ASSEMBLY BILL NO. 187–ASSEMBLYMEN JONES, MOORE, ELLISON, SEAMAN, TITUS; DICKMAN, DOOLING, FIORE, GARDNER, KIRNER, OSCARSON, SHELTON, STEWART, TROWBRIDGE AND WHEELER

FEBRUARY 20, 2015

JOINT SPONSORS: SENATORS HARDY, GUSTAVSON AND GOICOECHEA

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions governing the selection of providers of health care. (BDR 53-898)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact. Effect on the State: Yes.

EXPLANATION - Matter in **bolded italics** is new; matter between brackets formitted material; is material to be omitted.

AN ACT relating to industrial insurance; revising provisions relating to the panel of physicians and chiropractors established by the Administrator of the Division of Industrial Relations of the Department of Business and Industry; revising provisions relating to the selection of a physician or chiropractor by an injured employee; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law establishes a system of industrial insurance to provide medical care to employees who sustain an injury or illness as a result of their employment. (Nevada Industrial Insurance Act, chapters 616A-616D of NRS) Under the provisions of the Nevada Industrial Insurance Act, the Administrator of the Division of Industrial Relations of the Department of Business and Industry is required to establish a panel of physicians and chiropractors who are specially qualified to treat injured employees. (NRS 616C.090) Additionally, an insurer who provides industrial insurance may contract with either a managed care organization or individual health care providers to provide health care services to injured employees. (NRS 616B.527) Existing law also provides that if an insurer has contracted with a managed care organization or other health care provider, an injured employee must choose a treating physician or chiropractor from the insurer's list of contracted providers. If an insurer has not contracted with a





managed care organization or other health care provider, an injured employee may choose any provider included on the panel established by the Administrator. (NRS 616C.090)

Section 1 of this bill requires an insurer who contracts with health care providers to provide health care services to injured employees to enter into a contract with any provider of health care who requests such a contract and who is a member of the panel established by the Administrator. The terms of the contract must be substantially similar to the terms of contracts that the insurer enters into with other similarly situated health care providers.

Section 3 of this bill requires the Administrator to publish on the Internet a list of the physicians and chiropractors who are members of the panel and provide a copy of the list to any member of the public who requests it. Section 3 also provides that only insurers who contract with managed care organizations may limit an injured employee's choice of treating physicians or chiropractors to the insurer's list of contracted providers. All other injured employees may choose from any treating physician or chiropractor included on the Administrator's panel. Section 3 further provides that an injured employee who is dissatisfied with the first physician or chiropractor chosen may choose an alternative physician or chiropractor if he or she does so within 90 days after the date of the injury or the date on which the claim is accepted by the insurer, whichever is later, or within 90 days after the reopening of a claim. Section 3 also provides that if the initial treating physician recommends that the injured employee see a specialist, the injured employee has 30 days to choose a specialist from the panel or, in the case of an insurer who contracts with a managed care organization, pursuant to the terms of the contract with the managed care organization.

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

Section 1. NRS 616B.527 is hereby amended to read as follows:

- 616B.527 1. A self-insured employer, an association of self-insured public or private employers or a private carrier may:
- (a) Except as otherwise provided in NRS 616B.5273, enter into a contract or contracts with one or more organizations for managed care *established in compliance with chapter 695G of NRS* to provide comprehensive medical and health care services to employees for injuries and diseases that are compensable pursuant to chapters 616A to 617, inclusive, of NRS.
- (b) Enter into a contract or contracts with providers of health care, including, without limitation, physicians who provide primary care, specialists, pharmacies, physical therapists, radiologists, nurses, diagnostic facilities, laboratories, hospitals and facilities that provide treatment to outpatients, to provide medical and health care services to employees for injuries and diseases that are compensable pursuant to chapters 616A to 617, inclusive, of NRS.
- (c) Require employees to obtain medical and health care services for their industrial injuries from those organizations and persons with whom the self-insured employer, association or private





carrier has contracted pursuant to paragraphs (a) and (b), or as the self-insured employer, association or private carrier otherwise prescribes.

- (d) Except as otherwise provided in subsection [3] 5 of NRS 616C.090, require employees to obtain the approval of the self-insured employer, association or private carrier before obtaining medical and health care services for their industrial injuries from a provider of health care who has not been previously approved by the self-insured employer, association or private carrier.
- 2. In accordance with paragraph (b) of subsection 1, a self-insured employer, an association of self-insured public or private employers or a private carrier shall not refuse to enter into a contract with any physician or chiropractor who is listed on the panel established by the Administrator pursuant to subsection 1 of NRS 616C.090 and who is willing to accept the terms of a contract that is compliant with all applicable federal, state and local laws and substantially similar to contracts into which the employer, association or carrier, as applicable, has entered with other similarly situated physicians or chiropractors.
- 3. An organization for managed care with whom a self-insured employer, association of self-insured public or private employers or a private carrier has contracted pursuant to this section shall comply with the provisions of NRS 616B.528, 616B.5285 and 616B.529.
 - **Sec. 2.** NRS 616C.050 is hereby amended to read as follows:
 - 616C.050 1. An insurer shall provide to each claimant:
- (a) Upon written request, one copy of any medical information concerning the claimant's injury or illness.
- (b) A statement which contains information concerning the claimant's right to:
- (1) Receive the information and forms necessary to file a claim;
- (2) Select a treating physician or chiropractor and an alternative treating physician or chiropractor in accordance with the provisions of NRS 616C.090;
- (3) Request the appointment of the Nevada Attorney for Injured Workers to represent the claimant before the appeals officer;
 - (4) File a complaint with the Administrator;
 - (5) When applicable, receive compensation for:
 - (I) Permanent total disability;
 - (II) Temporary total disability;
 - (III) Permanent partial disability;
 - (IV) Temporary partial disability;
- (V) All medical costs related to the claimant's injury or disease; or





- (VI) The hours the claimant is absent from the place of employment to receive medical treatment pursuant to NRS 616C.477;
- (6) Receive services for rehabilitation if the claimant's injury prevents him or her from returning to gainful employment;
- (7) Review by a hearing officer of any determination or rejection of a claim by the insurer within the time specified by statute; and
- (8) Judicial review of any final decision within the time specified by statute.
- 2. The insurer's statement must include a copy of the form designed by the Administrator pursuant to subsection [8] 11 of NRS 616C.090 that notifies injured employees of their right to select an alternative treating physician or chiropractor. The Administrator shall adopt regulations for the manner of compliance by an insurer with the other provisions of subsection 1.
 - **Sec. 3.** NRS 616C.090 is hereby amended to read as follows:
- 616C.090 1. The Administrator shall establish a panel of physicians and chiropractors who have demonstrated special competence and interest in industrial health to treat injured employees under chapters 616A to 616D, inclusive, or chapter 617 of NRS. The Administrator shall publish a list of the panel of physicians and chiropractors, organized by the area of practice or specialty of the provider, on a publicly available Internet website and make printed copies available to any member of the public who requests a printed copy. The list must include, without limitation, the office address and telephone number of every office location maintained by each physician or chiropractor on the list.
- 2. Every [employer whose] insurer or third-party administrator that has not entered into a contract with an organization for managed care [or with providers of health care services] pursuant to NRS 616B.527 shall maintain a list of those physicians and chiropractors on the panel who are reasonably accessible to [his or her] the employees [.
- 2.1 of the insured employer. The insurer or third-party administrator shall publish the list required by this subsection, organized by the area of practice or specialty of the provider, on an Internet website readily available to the employees of the insured employer and make printed copies available to any employee who requests a printed copy. The list must include, without limitation, the office address and telephone number of every office location maintained by each physician or chiropractor on the list.
- 3. An injured employee whose employer's insurer has not entered into a contract with an organization for managed care for





with providers of health care services] pursuant to NRS 616B.527 may choose [a] any treating physician or chiropractor from the panel of physicians and chiropractors [.] established pursuant to subsection 1. If the injured employee is not satisfied with the first physician or chiropractor he or she so chooses, the injured employee may make an alternative choice of physician or chiropractor from the panel [if the choice is] established pursuant to subsection 1. The alternative choice may be made by the injured employee at any time within 90 days after [his]:

- (a) His or her date of injury [. The] or the date on which the claim is accepted pursuant to NRS 616C.065 or 617.356, whichever is later: or
- (b) The date on which the insurer reopens the claim pursuant to NRS 616C.390.
- If an employee chooses an alternative physician or chiropractor pursuant to subsection 3, the insurer or third-party administrator shall notify the first physician or chiropractor in writing. The notice must be postmarked within 3 working days after the insurer or third-party administrator receives knowledge of the change. The first physician or chiropractor must be reimbursed only for the services the physician or chiropractor, as applicable, rendered to the injured employee up to and including the date of notification. Except as otherwise provided in this subsection, any further change is subject to the approval of the insurer $\frac{1}{100}$ or thirdparty administrator, which must be granted or denied within 10 days after a written request for such a change is received from the injured employee. If no action is taken on the request within 10 days, the request shall be deemed granted. Any request for a change of physician or chiropractor must include the name of the new physician or chiropractor chosen by the injured employee. If the treating physician or chiropractor refers the injured employee to a specialist for treatment, [the treating physician or chiropractor shall provide to the injured employee [a list that includes the name of each may, within 30 days after the referral, select a physician or chiropractor with that specialization who is on the panel [. After receiving the list, the injured employee shall, at the time the referral is made, select a physician or chiropractor from the list.] established pursuant to subsection 1. If, within 30 days after the referral, the injured employee has not selected a physician or chiropractor with that specialization, the insurer or third-party administrator may make the selection for the injured employee.
- [3.] 5. An injured employee whose employer's insurer has entered into a contract with an organization for managed care for with providers of health care services pursuant to NRS 616B.527 must choose a treating physician or chiropractor pursuant to the



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terms of that contract. If the injured employee is not satisfied with the first physician or chiropractor he or she so chooses, the injured employee may make an alternative choice of physician or chiropractor pursuant to the terms of the contract without the approval of the insurer *or third-party administrator* if the choice is made within 90 days after this:

- (a) His or her date of injury \vdash or the date on which the claim is accepted pursuant to NRS 616C.065 or 617.356, whichever is later: or
- (b) The date on which the insurer reopens the claim pursuant to NRS 616C.390.
- 6. If the injured employee \mathbf{H} of an employer whose insurer has entered into a contract with an organization for managed care pursuant to NRS 616B.527, after choosing a treating physician or chiropractor, moves to a county which is not served by the organization for managed care for providers of health care services named in the contract and the insurer or third-party administrator determines that it is impractical for the injured employee to continue treatment with the physician or chiropractor, the injured employee must choose a treating physician or chiropractor who has agreed to the terms of that contract unless the insurer or third-party administrator authorizes the injured employee to choose another physician or chiropractor. If the treating physician or chiropractor refers the injured employee to a specialist for treatment, [the treating physician or chiropractor shall provide to the injured employee fa list that includes the name of each may, within 30 days after the referral, select a physician or chiropractor with that specialization who is available pursuant to the terms of the contract with the organization for managed care. For with providers of health care services pursuant to NRS 616B.527, as appropriate. After receiving the list, the injured employee shall, at the time the referral is made, select a physician or chiropractor from the list. If the employee fails to select a physician or chiropractor \ within 30 days after the referral, the insurer or third-party administrator may select a physician or chiropractor with that specialization. If a physician or chiropractor with that specialization is not available pursuant to the terms of the contract, the organization for managed care for the provider of health care services may select a physician or chiropractor with that specialization.
- [4.] 7. If the injured employee is not satisfied with the physician or chiropractor selected by himself or herself or by the insurer, the third-party administrator or the organization for managed care for the provider of health care services pursuant to subsection [3,] 5, the injured employee may make an alternative choice of physician or chiropractor pursuant to the terms of the



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contract. A change in the treating physician or chiropractor may be made at any time but is subject to the approval of the insurer or third-party administrator, which must be granted or denied within 10 days after a written request for such a change is received from the injured employee. If no action is taken on the request within 10 days, the request shall be deemed granted. Any request for a change of physician or chiropractor must include the name of the new physician or chiropractor chosen by the injured employee. If the insurer or third-party administrator denies a request for a change in the treating physician or chiropractor under this subsection, the insurer or third-party administrator must include in a written notice of denial to the injured employee the specific reason for the denial of the request.

[5.] 8. Except when emergency medical care is required and except as otherwise provided in NRS 616C.055, the insurer is not responsible for any charges for medical treatment or other accident benefits furnished or ordered by any physician, chiropractor or other person selected by the injured employee in disregard of the provisions of this section or for any compensation for any aggravation of the injured employee's injury attributable to improper treatments by such physician, chiropractor or other person.

[6.] 9. The Administrator may order necessary changes in a panel of physicians and chiropractors and shall suspend or remove any physician or chiropractor from a panel for good cause shown.

[7.] 10. An injured employee may receive treatment by more than one physician or chiropractor if the insurer *or third-party* administrator provides written authorization for such treatment.

[8.] 11. The Administrator shall design a form that notifies injured employees of their right pursuant to subsections [2, 3 and 4] 3 to 7, inclusive, to select an alternative treating physician or chiropractor and make the form available to insurers and third-party administrators for distribution pursuant to subsection 2 of NRS 616C.050.

Sec. 4. NRS 616C.475 is hereby amended to read as follows:

616C.475 1. Except as otherwise provided in this section, NRS 616C.175 and 616C.390, every employee in the employ of an employer, within the provisions of chapters 616A to 616D, inclusive, of NRS, who is injured by accident arising out of and in the course of employment, or his or her dependents, is entitled to receive for the period of temporary total disability, 66 2/3 percent of the average monthly wage.

2. Except as otherwise provided in NRS 616B.028 and 616B.029, an injured employee or his or her dependents are not entitled to accrue or be paid any benefits for a temporary total disability during the time the injured employee is incarcerated. The





injured employee or his or her dependents are entitled to receive such benefits when the injured employee is released from incarceration if the injured employee is certified as temporarily totally disabled by a physician or chiropractor.

3. If a claim for the period of temporary total disability is allowed, the first payment pursuant to this section must be issued by the insurer within 14 working days after receipt of the initial certification of disability and regularly thereafter.

Any increase in compensation and benefits effected by the amendment of subsection 1 is not retroactive.

5. Payments for a temporary total disability must cease when:

- (a) A physician or chiropractor determines that the employee is physically capable of any gainful employment for which the employee is suited, after giving consideration to the employee's education, training and experience;
- (b) The employer offers the employee light-duty employment or employment that is modified according to the limitations or restrictions imposed by a physician or chiropractor pursuant to subsection 7; or
- (c) Except as otherwise provided in NRS 616B.028 and 616B.029, the employee is incarcerated.
- Each insurer may, with each check that it issues to an injured employee for a temporary total disability, include a form approved by the Division for the injured employee to request continued compensation for the temporary total disability.
- 7. A certification of disability issued by a physician or chiropractor must:
- (a) Include the period of disability and a description of any physical limitations or restrictions imposed upon the work of the
- (b) Specify whether the limitations or restrictions are permanent or temporary; and
- (c) Be signed by the treating physician or chiropractor authorized pursuant to NRS 616B.527 or appropriately chosen pursuant to subsection [3] 5, 6 or [4] 7 of NRS 616C.090.
- If the certification of disability specifies that the physical limitations or restrictions are temporary, the employer of the employee at the time of the employee's accident may offer temporary, light-duty employment to the employee. If the employer makes such an offer, the employer shall confirm the offer in writing within 10 days after making the offer. The making, acceptance or rejection of an offer of temporary, light-duty employment pursuant to this subsection does not affect the eligibility of the employee to receive vocational rehabilitation services, including compensation, and does not exempt the employer from complying with



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NRS 616C.545 to 616C.575, inclusive, and 616C.590 or the regulations adopted by the Division governing vocational rehabilitation services. Any offer of temporary, light-duty employment made by the employer must specify a position that:

(a) Is substantially similar to the employee's position at the time of his or her injury in relation to the location of the employment and

the hours the employee is required to work;

(b) Provides a gross wage that is:

- (1) If the position is in the same classification of employment, equal to the gross wage the employee was earning at the time of his or her injury; or
- (2) If the position is not in the same classification of employment, substantially similar to the gross wage the employee was earning at the time of his or her injury; and
- (c) Has the same employment benefits as the position of the employee at the time of his or her injury.

Sec. 5. NRS 695G.090 is hereby amended to read as follows:

- 695G.090 1. Except as otherwise provided in subsection 3, the provisions of this chapter apply to each organization and insurer that operates as a managed care organization and may include, without limitation, an insurer that issues a policy of health insurance, an insurer that issues a policy of individual or group health insurance, a carrier serving small employers, a fraternal benefit society, a hospital or medical service corporation, [and] a health maintenance organization [.] and any person operating as, or contracting with, an organization for managed care pursuant to NRS 616B.527 to 616B.529, inclusive.
- 2. In addition to the provisions of this chapter, each managed care organization shall comply with:
- (a) The provisions of chapter 686A of NRS, including all obligations and remedies set forth therein; and

(b) Any other applicable provision of this title.

- 3. The provisions of NRS 695G.164, 695G.1645, 695G.167, 695G.200 to 695G.230, inclusive, and 695G.430 do not apply to a managed care organization that provides health care services to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services. This subsection does not exempt a managed care organization from any provision of this chapter for services provided pursuant to any other contract.
 - **Sec. 6.** This act becomes effective:





1. Upon passage and approval for the purpose of adopting regulations or performing any preparatory administrative tasks that are necessary to carry out the provisions of this act; and 2. On January 1, 2016, for all other purposes.





