



Legislative Update (plus an update regarding benefit penalties)

Christopher A. Eccles, Esq.

Senior Division Counsel

Division of Industrial Relations

A brief word about my background:

- ◇ ties to Las Vegas, Henderson (Sam's Town!)
- ◇ work history (best job ever...)
- ◇ thoughts on public service

Senate Bill (SB) 289 (2021)

- ◆ Establishes provisions relating to the apportionment of percentages for present and previous disabilities;
- ◆ Requires an insurer to send a written determination regarding an industrial insurance claim by fax or other electronic transmission under certain circumstances;
- ◆ Makes compensation for an industrial injury or occupational disease subject to an attorney's lien;
- ◆ Provides for the tolling of certain periods to request a hearing or appeal under certain circumstances;
- ◆ Provides for an award of certain costs to a claimant who prevails in a contested claim;
- ◆ Provides for the reservation of certain additional rights of a claimant who accepts a lump sum payment for a permanent partial disability;
- ◆ Revises provisions governing the appointment of a vocational rehabilitation counselor for an injured employee

Legislative History of SB 289

- ◆ Senate Committee on Commerce and Labor – April 2, 2021 Hearing
 - ◆ Discussion regarding what happens if a medical doctor disagrees with a physician assistant or ANP's report.
 - ◆ The PA or ANP completes the C-4, which documents whether an industrial injury occurred
 - ◆ Physicians become involved to render opinions if the insurance company denies a claim
 - ◆ Discussion regarding the appeals process if there is a lack of medical documentation or confusion regarding previous injuries
 - ◆ Amended version of the bill allows appeals – if there is evidence of a surgery, the rating physician could use expertise to indicate whether surgery was apportionable

Legislative History of SB 289

- ◆ Senate Committee on Commerce and Labor – April 2, 2021 Hearing, cont.
 - ◆ Who supported bill as amended:
 - ◆ Nevada Self Insurers Association
 - ◆ Nevada State AFL-CIO (150,000 members in NV) and Professional Firefighters of Nevada (support measures to help get members back to work)
 - ◆ Who opposed bill as amended:
 - ◆ Public Agency Compensation Trust (change in policy to make compensation subject to a lien for attorney's fees is to protect lawyers, who are not the reason for the enactment of the NIIA/NODA)
 - ◆ Who was neutral as amended:
 - ◆ Nevada Associated General Contractors (concerns regarding allowing a claimant to accept a PPD award and still pursue contested matters significantly impacts employers and the ability to resolve claims) (but note that claimant may not contest scope, stable and ratable status or AMW)

Legislative History of SB 289

- ◆ Senate Committee on Commerce and Labor – April 7, 2021 Hearing
 - ◆ Senator Settlemyer asked if there were enough vocational rehabilitation counselors in Nevada to fulfill requirement that the insurer must include at least 3 vocational rehabilitation counsels who are employed by separate organizations or entities
 - ◆ Senator Neal asked if patients have a process by which to appeal a rating
 - ◆ Bill passed

Legislative History of SB 289

- ◆ Assembly Committee on Commerce and Labor – May 7, 2021 Hearing
 - ◆ Discussion was held regarding insertion of language of nurses and physician assistants
 - ◆ In rural areas, there may not be medical providers available, causing a delay in getting C-4 needed to initiate a claim. Allowing nurse practitioners and physician assistants will allow injured workers to pursue claims more quickly
 - ◆ Nevada Resort Association, Employers Insurance Company of Nevada, Nevada Self Insurers Association (“balance” and “clarity” to a number of areas in the law), and Nevada Advanced Practice Nurses Association (recognizes full practice authority of APRNs, will streamline delivery of medical care to injured workers) testified in support of the bill
- ◆ Assembly Committee on Commerce and Labor – May 14, 2021 Hearing
 - ◆ Bill passed

SB 289 – Updates to NRS 616C.490

- ◆ Existing law (NRS 616C.490) required, in cases where an injured employee was determined to have a permanent partial disability and there was a previous disability, an apportionment to be made by subtracting the percentage of previous disability from the percentage of present disability as it existed at the time of the present disability

SB 289 – Updates to NRS 616C.490

◆ Updates under SB 289:

◆ Provisions updated 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, unless certain other evidentiary requirements are satisfied.
- ◆ BOP on insurer (preponderance) to show that medical records existed before the DOI that the employee had an actual impairment or disability involving the condition, OD, organ, structure, or other body part that is the subject of the present disability; AND the rating physician or chiropractor states that to a reasonable degree of probability based on the specific medical records that the employee would have had a specific percentage of disability if the employee had been evaluated under the AMA Guides.
- ◆ 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 of PPD which is not in dispute

SB 289 – Updates to NRS 616C.010, 616C.040, 616C.075, and 616C.095

- ◆ Existing law required an injured employee to submit to an examination and any necessary immediate medical attention by a physician or chiropractor and required the physician or chiropractor to complete and file a claim for compensation

SB 289 – Updates to NRS 616C.010, 616C.040, 616C.075, and 616C.095

◇ Updates under SB 289:

- ◇ Authorizes the examination and treatment to be provided by a physician assistant or advanced practice registered nurse and, if so provided, require the physician assistant or advanced practice registered nurse to file a claim for compensation and provide a copy of the claim form to the injured employee

SB 289 – Updates to NRS 616C.065 and 617.356

- ◆ Existing law required an insurer to mail a written determination regarding a claim for compensation under industrial insurance
- ◆ Updates under SB 289:
 - ◆ Require the insurer to send its determination by fax or other electronic transmission, if so requested, to the claimant or a person acting on claimant's behalf and retain proof of successful transmission (“modernize the delivery to claimants”; “the workers’ compensation system does not have an electronic filing system yet.” Senate Committee on Commerce and Labor, April 2, 2021 Hearing at pp. 8-9) (Note: facsimile notification – the way of the future?!)



Status Update Regarding BPs

Everyone's Favorite Statute: NRS 616D.120

NRS 616D.120 Administrative fines and benefit penalties for certain violations; powers of Administrator; revocation or withdrawal of certificate of self-insurance or registration as third-party administrator; claim against bond for payment of administrative fines or benefit penalties.

1. Except as otherwise provided in this section, if the Administrator determines that an insurer, organization for managed care, health care provider, third-party administrator, employer or professional employer organization has:
 - (a) Induced a claimant to fail to report an accidental injury or occupational disease;
 - (b) Without justification, persuaded a claimant to:
 - (1) Settle for an amount which is less than reasonable;
 - (2) Settle for an amount which is less than reasonable while a hearing or an appeal is pending; or
 - (3) Accept less than the compensation found to be due the claimant by a hearing officer, appeals officer, court of competent jurisdiction, written settlement agreement, written stipulation or the Division when carrying out its duties pursuant to [chapters 616A to 617](#), inclusive, of NRS;
 - (c) Refused to pay or unreasonably delayed payment to a claimant of compensation or other relief found to be due the claimant by a hearing officer, appeals officer, court of competent jurisdiction, written settlement agreement, written stipulation or the Division when carrying out its duties pursuant to [chapters 616A to 616D](#), inclusive, or chapter [617](#) of NRS, if the refusal or delay occurs:
 - (1) Later than 10 days after the date of the settlement agreement or stipulation;
 - (2) Later than 30 days after the date of the decision of a court, hearing officer, appeals officer or the Division, unless a stay has been granted; or
 - (3) Later than 10 days after a stay of the decision of a court, hearing officer, appeals officer or the Division has been lifted;
 - (d) Refused to process a claim for compensation pursuant to [chapters 616A to 616D](#), inclusive, or chapter [617](#) of NRS;
 - (e) Made it necessary for a claimant to initiate proceedings pursuant to [chapters 616A to 616D](#), inclusive, or chapter [617](#) of NRS for compensation or other relief found to be due the claimant by a hearing officer, appeals officer, court of competent jurisdiction, written settlement agreement, written stipulation or the Division when carrying out its duties pursuant to [chapters 616A to 616D](#), inclusive, or chapter [617](#) of NRS;
 - (f) Failed to comply with the Division's regulations covering the payment of an assessment relating to the funding of costs of administration of [chapters 616A to 617](#), inclusive, of NRS;
 - (g) Failed to provide or unreasonably delayed payment to an injured employee or reimbursement to an insurer pursuant to [NRS 616C.165](#);
 - (h) Engaged in a pattern of untimely payments to injured employees; or
 - (i) Intentionally failed to comply with any provision of, or regulation adopted pursuant to, this chapter or [chapter 616A](#), [616B](#), [616C](#) or [617](#) of NRS,
- ↪ the Administrator shall impose an administrative fine of \$1,500 for each initial violation, or a fine of \$15,000 for a second or subsequent violation.

NRS 616D.120 (cont.)

3. If the Administrator determines that a violation of any of the provisions of paragraphs (a) to (e), inclusive, (h) or (i) of subsection 1 has occurred, the Administrator shall order the insurer, organization for managed care, health care provider, third-party administrator, employer or professional employer organization to pay to the claimant a benefit penalty:

(a) Except as otherwise provided in paragraph (b), in an amount that is not less than \$5,000 and not greater than \$50,000; or

(b) Of \$3,000 if the violation involves a late payment of compensation or other relief to a claimant in an amount which is less than \$500 or which is not more than 14 days late.

NAC 616D.315

NAC 616D.315 Considerations for determining unreasonable delay in payment. (~~NRS 616A.400, 616D.120~~) For the purposes of paragraph (c) of subsection 1 of [NRS 616D.120](#), to determine whether an insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company has unreasonably delayed payment to an injured employee of compensation found to be due him or her by a hearing officer, appeals officer, court of competent jurisdiction, written settlement agreement, written stipulation or the Division when carrying out its duties pursuant to [chapters 616A to 617](#), inclusive, of NRS, the Administrator will consider:

1. The reasons given by the insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company for making the payment after the time set forth in paragraph (c) of subsection 1 of [NRS 616D.120](#);
2. The efforts made by the insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company to make the payment within the time set forth in paragraph (c) of subsection 1 of [NRS 616D.120](#), if any;
3. The date the payment was made;
4. Whether the amount of compensation due, or any portion of that amount, was unclear or ambiguous and whether the insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company took action or exercised reasonable diligence to clarify the uncertainty or ambiguity and to pay the compensation due within the time set forth in paragraph (c) of subsection 1 of [NRS 616D.120](#), or at any time thereafter;
5. Whether the amount of compensation due, or any portion of that amount, was unknown or could have been determined through the exercise of reasonable diligence within the time set forth in paragraph (c) of subsection 1 of [NRS 616D.120](#), or at any time thereafter;
6. Whether the insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company was advised, in writing, by the injured employee or a representative thereof that payment of the compensation due could be delayed pending the outcome of any further negotiations relating to the compensation that was due;
7. Whether the insurer, organization for managed care, health care provider or third-party administrator established the policies and procedures required by [NAC 616D.311](#) and complied with those policies and procedures;
8. Whether the delay in the payment of the compensation due, or any portion thereof, was the result of error, lack of good faith or diligence, neglect or another cause within the control of the insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company; and
9. Any other circumstance which the Administrator deems relevant to determine whether a delay in the payment of compensation due was reasonable.

(Added to NAC by Div. of Industrial Relations by R010-97, eff. 11-5-97; A by R149-09, 10-23-2013)

NAC 616D.405

NAC 616D.405 Intentional violations: Definition; authority of Administrator. ([NRS 616A.400](#), [616D.120](#))

1. For the purposes of [NRS 616D.120](#), an insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company commits an “intentional violation” of any provision of [chapter 616A](#), [616B](#), [616C](#), [616D](#) or [617](#) of NRS, or any regulation adopted pursuant thereto, if he or she acts with purpose or design, otherwise acts to cause the consequences, desires to cause the consequences or believes that the consequences are substantially certain to result from the violation.

2. The Administrator may consider two or more violations of the same or similar provisions of [chapters 616A](#) to [617](#), inclusive, of NRS, or any regulations adopted pursuant thereto, as evidence of an intentional violation. If the Administrator determines that two or more violations constitute an intentional violation, the Administrator will impose an administrative fine as required by subsection 1 of [NRS 616D.120](#) and, if appropriate, order a plan of corrective action to be submitted to the Administrator.

(Added to NAC by Div. of Industrial Relations by R118-02, eff. 9-7-2005; A by R149-09, 10-23-2013)

NAC 616D.411

NAC 616D.411 Benefit penalties: Determination of amount required to be paid. ([NRS 616A.400](#), [616D.120](#))

1. To determine the amount of a benefit penalty required to be paid pursuant to subsection 3 of [NRS 616D.120](#), the Administrator will determine that the violation caused physical or economic harm to the injured employee or his or her dependents if the Administrator finds, by a preponderance of the evidence, that:

- (a) The harm would not have occurred but for the violation;
- (b) The violation was a substantial factor in bringing about the harm; and
- (c) There is no supervening cause that is responsible for bringing about the harm.

2. Physical harm must be established by a preponderance of objective medical evidence in the form of existing medical records or medical records furnished by the claimant.

3. The Administrator will determine the amount of a benefit penalty required to be paid pursuant to subsection 3 of [NRS 616D.120](#) according to the following schedule. In addition to the required minimum benefit penalty of \$5,000, a claimant will be awarded \$2,250 for each point assessed, but in no event will the amount of the benefit penalty be greater than \$50,000.

NAC 616D.413

NAC 616D.413 Determination of pattern of untimely payments to injured workers. (~~NRS 616A.400, 616D.120~~)

1. For the purposes of paragraph (h) of subsection 1 of ~~NRS 616D.120~~, to determine whether an insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company has engaged in a pattern of untimely payments to injured workers, the Administrator will consider:

(a) The reasons given by the insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company for making the payments after the time set forth in the applicable statute or regulation;

(b) The efforts made by the insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company to make the payments within the time set forth in the applicable statute or regulation;

(c) The date the payments were made;

(d) The number of injured employees who have received untimely payments;

(e) The number of untimely payments;

(f) The length of the time period in which the untimely payments occurred;

(g) Whether the amount of any payments due, or any portion of that amount, was unknown, unclear or ambiguous, and whether the insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company took action or exercised reasonable diligence to determine the unknown amounts or to clarify the uncertainty or ambiguity and to make the payments due within the time set forth in the applicable statute or regulation or at any time thereafter;

(h) Whether the insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company was advised, in writing, by the affected injured employee or a representative thereof that payments could be delayed pending the outcome of any further negotiations relating to the compensation that was due;

(i) Whether successive or numerous untimely payments have been made to a single injured employee;

(j) Whether the untimely payments involved the same form of compensation, such as temporary total disability;

(k) Whether the insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company knew or reasonably should have known of the circumstances resulting in or likely to result in multiple untimely payments to one or more injured employees;

(l) Whether the insurer, organization for managed care, health care provider or third-party administrator established the policies and procedures required by [NAC 616D.311](#) and complied with those policies and procedures;

(m) Whether the untimely payments were the result of error, lack of good faith or diligence, neglect or another cause within the control of the insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company; and

(n) Any other circumstance which the Administrator deems relevant to determine whether untimely payments to one or more injured employees constitute a pattern of untimely payments that warrants awarding a benefit penalty to an injured employee.

2. Timeliness of payments must be determined by the statute or regulation specifically applicable to the type of payment involved.

3. The insurer or third-party administrator shall record in the claim file the date on which any payment of compensation or other relief pursuant to [chapters 616A](#) to [617](#), inclusive, of NRS is made to an injured employee or other person or has been deposited for mailing to the injured employee or other person. This information must be provided to the Administrator upon request.

(Added to NAC by Div. of Industrial Relations by R149-09, eff. 10-23-2013)

BP Updates

- ◆ Approximate number of BP Complaints pending in May of 2022: 245
- ◆ Approximate number of BP Complaints currenting being investigated: 135
- ◆ Approximate number of BP Complaints received per month for the last three months: 14

General Trends regarding Benefit Penalties:

- ◇ Motions to Dismiss De Facto Denials
- ◇ AO rulings: consolidation, D&O of de facto appeal and appeal of DIR's determination
- ◇ Complainants specifying subsection(s) allegedly violated
- ◇ Complainants providing supporting documentation
- ◇ Increasing number of determinations awarding a BP
- ◇ PJRs?

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And now...back to SB 289

SB 289 – Update to NRS 616C.205

- ◇ Existing law provided that, except in matters relating to child support, compensation payable or paid for an industrial injury or occupational disease is not assignable and is exempt from attachment, garnishment, and execution
- ◇ Updates under SB 289:
 - ◇ Provides that such compensation may also be subject to an attorney's lien

SB 289 – Updates to NRS 616C.315 and 616C.345

- ◆ Existing law sets forth certain limits on the period of time in which an aggrieved party may request a hearing before a hearing officer or appeal from a decision of the hearing officer
- ◆ Updates under SB 289:
 - ◆ Bill provides that periods within which a request for hearing or an appeal may be filed may be tolled if the insurer fails to mail, or if so requested, send by fax or other electronic transmission a determination regarding a claim for compensation

SB 289 – Updates to NRS 616C.335

- ◇ Existing law provides that if a contested claim for compensation is decided in favor of the claimant, the claimant is entitled to an award of interest
- ◇ Updates under SB 289:
 - ◇ Bill provides that the claimant is also entitled to an award of certain costs and sets forth the procedure for requesting costs and adjudicating disputes for such costs

SB 289 – Updates to NRS 616C.495

- ◆ Existing law provides that a claimant who elects to receive and accepts payment for a PPD in a lump sum terminates the claimant's benefits and waives certain rights regarding the claim, except the right to reopen the claim, have the claim considered by the insurer, certain rehabilitative services and the right to receive a benefit penalty
- ◆ Updates under SB 289:
 - ◆ Claimant also reserves the right to conclude or resolve any contested matter, with certain exceptions, which is pending at the time of the election of payment for a PPD in a lump sum

SB 289 – NRS 616C.550, 616C.555, and 616C.541

◆ Existing law:

1. Authorizes an insurer or injured employee to request a vocational rehabilitation counselor to prepare a written assessment of the injured employee.
2. Requires the vocational rehabilitation counselor to develop a plan for a program of vocational rehabilitation for each eligible injured employee.
3. Provides that where a written assessment is required and the insurer or injured employee or personal or legal representative of the injured employee are unable to agree on the appointment of a vocational rehabilitation counselor, the insurer shall submit a list of at least 3 vocational rehabilitation counselors to the injured employee or personal or legal representative of the injured employee

◆ Updates under SB 289:

- ◆ Requires the counselors listed to be employed by at least 3 different organizations or entities

Legislative History of SB 381

- ◆ Senate Commerce and Labor – April 8, 2019 Hearing
 - ◆ “Bill ensures injured workers get adequate treatment, healthcare choices, and quality care”
 - ◆ American Association of Payers, Administrators and Networks opposed bill
 - ◆ Nevada Alternative Solutions, Inc.; Nevada Self Insurers Association; Nevada Contractors Association; State Osteopathic Medical Association; SEIU Local 1107 Nevada; Las Vegas Police Protective Association Civilian Employees Inc.; Nevada Chiropractic Association; Retired Public Employees of Nevada; Nevada Resort Association; and Professional Firefighters of Nevada testified to support bill as amended

Legislative History of SB 381

- ◆ Senate Commerce and Labor – April 10, 2019 Hearing
 - ◆ Bill passed as amended
- ◆ Senate Finance – May 27, 2019 Hearing
- ◆ Senate Finance – May 30, 2019 Hearing
 - ◆ Bill passed as amended
- ◆ Assembly Commerce and Labor – June 2, 2019 Hearing
- ◆ Assembly Commerce and Labor – June 3, 2019 Hearing
 - ◆ Bill passed as amended

Legislative History of SB 377

- ◆ Senate Commerce and Labor – April 1, 2019 Hearing
 - ◆ “SB 377 is meant to address rising cost of living expenses by providing those with PTD before January 1, 2004 with annual cost of living increases of 2.3% beginning January 1, 2020”
 - ◆ Testified in support of bill: Nevada State AFL-CIO; NJA; Nevada Self-Insurers Association
- ◆ Senate Commerce and Labor – April 10, 2019 Hearing
- ◆ Senate Commerce and Labor – May 6, 2019 Hearing
- ◆ Senate Finance – May 25, 2019 Hearing
- ◆ Assembly Commerce and Labor – May 30, 2019 Hearing
- ◆ Assembly Commerce and Labor – May 31, 2019 Hearing
- ◆ Assembly Commerce and Labor – June 1, 2019 Hearing

Regulation Updates

- ◇ LCB File No. R032-21 (SB 289)
 - ◇ Not yet codified
 - ◇ Still in the regulatory rulemaking process
 - ◇ Workshop was held June 20, 2022

LCB File No. 032-21 (Forms)

- ◆ What does it do?
 - ◆ Revises provisions governing certain posters, forms and data related to claims for workers' compensation and claims for occupational diseases;
 - ◆ Extends certain duties to physician assistants and advanced practice registered nurses who initially examine injured employees or file claims for compensation;
 - ◆ Revises the items relating to a claim which must be maintained by an insurer or third-party administrator;
 - ◆ Requires an insurer or third-party administrator to provide a copy of a notice of denial of a claim to certain health care providers who provide the initial examination and treatment to an injured employee;
 - ◆ Revises provisions governing the apportionment of certain injuries, diseases or conditions; revising requirements for insurers' notifications of certain rights reserved by certain injured employees; and
 - ◆ Repeals provisions governing an injured employee's acceptance of an award for a permanent partial disability in installment payments

Regulation Updates

- ◇ LCB File No. R134-20(SB 381 (2019), SB 377 (2019), AB 492 (2019))
 - ◇ Not yet codified
 - ◇ Still in the regulatory rulemaking process
 - ◇ Workshop was held March 23, 2022
 - ◇ Adoption Hearing was held July 5, 2022
 - ◇ Legislative Commission, September 27, 2022

LCB File No. 134-20 (Annuities, BP calcs)

- ◇ What does it do?
 - ◇ Authorizes the purchase of an annuity by a private carrier to provide compensation for an industrial injury or occupational disease;
 - ◇ Prohibits reimbursement from certain accounts for certain claim expenditures which are reimbursable to self-insured employers, associations of self-insured employers and private carriers from other sources;
 - ◇ Requires certain information to be provided to the Administrator of the Division of Industrial Relations of the Department of Business and Industry and the Commissioner of Insurance;
 - ◇ Revises certain provisions which adopt by reference certain publications;
 - ◇ Requires private carriers to submit proof of industrial insurance coverage by certain means and in certain formats;
 - ◇ Revises provisions governing the determination of annual expenditures for claims; requiring an insurer to report certain claim expenditures assumed and paid on behalf of another;
 - ◇ Requires the certification of an insurer's list of treating physicians and chiropractic physicians under certain circumstances;

LCB File No. 134-20

- ◆ What else does it do?
 - ◆ Revises requirements for a physician or chiropractic physician to be included on a panel to treat injured employees;
 - ◆ Revises requirements for the designation of a rating physician or chiropractic physician;
 - ◆ Revises conditions for warning, suspending and removing a physician or chiropractic physician from the list of rating physicians and chiropractic physicians;
 - ◆ Requires certain items to be contained in a claim file maintained by an insurer or third-party administrator;
 - ◆ Revises provisions governing the provision of certain items and information to an assigned rating physician or chiropractic physician before a rating evaluation;
 - ◆ Eliminates provisions governing the extension of vocational rehabilitation services;
 - ◆ Revises provisions governing the calculation of a benefit penalty; and
 - ◆ Repeals certain provisions

Thank you for attending!

- ◆ The training you receive in this program is intended to assist you in becoming familiar with recent an overview of statutory and regulatory updates. It is not, nor is it intended to be, a substitute for the training requirements of your business under federal, state or local law, nor should this presentation be taken as legal advice. This program is intended to highlight statutory and regulatory requirements. It does not contain all of the information contained in the statutes and regulations. Participants are urged to refer to specific statute or regulation as needed.

Questions?