The Seventh Annual Nevada Workers’ Compensation Educational Conference, was a great success. The Tuscany Inn and Suites in Las Vegas was filled with industry specialists who were enthusiastic to share and learn about all of the various aspects of workers’ compensation. The organizers, State of Nevada Workers’ Compensation Section and the International Workers’ Compensation Foundation are very satisfied with the conference which has become the leading annual State event for the workers’ compensation community and are proud to announce that the conference will be held again next summer for its 8th time in a row. A huge thanks to all of those who contributed to make the conference a wonderful event; presenters, sponsors, exhibitors, staff and attendees.

This year the conference presenters included a diverse array of medical professionals, legal experts, industrial representatives, government officials, leaders and concerned citizens. There were presentations to engage everyone and proved to be of considerable interest to the more than 280 conference attendees, many of who said they enjoyed the variety of topics and the enthusiasm of the speakers.

During the conference there was lively participation, conversations and exchanging of ideas on all aspects of workers’ compensation and industrial relations. There was a great feeling of community during the event and the session speakers left everyone inspired and informed.

One of the big questions floating around during this year’s Education Conference was, “What ever happened to the C2 form?” If you’ve been in the workers compensation world in the State of the Nevada you know about the claim forms, which have been around forever. The C-1, C-3 and C-4 forms are all required forms in the claim file but what ever happened to the C-2? There was a lot of buzz around the possibilities surrounding the rogue C-2 form during the conference. Many of the answers even got some laughs. If you think you know, let us know, as we look for the answer. And make sure you check out our next edition when we reveal the rest of the story.

Nevada Supreme Court Justice Lidia Stiglich during her outstanding presentation on the Standard Appellate Review Under the Nevada Administrative Procedure Act. 

Angelia Yllas, WCS Southern District Manager, and Ruth Ryan, Research and Analysis Supervisor, at the Workers’ Compensation Section booth during the 2017 WCS Educational Conference. 

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Starting January 1, 2018 the State of Nevada will require specific workers in the entertainment industry to complete an OSHA 10 hour (non-supervisory employee) or an OSHA 30 hour (supervisory employee) safety and health general industry course and receive a completion card within 15 days of hire.

The specific workers are those whose primary occupation on site falls into one of these categories:

- Theatrical scenery, rigging or props
- Wardrobe, hair or makeup
- Audio, camera, projection, video or lighting equipment
- Any other employees or trades which are related to or components of the items described in 1, 2 or 3 and which are used for on in conjunction with the presentation or production of:
  - Live entertainment
  - Filmmaking or photography, including without limitation, motion pictures
  - Television programs, including, without limitation, live broadcasts, closed-circuit broadcasts or videotape recordings and playback
  - Sporting Events
  - Theatrical performances

This requirement will not apply to volunteers or any other persons who are not paid to perform work on a site.

“Site” is defined as a theater where live entertainment is performed, a sound stage, a showroom, a lounge, an arena or a remote site which has been designated as a location for the production of a motion picture or television program.

“OSHA 10 or 30-hour course” is a course of general industry safety and health hazard recognition and prevention developed by the Occupational Safety and Health Administration of the United States Department of Labor.

“Trainer” of the OSHA 10 or 30 hour course means a person who is currently authorized by OSHA as a trainer, including, without limitation, a person who has completed the OSHA 501, the trainer course in OSHA Standards for General Industry and has been issued an OSHA trainer card.

The Safety Consultation and Training Section (SCATS) provides free 10 and 30 hour General Industry and Construction classes free of charge. For a schedule of classes or to sign-up for one of the classes go to [www.4safenv.state.nv.us](http://www.4safenv.state.nv.us) or call 877.472.3368.
2017 LEGISLATIVE UPDATE

The 2017 or 79th Session of the Legislature has concluded and, as usual, there are changes to the Nevada workers’ compensation landscape. A summary of the most notable bills follows:

AB 135, Section 17 amends the reference in NRS 616C.230 to NRS 484C.110, which now requires testing for marijuana by blood only of marijuana (delta 9) at 2 nanograms per milliliter or marijuana metabolite (11 OH) at 5 nanograms per milliliter. Effective July 1, 2017.

AB 458, effective July 1, 2017, adds new provisions:
Section 2 adds a new provision to Chapter 616C making, "Directly connect this injury or occupational disease as job incurred." (Form C-4 language) and "A reasonable medical probability that the condition in question was caused by the industrial injury" (United Expo. Serv. Co. v. SHS, 109 Nev. 421, 831 P.2d 423 (1993)) equivalent and interchangeable.
Section 3 adds a new provision to Chapter 616C authorizing an injured employee to schedule their own IME, once a year, paid for by the insurer, when the claim is open, claim closure is in dispute or a hearing or appeal is pending.
Section 4 adds a new provision to Chapter 616C requiring the selection of vocational rehabilitation counselors by agreement or if no agreement, the insurer providing a list of 3 from which the injured employee makes a selection within 7 days.
Section 7.3 amends NRS 616C.235 increasing the amount from $300 to $800 in medical expenses in the first 12 months for claim closure without reopening.
Section 7.7 amends NRS 616C.390 by adding a new subsection 11 defining "retired", "wages" and "governmental program." "Retired" is used in existing subsection 6 discussing reopening and disqualification from receiving voc rehab or TTD benefits.
Section 8 amends NRS 616C.490 by adding a new subsection 10 which overturns the Supreme Court decision in PACT v. Blake, 127 Nev. 863, 265 P.3d 694 (2011), and authorizes PPD apportionment by simple subtraction of prior awards, rather than recalculating the prior disability under the AMA 5th Ed. of the Guides and then subtracting.
Section 9 amends NRS 616C.495 in two ways:
FIRST, it amends subsection 1(d) by clarifying lump sum PPDs for injuries incurred between 1/1/95 to 1/1/16 a 25% or 30% maximum, at the option to the insurer, and creates a new subsection 1(e) confirming the 1/1/16 to 7/1/17 30% LS PPD maximum; and in new subsection 1(f) for injuries incurred on or after 7/1/17 of 30% LS PPD maximum.
SECOND, it amends subsection 5 to require that the present value table for LS PPDs (set forth in NAC 616C.502) be adjusted on July 1 of each year using: (5)(a) "The most recent unisex 'Static Mortality Tables for Defined Benefit Pension Plans' published by the Internal Revenue System"; and (5)(b) "The average 30-Year Treasury Constant Maturity Rate for March of the current year as reported by the Board of Governors of the Federal Reserve System."

AB 267 amends provisions in Chapters 616C and 617 for police officers’ and fire fighters’ heart and lung claims incurred on or after October 1, 2017.

Section 1 amends NRS 616C.400 by adding a new subsection 1(c) excluding NRS 617.453, 617.455 or 617.457 from the 5 days of disability before qualifying for TTD.
Section 2 amends NRS 617.420(2) clarifying that medical benefits must be paid for claims under NRS 617.453, 617.455 or 617.457.

Section 3 amends NRS 617.454 by adding a new subsection 3 limiting the release of an employee’s physical examination results.

Section 4 amends 617.455 by adding a new subsection 10 requiring the DIR Administrator to review police officers' and fire fighters' lung claims which have been in the appeals process for longer than 6 months. Adds a new subsection 11 which authorizes the DIR Administrator to award a benefit penalty of up to $200 per day for a denied claim which is ultimately reversed.

Section 5 amends NRS 617.457 by adding a new subsection 15 requiring the DIR Administrator to review police officers’ and fire fighters’ heart claims which have been in the appeals process for longer than 6 months. Adds a new subsection 16 which authorizes the DIR Administrator to award a benefit penalty of up to $200 per day for a denied claim which is ultimately reversed.

AB 12 requires TPA employees who adjust WC claims to be licensed (Sec. 0.5); sets forth requirements for adjusters’ behavior (Sec. 8); creates two (2) new types of adjusters- a "company adjuster" (an employee of an insurer) and a "staff adjuster" (an employee of a TPA) (Sec. 14); and a salaried employee of an insurer is not required to obtain a company license (Sec. 15(4)). Effective July 1, 2018 (Sec. 26).

Remember this is a cursory overview of the legislation passed this Session and is not intended to include every statutory change affecting every WCS stakeholder. Full and complete copies of bills can be obtained at the Nevada Legislature website, under Session Info, 79th (2017) Session. Please consult your attorney if you have any questions about these or any other bills.

Questions about Workers’ Compensation? Click Here!

WCSHelp@business.nv.gov
To ensure timely payment of accruing interest, eligible PT claimants should immediately notify their claims administrators and WCS of any address changes. Maintaining current contact information will expedite the process.

Eligible PT claimants should immediately notify their claims administrators and WCS of any address changes. Maintaining current contact information will expedite the process.

Readers of the Chronicle and those signed up to receive WCS e-mail announcements recognize that certain WCS activities and notices fall into a regular annual pattern. For example, the fall newsletter reiterates the maximum compensation rate for the new fiscal year that begins in July; the WCS staff reviews evaluations from the summer’s annual education conference and begins planning next year’s; and the WCS Claims Activity Report data call goes out every fall. However, an ongoing WCS statutory function that is probably not well known involves certain PT claimants. WCS is required to identify a group of permanently and totally disabled injured employees who are eligible for a benefit payment per NRS 616C.453 and to ensure that these annual payments are disbursed by October 1.

In keeping with NRS 616C.453, this eligible pool of injured workers receives an annual payment disbursement from the Uninsured Employers’ Claim Account based on the accrued interest amount subject to the statutory requirement that total payments may not exceed $500,000 in any given year.

Research and Analysis Unit Supervisor Ruth Ryan notes that while the regulatory process detailed in NAC 616C.526 for determining check disbursements has not changed since the law was enacted in 2005, the number of eligible claimants and check disbursement amounts have changed.

What have been the total disbursement amounts since 2005?

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What have been the number of claimants since 2005?

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<tr>
<td>2016</td>
<td>921</td>
</tr>
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</table>

Range of check amounts since 2005: $7.12 - $634.72

What should claimants keep in mind as they wait for their checks?

- the number of eligible claimants each year
- the monthly PT rate of the claimant, and
- the total dollar amount available to disburse among the eligible claimants

We saw the total amount available to disburse decline significantly with the struggling economy from 2007 through 2014; however, the tide appears to have turned as 2017 is on track to be the third consecutive year that the amount has increased.

Eligible PT claimants should immediately notify their claims administrators and WCS of any address changes. Maintaining current contact information will expedite the process and ensure that all payments arrive timely.

Stephanie Canter Project Manager of the Workers’ Compensation Section’s new Claims and Regulatory Data System (CARDS) that launched in April 2017. Inspired attendees were left wanting more and openly expressed enthusiasm about the future of CARDS and its benefits for insurers and third-party administrators. Stay tuned for future enhancements and functionality updates. Photo by Lupe Manzo