) An itemized account of the expenditures, investments or other disposition of such fees; and

(c) What balance, if any, remains.

4. Every employer who provides accident benefits pursuant to this section:

(a) Shall, in accordance with regulations adopted by the Administrator, make a written report to the Division of that employer's actual and expected annual expenditures for claims and such other information as the Division deems necessary to calculate an estimated or final annual assessment and shall, to the extent that the regulations refer to the responsibility of insurers to make such reports, be deemed to be an insurer.

(b) Shall pay the assessments collected pursuant to NRS 232.680 and 616A.430.

5. The reports required by the provisions of subsections 3 and 4 must be verified:

(a) If the employer is a natural person, by the employer;

(b) If the employer is a partnership, by one of the partners;

(c) If the employer is a corporation, by the secretary, president, general manager or other executive officer of the corporation; or

1 (d) If the employer has contracted with a physician or chiropractor for the  
2 hospital care of injured employees, by the physician or chiropractor.

3 6. No employee is required to accept the services of a physician, ~~or~~  
4 chiropractor, physician assistant or advanced practice registered nurse provided  
5 by his or her employer, but may seek professional medical services of the  
6 employee's choice as provided in NRS 616C.090. Expenses arising from such  
7 medical services must be paid by the employer who has elected to provide benefits,  
8 pursuant to the provisions of this section, for the employer's injured employees.

9 7. Every employer who fails to notify the Administrator of such election and  
10 arrangements, or who fails to render the financial reports required, is liable for  
11 accident benefits as provided by NRS 616C.255.

12 8. References to a physician assistant and an advanced practice registered  
13 nurse in this section are for the purposes of the examination and treatment of an  
14 injured employee which are authorized to be provided by a physician assistant or  
15 advanced practice registered nurse in the exclusive context of an initial  
16 examination and treatment pursuant to NRS 616C.010.

17 Sec. 3.7. NRS 616C.270 is hereby amended to read as follows:

18 616C.270 1. Every employer who has elected to provide accident benefits  
19 for his or her injured employees shall prepare and submit a written report to the  
20 Administrator:

21 (a) Within 6 days after any accident if an injured employee is examined or  
22 treated by a physician, ~~or~~ chiropractor ~~or~~ physician assistant or advanced  
23 practice registered nurse; and

24 (b) If the injured employee receives additional medical services.

25 2. The Administrator shall review each report to determine whether the  
26 employer is furnishing the accident benefits required by chapters 616A to 616D,  
27 inclusive, of NRS.

28 3. The content and form of the written reports must be prescribed by the  
29 Administrator.

30 4. References to a physician assistant and an advanced practice registered  
31 nurse in this section are for the purposes of the examination and treatment of an  
32 injured employee which are authorized to be provided by a physician assistant or  
33 advanced practice registered nurse in the exclusive context of an initial  
34 examination and treatment pursuant to NRS 616C.010.

35 Sec. 4. NRS 616C.315 is hereby amended to read as follows:

36 616C.315 1. Any person who is subject to the jurisdiction of the hearing  
37 officers pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS may  
38 request a hearing before a hearing officer of any matter within the hearing officer's  
39 authority. The insurer shall provide, without cost, the forms necessary to request a  
40 hearing to any person who requests them.

41 2. A hearing must not be scheduled until the following information is  
42 provided to the hearing officer:

43 (a) The name of:

- 44 (1) The claimant;  
45 (2) The employer; and  
46 (3) The insurer or third-party administrator;

47 (b) The number of the claim; and

48 (c) If applicable, a copy of the letter of determination being appealed or, if such  
49 a copy is unavailable, the date of the determination and the issues stated in the  
50 determination.

51 3. Except as otherwise provided in NRS 616B.772, 616B.775, 616B.787,  
52 616C.305 and 616C.427, a person who is aggrieved by:

53 (a) A written determination of an insurer; or

1 (b) The failure of an insurer to respond within 30 days to a written request  
2 mailed to the insurer by the person who is aggrieved,  
3 may appeal from the determination or failure to respond by filing a request for a  
4 hearing before a hearing officer. Such a request must include the information  
5 required pursuant to subsection 2 and, except as otherwise provided in subsections  
6 4 and 5, must be filed within 70 days after the date on which the notice of the  
7 insurer's determination was mailed *or, if requested by the claimant or the person*  
8 *acting on behalf of the claimant, sent by facsimile or other electronic*  
9 *transmission the proof of sending and receipt of which is readily verifiable by the*  
10 insurer or the unanswered written request was mailed to the insurer, as applicable.  
11 The failure of an insurer to respond to a written request for a determination within  
12 30 days after receipt of such a request shall be deemed by the hearing officer to be a  
13 denial of the request.

14 4. The period specified in subsection 3 within which a request for a hearing  
15 must be filed may be ~~extended~~ :

16 (a) *Extended* for an additional 90 days if the person aggrieved shows by a  
17 preponderance of the evidence that the person was diagnosed with a terminal illness  
18 or was informed of the death or diagnosis of a terminal illness of his or her spouse,  
19 parent or child.

20 (b) *Tolled if the insurer fails to mail or, if requested by the claimant or the*  
21 *person acting on behalf of the claimant, send by facsimile or other electronic*  
22 *transmission the proof of sending and receipt of which is readily verifiable a*  
23 *determination.*

24 5. Failure to file a request for a hearing within the period specified in  
25 subsection 3 may be excused if the person aggrieved shows by a preponderance of  
26 the evidence that the person did not receive the notice of the determination and the  
27 forms necessary to request a hearing. The claimant or employer shall notify the  
28 insurer of a change of address.

29 6. The hearing before the hearing officer must be conducted as expeditiously  
30 and informally as is practicable.

31 7. The parties to a contested claim may, if the claimant is represented by legal  
32 counsel, agree to forego a hearing before a hearing officer and submit the contested  
33 claim directly to an appeals officer.

34 8. A claimant may, with regard to a contested claim arising from the  
35 provisions of NRS 617.453, 617.455, 617.457, 617.485 or 617.487 as described in  
36 subsection 2 of NRS 616C.345, submit the contested claim directly to an appeals  
37 officer pursuant to subsection 2 of NRS 616C.345 without the agreement of any  
38 other party.

39 **Sec. 4.5. NRS 616C.330 is hereby amended to read as follows:**

40 616C.330 1. The hearing officer shall:

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

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

49 (c) Conduct hearings expeditiously and informally.

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

1 3. If necessary to resolve a medical question concerning an injured  
2 employee's condition or to determine the necessity of treatment for which  
3 authorization for payment has been denied, the hearing officer may order an  
4 independent medical examination, which must not involve treatment, and refer the  
5 employee to a physician or chiropractor of his or her choice who has demonstrated  
6 special competence to treat the particular medical condition of the employee,  
7 whether or not the physician or chiropractor is on the insurer's panel of providers of  
8 health care. If the medical question concerns the rating of a permanent disability,  
9 the hearing officer may refer the employee to a rating physician or chiropractor.  
10 The rating physician or chiropractor must be selected in rotation from the list of  
11 qualified physicians and chiropractors maintained by the Administrator pursuant to  
12 subsection 2 of NRS 616C.490, unless the insurer and injured employee otherwise  
13 agree to a rating physician or chiropractor. The insurer shall pay the costs of any  
14 medical examination requested by the hearing officer.

15 4. The hearing officer may consider the opinion of an examining physician, ~~or~~  
16 ~~or~~ chiropractor, physician assistant or advanced practice registered nurse, in  
17 addition to the opinion of an authorized treating physician, ~~or~~ chiropractor,  
18 physician assistant or advanced practice registered nurse, in determining the  
19 compensation payable to the injured employee.

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

28 6. The hearing officer shall order an insurer, organization for managed care or  
29 employer who provides accident benefits for injured employees pursuant to NRS  
30 616C.265 to pay to the appropriate person the charges of a provider of health care if  
31 the conditions of NRS 616C.138 are satisfied.

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

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

35 (a) The hearing; or

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

38 9. The hearing officer shall render a decision in the most efficient format  
39 developed by the Chief of the Hearings Division of the Department of  
40 Administration.

41 10. The hearing officer shall give notice of the decision to each party by mail.  
42 The hearing officer shall include with the notice of the decision the necessary forms  
43 for appealing from the decision.

44 11. Except as otherwise provided in NRS 616C.380, the decision of the  
45 hearing officer is not stayed if an appeal from that decision is taken unless an  
46 application for a stay is submitted by a party. If such an application is submitted,  
47 the decision is automatically stayed until a determination is made on the  
48 application. A determination on the application must be made within 30 days after  
49 the filing of the application. If, after reviewing the application, a stay is not granted  
50 by the hearing officer or an appeals officer, the decision must be complied with  
51 within 10 days after the refusal to grant a stay.

52 12. References to a physician assistant and an advanced practice registered  
53 nurse in this section are for the purposes of the examination and treatment of an

injured employee which are authorized to be provided by a physician assistant or advanced practice registered nurse in the exclusive context of an initial examination and treatment pursuant to NRS 616C.010.

**Sec. 5.** NRS 616C.335 is hereby amended to read as follows:

616C.335 **1.** If a contested claim for compensation is decided in favor of the claimant, he or she is entitled to ~~an~~ :

(a) An award of interest at the rate of 9 percent on the amount of compensation due the claimant from the date the payment on the claim would be due until the date that payment is made.

(b) ~~As limited by subsection 2, an award of costs as are authorized by NRS 18.110, against the opposing party as follows:~~

(1) Clerks' fees.

(2) Reporters' fees for depositions, including a reporter's fee for one copy of each deposition.

(3) Fees for witnesses at an appeals hearing and deposing witnesses, unless the appeals officer finds that the witness was called at the instance of the prevailing party without reason or necessity.

(4) Reasonable fees of not more than five expert witnesses in an amount of not more than the fee allowable for an independent medical examination as set forth in the schedule of fees established by the Administrator pursuant to NRS 616C.260 for each witness, unless the appeals officer allows a fee in a greater amount after determining that the circumstances surrounding the expert's testimony were of such necessity as to require the greater amount of the fee.

(5) The fee of any sheriff or licensed process server for the delivery or service of any summons or subpoena used in the action, unless the appeals officer determines that the service was not necessary.

(6) Compensation for the official reporter or reporter pro tempore.

(7) Reasonable costs for photocopies.

(8) Reasonable costs for postage.

(9) Reasonable costs for travel and lodging incurred taking depositions and conducting discovery.

(10) Any other reasonable and necessary expense incurred in connection with the action, including reasonable and necessary expenses for computerized services for legal research.

2. Costs awarded pursuant to subsection 1 must be limited to the costs incurred as a result of the litigation of those issues which were decided in favor of the claimant.

3. If a claimant is awarded costs pursuant to subsection 1, the claimant shall serve on the insurer and the claimant's employer, not later than 15 calendar days after the decision of an appeals officer, district court, the Court of Appeals or the Supreme Court, a memorandum of the costs in the action or proceeding, which memorandum must be verified by the oath of the claimant, or the claimant's attorney or agent, or by the clerk of the claimant's attorney, stating that to the best of his or her knowledge and belief the costs are correct, and that the costs have been necessarily incurred in the action or proceeding.

~~3.~~ 4. Not later than 15 calendar days after receipt of service of a copy of a memorandum pursuant to subsection ~~2.~~ 3, the insurer shall issue to the claimant a determination letter regarding the requested costs, specifically stating in detail:

(a) The costs which are allowed pursuant to ~~NRS 18.110,~~ paragraph (b) of subsection 1 and subsection 2; and

1 (b) The costs which are disallowed pursuant to ~~NRS 18.110~~ paragraph (b)  
 2 of subsection 1 and subsection 2, along with specific reasons for the disallowance  
 3 of those costs.

4 ~~4.4~~ 5. Costs which are allowed by the insurer pursuant to subsection ~~4~~ 4,  
 5 must be paid along with the determination letter to the claimant or, if the  
 6 claimant is represented, to the claimant's counsel.

7 ~~5.5~~ 6. Any party aggrieved by the determination may file a request for  
 8 appeal directly to an appeals officer not later than 30 days after receipt of the  
 9 determination letter.

10 ~~6. As used in this section, "costs" has the meaning ascribed to it in NRS~~  
 11 ~~18.005.~~

12 **Sec. 6.** NRS 616C.345 is hereby amended to read as follows:

13 616C.345 1. Any party aggrieved by a decision of the hearing officer  
 14 relating to a claim for compensation may appeal from the decision by, except as  
 15 otherwise provided in subsections 9 , ~~and~~ 10  ~~and~~ 11, filing a notice of appeal  
 16 with an appeals officer within 30 days after the date of the decision.

17 2. A claimant aggrieved by a written determination of the denial of a claim, in  
 18 whole or in part, by an insurer, or the failure of an insurer to respond in writing  
 19 within 30 days to a written request of the claimant mailed to the insurer, concerning  
 20 a claim arising from the provisions of NRS 617.453, 617.455, 617.457, 617.485 or  
 21 617.487 may file a notice of a contested claim with an appeals officer. The notice  
 22 must include the information required pursuant to subsection 3 and, except as  
 23 otherwise provided in subsections 9 ~~, and 11, and~~ to 12, inclusive, must be filed  
 24 within 70 days after the date on which the notice of the insurer's determination was  
 25 mailed or, if requested by the claimant or the person acting on behalf of the  
 26 claimant, sent by facsimile or other electronic transmission the proof of sending  
 27 and receipt of which is readily verifiable by the insurer or the unanswered written  
 28 request was mailed to the insurer, as applicable. The failure of an insurer to respond  
 29 in writing to a written request for a determination within 30 days after receipt of  
 30 such a request shall be deemed by the appeals officer to be a denial of the request.  
 31 The insurer shall provide, without cost, the forms necessary to file a notice of a  
 32 contested claim to any person who requests them.

33 3. A hearing must not be scheduled until the following information is  
 34 provided to the appeals officer:

35 (a) The name of:

- 36 (1) The claimant;
- 37 (2) The employer; and
- 38 (3) The insurer or third-party administrator;

39 (b) The number of the claim; and

40 (c) If applicable, a copy of the letter of determination being appealed or, if such  
 41 a copy is unavailable, the date of the determination and the issues stated in the  
 42 determination.

43 4. If a dispute is required to be submitted to a procedure for resolving  
 44 complaints pursuant to NRS 616C.305 and:

45 (a) A final determination was rendered pursuant to that procedure; or

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

48 ~~any~~ any party to the dispute may, except as otherwise provided in subsections 9 ~~,~~  
 49 ~~and 10, and 11,~~ to 12, inclusive, file a notice of appeal within 70 days after the  
 50 date on which the final determination was mailed to the employee, or the dependent  
 51 of the employee, or the unanswered request for resolution was submitted. Failure to  
 52 render a written determination within 30 days after receipt of such a request shall be  
 53 deemed by the appeals officer to be a denial of the request.



1           5. Except as otherwise provided in NRS 616C.380, the filing of a notice of  
2 appeal does not automatically stay the enforcement of the decision of a hearing  
3 officer or a determination rendered pursuant to NRS 616C.305. The appeals officer  
4 may order a stay, when appropriate, upon the application of a party. If such an  
5 application is submitted, the decision is automatically stayed until a determination  
6 is made concerning the application. A determination on the application must be  
7 made within 30 days after the filing of the application. If a stay is not granted by the  
8 officer after reviewing the application, the decision must be complied with within  
9 10 days after the date of the refusal to grant a stay.

10           6. Except as otherwise provided in subsections 3 and 7, within 10 days after  
11 receiving a notice of appeal pursuant to this section or NRS 616C.220, 616D.140 or  
12 617.401, or within 10 days after receiving a notice of a contested claim pursuant to  
13 subsection 7 of NRS 616C.315, the appeals officer shall:

14           (a) Schedule a hearing on the merits of the appeal or contested claim for a date  
15 and time within 90 days after receipt of the notice at a place in Carson City,  
16 Nevada, or Las Vegas, Nevada, or upon agreement of one or more of the parties to  
17 pay all additional costs directly related to an alternative location, at any other place  
18 of convenience to the parties, at the discretion of the appeals officer; and

19           (b) Give notice by mail or by personal service to all parties to the matter and  
20 their attorneys or agents at least 30 days before the date and time scheduled.

21           7. Except as otherwise provided in subsection ~~12~~ 13, a request to schedule  
22 the hearing for a date and time which is:

23           (a) Within 60 days after the receipt of the notice of appeal or contested claim;  
24 or

25           (b) More than 90 days after the receipt of the notice or claim,  
26 ↪ may be submitted to the appeals officer only if all parties to the appeal or  
27 contested claim agree to the request.

28           8. An appeal or contested claim may be continued upon written stipulation of  
29 all parties, or upon good cause shown.

30           9. The period specified in subsection 1, 2 or 4 within which a notice of appeal  
31 or a notice of a contested claim must be filed may be extended for an additional 90  
32 days if the person aggrieved shows by a preponderance of the evidence that the  
33 person was diagnosed with a terminal illness or was informed of the death or  
34 diagnosis of a terminal illness of the person's spouse, parent or child.

35           10. *The period specified in subsection 2 within which a notice of appeal or a*  
36 *notice of a contested claim must be filed may be tolled if the insurer fails to mail*  
37 *or, if requested by the claimant or the person acting on behalf of the claimant,*  
38 *send a determination by facsimile ~~11~~ or other electronic transmission the proof of*  
39 *sending and receipt of which is readily verifiable.*

40           11. Failure to file a notice of appeal within the period specified in subsection  
41 1 or 4 may be excused if the party aggrieved shows by a preponderance of the  
42 evidence that he or she did not receive the notice of the determination and the forms  
43 necessary to appeal the determination. The claimant, employer or insurer shall  
44 notify the hearing officer of a change of address.

45           ~~11~~ 12. Failure to file a notice of a contested claim within the period  
46 specified in subsection 2 may be excused if the claimant shows by a preponderance  
47 of the evidence that he or she did not receive the notice of the determination and the  
48 forms necessary to file the notice. The claimant or employer shall notify the insurer  
49 of a change of address.

50           ~~12~~ 13. Within 10 days after receiving a notice of a contested claim  
51 pursuant to subsection 2, the appeals officer shall:

52           (a) Schedule a hearing on the merits of the contested claim for a date and time  
53 within 60 days after his or her receipt of the notice at a place in Carson City,

1 Nevada, or Las Vegas, Nevada, or upon agreement of one or more of the parties to  
2 pay all additional costs directly related to an alternative location, at any other place  
3 of convenience to the parties, at the discretion of the appeals officer; and

4 (b) Give notice by mail or by personal service to all parties to the matter and  
5 their attorneys or agents within 10 days after scheduling the hearing.

6 ➤ The scheduled date must allow sufficient time for full disclosure, exchange and  
7 examination of medical and other relevant information. A party may not introduce  
8 information at the hearing which was not previously disclosed to the other parties  
9 unless all parties agree to the introduction.

10 **Sec. 6.3. NRS 616C.350 is hereby amended to read as follows:**

11 616C.350 1. Any physician,  ~~chiropractor~~, physician assistant or  
12 advanced practice registered nurse who attends an employee within the provisions  
13 of chapters 616A to 616D, inclusive, or chapter 617 of NRS in a professional  
14 capacity, may be required to testify before an appeals officer. A physician,  ~~chiropractor~~  
15 physician assistant or advanced practice registered nurse who  
16 testifies is entitled to receive the same fees as witnesses in civil cases and, if the  
17 appeals officer so orders at his or her own discretion, a fee equal to that authorized  
18 for a consultation by the appropriate schedule of fees for physicians,  ~~chiropractors~~  
19 physician assistants or advanced practice registered nurses, if  
20 any. These fees must be paid by the insurer.

21 2. Information gained by the attending physician,  ~~chiropractor~~,  
22 physician assistant or advanced practice registered nurse while in attendance on  
23 the injured employee is not a privileged communication if:

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

26 (b) The information is related to any fraud that has been or is alleged to have  
27 been committed in violation of the provisions of this chapter or chapter 616A,  
28 616B, 616D or 617 of NRS.

29 **3. References to a physician assistant and an advanced practice registered**  
30 **nurse in this section are for the purposes of the examination and treatment of an**  
31 **injured employee which are authorized to be provided by a physician assistant or**  
32 **advanced practice registered nurse in the exclusive context of an initial**  
33 **examination and treatment pursuant to NRS 616C.010.**

34 **Sec. 6.7. NRS 616C.360 is hereby amended to read as follows:**

35 616C.360 1. A stenographic or electronic record must be kept of the hearing  
36 before the appeals officer and the rules of evidence applicable to contested cases  
37 under chapter 233B of NRS apply to the hearing.

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

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

43 (a) Order an independent medical examination and refer the employee to a  
44 physician or chiropractor of his or her choice who has demonstrated special  
45 competence to treat the particular medical condition of the employee, whether or  
46 not the physician or chiropractor is on the insurer's panel of providers of health  
47 care. If the medical question concerns the rating of a permanent disability, the  
48 appeals officer may refer the employee to a rating physician or chiropractor. The  
49 rating physician or chiropractor must be selected in rotation from the list of  
50 qualified physicians or chiropractors maintained by the Administrator pursuant to  
51 subsection 2 of NRS 616C.490, unless the insurer and the injured employee  
52 otherwise agree to a rating physician or chiropractor. The insurer shall pay the costs  
53 of any examination requested by the appeals officer.

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

6 4. The appeals officer may consider the opinion of an examining physician, ~~or~~  
7 ~~or~~ chiropractor, physician assistant or advanced practice registered nurse, in  
8 addition to the opinion of an authorized treating physician, ~~or~~ chiropractor,  
9 physician assistant or advanced practice registered nurse, in determining the  
10 compensation payable to the injured employee.

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

19 6. The appeals officer shall order an insurer, organization for managed care or  
20 employer who provides accident benefits for injured employees pursuant to NRS  
21 616C.265 to pay to the appropriate person the charges of a provider of health care if  
22 the conditions of NRS 616C.138 are satisfied.

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

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

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

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

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

35 (a) The date of the hearing; or

36 (b) If the appeals officer orders an independent medical examination, the date  
37 the appeals officer receives the report of the examination,

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

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

42 11. References to a physician assistant and an advanced practice registered  
43 nurse in this section are for the purposes of the examination and treatment of an  
44 injured employee which are authorized to be provided by a physician assistant or  
45 advanced practice registered nurse in the exclusive context of an initial  
46 examination and treatment pursuant to NRS 616C.010.

47 **Sec. 7.** NRS 616C.490 is hereby amended to read as follows:

48 616C.490 1. Except as otherwise provided in NRS 616C.175, every  
49 employee, in the employ of an employer within the provisions of chapters 616A to  
50 616D, inclusive, of NRS, who is injured by an accident arising out of and in the  
51 course of employment is entitled to receive the compensation provided for  
52 permanent partial disability. As used in this section, "disability" and "impairment  
53 of the whole person" are equivalent terms.

1           2. Except as otherwise provided in subsection 3:

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

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

9           (1) The insurer shall select the rating physician or chiropractor from the list  
10 of qualified rating physicians and chiropractors designated by the Administrator, to  
11 determine the percentage of disability in accordance with the American Medical  
12 Association's Guides to the Evaluation of Permanent Impairment as adopted and  
13 supplemented by the Division pursuant to NRS 616C.110.

14           (2) Rating physicians and chiropractors must be selected in rotation from  
15 the list of qualified physicians and chiropractors designated by the Administrator,  
16 according to their area of specialization and the order in which their names appear  
17 on the list unless the next physician or chiropractor is currently an employee of the  
18 insurer making the selection, in which case the insurer must select the physician or  
19 chiropractor who is next on the list and who is not currently an employee of the  
20 insurer.

21           3. Notwithstanding any other provision of law, an injured employee or the  
22 legal representative of an injured employee may, at any time, without limitation,  
23 request that the Administrator select a rating physician or chiropractor from the list  
24 of qualified physicians and chiropractors designated by the Administrator. The  
25 Administrator, upon receipt of the request, shall immediately select for the injured  
26 employee the rating physician or chiropractor who is next in rotation on the list,  
27 according to the area of specialization.

28           4. If an insurer contacts a treating physician or chiropractor to determine  
29 whether an injured employee has suffered a permanent disability, the insurer shall  
30 deliver to the treating physician or chiropractor that portion or a summary of that  
31 portion of the American Medical Association's Guides to the Evaluation of  
32 Permanent Impairment as adopted by the Division pursuant to NRS 616C.110 that  
33 is relevant to the type of injury incurred by the employee.

34           5. At the request of the insurer, the injured employee shall, before an  
35 evaluation by a rating physician or chiropractor is performed, notify the insurer of:

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

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

40           ➤ The notice must be on a form approved by the Administrator and provided to the  
41 injured employee by the insurer at the time of the insurer's request.

42           6. Unless the regulations adopted pursuant to NRS 616C.110 provide  
43 otherwise, a rating evaluation must include an evaluation of the loss of motion,  
44 sensation and strength of an injured employee if the injury is of a type that might  
45 have caused such a loss. Except in the case of claims accepted pursuant to NRS  
46 616C.180, no factors other than the degree of physical impairment of the whole  
47 person may be considered in calculating the entitlement to compensation for a  
48 permanent partial disability.

49           7. The rating physician or chiropractor shall provide the insurer with his or  
50 her evaluation of the injured employee. After receiving the evaluation, the insurer  
51 shall, within 14 days, provide the employee with a copy of the evaluation and notify  
52 the employee:

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

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

5 8. Each 1 percent of impairment of the whole person must be compensated by  
6 a monthly payment:

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

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

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

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

15 ➤ Compensation must commence on the date of the injury or the day following the  
16 termination of temporary disability compensation, if any, whichever is later, and  
17 must continue on a monthly basis for 5 years or until the claimant is 70 years of  
18 age, whichever is later.

19 9. Compensation benefits may be paid annually to claimants who will be  
20 receiving less than \$100 a month.

21 10. ~~Except as otherwise provided in subsection 11, if~~ *If* there is a previous  
22 disability, ~~as the loss of one eye, one hand, one foot, or any other previous~~  
23 ~~permanent disability,~~ the percentage of disability for a subsequent injury must be  
24 determined ~~by computing the percentage of the entire disability and deducting~~  
25 ~~therefrom the percentage of the previous disability as it existed at the time of the~~  
26 ~~subsequent injury.~~ *pursuant to section 1 of this act.*

27 11. ~~If a rating evaluation was completed for a previous disability involving a~~  
28 ~~condition, organ or anatomical structure that is identical to the condition, organ or~~  
29 ~~anatomical structure being evaluated for the present disability, the percentage of~~  
30 ~~disability for a subsequent injury must be determined by deducting the percentage~~  
31 ~~of the previous disability from the percentage of the present disability, regardless of~~  
32 ~~the edition of the American Medical Association's Guides to the Evaluation of~~  
33 ~~Permanent Impairment as adopted by the Division pursuant to NRS 616C.110 used~~  
34 ~~to determine the percentage of the previous disability. The compensation awarded~~  
35 ~~for a permanent disability on a subsequent injury must be reduced only by the~~  
36 ~~awarded or agreed upon percentage of disability actually received by the injured~~  
37 ~~employee for the previous injury regardless of the percentage of the previous~~  
38 ~~disability.~~ *In the event of a dispute over an award of compensation for*  
39 *permanent partial disability, the insurer shall commence making installment*  
40 *payments to the injured employee for that portion of the award that is not in*  
41 *dispute:*

42 (a) *Not later than the date [specified in] by which such payment is required*  
43 *pursuant to subsection 8 [f] or 9, as applicable; and*

44 (b) *Without requiring the injured employee to make an election whether to*  
45 *receive his or her compensation in installment payments or in a lump sum.*

46 12. The Division may adopt schedules for rating permanent disabilities  
47 resulting from injuries sustained before July 1, 1973, and reasonable regulations to  
48 carry out the provisions of this section.

49 13. The increase in compensation and benefits effected by the amendment of  
50 this section is not retroactive for accidents which occurred before July 1, 1973.

51 14. This section does not entitle any person to double payments for the death  
52 of an employee and a continuation of payments for a permanent partial disability, or  
53 to a greater sum in the aggregate than if the injury had been fatal.

1       **Sec. 8.** NRS 616C.495 is hereby amended to read as follows:

2       616C.495 1. Except as otherwise provided in NRS 616C.380, an award for  
3 a permanent partial disability may be paid in a lump sum under the following  
4 conditions:

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

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

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

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

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

25       (2) Exceeds 25 percent may:

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

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

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

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

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

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

52       (g) If the permanent partial disability rating of a claimant seeking  
53 compensation pursuant to this section would, when combined with any previous

1 permanent partial disability rating of the claimant that resulted in an award of  
 2 benefits to the claimant, result in the claimant having a total permanent partial  
 3 disability rating in excess of 100 percent, the claimant's disability rating upon  
 4 which compensation is calculated must be reduced by such percentage as required  
 5 to limit the total permanent partial disability rating of the claimant for all injuries to  
 6 not more than 100 percent.

7 2. If the claimant elects to receive his or her payment for a permanent partial  
 8 disability in a lump sum pursuant to subsection 1, all of the claimant's benefits for  
 9 compensation terminate. ~~The~~ Except as otherwise provided in paragraph (d), the  
 10 claimant's acceptance of that payment constitutes a final settlement of all factual  
 11 and legal issues in the case. By so accepting the claimant waives all of his or her  
 12 rights regarding the claim, including the right to appeal from the closure of the case  
 13 or the percentage of his or her disability, except:

14 (a) The right of the claimant to:

15 (1) Reopen his or her claim in accordance with the provisions of NRS  
 16 616C.390; or

17 (2) Have his or her claim considered by his or her insurer pursuant to NRS  
 18 616C.392;

19 (b) Any counseling, training or other rehabilitative services provided by the  
 20 insurer; ~~and~~

21 (c) The right of the claimant to receive a benefit penalty in accordance with  
 22 NRS 616D.120 ~~f~~.

23 ~~f~~; and

24 (d) The right of the claimant to conclude or resolve any contested matter  
 25 which is pending at the time that the claimant executes his or her election to  
 26 receive his or her payment for a permanent partial disability in a lump sum. The  
 27 provisions of this paragraph do not apply to:

28 (1) The scope of the claim;

29 (2) The claimant's stable and ratable status; and

30 (3) The claimant's average monthly wage.

31 3. The claimant, when he or she demands payment in a lump sum ~~f~~  
 32 pursuant to subsection 2, must be provided with a written notice which  
 33 prominently displays a statement describing the effects of accepting payment in a  
 34 lump sum of an entire permanent partial disability award, any portion of such an  
 35 award or any uncontested portion of such an award, and that the claimant has 20  
 36 days after the mailing or personal delivery of the notice within which to retract or  
 37 reaffirm the demand, before payment may be made and the claimant's election  
 38 becomes final.

39 ~~f~~ 4. Any lump-sum payment which has been paid on a claim incurred on or  
 40 after July 1, 1973, must be supplemented if necessary to conform to the provisions  
 41 of this section.

42 ~~f~~ 5. Except as otherwise provided in this subsection, the total lump-sum  
 43 payment for disablement must not be less than one-half the product of the average  
 44 monthly wage multiplied by the percentage of disability. If the claimant received  
 45 compensation in installment payments for his or her permanent partial disability  
 46 before electing to receive payment for that disability in a lump sum, the lump-sum  
 47 payment must be calculated for the remaining payment of compensation.

48 ~~f~~ 6. The lump sum payable must be equal to the present value of the  
 49 compensation awarded, less any advance payment or lump sum previously paid.  
 50 The present value must be calculated using monthly payments in the amounts  
 51 prescribed in subsection 8 of NRS 616C.490 and actuarial annuity tables adopted  
 52 by the Division. The tables must be reviewed annually by a consulting actuary and  
 53 must be adjusted accordingly on July 1 of each year by the Division using:

1 (a) The most recent unisex “Static Mortality Tables for Defined Benefit  
2 Pension Plans” published by the Internal Revenue Service; and

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

5 ~~6-5-7~~ 7. If a claimant would receive more money by electing to receive  
6 compensation in a lump sum than the claimant would if he or she receives  
7 installment payments, the claimant may elect to receive the lump-sum payment.

8 **Sec. 9.** NRS 616C.541 is hereby amended to read as follows:

9 616C.541 Where a written assessment is requested pursuant to NRS  
10 616C.550 or where a plan for a program of vocational rehabilitation is required  
11 pursuant to NRS 616C.555, a vocational rehabilitation counselor must be appointed  
12 as follows:

13 1. The insurer and the injured employee or personal or legal representative of  
14 the injured employee shall agree on the selection of a vocational rehabilitation  
15 counselor. ~~1-1~~

16 2. If the insurer or injured employee or personal or legal representative of the  
17 injured employee are unable to agree on the appointment of a vocational  
18 rehabilitation counselor, the insurer shall submit a list of at least three vocational  
19 rehabilitation counselors who are employed by at least three different  
20 organizations or entities to the injured employee or personal or legal representative  
21 of the injured employee. ~~1- The insurer may not include in the list any two~~  
22 ~~vocational rehabilitation counselors who are employed by the same organization~~  
23 ~~or entity.~~

24 3. The injured employee or personal or legal representative of the injured  
25 employee shall select a vocational rehabilitation counselor from the list provided by  
26 the insurer pursuant to subsection 2 within 7 days after receiving the list provided  
27 by the insurer pursuant to subsection 2. ~~1-1~~

28 4. The vocational rehabilitation counselor that is selected by the injured  
29 employee or personal or legal representative of the injured employee pursuant to  
30 subsection 1 or 3 must be assigned to provide all vocational rehabilitation services  
31 for the claim pursuant to this section and NRS 616C.530 to 616C.600, inclusive. ~~1-1~~  
32 ~~and~~

33 5. After a vocational rehabilitation counselor is selected and assigned  
34 pursuant to this section, an injured employee or personal or legal representative of  
35 the injured employee may only rescind the selection of the vocational rehabilitation  
36 counselor with the consent of the insurer.

37 **Sec. 9.5.** NRS 616C.545 is hereby amended to read as follows:

38 616C.545 1. If an employee does not return to work for 28 consecutive  
39 calendar days as a result of an injury arising out of and in the course of his or her  
40 employment or an occupational disease, the insurer shall contact the treating  
41 physician, ~~1-1~~ chiropractor, physician assistant or advanced practice registered  
42 nurse to determine whether:

43 ~~1-1~~ (a) There are physical limitations on the injured employee’s ability to  
44 work; and

45 ~~1-2~~ (b) The limitations, if any, are permanent or temporary.

46 2. References to a physician assistant and an advanced practice registered  
47 nurse in this section are for the purposes of the examination and treatment of an  
48 injured employee which are authorized to be provided by a physician assistant or  
49 advanced practice registered nurse in the exclusive context of an initial  
50 examination and treatment pursuant to NRS 616C.010.

51 **Sec. 10.** NRS 617.356 is hereby amended to read as follows:

52 617.356 1. An insurer shall accept or deny a claim for compensation under  
53 this chapter and notify the claimant or the person acting on behalf of the claimant



1 pursuant to NRS 617.344 that the claim has been accepted or denied within 30  
2 working days after the forms for filing the claim for compensation are received  
3 pursuant to both NRS 617.344 and 617.352.

4 2. The insurer shall notify the claimant or the person acting on behalf of the  
5 claimant that a claim has been accepted or denied pursuant to subsection 1 by:

6 (a) Mailing its written determination to the claimant or the person acting on  
7 behalf of the claimant ~~{}~~ and

8 ~~{(b)}~~ ~~{}~~, if the claim has been denied, in whole or in part, obtaining a certificate  
9 of mailing ~~{}~~; or

10 (b) *If and as requested by the claimant or the person acting on behalf of the*  
11 *claimant, sending its written determination to the claimant or the person acting*  
12 *on behalf of the claimant by facsimile or other electronic transmission the proof*  
13 *of sending and receipt of which is readily verifiable and retaining proof of a*  
14 *successful transmission and receipt of the facsimile ~~{}~~ or other electronic*  
15 *transmission, as applicable.*

16 3. The failure of the insurer to ~~{obtain}~~, as applicable:

17 (a) *Obtain* a certificate of mailing as required by paragraph ~~{(b)}~~ (a) of  
18 subsection 2 shall be deemed to be a failure of the insurer to mail the written  
19 determination of the denial of a claim as required by this section ~~{}~~; or

20 (b) *Retain proof of a successful transmission and receipt of the facsimile or*  
21 *other electronic transmission the proof of sending and receipt of which is readily*  
22 *verifiable, as applicable, as required by paragraph (b) of subsection 2 shall be*  
23 *deemed to be a failure of the insurer to send by facsimile or other electronic*  
24 *transmission the written determination regarding a claim as required by this*  
25 *section.*

26 4. Upon request, the insurer shall provide a copy of the certificate of mailing,  
27 if any, *or proof of a successful transmission and receipt of the facsimile ~~{}~~ or*  
28 *other electronic transmission the proof of sending and receipt of which is readily*  
29 *verifiable, as applicable, to the claimant or the person acting on behalf of the*  
30 claimant.

31 5. For the purposes of this section, the insurer shall ~~{mail}~~ either:

32 (a) *Mail* the written determination to:

33 ~~{(a)}~~ (1) The mailing address of the claimant or the person acting on behalf of  
34 the claimant that is provided on the form prescribed by the Administrator for filing  
35 the claim; or

36 ~~{(b)}~~ (2) Another mailing address if the claimant or the person acting on behalf  
37 of the claimant provides to the insurer written notice of another mailing address ~~{}~~;  
38 or

39 (b) *If and as requested by the claimant or the person acting on behalf of the*  
40 *claimant, send the written determination by facsimile or other electronic*  
41 *transmission the proof of sending and receipt of which is readily verifiable to the*  
42 *claimant or person acting on behalf of the claimant.*

43 6. As used in this section, “certificate of mailing” means a receipt that  
44 provides evidence of the date on which the insurer presented its written  
45 determination to the United States Postal Service for mailing.

46 **Sec. 11.** The amendatory provisions of this act apply prospectively with  
47 regard to any claim pursuant to chapters 616A to 616D, inclusive, or 617 of NRS  
48 which is open on the effective date of this act.

49 **Sec. 12.** This act becomes effective upon passage and approval.