

SB317 Proposed Amendments to Reprint 2

Final Draft dated 05-29-2025

**Proposed Amendments impact 4 sections of SB317, Reprint 2:
4.15, 4.2, 14 and 34**

The proposed changes are noted in **highlighted text**

Sec. 4.15. NRS 616B.027 is hereby amended to read as follows:

1. Every insurer shall:

(a) Provide an office in this State operated by the insurer , ~~for~~ its third-party administrator **or a legal representative of the insurer or third-party administrator** in which:

() A complete file, or a reproduction of the complete file, of each claim is accessible, in accordance with the provisions of NRS 616B.021;

(2) Persons authorized to act for the insurer and, if necessary, licensed pursuant to chapter 683A of NRS, may receive information related to a claim and provide the services to an employer and **the employer's** employees required by chapters 616A to 617, inclusive, of NRS; and

(3) ~~An employee or his or her employer, upon request, is provided with information related to a claim filed by the employee or a copy or other reproduction of the information from the file for that claim, in accordance with the provisions of NRS 616B.021. Upon request, the employee or the employee's representative must, in accordance with NRS 616B.021, be provided with an electronic copy or other reproducible electronic format of any portion of the claim file to which the employee is entitled.~~

(b) Provide statewide toll-free telephone service to the office maintained pursuant to paragraph (a).

2. Each private carrier shall provide:

(a) Adequate services to its insured employers in controlling losses; and

(b) Adequate information on the prevention of industrial accidents and occupational diseases.

3. An employee of a private carrier who is licensed as a company adjuster pursuant to chapter 684A of NRS, or a person who acts as a third-party administrator pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS for a private carrier, and who administers a claim from a location outside of this State pursuant to subsection 1 of NRS 616B.0275, shall **be available for live communication** with the claimant or a representative of the claimant Monday through Friday, 9 a.m. to 5 p.m. local time in this State, excluding any day declared to be a legal holiday pursuant to NRS 236.015.

4. The provisions of paragraph 3 shall not apply to any insurer, private carrier or third-party administrator that maintains an office in this State.

NRS 616B.0275 Location of administration of claims; authority of Commissioner to waive requirements and adopt regulations.

1. An employee of a private carrier who is licensed as a company adjuster pursuant to chapter 684A of NRS or a person who acts as a third-party administrator pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS for a private carrier may administer claims arising under chapters 616A to 616D, inclusive, or chapter 617 of NRS from a location in or outside of this State. All records concerning a claim administered pursuant to this subsection must be maintained at one or more offices located in this State or by computer in a microphotographic, electronic or other similar format that produces an accurate reproduction of the original.

2. An employee of a private carrier who is not licensed as a company adjuster pursuant to chapter 684A of NRS or a person who acts as a third-party administrator pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS for a self-insured employer or an association of self-insured public or private employers may administer claims arising under chapters 616A to 616D, inclusive, or chapter 617 of NRS only from one or more offices located in this State, **except that a large self-insured private employer employing 30,000 or more employees in this State, as reported to the Department of Employment, Training and Rehabilitation for the most recent calendar quarter, may administer those claims from a location in or outside of this State. The large self-insured private employer, inclusive of its parent, its parent's subsidiaries, and any affiliates, as defined in NRS 78.412, may collectively aggregate their employee headcount to qualify for the exemption provided under this subsection. Such exemption shall apply to a qualified large self-insured private employer, as well as its parent, its parent's subsidiaries, and any other affiliates, as defined in NRS 78.412. All records concerning a claim administered pursuant to this subsection must be maintained in those offices.**

a. The employer total employee calculation methodology set forth above only apply for the purposes of adjusting claims under NRS 616A-616D and 617 and are not applicable to any other provision of the Nevada Revised Statutes.

3. The Commissioner may:

- (a) Under exceptional circumstances, waive the requirements of subsections 1 **and 2**; and
- (b) Adopt regulations to carry out the provisions of this section.

Sec. 4.2. NRS 616B.222 is hereby amended to read as follows:

616B.222 **1.** To determine the total amount paid to employees for services performed, the maximum amount paid to any one employee during a policy year shall be deemed to be:

- a. **\$36,000 for employees of the State of Nevada and its political subdivisions.**
- b. **an amount equal to 12 times the maximum average monthly wage. On or before January 1 of each year, the Administrator shall establish the amount of the maximum average monthly wage to take effect on January 1 of that year, for all employees in this state who are not employed by the State of Nevada or its political subdivisions.**
- c. **The State of Nevada and its political subdivisions, may, at its discretion select to subject itself to the cap set forth in sub-section b.**

2. As used in this section, "maximum average monthly wage"

means 150 percent of the state average weekly wage as most recently computed by the Employment Security Division of the Department of Employment, Training and Rehabilitation, multiplied by 4.33.

Sec 14.

Sub-part 8 of NRS 616C.087 amended to read as follows:

8. The Administrator shall:

(a) Provide a copy of an insurer's list of physicians and chiropractic physicians, *and providers of mental health care pursuant to NRS 616C.180*, to any member of the public who requests a copy; or

(b) Post an **exact** copy of each insurer's list of physicians and chiropractic physicians, *and providers of mental health care pursuant to NRS 616C.180*, **in an unaltered condition**, on an Internet website maintained by the Administrator and accessible to the public for viewing, printing or downloading.

Sub-part 12 of NRS 616C.087 amended to read as follows:

12. The Administrator shall adopt regulations prescribing ~~the form~~ *a uniform format* in which a list of physicians and chiropractic physicians created by an employer, insurer or thirdparty administrator pursuant to this section must be maintained ~~it~~, *which must be uniformly applicable to any person who creates such a list*. The Administrator shall require that any such list be in a format which is easily searchable, including, without limitation, an indexed database, a portable document format, a spreadsheet with data that may be filtered, a comma-separated values file or any other comparable format.

a. *The Administrator shall not require submission of such a list through any specific proprietary software platform or particular electronic system. Submission of a list to the Administrator in the format determined by the Administrator shall be deemed to satisfy the requirements of subsection 6 to file such a list. Nothing in this subsection imposes any duty on the Administrator in receiving such a list other than those administrative duties described in subsections 7 and 8.*

b. *The Administrator may, at its discretion, upload information received under subsection 6 from insurers, employers, or third-party administrators to a specific software platform or electronic system, but is not expressly required to do so by law.*

Sec. 34. NRS ~~616B.410,~~ 616C.305 and 617.459 are hereby repealed

NRS 616B.410 is hereby amended to read as follows:

1. The Commissioner shall ~~cause to be conducted at least annually an audit of~~ require that each association of self-insured public or private employers audit the payroll of each member annually in order to verify:

(a) The ~~[standard industrial]~~ classification(s) of each member of the association;

~~— (b) The individual experience of each member of the association;~~

(c) The payroll of each member of the association; and

(d) The assessment required to be paid by each member of the association.

~~2. The audit required by this section must be conducted by an auditor approved by the Commissioner.~~

3. The Commissioner may require A a report summarizing the results of the annual audit of members, to must be filed with the Commissioner in a form required by the Commissioner.

~~— 4. The association or any member of the association may request a hearing before the Commissioner to object to any [standard industrial] classification assigned to a member of the association as a result of the audit. If the Commissioner determines that the assessment required to be paid by any member of the association is:~~

~~— (a) Insufficient because of the [standard industrial] classification assigned to the member, the Commissioner shall order the association to collect from that member any amount required to recover the deficiency.~~

~~— (b) Excessive because of the [standard industrial] classification assigned to the member, the Commissioner shall order the association to pay to the member the excess amount collected.~~

5. The expenses of any audit conducted pursuant to this section must be paid by the association.

NRS 616B.407 is hereby amended to read as follows:

1. Except as otherwise provided in subsection 2, the annual assessment required to be paid by each member of an association of self-insured public or private employers must be:

(a) Calculated by a rate service organization that is licensed pursuant to chapter 686B of NRS; and

(b) Based on the premium rate for the ~~[standard industrial]~~ classification of that member, adjusted by the member's individual experience.

Ê If approved by the Commissioner, payments of assessments may be reduced by an amount based on the association's level of expenses and loss experience.

2. If approved by the Commissioner, an association may calculate the annual assessment required to be paid by each member of the association. An assessment calculated by the association must be based on at least 5 years of the member's individual experience.

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