

**2017 LEGISLATIVE CHANGES
NRS CHAPTERS 616A-616D, and 617**

AMENDMENTS

AB 135, Amends NRS 616C.230 re: Grounds for Denial of Compensation; Evidence and Examination for Use of Alcohol or Controlled Substances (Marijuana). Effective July 1, 2017.

Sec. 17. NRS 616C.230 is hereby amended to read as follows:

1. Compensation is not payable pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS for an injury:

(a) Caused by the employee's willful intention to injure himself or herself.

(b) Caused by the employee's willful intention to injure another.

(c) That occurred while the employee was in a state of intoxication, unless the employee can prove by clear and convincing evidence that his or her state of intoxication was not the proximate cause of the injury. For the purposes of this paragraph, an employee is in a state of intoxication if the level of alcohol in the bloodstream of the employee meets or exceeds the limits set forth in subsection 1 of NRS 484C.110.

(d) That occurred while the employee was under the influence of a controlled or prohibited substance, unless the employee can prove by clear and convincing evidence that his or her being under the influence of a controlled or prohibited substance was not the proximate cause of the injury. For the purposes of this paragraph, an employee is under the influence of a controlled or prohibited substance if the employee had an amount of a controlled or prohibited substance in his or her system at the time of his or her injury that was equal to or greater than the limits set forth in subsection 3 *or* 4 of NRS 484C.110 and for which the employee did not have a current and lawful prescription issued in the employee's name.

2. For the purposes of paragraphs (c) and (d) of subsection 1:

(a) The affidavit or declaration of an expert or other person described in NRS 50.310, 50.315 or 50.320 is admissible to prove the existence of an impermissible quantity of alcohol or the existence, quantity or identity of an impermissible controlled or prohibited substance in an employee's system. If the affidavit or declaration is to be so used, it must be submitted in the manner prescribed in NRS 616C.355.

(b) When an examination requested or ordered includes testing for the use of alcohol or a controlled or prohibited substance, the laboratory that conducts the testing must be licensed pursuant to the provisions of chapter 652 of NRS.

(c) The results of any testing for the use of alcohol or a controlled or prohibited substance, irrespective of the purpose for performing the test, must be made available to an insurer or employer upon request, to the extent that doing so does not conflict with federal law.

3. No compensation is payable for the death, disability or treatment of an employee if the employee's death is caused by, or insofar as the employee's disability is aggravated, caused or continued by, an unreasonable refusal or neglect to submit to or to follow any competent and reasonable surgical treatment or medical aid.

4. If any employee persists in an unsanitary or injurious practice that imperils or retards his or her recovery, or refuses to submit to such medical or surgical treatment as is necessary to promote his or her recovery, the employee's compensation may be reduced or suspended.

5. An injured employee's compensation, other than accident benefits, must be suspended if:

(a) A physician or chiropractor determines that the employee is unable to undergo treatment, testing or examination for the industrial injury solely because of a condition or injury that did not arise out of and in the course of employment; and

(b) It is within the ability of the employee to correct the nonindustrial condition or injury.

↳ The compensation must be suspended until the injured employee is able to resume treatment, testing or examination for the industrial injury. The insurer may elect to pay for the treatment of the nonindustrial condition or injury.

6. As used in this section, "prohibited substance" has the meaning ascribed to it in NRS 484C.080.

Section 1. NRS 484C.110 is hereby amended to read as follows:

It is unlawful for any person who:

(a) Is under the influence of intoxicating liquor;

(b) Has a concentration of alcohol of 0.08 or more in his or her blood or breath; or

(c) Is found by measurement within 2 hours after driving or being in actual physical control of a vehicle to have a concentration of alcohol of 0.08 or more in his or her blood or breath,

↳ to drive or be in actual physical control of a vehicle on a highway or on premises to which the public has access.

2. It is unlawful for any person who:

(a) Is under the influence of a controlled substance;

(b) Is under the combined influence of intoxicating liquor and a controlled substance; or

(c) Inhales, ingests, applies or otherwise uses any chemical, poison or organic solvent, or any compound or combination of any of these, to a degree which renders the person incapable of safely driving or exercising actual physical control of a vehicle,

↳ to drive or be in actual physical control of a vehicle on a highway or on premises to which the public has access. The fact that any person charged with a violation of this subsection is or has been entitled to use that drug under the laws of this State is not a defense against any charge of violating this subsection.

3. It is unlawful for any person to drive or be in actual physical control of a vehicle on a highway or on premises to which the public has access with an amount of ~~[a]~~ *any of the following* prohibited ~~[substance]~~ *substances* in his or her blood or urine that is equal to or greater than:

Prohibited substance	Urine	Blood
	Nanograms per milliliter	Nanograms per milliliter
(a) Amphetamine	500	100
(b) Cocaine	150	50
(c) Cocaine metabolite	150	50
(d) Heroin	2,000	50
(e) Heroin metabolite:		
(1) Morphine	2,000	50
(2) 6-monoacetyl morphine	10	10
(f) Lysergic acid diethylamide	25	10
(g) Marijuana	10	2

(h) Marijuana metabolite	15	5
(+) Methamphetamine	500	100
(j) (h) Phencyclidine	25	10

4. *It is unlawful for any person to drive or be in actual physical control of a vehicle on a highway or on premises to which the public has access with an amount of any of the following prohibited substances in his or her blood that is equal to or greater than:*

<i>Prohibited substance</i>	<i>Blood Nanograms per milliliter</i>
(a) <i>Marijuana (delta-9-tetrahydrocannabinol)</i>	2
(b) <i>Marijuana metabolite (11-OH-tetrahydrocannabinol)</i>	5

5. If consumption is proven by a preponderance of the evidence, it is an affirmative defense under paragraph (c) of subsection 1 that the defendant consumed a sufficient quantity of alcohol after driving or being in actual physical control of the vehicle, and before his or her blood or breath was tested, to cause the defendant to have a concentration of alcohol of 0.08 or more in his or her blood or breath. A defendant who intends to offer this defense at a trial or preliminary hearing must, not less than 14 days before the trial or hearing or at such other time as the court may direct, file and serve on the prosecuting attorney a written notice of that intent.

~~[5.]~~ 6. A person who violates any provision of this section may be subject to any additional penalty set forth in NRS 484B.130 or 484B.135.

Sections 2 through 16. Amend NRS 484C.120, NRS 484C.130, NRS 484C.160, NRS 484C.430, NRS 488.410, NRS 488.420, NRS 488.425, NRS 488.460, NRS 33.030, NRS 62C.020, NRS 125.555, NRS 171.1225, NRS 178.484 and NRS 200.378,

Sec. 18. This act becomes effective on July 1, 2017.

AB 458, Adds new provisions to Chptr. 616C of NRS re: equivalent phrases, second PPD evaluations and vocational rehabilitation; and amends NRS 616C.235, 616C.390, 616C.490 and 616C.495. Effective July 1, 2017.

Section 1. Chapter 616C of NRS is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this act.

Sec. 2. *Certain phrases relating to a claim for compensation or an industrial injury or occupational disease and used by a physician or chiropractor when determining the causation of an industrial injury or occupational disease are deemed to be equivalent and may be used interchangeably. Those phrases are:*

1. *“Directly connect this injury or occupational disease as job incurred”;* and
2. *“A degree of reasonable medical probability that the condition in question was caused by the industrial injury.”*

Sec. 3. 1. *An injured employee may obtain an independent medical examination:*

(a) *Except as otherwise provided in subsections 2 and 3, whenever a dispute arises from a determination issued by the insurer regarding the approval of care, the direction of a treatment plan or the scope of the claim;*

(b) *Within 30 days after an injured employee receives any report generated pursuant to a medical examination requested by the insurer pursuant to NRS 616C.140; or*

(c) At any time by leave of a hearing officer or appeals officer after the denial of any therapy or treatment.

2. An injured employee is entitled to an independent medical examination pursuant to paragraph (a) of subsection 1 only:

(a) For a claim for compensation that is open;

(b) When the closure of a claim for compensation is under dispute pursuant to NRS 616C.235; or

(c) When a hearing or appeal is pending pursuant to NRS 616C.330 or 616C.360.

3. An injured employee is entitled to only one independent medical examination per calendar year pursuant to paragraph (a) of subsection 1.

4. Except as otherwise provided in subsection 5, an independent medical examination must not involve treatment and must be conducted by a physician or chiropractor selected by the injured employee from the panel of physicians and chiropractors established pursuant to subsection 1 of NRS 616C.090.

5. If the dispute concerns the rating of a permanent disability, an independent medical examination may be conducted by a rating physician or chiropractor. The injured employee must select the next rating physician or chiropractor in rotation from the list of qualified physicians and chiropractors maintained by the Administrator pursuant to subsection 2 of NRS 616C.490, unless the insurer and the injured employee otherwise agree to a rating physician or chiropractor.

6. The insurer shall:

(a) Pay the costs of any independent medical examination conducted pursuant to this section in accordance with NRS 616C.260; and

(b) Upon request, receive a copy of any report or other document that is generated as a result of the independent medical examination.

7. The provisions of this section do not apply to an independent medical examination ordered by a hearing officer pursuant to subsection 3 of NRS 616C.330 or by an appeals officer pursuant to subsection 3 of NRS 616C.360.

Sec. 4. *Where a written assessment is requested pursuant to NRS 616C.550 or where a plan for a program of vocational rehabilitation is required pursuant to NRS 616C.555, a vocational rehabilitation counselor must be appointed as follows:*

1. The insurer and the injured employee or personal or legal representative of the injured employee shall agree on the selection of a vocational rehabilitation counselor;

2. If 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 three vocational rehabilitation counselors to the injured employee or personal or legal representative of the injured employee;

3. The injured employee or personal or legal representative of the injured employee shall select a vocational rehabilitation counselor from the list provided by the insurer pursuant to subsection 2 within 7 days after receiving the list provided by the insurer pursuant to subsection 2;

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

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

Secs. 5, 6 and 7. (Deleted by amendment.)

Sec. 7.3. NRS 616C.235 is hereby amended to read as follows:

616C.235 1. Except as otherwise provided in subsections 2, 3 and 4:

(a) When the insurer determines that a claim should be closed before all benefits to which the claimant may be entitled have been paid, the insurer shall send a written notice of its intention to close the claim to the claimant by first-class mail addressed to the last known address of the claimant and, if the insurer has been notified that the claimant is represented by an attorney, to the attorney for the claimant by first-class mail addressed to the last known address of the attorney. The notice must include, on a separate page, a statement describing the effects of closing a claim pursuant to this section and a statement that if the claimant does not agree with the determination, the claimant has a right to request a resolution of the dispute pursuant to NRS 616C.305 and 616C.315 to 616C.385, inclusive, including, without limitation, a statement which prominently displays the limit on the time that the claimant has to request a resolution of the dispute as set forth in NRS 616C.315. A suitable form for requesting a resolution of the dispute must be enclosed with the notice. The closure of a claim pursuant to this subsection is not effective unless notice is given as required by this subsection.

(b) If the insurer does not receive a request for the resolution of the dispute, it may close the claim.

(c) Notwithstanding the provisions of NRS 233B.125, if a hearing is conducted to resolve the dispute, the decision of the hearing officer may be served by first-class mail.

2. If, during the first 12 months after a claim is opened, the medical benefits required to be paid for a claim are less than ~~[\$300]~~ \$800, the insurer may close the claim at any time after the insurer sends, by first-class mail addressed to the last known address of the claimant, written notice that includes a statement which prominently displays that:

(a) The claim is being closed pursuant to this subsection;

(b) The injured employee may appeal the closure of the claim pursuant to the provisions of NRS 616C.305 and 616C.315 to 616C.385, inclusive; and

(c) If the injured employee does not appeal the closure of the claim or appeals the closure of the claim but is not successful, the claim cannot be reopened.

3. In addition to the notice described in subsection 2, an insurer shall send to each claimant who receives less than ~~[\$300]~~ \$800 in medical benefits within 6 months after the claim is opened a written notice that explains the circumstances under which a claim may be closed pursuant to subsection 2. The written notice provided pursuant to this subsection does not create any right to appeal the contents of that notice. The written notice must be:

(a) Sent by first-class mail addressed to the last known address of the claimant; and

(b) A document that is separate from any other document or form that is used by the insurer.

4. The closure of a claim pursuant to subsection 2 is not effective unless notice is given as required by subsections 2 and 3.

5. In addition to the requirements of this section, an insurer shall include in the written notice described in subsection 2:

(a) If an evaluation for a permanent partial disability has been scheduled pursuant to NRS 616C.490, a statement to that effect; or

(b) If an evaluation for a permanent partial disability will not be scheduled pursuant to NRS 616C.490, a statement explaining that the reason is because the insurer has determined there is no possibility of a permanent impairment of any kind.

Sec. 7.7. NRS 616C.390 is hereby amended to read as follows:

616C.390 Except as otherwise provided in NRS 616C.392:

1. If an application to reopen a claim to increase or rearrange compensation is made in writing more than 1 year after the date on which the claim was closed, the insurer shall reopen the claim if:

(a) A change of circumstances warrants an increase or rearrangement of compensation during the life of the claimant;

(b) The primary cause of the change of circumstances is the injury for which the claim was originally made; and

(c) The application is accompanied by the certificate of a physician or a chiropractor showing a change of circumstances which would warrant an increase or rearrangement of compensation.

2. After a claim has been closed, the insurer, upon receiving an application and for good cause shown, may authorize the reopening of the claim for medical investigation only. The application must be accompanied by a written request for treatment from the physician or chiropractor treating the claimant, certifying that the treatment is indicated by a change in circumstances and is related to the industrial injury sustained by the claimant.

3. If a claimant applies for a claim to be reopened pursuant to subsection 1 or 2 and a final determination denying the reopening is issued, the claimant shall not reapply to reopen the claim until at least 1 year after the date on which the final determination is issued.

4. Except as otherwise provided in subsection 5, if an application to reopen a claim is made in writing within 1 year after the date on which the claim was closed, the insurer shall reopen the claim only if:

(a) The application is supported by medical evidence demonstrating an objective change in the medical condition of the claimant; and

(b) There is clear and convincing evidence that the primary cause of the change of circumstances is the injury for which the claim was originally made.

5. An application to reopen a claim must be made in writing within 1 year after the date on which the claim was closed if:

(a) The claimant did not meet the minimum duration of incapacity as set forth in NRS 616C.400 as a result of the injury; and

(b) The claimant did not receive benefits for a permanent partial disability.

↪ If an application to reopen a claim to increase or rearrange compensation is made pursuant to this subsection, the insurer shall reopen the claim if the requirements set forth in paragraphs (a), (b) and (c) of subsection 1 are met.

6. If an employee's claim is reopened pursuant to this section, the employee is not entitled to vocational rehabilitation services or benefits for a temporary total disability if, before the claim was reopened, the employee:

(a) Retired; or

(b) Otherwise voluntarily removed himself or herself from the workforce,

↪ for reasons unrelated to the injury for which the claim was originally made.

7. One year after the date on which the claim was closed, an insurer may dispose of the file of a claim authorized to be reopened pursuant to subsection 5, unless an application to reopen the claim has been filed pursuant to that subsection.

8. An increase or rearrangement of compensation is not effective before an application for reopening a claim is made unless good cause is shown. The insurer shall, upon good cause shown, allow the cost of emergency treatment the necessity for which has been certified by a physician or a chiropractor.

9. A claim that closes pursuant to subsection 2 of NRS 616C.235 and is not appealed or is unsuccessfully appealed pursuant to the provisions of NRS 616C.305 and 616C.315 to 616C.385, inclusive, may not be reopened pursuant to this section.

10. The provisions of this section apply to any claim for which an application to reopen the claim or to increase or rearrange compensation is made pursuant to this section, regardless of the date of the injury or accident to the claimant. If a claim is reopened pursuant to this section, the amount of any compensation or benefits provided must be determined in accordance with the provisions of NRS 616C.425.

11. As used in this section:

(a) "Governmental program" means any program or plan under which a person receives payments from a public form of retirement. Such payments from a public form of retirement include, without limitation:

(1) Social security received as a result of the Social Security Act, as defined in NRS 287.120;

(2) Payments from the Public Employees' Retirement System, as established by NRS 286.110;

(3) Payments from the Retirees' Fund, as defined in NRS 287.04064;

(4) A disability retirement allowance, as defined in NRS 1A.040 and 286.031;

(5) A retirement allowance, as defined in NRS 218C.080; and

(6) A service retirement allowance, as defined in NRS 1A.080 and 286.080.

(b) "Retired" means a person who, on the date he or she filed for reopening a claim pursuant to this section:

(1) Is not employed or earning wages; and

(2) Receives benefits or payments for retirement from a:

(I) Pension or retirement plan;

(II) Governmental program; or

(III) Plan authorized by 26 U.S.C. § 401(a), 401(k), 403(b), 457 or 3121.

(c) "Wages" means any remuneration paid by an employer to an employee for the personal services of the employee, including, without limitation:

(1) Commissions and bonuses; and

(2) Remuneration payable in any medium other than cash.

Sec. 8. NRS 616C.490 is hereby amended to read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9. ~~[Where]~~ *Except as otherwise provided in subsection 10, if there is a previous disability, as the loss of one eye, one hand, one foot, or any other previous permanent disability, the percentage of disability for a subsequent injury must be determined by computing the percentage of the entire disability and deducting therefrom the percentage of the previous disability as it existed at the time of the subsequent injury.*

10. *If a rating evaluation was completed for a previous disability involving a condition, organ or anatomical structure that is identical to the condition, organ or anatomical structure being evaluated for the present disability, the percentage of disability for a subsequent injury must be determined by deducting the percentage of the previous disability from the percentage of the present disability, regardless of the edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment as adopted by the Division pursuant to NRS 616C.110 used to determine the percentage of the previous disability. The compensation awarded for a permanent disability on a subsequent injury must be reduced only by the awarded or agreed upon percentage of disability actually received by the injured employee for the previous injury regardless of the percentage of the previous disability.*

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

~~[11.]~~ 12. The increase in compensation and benefits effected by the amendment of this section is not retroactive for accidents which occurred before July 1, 1973.

~~[12.]~~ 13. This section does not entitle any person to double payments for the death of an employee and a continuation of payments for a permanent partial disability, or to a greater sum in the aggregate than if the injury had been fatal.

Sec. 9. NRS 616C.495 is hereby amended to read as follows:

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

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

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

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

(d) Any claimant injured on or after July 1, 1995, ~~and before [may elect to receive his or her compensation in a lump sum in accordance with regulations adopted by the Administrator and approved by the Governor. The Administrator shall adopt regulations for determining the~~

~~eligibility of such a claimant to receive all or any portion of his or her compensation in a lump sum. Such regulations may include the manner in which an award for a permanent partial disability may be paid to such a claimant in installments. Notwithstanding the provisions of NRS 233B.070, any regulation adopted pursuant to this paragraph does not become effective unless it is first approved by the Governor.] January 1, 2016, who incurs a disability that:~~

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

(2) Exceeds 25 percent may:

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

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

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

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

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

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

(g) If the permanent partial disability rating of a claimant seeking compensation pursuant to this section would, when combined with any previous permanent partial disability rating of the claimant that resulted in an award of benefits to the claimant, result in the claimant having a total permanent partial disability rating in excess of 100 percent, the claimant's disability rating upon which compensation is calculated must be reduced by such percentage as required to limit the total permanent partial disability rating of the claimant for all injuries to not more than 100 percent.

2. If the claimant elects to receive his or her payment for a permanent partial disability in a lump sum pursuant to subsection 1, all of the claimant's benefits for compensation terminate. The claimant's acceptance of that payment constitutes a final settlement of all factual and legal issues in the case. By so accepting the claimant waives all of his or her rights regarding the claim, including the right to appeal from the closure of the case or the percentage of his or her disability, except:

(a) The right of the claimant to:

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

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

- (b) Any counseling, training or other rehabilitative services provided by the insurer; and
- (c) The right of the claimant to receive a benefit penalty in accordance with NRS 616D.120.

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

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

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

5. The lump sum payable must be equal to the present value of the compensation awarded, less any advance payment or lump sum previously paid. The present value must be calculated using monthly payments in the amounts prescribed in subsection 7 of NRS 616C.490 and actuarial annuity tables adopted by the Division. The tables must be reviewed annually by a consulting actuary ~~and~~ *and must be adjusted accordingly on July 1 of each year by the Division using:*

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

(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.

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

Sec. 10. This act becomes effective on July 1, 2017.

AB 267, Amends: NRS 616C.400 to exclude heart/lung claims; NRS 617.420; NRS 617.454, restricting distribution of a police officer's or firefighter's annual physical examination reports; NRS 617.455 and 617.457 imposing duties of the DIR Administrator to review denied claims and, if appropriate impose a \$200 per day benefit penalty in favor of the injured employee. Effective on claims filed on or after October 1, 2017.

Section 1. NRS 616C.400 is hereby amended to read as follows:

616C.400 1. Temporary compensation benefits must not be paid under chapters 616A to 616D, inclusive, of NRS for an injury which does not incapacitate the employee for at least 5 consecutive days, or 5 cumulative days within a 20-day period, from earning full wages, but if the incapacity extends for 5 or more consecutive days, or 5 cumulative days within a 20-day period, compensation must then be computed from the date of the injury.

2. The period prescribed in this section does not apply to:

(a) Accident benefits, whether they are furnished pursuant to NRS 616C.255 or 616C.265, if the injured employee is otherwise covered by the provisions of chapters 616A to 616D, inclusive, of NRS and entitled to those benefits.

(b) Compensation paid to the injured employee pursuant to subsection 1 of NRS 616C.477.

(c) A claim which is filed pursuant to NRS 617.453, 617.455 or 617.457.

Sec. 2. NRS 617.420 is hereby amended to read as follows:

617.420 **1.** No compensation may be paid under this chapter for *temporary total* disability which does not incapacitate the employee for at least 5 cumulative days within a 20-day period from earning full wages, but if the incapacity extends for 5 or more days within a 20-day period, the compensation must then be computed from the date of disability.

2. The limitations in this section do not apply to medical benefits, *including, without limitation, medical benefits pursuant to NRS 617.453, 617.455 or 617.457*, which must be paid from the date of application for payment of medical benefits.

Sec. 3. NRS 617.454 is hereby amended to read as follows:

617.454 **1.** Any physical examination administered pursuant to NRS 617.455 or 617.457 must include:

- (a) A thorough test of the functioning of the hearing of the employee; and
- (b) A purified protein derivative skin test to screen for exposure to tuberculosis.

2. Except as otherwise provided in subsection 8 of NRS 617.457, the tests required by this section must be paid for by the employer.

3. *Except as otherwise provided by the provisions governing privacy in the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended, and applicable regulations, or an employee's collective bargaining agreement, whichever is more restrictive:*

(a) The results of a physical examination administered pursuant to NRS 617.455 or 617.457 may only be provided to:

- (1) The examining physician;*
- (2) The employee;*
- (3) The employer's officer who is responsible for risk management or human resources or his or her designee; and*
- (4) If the employee has filed a claim pursuant to NRS 617.455 or 617.457, the insurer.*

(b) A person who receives the results of a physical examination pursuant to paragraph (a) may only use the results for the purposes of:

- (1) Complying with the requirements of NRS 617.455 or 617.457, as applicable; or*
- (2) Creating a report pursuant to paragraph (c).*

(c) The employer's officer who is responsible for risk management or human resources or his or her designee may create and release a report that is based on the results of a physical examination administered pursuant to NRS 617.455 or 617.457 to any person whom the employer's officer determines has a need to know the information in the report. The report must only contain the following information:

- (1) The name of the employee who was the subject of the physical examination; and*
- (2) A statement that the employee, as applicable:*
 - (I) Satisfies the physical qualifications required for his or her employment; or*
 - (II) Does not satisfy the physical qualifications required for his or her employment.*

Sec. 4. NRS 617.455 is hereby amended to read as follows:

617.455 **1.** Notwithstanding any other provision of this chapter, diseases of the lungs, resulting in either temporary or permanent disability or death, are occupational diseases and compensable

as such under the provisions of this chapter if caused by exposure to heat, smoke, fumes, tear gas or any other noxious gases, arising out of and in the course of the employment of a person who, for 2 years or more, has been:

(a) Employed in this State in a full-time salaried occupation of fire fighting or the investigation of arson for the benefit or safety of the public;

(b) Acting as a volunteer firefighter in this State and is entitled to the benefits of chapters 616A to 616D, inclusive, of NRS pursuant to the provisions of NRS 616A.145; or

(c) Employed in a full-time salaried occupation as a police officer in this State.

2. Except as otherwise provided in subsection 3, each employee who is to be covered for diseases of the lungs pursuant to the provisions of this section shall submit to a physical examination, including a thorough test of the functioning of his or her lungs and the making of an X-ray film of the employee's lungs, upon employment, upon commencement of the coverage, once every 2 years until the employee is 40 years of age or older and thereafter on an annual basis during his or her employment.

3. Each volunteer firefighter who is to be covered for diseases of the lungs pursuant to the provisions of this section shall submit to:

(a) A physical examination upon employment and upon commencement of the coverage; and

(b) The making of an X-ray film of the volunteer firefighter's lungs once every 3 years after the physical examination that is required upon commencement of the coverage,

↳ until the volunteer firefighter reaches the age of 50 years. Each volunteer firefighter who is 50 years of age or older shall submit to a physical examination once every 2 years during his or her employment. As used in this subsection, "physical examination" includes the making of an X-ray film of the volunteer firefighter's lungs but excludes a thorough test of the functioning of his or her lungs.

4. All physical examinations required pursuant to subsections 2 and 3 must be paid for by the employer.

5. A disease of the lungs is conclusively presumed to have arisen out of and in the course of the employment of a person who has been employed in a full-time continuous, uninterrupted and salaried occupation as a police officer, firefighter or arson investigator for 2 years or more before the date of disablement if the disease is diagnosed and causes the disablement:

(a) During the course of that employment;

(b) If the person ceases employment before completing 20 years of service as a police officer, firefighter or arson investigator, during the period after separation from employment which is equal to the number of years worked; or

(c) If the person ceases employment after completing 20 years or more of service as a police officer, firefighter or arson investigator, at any time during the person's life.

↳ Service credit which is purchased in a retirement system must not be calculated towards the years of service of a person for the purposes of this section.

6. Frequent or regular use of a tobacco product within 1 year, or a material departure from a physician's prescribed plan of care by a person within 3 months, immediately preceding the filing of a claim for compensation excludes a person who has separated from service from the benefit of the conclusive presumption provided in subsection 5.

7. Failure to correct predisposing conditions which lead to lung disease when so ordered in writing by the examining physician after a physical examination required pursuant to subsection 2 or 3 excludes the employee from the benefits of this section if the correction is within the ability of the employee.

8. A person who is determined to be:
- (a) Partially disabled from an occupational disease pursuant to the provisions of this section; and
 - (b) Incapable of performing, with or without remuneration, work as a firefighter, police officer or arson investigator,
 - ↳ may elect to receive the benefits provided under NRS 616C.440 for a permanent total disability.

9. A person who files a claim for a disease of the lungs specified in this section after he or she retires from employment as a police officer, firefighter or arson investigator is not entitled to receive any compensation for that disease other than medical benefits.

10. The Administrator shall review a claim filed by a claimant pursuant to this section that has been in the appeals process for longer than 6 months to determine the circumstances causing the delay in processing the claim. As used in this subsection, "appeals process" means the period of time that:

- (a) Begins on the date on which the claimant first files or submits a request for a hearing or an appeal of a determination regarding the claim; and***
- (b) Continues until the date on which the claim is adjudicated to a final decision.***

11. Except as otherwise provided in this subsection, if an employer, insurer or third-party administrator denies a claim that was filed pursuant to this section and the claimant ultimately prevails, the Administrator may order the employer, insurer or third-party administrator, as applicable, to pay to the claimant a benefit penalty of not more than \$200 for each day from the date on which an appeal is filed until the date on which the claim is adjudicated to a final decision. Such benefit penalty is payable in addition to any benefits to which the claimant is entitled under the claim and any fines and penalties imposed by the Administrator pursuant to NRS 616D.120. If a hearing before a hearing officer is requested pursuant to NRS 616C.315 and held pursuant to NRS 616C.330, the employer, insurer or third-party administrator, as applicable, shall pay to the claimant all medical costs which are associated with the occupational disease and are incurred from the date on which the hearing is requested until the date on which the claim is adjudicated to a final decision. If the employer, insurer or third-party administrator, as applicable, ultimately prevails, the employer, insurer or third-party administrator, as applicable, is entitled to recover the amount paid pursuant to this subsection in accordance with the provisions of NRS 616C.138.

Sec. 5. NRS 617.457 is hereby amended to read as follows:

617.457 1. Notwithstanding any other provision of this chapter, diseases of the heart of a person who, for 2 years or more, has been employed in a full-time continuous, uninterrupted and salaried occupation as a firefighter, arson investigator or police officer in this State before the date of disablement are conclusively presumed to have arisen out of and in the course of the employment if the disease is diagnosed and causes the disablement:

- (a) During the course of that employment;
- (b) If the person ceases employment before completing 20 years of service as a police officer, firefighter or arson investigator, during the period after separation from employment which is equal to the number of years worked; or
- (c) If the person ceases employment after completing 20 years or more of service as a police officer, firefighter or arson investigator, at any time during the person's life.

↳ Service credit which is purchased in a retirement system must not be calculated towards the years of service of a person for the purposes of this section.

2. Frequent or regular use of a tobacco product within 1 year, or a material departure from a physician's prescribed plan of care by a person within 3 months, immediately preceding the filing of a claim for compensation excludes a person who has separated from service from the benefit of the conclusive presumption provided in subsection 1.

3. Notwithstanding any other provision of this chapter, diseases of the heart, resulting in either temporary or permanent disability or death, are occupational diseases and compensable as such under the provisions of this chapter if caused by extreme overexertion in times of stress or danger and a causal relationship can be shown by competent evidence that the disability or death arose out of and was caused by the performance of duties as a volunteer firefighter by a person entitled to the benefits of chapters 616A to 616D, inclusive, of NRS pursuant to the provisions of NRS 616A.145 and who, for 5 years or more, has served continuously as a volunteer firefighter in this State by continuously maintaining an active status on the roster of a volunteer fire department.

4. Except as otherwise provided in subsection 5, each employee who is to be covered for diseases of the heart pursuant to the provisions of this section shall submit to a physical examination, including an examination of the heart, upon employment, upon commencement of coverage and thereafter on an annual basis during his or her employment.

5. During the period in which a volunteer firefighter is continuously on active status on the roster of a volunteer fire department, a physical examination for the volunteer firefighter is required:

- (a) Upon employment;
- (b) Upon commencement of coverage; and
- (c) Once every 3 years after the physical examination that is required pursuant to paragraph (b),
→ until the firefighter reaches the age of 50 years. Each volunteer firefighter who is 50 years of age or older shall submit to a physical examination once every 2 years during his or her employment.

6. The employer of the volunteer firefighter is responsible for scheduling the physical examination. The employer shall mail to the volunteer firefighter a written notice of the date, time and place of the physical examination at least 10 days before the date of the physical examination and shall obtain, at the time of mailing, a certificate of mailing issued by the United States Postal Service.

7. Failure to submit to a physical examination that is scheduled by his or her employer pursuant to subsection 6 excludes the volunteer firefighter from the benefits of this section.

8. The chief of a volunteer fire department may require an applicant to pay for any physical examination required pursuant to this section if the applicant:

- (a) Applies to the department for the first time as a volunteer firefighter; and
- (b) Is 50 years of age or older on the date of his or her application.

9. The volunteer fire department shall reimburse an applicant for the cost of a physical examination required pursuant to this section if the applicant:

- (a) Paid for the physical examination in accordance with subsection 8;
- (b) Is declared physically fit to perform the duties required of a firefighter; and
- (c) Becomes a volunteer with the volunteer fire department.

10. Except as otherwise provided in subsection 8, all physical examinations required pursuant to subsections 4 and 5 must be paid for by the employer.

11. Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to a physical examination required pursuant to

subsection 4 or 5 excludes the employee from the benefits of this section if the correction is within the ability of the employee.

12. A person who is determined to be:

(a) Partially disabled from an occupational disease pursuant to the provisions of this section; and

(b) Incapable of performing, with or without remuneration, work as a firefighter, arson investigator or police officer,

↳ may elect to receive the benefits provided under NRS 616C.440 for a permanent total disability.

13. Claims filed under this section may be reopened at any time during the life of the claimant for further examination and treatment of the claimant upon certification by a physician of a change of circumstances related to the occupational disease which would warrant an increase or rearrangement of compensation.

14. A person who files a claim for a disease of the heart specified in this section after he or she retires from employment as a firefighter, arson investigator or police officer is not entitled to receive any compensation for that disease other than medical benefits.

15. The Administrator shall review a claim filed by a claimant pursuant to this section that has been in the appeals process for longer than 6 months to determine the circumstances causing the delay in processing the claim. As used in this subsection, "appeals process" means the period of time that:

(a) Begins on the date on which the claimant first files or submits a request for a hearing or an appeal of a determination regarding the claim; and

(b) Continues until the date on which the claim is adjudicated to a final decision.

16. Except as otherwise provided in this subsection, if an employer, insurer or third-party administrator denies a claim that was filed pursuant to this section and the claimant ultimately prevails, the Administrator may order the employer, insurer or third-party administrator, as applicable, to pay to the claimant a benefit penalty of not more than \$200 for each day from the date on which an appeal is filed until the date on which the claim is adjudicated to a final decision. Such benefit penalty is payable in addition to any benefits to which the claimant is entitled under the claim and any fines and penalties imposed by the Administrator pursuant to NRS 616D.120. If a hearing before a hearing officer is requested pursuant to NRS 616C.315 and held pursuant to NRS 616C.330, the employer, insurer or third-party administrator, as applicable, shall pay to the claimant all medical costs which are associated with the occupational disease and are incurred from the date on which the hearing is requested until the date on which the claim is adjudicated to a final decision. If the employer, insurer or third-party administrator, as applicable, ultimately prevails, the employer, insurer or third-party administrator, as applicable, is entitled to recover the amount paid pursuant to this subsection in accordance with the provisions of NRS 616C.138.

Sec. 6. The amendatory provisions of sections 1, 2, 4 and 5 of this act apply only to claims filed on or after October 1, 2017.

SB 209, Secs. 1 through 5 striking the "bricks and mortar" requirement for WC claims offices were deleted by amendment. Effective July 1, 2017.

Sec. 6-12 amends other insurance provisions of the NRS, ie, 683A.325, 685A.075, 685A.155, 685A.175, 685A.180, 686A.230 and 691D.220.

Sec. 13 repeals NRS 685A.185.

NEW PROVISIONS

AB 12, Requiring Adjuster Licensing. Effective July 1, 2018.

Section 1. NRS 683A.085 is hereby amended to read as follows:

No person may act as, offer to act as or hold himself or herself out to the public as an administrator, unless ~~the~~ :

1. The person has obtained a certificate of registration as an administrator from the Commissioner pursuant to NRS 683A.08524 ~~[-]~~;

2. If the person is an individual and adjusts workers' compensation claims in this State, the person is licensed pursuant to chapter 684A of NRS; and

3. If any employee of the person adjusts workers' compensation claims in this State, each such employee who adjusts workers' compensation claims in this State is licensed pursuant to chapter 684A of NRS.

Sec. 1.5. Chapter 684A of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 10, inclusive, of this act.

Sec. 8. 1. *An adjuster shall be honest and fair in all communications with the insured, the insurer and the public.*

2. An adjuster shall give policyholders and claimants prompt, knowledgeable service and courteous, fair and objective treatment at all times.

3. An adjuster shall not give legal advice and shall not deal directly with any policyholder or claimant who is represented by legal counsel without the consent of the legal counsel involved.

4. An adjuster shall comply with all local, state and federal privacy and information security laws, if applicable.

5. An adjuster shall identify himself or herself as an adjuster and, if applicable, identify his or her employer when dealing with any policyholder or claimant.

6. An adjuster shall not have any financial interest in any adjustment or acquire for himself or herself or any person any interest or title in salvage without first receiving written authority from the principal.

Sec. 12. NRS 684A.020 is hereby amended to read as follows:

1. Except as otherwise provided in subsection 2, "adjuster" means any person who, for compensation ~~as an independent contractor or for~~ , *including, without limitation*, a fee or commission, investigates and settles, and reports to his or her principal relative to, claims:

(a) Arising under insurance contracts for property, casualty or surety coverage, *including, without limitation, workers' compensation coverage*, on behalf solely of the insurer or the insured; or

(b) Against a self-insurer who is providing similar coverage . ~~[-, unless the coverage provided relates to a claim for industrial insurance.]~~

2. For the purposes of this chapter:

(a) An associate adjuster, as defined in NRS 684A.030;

(b) An attorney at law who adjusts insurance losses from time to time incidental to the practice of his or her profession;

- (c) An adjuster of ocean marine losses;
 - (d) A salaried employee of an insurer ~~{;}~~, *unless the employee:*
 - (1) *Investigates, negotiates or settles workers' compensation claims; and*
 - (2) *Obtains a license pursuant to this chapter;*
 - (e) A salaried employee of a managing general agent maintaining an underwriting office in this state;
 - (f) An employee of an independent adjuster or an employee of an affiliate of an independent adjuster who is one of not more than 25 such employees under the supervision of an independent adjuster or licensed agent and who:
 - (1) Collects information relating to a claim for coverage arising under an insurance contract from or furnishes such information to an insured or a claimant; and
 - (2) Conducts data entry, including, without limitation, entering data into an automated claims adjudication system;
 - (g) A licensed agent who supervises not more than 25 employees described in paragraph (f);
 - (h) A person who is employed only to collect factual information concerning a claim for coverage arising under an insurance contract;
 - (i) A person who is employed ~~{only}~~ *solely* to ~~{provide}~~ *obtain facts surrounding a claim or to furnish* technical assistance to ~~{an}~~ *a licensed* independent adjuster;
 - (j) A person who is employed to investigate suspected fraudulent *insurance* claims ~~{for coverage arising under an insurance contract}~~ but who does not adjust losses or determine the payment of claims;
 - (k) A person who performs only executive, administrative, managerial or clerical duties, or any combination thereof, but does not investigate, *negotiate* or settle claims ~~{for coverage arising under an insurance contract}~~ *with a policyholder or claimant or the legal representative of a policyholder or claimant;*
 - (l) A licensed health care provider or any employee thereof who provides managed care services if those services do not include the determination of compensability;
 - (m) A managed care organization or any employee thereof or an organization that provides managed care services or any employee thereof if the services provided do not include the determination of compensability;
 - (n) A person who settles only reinsurance or subrogation claims;
 - (o) A broker, agent or representative of a risk retention group;
 - (p) An attorney-in-fact of a reciprocal insurer; ~~{or}~~
 - (q) A manager of a branch office of an alien insurer that is located in the United States ~~{;}~~; *or*
 - (r) *A person authorized to adjust claims under the authority of a third-party administrator who holds a certificate of registration issued by the Commissioner pursuant to NRS 683A.08524, unless the person investigates, negotiates or settles workers' compensation claims,*
- ↪ is not considered an adjuster.

Sec. 14. NRS 684A.030 is hereby amended to read as follows:

“Independent adjuster” means an adjuster *who is* representing the interests of an insurer or a self-insurer ~~{;}~~ *and who:*

- (a) *Contracts for compensation with the insurer or self-insurer as an independent contractor or an employee of an independent contractor;*
- (b) *Is treated for tax purposes by the insurer or self-insurer in a manner consistent with an independent contractor rather than an employee; and*

(c) Investigates, negotiates or settles property, casualty or surety claims, including, without limitation, workers' compensation claims, for the insurer or self-insurer.

2. "Public adjuster" means an adjuster employed by and representing solely the financial interests of the insured named in the policy. *The term does not include an adjuster who investigates, negotiates or settles workers' compensation claims.*

3. "Company adjuster" means a salaried employee of an insurer who:

(a) Investigates, negotiates or settles workers' compensation claims; and

(b) Obtains a license pursuant to this chapter.

4. "Staff adjuster" means a person who investigates, negotiates or settles workers' compensation claims under the authority of a third-party administrator who holds a certificate of registration issued by the Commissioner pursuant to NRS 683A.08524.

5. "Associate adjuster" means an employee of an adjuster who, under the direct supervision of the adjuster, assists in the investigation and settlement of insurance losses on behalf of his or her employer.

Sec. 15. NRS 684A.040 is hereby amended to read as follows:

~~[No]~~ *Except as otherwise provided in NRS 684A.060, no* person may act as, or hold himself or herself out to be, an adjuster or associate adjuster in this State unless then licensed as such under the applicable ~~[independent adjuster's license, public]~~ adjuster's license or associate adjuster's license, as the case may be, issued under the provisions of this chapter.

2. Any person violating the provisions of this section is guilty of a gross misdemeanor.

3. ~~[A]~~ *Except as otherwise provided in NRS 684A.060, a* person who acts as an adjuster in this State without a license is subject to an administrative fine of not more than \$1,000 for each violation.

4. *A salaried employee of an insurer who investigates, negotiates or settles workers' compensation claims may, but is not required to, obtain a license as a company adjuster pursuant to this chapter. The provisions of subsections 1, 2 and 3 do not apply to a salaried employee of an insurer.*

**2017 LEGISLATIVE CHANGES
CHAPTER 618**

AMENDMENTS

AB 54, Amending NRS 618.378. Effective October 1, 2017.

Section 1. NRS 618.378 is hereby amended to read as follows:

1. Any accident or motor vehicle crash occurring in the course of employment which is fatal to one or more employees ~~for which results in the hospitalization of three or more employees~~ must be reported by the employer orally to the nearest office of the Division within 8 hours after the time that the accident or crash is reported to any agent or employee of the employer.

2. Any accident or motor vehicle crash occurring in the course of employment which results in the inpatient hospitalization of one or more employees, the amputation of a part of an employee's body or an employee's loss of an eye must be reported by the employer orally to the nearest office of the Division within 24 hours after the time that the accident or crash is reported to any agent or employee of the employer.

3. A report submitted to the Division pursuant to the provisions of ~~this~~ subsection *1 or 2* must include:

(a) The name of the employer;

(b) The location and time of the accident or crash;

(c) The number of employees ~~killed or hospitalized~~ *who were hospitalized as inpatients or who suffered fatalities, amputations or loss of an eye* as a result of the accident or crash;

(d) *The names of the employees who were hospitalized as inpatients or who suffered fatalities, amputations or loss of an eye as a result of the accident or crash;*

(e) A brief description of the accident or crash; and

~~(e)~~ (f) The name of a person who may be contacted by the Division for further information.

↳ Upon receipt of such a report, the Division shall notify the employer of the estimated time that the Division's investigator will arrive at the site of the accident or crash. The Division shall initiate an investigation at the site of the accident or crash within 8 hours after receiving the report.

~~2.~~ 4. An industrial insurer shall provide to the Division a monthly report setting forth the number, type and severity of industrial injuries and occupational diseases reported or claimed by employees in the preceding month. The report must identify the employer and be sorted according to the employer's Standard Industrial Classification or classification for the purposes of industrial insurance. The Division shall by regulation prescribe the form for the report made pursuant to this subsection. As used in this subsection, "industrial insurer" has the meaning ascribed to the term "insurer" in NRS 616A.270.

~~3.~~ 5. All employers shall maintain accurate records and make reports to the United States Assistant Secretary of Labor in the same manner and to the same extent as if this chapter were not in effect.

~~4.~~ 6. The Division shall make such reasonable reports to the Assistant Secretary of Labor in such form and containing such information as the Assistant Secretary of Labor may from time to time require.

~~5.~~ 7. Requests for variances to federal recordkeeping and reporting regulations must be submitted to and obtained from the Bureau of Labor Statistics, United States Department of Labor. All variances granted by the Bureau of Labor Statistics must be respected by the Division.

AB 190, Amending Chapter 618 of NRS adding OSHA 10- and 30- training for the entertainment industry. Effective January 1, 2018 for Secs. 1 through 13, inclusive, and 16 and January 1, 2019 for Secs. 14 and 15.

Section 1. Chapter 618 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 13, inclusive, of this act.

Sec. 2. *As used in sections 2 to 13, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3 to 7, inclusive, of this act have the meanings ascribed to them in those sections.*

Sec. 3. *“OSHA-10 course” means a 10-hour course in general industry safety and health hazard recognition and prevention developed by the Occupational Safety and Health Administration of the United States Department of Labor.*

Sec. 4. *“OSHA-30 course” means a 30-hour course in general industry safety and health hazard recognition and prevention developed by the Occupational Safety and Health Administration of the United States Department of Labor.*

Sec. 5. *“Site” means 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.*

Sec. 6. *“Supervisory employee” means any person having authority in the interest of the employer to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward or discipline other employees or responsibility to direct them, to adjust their grievances or effectively to recommend such action, if in connection with the foregoing, the exercise of such authority is not of a merely routine or clerical nature but requires the use of independent judgment. The exercise of such authority shall not be deemed to place the employee in supervisory employee status unless the exercise of such authority occupies a significant portion of the employee’s workday.*

Sec. 7. *“Worker” means a person whose primary occupation is to perform work on a site, including, without limitation, the construction, installation, maintenance, operation, repair or removal of:*

- 1. Theatrical scenery, rigging or props;*
- 2. Wardrobe, hair or makeup;*
- 3. Audio, camera, projection, video or lighting equipment; or*
- 4. Any other items or parts which are related to or components of the items described in subsection 1, 2 or 3 and which are used for or in conjunction with the presentation or production of:*
 - (a) Live entertainment;*
 - (b) Filmmaking or photography, including, without limitation, motion pictures;*
 - (c) Television programs, including, without limitation, live broadcasts, closed-circuit broadcasts or videotape recordings and playback;*
 - (d) Sporting events; or*
 - (e) Theatrical performances.*

Sec. 7.5. *The provisions of sections 2 to 13, inclusive, of this act do not apply to a volunteer or any other person who is not paid to perform work on a site.*

Sec. 8. *The Division may adopt such regulations as are necessary to carry out the provisions of sections 2 to 13, inclusive, of this act.*

Sec. 9. 1. *The Division shall, by regulation, approve OSHA-10 courses and OSHA-30 courses for the purposes of fulfilling the requirements of section 11 of this act.*

2. The Division shall establish a registry to track the providers of courses approved pursuant to subsection 1.

3. The Division shall adopt regulations that set forth guidelines for job-specific training to qualify as continuing education for the purposes of section 11 of this act.

Sec. 10. 1. *Each trainer shall display his or her trainer card in a conspicuous manner at each location where the trainer provides an OSHA-10 course or OSHA-30 course.*

2. No person other than a trainer may provide an OSHA-10 course or OSHA-30 course.

3. As used in this section:

(a) "Trainer" means a person who is currently authorized by the Occupational Safety and Health Administration of the United States Department of Labor as a trainer, including, without limitation, a person who has completed OSHA 501, the Trainer Course in OSHA Standards for General Industry.

(b) "Trainer card" means the card issued upon completion of OSHA 501, the Trainer Course in OSHA Standards for General Industry, which reflects the authorization of the holder by the Occupational Safety and Health Administration of the United States Department of Labor to provide OSHA-10 courses and OSHA-30 courses.

Sec. 11. 1. *Not later than 15 days after the date a worker other than a supervisory employee is hired, the worker must:*

(a) Obtain a completion card for an OSHA-10 course which is issued upon completion of a course approved by the Division pursuant to section 9 of this act; or

(b) Complete an OSHA-10 alternative course which is offered by his or her employer.

2. Not later than 15 days after the date a supervisory employee is hired, the supervisory employee must:

(a) Obtain a completion card for an OSHA-30 course which is issued upon completion of a course approved by the Division pursuant to section 9 of this act; or

(b) Complete an OSHA-30 alternative course which is offered by his or her employer.

3. Any completion card used to satisfy the requirements of this section expires 5 years after the date it is issued and may be renewed by:

(a) Completing an OSHA-10 course or OSHA-30 course, as applicable, within the previous 5 years; or

(b) Providing proof satisfactory to the Division that the worker has completed continuing education within the previous 5 years consisting of job-specific training that meets the guidelines established by the Division pursuant to section 9 of this act in an amount of:

(1) For a completion card issued for an OSHA-10 course, not less than 5 hours; or

(2) For a completion card issued for an OSHA-30 course, not less than 15 hours.

4. As used in this section:

(a) "OSHA-10 alternative course" means a 10-hour course offered to the employees of an employer that meets or exceeds the guidelines issued by the Occupational Safety and Health Administration of the United States Department of Labor for an OSHA-10 course, including, without limitation, federal safety and health regulatory requirements specific to the industry in which the employer participates.

(b) "OSHA-30 alternative course" means a 30-hour course offered to the employees of an employer that meets or exceeds the guidelines issued by the Occupational Safety and Health Administration of the United States Department of Labor for an OSHA-30 course, including,

without limitation, federal safety and health regulatory requirements specific to the industry in which the employer participates.

Sec. 12. 1. *If a worker other than a supervisory employee fails to:*

(a) Present his or her employer with a current and valid completion card for an OSHA-10 course; or

(b) Complete an OSHA-10 alternative course offered by his or her employer,

↳ not later than 15 days after being hired, the employer shall suspend or terminate his or her employment.

2. If a supervisory employee on a site fails to:

(a) Present his or her employer with a current and valid completion card for an OSHA-30 course; or

(b) Complete an OSHA-30 alternative course offered by his or her employer,

↳ not later than 15 days after being hired, the employer shall suspend or terminate his or her employment.

3. As used in this section:

(a) "OSHA-10 alternative course" means a 10-hour course offered to the employees of an employer that meets or exceeds the guidelines issued by the Occupational Safety and Health Administration of the United States Department of Labor for an OSHA-10 course, including, without limitation, federal safety and health regulatory requirements specific to the industry in which the employer participates.

(b) "OSHA-30 alternative course" means a 30-hour course offered to the employees of an employer that meets or exceeds the guidelines issued by the Occupational Safety and Health Administration of the United States Department of Labor for an OSHA-30 course, including, without limitation, federal safety and health regulatory requirements specific to the industry in which the employer participates.

Sec. 13. 1. *If the Division finds that an employer has failed to suspend or terminate an employee as required by section 12 of this act, the Division shall:*

(a) Upon the first violation, in lieu of any other penalty under this chapter, impose upon the employer an administrative fine of not more than \$500.

(b) Upon the second violation, in lieu of any other penalty under this chapter, impose upon the employer an administrative fine of not more than \$1,000.

(c) Upon the third and each subsequent violation, impose upon the employer the penalty provided in NRS 618.635 as if the employer had committed a willful violation.

2. For the purposes of this section, any number of violations discovered in a single day constitutes a single violation.

3. Before a fine or any other penalty is imposed upon an employer pursuant to this section, the Division must follow the procedures set forth in this chapter for the issuance of a citation, including, without limitation, the procedures set forth in NRS 618.475 for notice to the employer and an opportunity for the employer to contest the violation.

Sec. 14. Section 11 of this act is hereby amended to read as follows:

Sec. 11. 1. Not later than 15 days after the date a worker other than a supervisory employee is hired, the worker must ~~⌋~~:

~~(a) Obtain]~~ *obtain* a completion card for an OSHA-10 course which is issued upon completion of a course approved by the Division pursuant to section 9 of this act. ~~⌋; or~~

~~(b) Complete an OSHA-10 alternative course which is offered by his or her employer.]~~

2. Not later than 15 days after the date a supervisory employee is hired, the supervisory employee must ~~[-~~:

~~(a) Obtain]~~ **obtain** a completion card for an OSHA-30 course which is issued upon completion of a course approved by the Division pursuant to section 9 of this act. ~~[- or~~

~~(b) Complete an OSHA-30 alternative course which is offered by his or her employer.]~~

3. Any completion card used to satisfy the requirements of this section expires 5 years after the date it is issued and may be renewed by:

(a) Completing an OSHA-10 course or OSHA-30 course, as applicable, within the previous 5 years; or

(b) Providing proof satisfactory to the Division that the worker has completed continuing education within the previous 5 years consisting of job-specific training that meets the guidelines established by the Division pursuant to section 9 of this act in an amount of:

(1) For a completion card issued for an OSHA-10 course, not less than 5 hours; or

(2) For a completion card issued for an OSHA-30 course, not less than 15 hours.

~~[4. As used in this section:~~

~~(a) "OSHA-10 alternative course" means a 10-hour course offered to the employees of an employer that meets or exceeds the guidelines issued by the Occupational Safety and Health Administration of the United States Department of Labor for an OSHA-10 course, including, without limitation, federal safety and health regulatory requirements specific to the industry in which the employer participates.~~

~~(b) "OSHA-30 alternative course" means a 30-hour course offered to the employees of an employer that meets or exceeds the guidelines issued by the Occupational Safety and Health Administration of the United States Department of Labor for an OSHA-30 course, including, without limitation, federal safety and health regulatory requirements specific to the industry in which the employer participates.]~~

Sec. 15. Section 12 of this act is hereby amended to read as follows:

Sec. 12. 1. If a worker other than a supervisory employee fails to ~~[-~~

~~(a) Present]~~ **present** his or her employer with a current and valid completion card for an OSHA-10 course ~~[- or~~

~~(b) Complete an OSHA-10 alternative course offered by his or her employer,~~

~~→] not later than 15 days after being hired, the employer shall suspend or terminate his or her employment.~~

2. If a supervisory employee on a site fails to ~~[-~~

~~(a) Present]~~ **present** his or her employer with a current and valid completion card for an OSHA-30 course ~~[- or~~

~~(b) Complete an OSHA-30 alternative course offered by his or her employer,~~

~~→] not later than 15 days after being hired, the employer shall suspend or terminate his or her employment.~~

~~[3. As used in this section:~~

~~(a) "OSHA-10 alternative course" means a 10-hour course offered to the employees of an employer that meets or exceeds the guidelines issued by the Occupational Safety and Health Administration of the United States Department of Labor for an OSHA-10 course, including, without limitation, federal safety and health regulatory requirements specific to the industry in which the employer participates.~~

~~(b) "OSHA-30 alternative course" means a 30-hour course offered to the employees of an employer that meets or exceeds the guidelines issued by the Occupational Safety and Health~~

~~Administration of the United States Department of Labor for an OSHA-30 course, including, without limitation, federal safety and health regulatory requirements specific to the industry in which the employer participates.]~~

Sec. 16. 1. Not later than January 1, 2019, a worker or supervisory employee who satisfies the requirements of subsection 1 or 2 of section 11 of this act by completing an OSHA-10 alternative course or OSHA-30 alternative course, as defined in section 11 of this act, must complete an OSHA-10 course or OSHA-30 course, as defined in sections 3 and 4 of this act, as applicable, in order to continue to satisfy the requirements of subsection 1 or 2 of section 11 of this act.

2. An employer shall maintain a record of all workers and supervisory employees who have completed an OSHA-10 alternative course or OSHA-30 alternative course offered by the employer and the date upon which the worker or employee completed the course. The employer shall make the record available at all times for inspection by the Division of Industrial Relations of the Department of Business and Industry and its authorized agents.

3. The Division of Industrial Relations shall, by regulation, establish the length of time that an employer must maintain the record described in subsection 2.

4. As used in this section, “worker” has the meaning ascribed to it in section 7 of this act.

Sec. 17. 1. This section and sections 1 to 13, inclusive, and 16 of this act become effective on January 1, 2018.

2. Sections 14 and 15 of this act become effective on January 1, 2019.

2017 GENERAL LEGISLATIVE CHANGES AFFECTING THE DIVISION

AMENDMENTS

AB 35, Amending Title 57, Insurance. Effective July 1, 2017 or July 1, 2018.

AB 83, Adding new provisions to Chptr. 686B of NRS re: large deductible industrial insurance policies. Effective July 1, 2017.

Sec. 34. Chapter 686B of NRS is hereby amended by adding thereto the provisions set forth as sections 35 to 39, inclusive, of this act.

Sec. 35. *“Large-deductible agreement” means any combination of one or more policies, endorsements, contracts or security arrangements, which provide for the policyholder to bear the risk of loss of a specified amount of \$25,000 or more per claim or occurrence covered under a policy of industrial insurance and which may be subject to an aggregate limit of the policyholder’s reimbursement obligations.*

Sec. 36. . . .

Sec. 37. *This section and sections 38 and 39 of this act apply to any policy of industrial insurance which:*

1. Is issued by an insurer which:

(a) Has a rating of less than "A-" from A.M. Best Company, Inc., or a substantially equivalent rating from another rating agency, as determined by the Commissioner; and

(b) Has less than \$200,000,000 in surplus, with surplus calculated as the difference between the insurer's net admitted assets and the insurer's total liabilities;

2. Contains a large-deductible agreement;

3. Is not issued to a federal, state or local governmental entity; and

4. Is issued for delivery or renewed on or after January 1, 2018.

Sec. 38. An insurer shall:

1. Require full collateralization of the outstanding obligations owed under a large-deductible agreement using one of the following methods:

(a) A surety bond issued by a surety insurer authorized to transact such insurance in this State, and whose financial strength and size ratings from A.M. Best Company, Inc., are not less than "A" and "V," respectively, or are substantially equivalent ratings from another rating agency, as determined by the Commissioner;

(b) An irrevocable letter of credit issued by a financial institution with an office physically located within this State, and the deposits of which are federally insured; or

(c) Cash or securities held in trust by a third party or the insurer and subject to a trust agreement for the express purpose of securing the policyholder's obligation under a large-deductible agreement, provided that if the assets are held by the insurer, those assets may not be commingled with the insurer's other assets; and

2. Limit the size of the policyholder's obligations under a large-deductible agreement to 20 percent of the total net worth of the policyholder at the inception of the policy and again at each renewal, as determined by an audited financial statement as of the most recent fiscal year-end for which such a statement is available, with the total net worth of the policyholder calculated as the difference between the total assets and the total liabilities of the policyholder.

Sec. 39. Except when otherwise specifically approved by the Commissioner in writing or by electronic communication, any insurer determined to be in a hazardous financial condition pursuant to NRS 680A.205, or the equivalent provisions of law in any other state as determined by the Commissioner, is prohibited from issuing or renewing a policy that includes a large-deductible agreement.

AB 89, Requires the Department of Health and Human Services to collect and compile discharge information on ambulatory surgical center patients. Effective July 1, 2017.

AB 125, Amends NRS 1.510, 1.520, 1.540, 1.550, 1.560, 1.570, 50.054, 50.0545 and 62D.405 re court interpreters by requiring certification or registration and use for persons with "limited English proficiency." Effective October 1, 2017.

AB 162, Requires a business that accepts a driver's license for the purposes of identification to also accept a permanent resident card for that purpose. Effective July 1, 2017.

Section 1. Chapter 597 of NRS is hereby amended by adding thereto a new section to read as follows:

1. If a business accepts a driver's license or identification card issued by the Department of Motor Vehicles for the purpose of identifying a customer, the business shall not refuse to accept a permanent resident card for the same purpose.

2. As used in this section, "permanent resident card" means a Permanent Resident Card issued by the United States Citizenship and Immigration Services of the Department of Homeland Security.

Sec. 2. NRS 597.940 is hereby amended to read as follows:

597.940 1. Except as otherwise provided in this subsection, a business shall not, without the customer's consent, record the account number of any of a customer's credit cards on the customer's check or draft as a condition of accepting that check or draft. This subsection does not prohibit:

(a) The business from requiring the customer to produce reasonable forms of positive identification other than a credit card, including, without limitation:

(1) A driver's license;

(2) An identification card issued by the Department of Motor Vehicles; ~~or~~

(3) *A permanent resident card; or*

(4) A consular identification card,

↳ as a condition of accepting a check or draft.

(b) The business from requesting the customer to display a credit card as an indicia of creditworthiness or financial responsibility, if the only information recorded by the business concerning the credit card is the type of credit card displayed, the issuer of the card and the date the card expires.

(c) The business from requesting the customer to record the account number of his or her credit card on the check or draft with which payment on the credit card account is being made.

(d) The business from requesting the production of or recording of the account number of a credit card as a condition of cashing a check or draft if:

(1) The business has agreed with the issuer of the credit card to cash the checks or drafts as a service to the cardholders of the issuer;

(2) The issuer has agreed to guarantee any such check or draft so cashed; and

(3) The cardholder has given actual, apparent or implied authority for the use of his or her account number for this purpose.

2. Except as otherwise provided in this subsection, a business shall not, without the customer's consent, record a customer's telephone number on the credit card sales slip as a condition of accepting his or her credit card. This subsection does not:

(a) Prohibit the recordation of personal identifying information required for a special purpose incidental to the use of the credit card, such as the delivery, shipping, servicing or installation of the purchased merchandise.

(b) Apply to a transaction in which the customer receives a cash advance against his or her credit card or to a transaction involving the use of preprinted spaces for personal identifying information that the business accepting the credit card has a contractual obligation to record in order to complete the transaction.

(c) Apply to a transaction in which the customer's purchase is made by the use of a device that electronically authorizes the use of the credit card and processes information relating thereto.

3. As used in this section, unless the context otherwise requires:

(a) "Consular identification card" means an identification card issued by a consulate of a foreign government, which consulate is located within the State of Nevada.

(b) “Credit card” has the meaning ascribed to it in NRS 205.630.

(c) “Identification card issued by the Department of Motor Vehicles” means an identification card of the type described in NRS 483.810 to 483.890, inclusive.

(d) “Permanent resident card” means a Permanent Resident Card issued by the United States Citizenship and Immigration Services of the Department of Homeland Security.

Sec. 3. NRS 97A.142 is hereby amended to read as follows:

97A.142 1. If a solicitor makes a firm offer of credit for a credit card to a person by mail and receives an acceptance of that offer which has a substantially different address listed for the person than the address to which the solicitor sent the offer, the solicitor shall verify that the person accepting the offer is the same person to whom the offer was made before sending the person the credit card.

2. A solicitor shall be deemed to have verified the address of a person pursuant to subsection 1 if the solicitor:

(a) Telephones the person at a telephone number appearing in a publicly available directory or database as the telephone number of the person to whom the solicitation was made and the person acknowledges his or her acceptance of the solicitation;

(b) Receives from the person accepting the offer of credit proof of identity in the form of an identification document, including, without limitation, a driver’s license , ~~or~~ passport ~~or~~ *permanent resident card*, which confirms that the person accepting the solicitation is the person to whom the solicitation was made; or

(c) Uses any other commercially reasonable means to confirm that the person accepting the solicitation is the person to whom the solicitation was made, including, without limitation, any means adopted in federal regulations.

3. For the purposes of this section:

(a) “Firm offer of credit” has the meaning ascribed to it in 15 U.S.C. § 1681a(l).

(b) “Permanent resident card” means a Permanent Resident Card issued by the United States Citizenship and Immigration Services of the Department of Homeland Security.

(c) “Solicitor” means a person who makes a firm offer of credit for a credit card by mail solicitation, but does not include an issuer or other creditor when that issuer or creditor relies on an independent third party to provide the solicitation services.

Sec. 4. NRS 125D.180 is hereby amended to read as follows:

125D.180 1. In determining whether there is a credible risk of abduction of a child, the court shall consider any evidence that the petitioner or respondent:

(a) Has previously abducted or attempted to abduct the child;

(b) Has threatened to abduct the child;

(c) Has recently engaged in activities that may indicate a planned abduction, including:

(1) Abandoning employment;

(2) Selling a primary residence;

(3) Terminating a lease;

(4) Closing bank or other financial management accounts, liquidating assets, hiding or destroying financial documents, or conducting any unusual financial activities;

(5) Applying for a passport or visa or obtaining travel documents for the respondent, a family member or the child; or

(6) Seeking to obtain the child’s birth certificate or school or medical records;

(d) Has engaged in domestic violence, stalking, or child abuse or neglect;

(e) Has refused to follow a child custody determination;

- (f) Lacks strong familial, financial, emotional or cultural ties to the State or the United States;
- (g) Has strong familial, financial, emotional or cultural ties to another state or country;
- (h) Is likely to take the child to a country that:

- (1) Is not a party to the Hague Convention on the Civil Aspects of International Child Abduction and does not provide for the extradition of an abducting parent or for the return of an abducted child;

- (2) Is a party to the Hague Convention on the Civil Aspects of International Child Abduction but:

- (I) The Hague Convention on the Civil Aspects of International Child Abduction is not in force between the United States and that country;

- (II) Is noncompliant according to the most recent compliance report issued by the United States Department of State; or

- (III) Lacks legal mechanisms for immediately and effectively enforcing a return order pursuant to the Hague Convention on the Civil Aspects of International Child Abduction;

- (3) Poses a risk that the child's physical or emotional health or safety would be endangered in the country because of specific circumstances relating to the child or because of human rights violations committed against children;

- (4) Has laws or practices that would:

- (I) Enable the respondent, without due cause, to prevent the petitioner from contacting the child;

- (II) Restrict the petitioner from freely traveling to or exiting from the country because of the petitioner's gender, nationality, marital status or religion; or

- (III) Restrict the child's ability legally to leave the country after the child reaches the age of majority because of the child's gender, nationality or religion;

- (5) Is included by the United States Department of State on a current list of state sponsors of terrorism;

- (6) Does not have an official United States diplomatic presence in the country; or

- (7) Is engaged in active military action or war, including a civil war, to which the child may be exposed;

- (i) Is undergoing a change in immigration or citizenship status that would adversely affect the respondent's ability to remain in the United States legally;

- (j) Has had an application for United States citizenship denied;

- (k) Has forged or presented misleading or false evidence on government forms or supporting documents to obtain or attempt to obtain a passport, a visa, travel documents, a social security card, a driver's license, *a permanent resident card* or other government issued identification card or has made a misrepresentation to the United States Government;

- (l) Has used multiple names to attempt to mislead or defraud; or

- (m) Has engaged in any other conduct the court considers relevant to the risk of abduction.

2. In the hearing on a petition pursuant to the provisions of this chapter, the court shall consider any evidence that the respondent believed in good faith that the respondent's conduct was necessary to avoid imminent harm to the child or respondent and any other evidence that may be relevant to whether the respondent may be permitted to remove or retain the child.

3. If the court finds during the hearing on the petition that the respondent's conduct is intended to avoid imminent harm to the child or respondent, the court shall not issue an abduction prevention order.

Sec. 5. NRS 159.044 is hereby amended to read as follows:

159.044 1. Except as otherwise provided in NRS 127.045, a proposed ward, a governmental agency, a nonprofit corporation or any interested person may petition the court for the appointment of a guardian.

2. To the extent the petitioner knows or reasonably may ascertain or obtain, the petition must include, without limitation:

(a) The name and address of the petitioner.

(b) The name, date of birth and current address of the proposed ward.

(c) A copy of one of the following forms of identification of the proposed ward which must be placed in the records relating to the guardianship proceeding and, except as otherwise provided in NRS 239.0115 or as otherwise required to carry out a specific statute, maintained in a confidential manner:

(1) A social security number;

(2) A taxpayer identification number;

(3) A valid driver's license number;

(4) A valid identification card number; ~~{or}~~

(5) A valid passport number ~~{-}~~; *or*

(6) A valid permanent resident card number.

↪ If the information required pursuant to this paragraph is not included with the petition, the information must be provided to the court not later than 120 days after the appointment of a guardian or as otherwise ordered by the court.

(d) If the proposed ward is a minor, the date on which the proposed ward will attain the age of majority and:

(1) Whether there is a current order concerning custody and, if so, the state in which the order was issued; and

(2) Whether the petitioner anticipates that the proposed ward will need guardianship after attaining the age of majority.

(e) Whether the proposed ward is a resident or nonresident of this State.

(f) The names and addresses of the spouse of the proposed ward and the relatives of the proposed ward who are within the second degree of consanguinity.

(g) The name, date of birth and current address of the proposed guardian. If the proposed guardian is a private professional guardian, the petition must include proof that the guardian meets the requirements of NRS 159.0595. If the proposed guardian is not a private professional guardian, the petition must include a statement that the guardian currently is not receiving compensation for services as a guardian to more than one ward who is not related to the person by blood or marriage.

(h) A copy of one of the following forms of identification of the proposed guardian which must be placed in the records relating to the guardianship proceeding and, except as otherwise provided in NRS 239.0115 or as otherwise required to carry out a specific statute, maintained in a confidential manner:

(1) A social security number;

(2) A taxpayer identification number;

(3) A valid driver's license number;

(4) A valid identification card number; ~~{or}~~

(5) A valid passport number ~~{-}~~; *or*

(6) A valid permanent resident card number.

(i) Whether the proposed guardian has ever been convicted of a felony and, if so, information concerning the crime for which the proposed guardian was convicted and whether the proposed guardian was placed on probation or parole.

(j) A summary of the reasons why a guardian is needed and recent documentation demonstrating the need for a guardianship. If the proposed ward is an adult, the documentation must include, without limitation:

(1) A certificate signed by a physician who is licensed to practice medicine in this State or who is employed by the Department of Veterans Affairs, a letter signed by any governmental agency in this State which conducts investigations or a certificate signed by any other person whom the court finds qualified to execute a certificate, stating:

(I) The need for a guardian;

(II) Whether the proposed ward presents a danger to himself or herself or others;

(III) Whether the proposed ward's attendance at a hearing would be detrimental to the proposed ward;

(IV) Whether the proposed ward would comprehend the reason for a hearing or contribute to the proceeding; and

(V) Whether the proposed ward is capable of living independently with or without assistance; and

(2) If the proposed ward is determined to have the limited capacity to consent to the appointment of a special guardian, a written consent to the appointment of a special guardian from the ward.

(k) Whether the appointment of a general or a special guardian is sought.

(l) A general description and the probable value of the property of the proposed ward and any income to which the proposed ward is or will be entitled, if the petition is for the appointment of a guardian of the estate or a special guardian. If any money is paid or is payable to the proposed ward by the United States through the Department of Veterans Affairs, the petition must so state.

(m) The name and address of any person or care provider having the care, custody or control of the proposed ward.

(n) If the petitioner is not the spouse or natural child of the proposed ward, a declaration explaining the relationship of the petitioner to the proposed ward or to the proposed ward's family or friends, if any, and the interest, if any, of the petitioner in the appointment.

(o) Requests for any of the specific powers set forth in NRS 159.117 to 159.175, inclusive, necessary to enable the guardian to carry out the duties of the guardianship.

(p) If the guardianship is sought as the result of an investigation of a report of abuse, neglect, exploitation, isolation or abandonment of the proposed ward, whether the referral was from a law enforcement agency or a state or county agency.

(q) Whether the proposed ward or the proposed guardian is a party to any pending criminal or civil litigation.

(r) Whether the guardianship is sought for the purpose of initiating litigation.

(s) Whether the proposed ward has executed a durable power of attorney for health care, a durable power of attorney for financial matters or a written nomination of guardian and, if so, who the named agents are for each document.

(t) Whether the proposed guardian has filed for or received protection under the federal bankruptcy laws within the immediately preceding 7 years.

3. Before the court makes a finding pursuant to NRS 159.054, a petitioner seeking a guardian for a proposed adult ward must provide the court with an assessment of the needs of the proposed

adult ward completed by a licensed physician which identifies the limitations of capacity of the proposed adult ward and how such limitations affect the ability of the proposed adult ward to maintain his or her safety and basic needs. The court may prescribe the form in which the assessment of the needs of the proposed adult ward must be filed.

Sec. 6. NRS 159.2025 is hereby amended to read as follows:

159.2025 If a guardian has been appointed in another state and a petition for the appointment of a guardian is not pending in this State, the guardian appointed in the other state, after giving notice to the appointing court of an intent to register and the reason for registration, may register the guardianship order in this State by filing as a foreign judgment in a court, in any appropriate county of this State:

1. Certified copies of the order and letters of office; and
2. A copy of the guardian's driver's license, passport, *permanent resident card* or other valid photo identification card in a sealed envelope.

Sec. 7. NRS 202.2493 is hereby amended to read as follows:

202.2493 1. A person shall not sell, distribute or offer to sell cigarettes, any smokeless product made or derived from tobacco or any alternative nicotine product in any form other than in an unopened package which originated with the manufacturer and bears any health warning required by federal law. A person who violates this subsection shall be punished by a fine of \$100 and a civil penalty of \$100. As used in this subsection, "smokeless product made or derived from tobacco" means any product that consists of cut, ground, powdered or leaf tobacco and is intended to be placed in the oral or nasal cavity.

2. Except as otherwise provided in subsections 3, 4 and 5, it is unlawful for any person to sell, distribute or offer to sell cigarettes, cigarette paper, tobacco of any description, products made or derived from tobacco, vapor products or alternative nicotine products to any child under the age of 18 years. A person who violates this subsection shall be punished by a fine of not more than \$500 and a civil penalty of not more than \$500.

3. A person shall be deemed to be in compliance with the provisions of subsection 2 if, before the person sells, distributes or offers to sell to another, cigarettes, cigarette paper, tobacco of any description, products made or derived from tobacco, vapor products or alternative nicotine products, the person:

(a) Demands that the other person present a valid driver's license, *permanent resident card* or other written or documentary evidence which shows that the other person is 18 years of age or older;

(b) Is presented a valid driver's license, *permanent resident card* or other written or documentary evidence which shows that the other person is 18 years of age or older; and

(c) Reasonably relies upon the driver's license, *permanent resident card* or written or documentary evidence presented by the other person.

4. The employer of a child who is under 18 years of age may, for the purpose of allowing the child to handle or transport tobacco, products made or derived from tobacco, vapor products or alternative nicotine products, in the course of the child's lawful employment, provide tobacco, products made or derived from tobacco, vapor products or alternative nicotine products to the child.

5. With respect to any sale made by an employee of a retail establishment, the owner of the retail establishment shall be deemed to be in compliance with the provisions of subsection 2 if the owner:

- (a) Had no actual knowledge of the sale; and

(b) Establishes and carries out a continuing program of training for employees which is reasonably designed to prevent violations of subsection 2.

6. The owner of a retail establishment shall, whenever any product made or derived from tobacco, vapor product or alternative nicotine product is being sold or offered for sale at the establishment, display prominently at the point of sale:

(a) A notice indicating that:

(1) The sale of cigarettes, other tobacco products, vapor products and alternative nicotine products to minors is prohibited by law; and

(2) The retailer may ask for proof of age to comply with this prohibition; and

(b) At least one sign that complies with the requirements of NRS 442.340.

↪ A person who violates this subsection shall be punished by a fine of not more than \$100.

7. It is unlawful for any retailer to sell cigarettes through the use of any type of display:

(a) Which contains cigarettes and is located in any area to which customers are allowed access; and

(b) From which cigarettes are readily accessible to a customer without the assistance of the retailer,

↪ except a vending machine used in compliance with NRS 202.2494. A person who violates this subsection shall be punished by a fine of not more than \$500.

8. Any money recovered pursuant to this section as a civil penalty must be deposited in a separate account in the State General Fund to be used for the enforcement of this section and NRS 202.2494.

Sec. 8. NRS 232.006 is hereby amended to read as follows:

232.006 1. Except as otherwise provided in subsection 2 and NRS 483.290, 483.860 and 486.081, with respect to any activity or transaction in which a state agency accepts an identification card issued by the Department of Motor Vehicles to identify a person, the state agency may also accept a consular identification card *or permanent resident card* to identify a person.

2. The provisions of subsection 1 apply only to the presentation of a consular identification card *or permanent resident card* for purposes of identification and do not convey an independent right to receive benefits of any type.

3. As used in this section:

(a) “Consular identification card” means an identification card issued by a consulate of a foreign government, which consulate is located within the State of Nevada.

(b) “Identification card issued by the Department of Motor Vehicles” means an identification card of the type described in NRS 483.810 to 483.890, inclusive.

(c) *“Permanent resident card” means a Permanent Resident Card issued by the United States Citizenship and Immigration Services of the Department of Homeland Security.*

(d) “State agency” means every public agency, bureau, board, commission, department or division of the Executive Department of State Government.

Sec. 9. NRS 237.200 is hereby amended to read as follows:

237.200 1. Except as otherwise provided in subsection 2, with respect to any activity or transaction in which a local government accepts an identification card issued by the Department of Motor Vehicles to identify a person, the local government may also accept a consular identification card *or permanent resident card* to identify a person.

2. The provisions of subsection 1 apply only to the presentation of a consular identification card *or permanent resident card* for purposes of identification and do not convey an independent right to receive benefits of any type.

3. As used in this section:

(a) “Consular identification card” means an identification card issued by a consulate of a foreign government, which consulate is located within the State of Nevada.

(b) “Identification card issued by the Department of Motor Vehicles” means an identification card of the type described in NRS 483.810 to 483.890, inclusive.

(c) “Local government” has the meaning ascribed to it in NRS 237.050.

(d) “Permanent resident card” means a Permanent Resident Card issued by the United States Citizenship and Immigration Services of the Department of Homeland Security.

Sec. 10. NRS 476.220 is hereby amended to read as follows:

476.220 1. Except as otherwise provided in subsection 2, any person who distributes:

(a) Black powder to a person under the age of 18 years; or

(b) Smokeless gunpowder to a person:

(1) Under the age of 18 years; or

(2) Under the age of 21 years, if the smokeless gunpowder is intended for use other than in a rifle or shotgun,

↪ is guilty of a misdemeanor and shall be punished by a fine of not more than \$500.

2. A person shall be deemed to be in compliance with the provisions of subsection 1 if, before the person distributes black powder or smokeless gunpowder to another person, the person:

(a) Asks the other person to declare the intended use for the black powder or smokeless gunpowder;

(b) Demands that the other person present a valid driver’s license , *permanent resident card* or other written or documentary evidence which shows that the other person meets the appropriate age requirement set forth in subsection 1;

(c) Is presented a valid driver’s license , *permanent resident card* or other written or documentary evidence which shows that the other person meets the appropriate age requirement set forth in subsection 1; and

(d) Reasonably relies upon the declaration of intended use by the other person and the driver’s license , *permanent resident card* or other written or documentary evidence presented by the other person.

3. As used in this section ~~[, “distribute”]~~ :

(a) “Distribute” has the meaning ascribed to it in NRS 476.010.

(b) “Permanent resident card” means a Permanent Resident Card issued by the United States Citizenship and Immigration Services of the Department of Homeland Security.

Sec. 11. NRS 643.184 is hereby amended to read as follows:

643.184 A person who is required to display a license issued pursuant to the provisions of this chapter shall, upon the request of an authorized representative of the Board, provide to that representative identification in the form of a driver’s license , ~~[or]~~ identification card *or permanent resident card* with a photograph that has been issued by a state, the District of Columbia or the United States.

Sec. 12. NRS 644.208 is hereby amended to read as follows:

644.208 1. The Board shall admit to examination as a hair braider, at any meeting of the Board held to conduct examinations, each person who has applied to the Board in proper form and paid the fee, and who:

(a) Is not less than 18 years of age.

(b) Is of good moral character.

(c) Is a citizen of the United States or is lawfully entitled to remain and work in the United States.

(d) Has successfully completed the 10th grade in school or its equivalent and has submitted to the Board a notarized affidavit establishing the successful completion by the applicant of the 10th grade or its equivalent. Testing for equivalency must be pursuant to state or federal requirements.

(e) If the person has not practiced hair braiding previously:

(1) Has completed a minimum of 250 hours of training and education as follows:

(I) Fifty hours concerning the laws of Nevada and the regulations of the Board relating to cosmetology;

(II) Seventy-five hours concerning infection control and prevention and sanitation;

(III) Seventy-five hours regarding the health of the scalp and the skin of the human body; and

(IV) Fifty hours of clinical practice; and

(2) Has passed the practical demonstration in hair braiding and written tests described in NRS 644.248.

(f) If the person has practiced hair braiding in this State on a person who is related within the sixth degree of consanguinity without a license and without charging a fee:

(1) Has submitted to the Board a signed affidavit stating that the person has practiced hair braiding for at least 1 year on such a relative; and

(2) Has passed the practical demonstration in hair braiding and written tests described in NRS 644.248.

2. The application submitted pursuant to subsection 1 must be accompanied by:

(a) Two current photographs of the applicant which are 2 by 2 inches. The name and address of the applicant must be written on the back of each photograph.

(b) A copy of one of the following documents as proof of the age of the applicant:

(1) A driver's license, ~~for~~ identification card *or permanent resident card* issued to the applicant by this State or another state,

the District of Columbia, *the United States* or any territory of the United States;

(2) The birth certificate of the applicant; or

(3) The current passport issued to the applicant.

Sec. 13. NRS 644.209 is hereby amended to read as follows:

644.209 1. The Board shall admit to examination as a hair braider, at any meeting of the Board held to conduct examinations, each person who has practiced hair braiding in another state, has applied to the Board in proper form and paid a fee of \$200, and who:

(a) Is not less than 18 years of age.

(b) Is of good moral character.

(c) Is a citizen of the United States or is lawfully entitled to remain and work in the United States.

(d) Has successfully completed the 10th grade in school or its equivalent and has submitted to the Board a notarized affidavit establishing the successful completion by the applicant of the 10th grade or its equivalent. Testing for equivalency must be pursuant to state or federal requirements.

(e) If the person has practiced hair braiding in another state in accordance with a license issued in that other state:

(1) Has submitted to the Board proof of the license; and

(2) Has passed the written tests described in NRS 644.248.

(f) If the person has practiced hair braiding in another state without a license and it is legal in that state to practice hair braiding without a license:

(1) Has submitted to the Board a signed affidavit stating that the person has practiced hair braiding for at least 1 year; and

(2) Has passed the practical demonstration in hair braiding and written tests described in NRS 644.248.

2. The application submitted pursuant to subsection 1 must be accompanied by:

(a) Two current photographs of the applicant which are 2 by 2 inches. The name and address of the applicant must be written on the back of each photograph.

(b) A copy of one of the following documents as proof of the age of the applicant:

(1) A driver's license, ~~or~~ identification card *or permanent resident card* issued to the applicant by this State or another state, the District of Columbia, *the United States* or any territory of the United States;

(2) The birth certificate of the applicant; or

(3) The current passport issued to the applicant.

Sec. 14. This act becomes effective on July 1, 2017.

SB 59, In general, amends Chapter 453 of NRS regarding the computerized program to track prescriptions for controlled substances listed in schedule II, III, IV or V. Specifically, amends NRS 639.23507 to require a practitioner to access the computerized program before initiating a prescription for schedule, II, III or IV or an opioid listed in schedule V. Effective July 1, 2017.

Sec. 5.5. NRS 639.23507 is hereby amended to read as follows:

639.23507 1. A practitioner shall, before initiating a prescription for a controlled substance listed in schedule II, III or IV ~~or~~ *or an opioid that is a controlled substance listed in schedule V*, obtain a patient utilization report regarding the patient from the computerized program established by the Board [State Board of Pharmacy] and the Investigation Division of the Department of Public Safety pursuant to NRS 453.162 if:

(a) The patient is a new patient of the practitioner; or

(b) The prescription is for more than 7 days and is part of a new course of treatment for the patient.

↪ The practitioner shall review the patient utilization report to assess whether the prescription for the controlled substance is medically necessary.

2. If a practitioner who attempts to obtain a patient utilization report as required by subsection 1 fails to do so because the computerized program is unresponsive or otherwise unavailable, the practitioner:

(a) Shall be deemed to have complied with subsection 1 if the practitioner documents the attempt and failure in the medical record of the patient.

(b) Is not liable for the failure.

3. The Board shall adopt regulations to provide alternative methods of compliance with subsection 1 for a physician while he or she is providing service in a hospital emergency department. The regulations must include, without limitation, provisions that allow a hospital to designate members of hospital staff to act as delegates for the purposes of accessing the database

of the computerized program and obtaining patient utilization reports from the computerized program on behalf of such a physician.

4. A practitioner who violates subsection 1:

(a) Is not guilty of a misdemeanor.

(b) May be subject to professional discipline if the appropriate professional licensing board determines that the practitioner's violation was intentional.

5. As used in this section, "initiating a prescription" means originating a new prescription for a new patient of a practitioner or originating a new prescription to begin a new course of treatment for an existing patient of a practitioner. The term does not include any act concerning an ongoing prescription that is written to continue a course of treatment for an existing patient of a practitioner.

Sec. 6. This act becomes effective on July 1, 2017.

SB 69, Amends Chptr. 622 of NRS by adding new provisions re: professional licensing and regulatory boards. Effective June 9, 2017.

Sec. 3 and 9. 1. *Except as otherwise provided by specific statute relating to the issuance of a license by endorsement, a regulatory body shall adopt regulations providing for the issuance of a license by endorsement to engage in an occupation or profession in this State to any natural person who:*

(a) Holds a corresponding valid and unrestricted license to engage in that occupation or profession in the District of Columbia or any state or territory of the United States;

(b) Possesses qualifications that are substantially similar to the qualifications required for issuance of a license to engage in that occupation or profession in this State; and

(c) Satisfies the requirements of this section and the regulations adopted pursuant thereto.

2. *The regulations adopted pursuant to subsection 1 must not allow the issuance of a license by endorsement to engage in an occupation or profession in this State to a natural person unless such a person:*

(a) Is a citizen of the United States or otherwise has the legal right to work in the United States;

(b) Has not been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license to engage in an occupation or profession;

(c) Has not been held civilly or criminally liable in the District of Columbia or any state or territory of the United States for misconduct relating to his or her occupation or profession;

(d) Has not had a license to engage in an occupation or profession suspended or revoked in the District of Columbia or any state or territory of the United States;

(e) Has not been refused a license to engage in an occupation or profession in the District of Columbia or any state or territory of the United States for any reason;

(f) Does not have pending any disciplinary action concerning his or her license to engage in an occupation or profession in the District of Columbia or any state or territory of the United States;

(g) Pays any applicable fees for the issuance of a license that are otherwise required for a natural person to obtain a license in this State; and

(h) Submits to the regulatory body a complete set of his or her fingerprints and written permission authorizing the regulatory body to forward the fingerprints to the Central Repository

for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report or proof that the applicant has previously passed a comparable criminal background check; and

(i) Submits to the regulatory body the statement required by NRS 425.520.

3. A regulatory body may, by regulation, require an applicant for issuance of a license by endorsement to engage in an occupation or profession in this State to submit with his or her application:

(a) Proof satisfactory to the regulatory body that the applicant:

(1) Has achieved a passing score on a nationally recognized, nationally accredited or nationally certified examination or other examination approved by the regulatory body;

(2) Has completed the requirements of an appropriate vocational, academic or professional program of study in the occupation or profession for which the applicant is seeking a license by endorsement in this State;

(3) Has engaged in the occupation or profession for which the applicant is seeking a license by endorsement in this State pursuant to the applicant's existing licensure for the period determined by the regulatory body preceding the date of the application; and

(4) Possesses a sufficient degree of competency in the occupation or profession for which he or she is seeking licensure by endorsement in this State;

(b) An affidavit stating that the information contained in the application and any accompanying material is true and complete; and

(c) Any other information required by the regulatory body.

4. Not later than 21 business days after receiving an application for a license by endorsement to engage in an occupation or profession pursuant to this section, the regulatory body shall provide written notice to the applicant of any additional information required by the regulatory body to consider the application. Unless the regulatory body denies the application for good cause, the regulatory body shall approve the application and issue a license by endorsement to engage in the occupation or profession to the applicant not later than:

(a) Sixty days after receiving the application;

(b) If the regulatory body requires an applicant to submit fingerprints and authorize the preparation of a report on the applicant's background based on the submission of the applicant's fingerprints, 15 days after the regulatory body receives the report; or

(c) If the regulatory body requires the filing and maintenance of a bond as a requirement for the issuance of a license, 15 days after the filing of the bond with the regulatory body,

↳ whichever occurs later.

5. A license by endorsement to engage in an occupation or profession in this State issued pursuant to this section may be issued at a meeting of the regulatory body or between its meetings by the presiding member of the regulatory body and the executive head of the regulatory body. Such an action shall be deemed to be an action of the regulatory body.

6. A regulatory body may deny an application for licensure by endorsement if:

(a) An applicant willfully fails to comply with the provisions of paragraph (h) of subsection 2; or

(b) The report from the Federal Bureau of Investigation indicates that the applicant has been convicted of a crime that would be grounds for taking disciplinary action against the applicant as a licensee and the regulatory body has not previously taken disciplinary action against the licensee based on that conviction.

7. The provisions of this section are intended to supplement other provisions of statute governing licensure by endorsement. If any provision of statute conflicts with this section, the other provision of statute prevails over this section to the extent that the other provisions provide more specific requirements relating to licensure by endorsement.

Sec. 4. 1. Except as otherwise provided in subsection 2, notwithstanding any other provision of law, a person may not be appointed as a member of a regulatory body if the person has served as a member of that regulatory body, or at the expiration of his or her current term if he or she is so serving will have served, 12 years or more at the time of his or her appointment.

2. The provisions of subsection 1 do not apply to a person who has served as a member of a regulatory body which has less than 250 licensees.

SB 227, Expands the scope of practice of Advanced Practice Registered Nurses (APRNs) to perform may acts which could only be performed by a MD or DO. As originally introduced, and later deleted, Secs. 91 through 126, amended specific provisions in 616A through 617, inclusive. Effective January 1, 2018.

SB 291, Amends Chptr. 629 of NRS re: provisions re: health care records. Effective July 1, 2017.

Sec. 1 adds a new statute to Chptr. 629, NRS defining "custodian of health care records" or "custodian."


Sec. 4

adds a sentence in NRS 629.061 limiting the custodian of health care records to charging \$5.00 if the health care records are provided in a digital format.

SB 160, Amending Chptr. 233B re: amending the process for the adoption of regulations. Effective July 1, 2017

Section 1. NRS 233B.060 is hereby amended to read as follows:

233B.060 1. Except as otherwise provided in subsection 2 and NRS 233B.061, before adopting, amending or repealing:

(a) A permanent regulation, the agency must, after receiving the approved or revised text of the proposed regulation prepared by the Legislative Counsel pursuant to NRS 233B.063 :

(1) If it is the first hearing on the regulation, give at least 30 days' notice of its intended action, unless a shorter period of notice is specifically permitted by statute. When posted, the agency must include notice that the regulation that is posted on the Internet website of the agency 3 working days before the hearing will be the regulation considered. The agency shall ensure that the regulation to be considered at the hearing is posted on the Internet website of the agency 3 working days before the hearing.

(2) If it is the second or subsequent hearing on the regulation, including, without limitation, a subsequent hearing on an adopted regulation that has not been approved by the Legislative Commission or the Subcommittee to Review Regulations pursuant to NRS 233B.067, in order to approve a revision to the regulation, give at least 3 working days' notice of its intended action.

(b) A temporary regulation, the agency must give at least 30 days' notice of its intended action, unless a shorter period of notice is specifically permitted by statute.

2. Except as otherwise provided in subsection 3, if an agency has adopted a temporary regulation after notice and the opportunity for a hearing as provided in this chapter, it may adopt, after providing a second notice and the opportunity for a hearing, a permanent regulation, but the language of the permanent regulation must first be approved or revised by the Legislative Counsel and the adopted regulation must be approved by the Legislative Commission or the Subcommittee to Review Regulations appointed pursuant to subsection 6 of NRS 233B.067.

3. If the Public Utilities Commission of Nevada has adopted a temporary regulation after notice and the opportunity for a hearing as provided in this chapter, it may adopt a substantively equivalent permanent regulation without further notice or hearing, but the language of the permanent regulation must first be approved or revised by the Legislative Counsel and the adopted regulation must be approved by the Legislative Commission or the Subcommittee to Review Regulations.

Sec. 2. NRS 233B.061 is hereby amended to read as follows:

233B.061 1. All interested persons must be afforded a reasonable opportunity to submit data, views or arguments upon a proposed regulation, orally or in writing.

2. Before holding the public hearing required pursuant to subsection 3, an agency shall conduct at least one workshop to solicit comments from interested persons on one or more general topics to be addressed in a proposed regulation ~~{ }~~, *except that a workshop is not required if it is the second or subsequent hearing on the regulation.* Not less than 15 days before the workshop, the agency shall provide notice of the time and place set for the workshop:

(a) In writing to each person who has requested to be placed on a mailing list; and

(b) In any other manner reasonably calculated to provide such notice to the general public and any business that may be affected by a proposed regulation which addresses the general topics to be considered at the workshop.

3. With respect to substantive regulations, the agency shall set a time and place for an oral public hearing, but if no one appears who will be directly affected by the proposed regulation and requests an oral hearing, the agency may proceed immediately to act upon any written submissions. The agency shall consider fully all written and oral submissions respecting the proposed regulation.

4. An agency shall not hold the public hearing required pursuant to subsection 3 on the same day that the agency holds the workshop required pursuant to subsection 2.

5. Each workshop and public hearing required pursuant to subsections 2 and 3 must be conducted in accordance with the provisions of chapter 241 of NRS.

Sec. 3. This act becomes effective on July 1, 2017.

AB 429 Adopts the Psychology Interjurisdictional Compact of the Assn. of State and Provincial Psychology Boards, Effective October 1, 2017.

AB 113, Adds a provisions to NRS requiring a "public body" (under Sec 2, Chptr. 281) and private employers with 50 or more employees (under Sec 5, Chptr. 608) to provide reasonable break time, with or without compensation, to a mother of a child under 1 year of

age to express breast milk as needed; and to provide a clean, private place, other than a bathroom, where the employee may express such milk. Effective July 1, 2017.

AB 244, Amends NRS 686A.110 and 686A.130 authorizing insurers to give prizes or gifts, goods, wares, merchandise, gift certificates, donations made to charitable organizations, raffle entries, meals, event tickets and other items not to exceed \$100 to policyholders or prospective policy holders per year. Effective July 1, 2017.

AB 381, Adds a provision to Chptr. 687B of NRS prohibiting a health insurer from moving a lower cost tier prescription drug to a higher tier prescription drug under a drug formulary mid policy. Effective January 1, 2019.