

SENATE BILL NO. 319—SENATOR SHAFFER

MARCH 17, 2003

---

Referred to Committee on Commerce and Labor

SUMMARY—Makes various changes to provisions regulating insurance. (BDR 57-599)

FISCAL NOTE: Effect on Local Government: No.  
Effect on the State: Yes.

~

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

---

AN ACT relating to insurance; providing an exception to the counter-signature requirement for certain types of insurance; restricting the use by an insurer of information included in the consumer credit report of an applicant or policyholder as a basis for making certain determinations and taking certain actions regarding policies of insurance; revising the membership of certain boards; providing that any refund of an assessment by the Division of Industrial Relations of the Department of Business and Industry must include payment for interest earned; providing that hearings officers and appeals officers shall designate the location of certain hearings; requiring the Commissioner of Insurance to conduct a study relating to the Investments of Insurers Model Act adopted by the National Association of Insurance Commissioners; and providing other matters properly relating thereto.

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

- 1     **Section 1.** NRS 680A.310 is hereby amended to read as  
2 follows:  
3     680A.310 NRS 680A.300 does not apply to any of the  
4 following:  
5         1. Life insurance and annuities.  
6         2. Health insurance.



\* S B 3 1 9 R 4 \*

1     3. Policies covering property in transit while in the possession  
2 or custody of any common carrier, or the rolling stock or other  
3 property of any common carrier employed by it in the operation and  
4 maintenance of its plant and business as a common carrier of freight  
5 or passengers, or both.

6     4. Reinsurance or retrocessions made by or for authorized  
7 insurers.

8     5. Bid bonds issued in connection with any public or private  
9 contract.

10    6. A policy issued to a risk retention group, as defined in NRS  
11 695E.110, or to a member of a risk retention group.

12    7. *A policy issued to a person who is not a resident of this*  
13 *state.*

14    **Sec. 1.5.** Chapter 686A of NRS is hereby amended by adding  
15 thereto the provisions set forth as sections 2 to 11, inclusive, of this  
16 act.

17    **Sec. 2.** *As used in sections 2 to 11, inclusive, of this act,*  
18 *unless the context otherwise requires, the words and terms defined*  
19 *in sections 3 to 8, inclusive, of this act have the meanings ascribed*  
20 *to them in those sections.*

21    **Sec. 3.** *“Adverse action” means a denial or cancellation of,*  
22 *an increase in any charge for, or a reduction or other adverse or*  
23 *unfavorable change in the terms of coverage or amount of, any*  
24 *insurance, existing or applied for, in connection with any policy.*

25    **Sec. 4.** *“Affiliate” means any company that controls, is*  
26 *controlled by, or is under common control with another company.*

27    **Sec. 5.** *“Consumer credit report” means any written, oral or*  
28 *other communication of information by a consumer reporting*  
29 *agency bearing on the credit worthiness, credit standing or credit*  
30 *capacity of an applicant or policyholder, and which is used or*  
31 *expected to be used or collected in whole or in part for the purpose*  
32 *of serving as a factor to determine:*

33     1. *Whether to issue, cancel or renew a policy;*

34     2. *The amount of the premium for a policy; or*

35     3. *Eligibility for any plan for making payments with regard to*  
36 *a policy.*

37    **Sec. 6.** *“Consumer reporting agency” means any person*  
38 *which, for monetary fees, dues, or on a cooperative nonprofit*  
39 *basis, regularly engages in whole or in part in the practice of*  
40 *assembling or evaluating consumer credit information or other*  
41 *information on consumers for the purpose of furnishing consumer*  
42 *credit reports to third parties.*

43    **Sec. 7.** *“Credit information” means any information that is*  
44 *related to credit and derived from a consumer credit report, found*  
45 *on a consumer credit report or provided on an application for a*



\* S B 3 1 9 R 4 \*

1 *policy. The term does not include information that is not related to*  
2 *credit, regardless of whether it is contained in a consumer credit*  
3 *report or in an application for a policy, or is used to calculate an*  
4 *insurance score.*

5 **Sec. 8.** *“Insurance score” means a number or rating that is*  
6 *derived from an algorithm, computer application, model or other*  
7 *process that is based in whole or in part on credit information for*  
8 *the purposes of predicting the future losses or exposure with*  
9 *regard to an applicant or policyholder.*

10 **Sec. 9.** *The provisions of sections 2 to 11, inclusive, of this*  
11 *act do not apply to a contract of surety insurance issued pursuant*  
12 *to chapter 691B of NRS or any commercial or business policy.*

13 **Sec. 10.** *An insurer that uses information from a consumer*  
14 *credit report shall not:*

15 1. *Use an insurance score that is calculated using income,*  
16 *gender, address, zip code, ethnic group, religion, marital status or*  
17 *nationality of the consumer as a factor, or would otherwise lead to*  
18 *unfair or invidious discrimination.*

19 2. *Deny, cancel or fail to renew a policy on the basis of credit*  
20 *information unless the insurer also considers other applicable*  
21 *underwriting factors that are independent of credit information*  
22 *and not expressly prohibited by this section.*

23 3. *Base renewal rates for a policy upon credit information*  
24 *unless the insurer also considers other applicable factors*  
25 *independent of credit information.*

26 4. *Take an adverse action against an applicant or*  
27 *policyholder based on the applicant or policyholder not having a*  
28 *credit card account unless the insurer also considers other*  
29 *applicable factors independent of credit information.*

30 5. *Consider an absence of credit information or an inability*  
31 *to calculate an insurance score in underwriting or rating a policy*  
32 *unless the insurer treats the applicant or policyholder as having*  
33 *neutral credit information, as defined by the insurer.*

34 6. *Take an adverse action against an applicant or*  
35 *policyholder based on credit information, unless an insurer*  
36 *obtains and uses a credit report issued or an insurance score*  
37 *calculated within 90 days from the date the policy is first written or*  
38 *renewal is issued.*

39 7. *Except as otherwise provided in this subsection, use credit*  
40 *information regarding a policyholder without obtaining an*  
41 *updated consumer credit report regarding the policyholder and*  
42 *recalculating the insurance score at least once every 36 months.*  
43 *An insurer does not need to obtain an updated consumer credit*  
44 *report for a policyholder if:*



1     (a) *The insurer is treating the policyholder as otherwise*  
2 *approved by the Commissioner.*

3     (b) *The policyholder is in the most favorably-priced tier of the*  
4 *insurer and all affiliates of the insurer.*

5     (c) *Credit information was not used for underwriting or rating*  
6 *the policyholder when the policy was initially written.*

7     (d) *The insurer reevaluates the policyholder at least once every*  
8 *36 months based upon underwriting or rating factors other than*  
9 *credit information.*

10    8. *Use the following as a negative factor in any insurance*  
11 *scoring methodology or in reviewing credit information for the*  
12 *purpose of underwriting or rating a policy:*

13     (a) *Credit inquiries not initiated by the applicant or*  
14 *policyholder, or inquiries requested by the applicant or*  
15 *policyholder for his or her own credit information.*

16     (b) *Inquiries relating to insurance coverage, if so identified on*  
17 *the consumer credit report.*

18     (c) *Collection accounts relating to medical treatment, if so*  
19 *identified on the consumer credit report.*

20     (d) *Multiple lender inquiries, if identified on the consumer*  
21 *credit report as being related to home loans or mortgages and*  
22 *made within 30 days of one another, unless only one inquiry is*  
23 *considered.*

24     (e) *Multiple lender inquiries, if identified on the consumer*  
25 *credit report as being related to a loan for an automobile and*  
26 *made within 30 days of one another, unless only one inquiry is*  
27 *considered.*

28     (f) *Any credit information that reflects extraordinary*  
29 *circumstances in the life of an applicant or policyholder,*  
30 *including, without limitation, divorce and catastrophic illness.*

31    **Sec. 11.** *Before December 31 of each even-numbered year,*  
32 *the Commissioner shall prepare a report to the Governor and the*  
33 *Legislature. The report must address:*

34       1. *The operation of sections 2 to 11, inclusive, of this act;*

35       2. *The efficacy, necessity and desirability of using credit*  
36 *information in making decisions related to insurance;*

37       3. *The impacts upon the residents of Nevada of the continued*  
38 *use of credit information in making decisions related to*  
39 *insurance; and*

40       4. *Any additional consumer protections identified by the*  
41 *Commissioner for the consideration of the Legislature.*

42    **Sec. 12.** NRS 686C.140 is hereby amended to read as follows:

43       686C.140 1. The Board of Directors of the Association  
44 consists of not less than five nor more than nine members, serving  
45 terms as established in the plan of operation.



\* S B 3 1 9 R 4 \*

1       2. The members of the Board who represent insurers must be  
2 selected by member insurers subject to the approval of the  
3 Commissioner. *If practicable, one of the members of the Board*  
4 *must be an officer of a domestic insurer.*

5       3. Two public representatives must be appointed to the Board  
6 by the Commissioner. A public representative may not be an officer,  
7 director or employee of an insurer or engaged in the business of  
8 insurance.

9       4. Vacancies on the Board must be filled for the remaining  
10 period of the term by majority vote of the members of the Board,  
11 subject to the approval of the Commissioner, for members who  
12 represent insurers, and by the Commissioner for public  
13 representatives.

14       5. To select the initial Board of Directors, and initially organize  
15 the Association, the Commissioner shall give notice to all member  
16 insurers of the time and place of the organizational meeting. In  
17 determining voting rights at the organizational meeting, each  
18 member insurer is entitled to one vote in person or by proxy. If the  
19 Board of Directors is not selected within 60 days after notice of the  
20 organizational meeting, the Commissioner may appoint the initial  
21 members to represent insurers in addition to the public  
22 representatives.

23       ~~6.1~~ 6. In approving selections or in appointing members to the  
24 Board, the Commissioner shall consider, among other things,  
25 whether all member insurers are fairly represented.

26       ~~6.2~~ 7. Members of the Board may be reimbursed from the  
27 assets of the Association for expenses incurred by them as members  
28 of the Board of Directors but members of the Board may not  
29 otherwise be compensated by the Association for their services.

30       **Sec. 13.** NRS 687A.050 is hereby amended to read as follows:

31       687A.050 1. The Board of Directors of the Association shall  
32 consist of not fewer than five nor more than nine persons. The  
33 members of the Board shall be appointed by the Commissioner and  
34 shall serve at his discretion. Vacancies on the Board shall be filled  
35 in the same manner as initial appointments.

36       2. A majority of the members appointed shall be the designated  
37 representatives of member insurers. *If practicable, one of the*  
38 *members appointed as a designated representative of the member*  
39 *insurers must be an officer of a domestic insurer.* The  
40 Commissioner shall consider among other things whether all  
41 member insurers are fairly represented.

42       3. Members of the Board may be reimbursed from the assets of  
43 the Association for expenses incurred by them as members of the  
44 Board of Directors.



\* S B 3 1 9 R 4 \*

1     **Sec. 14.** Chapter 687B of NRS is hereby amended by adding  
2 thereto a new section to read as follows:

3     *Unless otherwise provided by a specific statute, if a signature is*  
4 *required of any person, the person may provide as the signature of*  
5 *the person:*

- 6     1. *An original signature;*  
7     2. *A facsimile signature; or*  
8     3. *An electronic signature pursuant to the provisions of*  
9 *chapter 719 of NRS.*

10    **Sec. 15.** NRS 687B.160 is hereby amended to read as follows:

11    687B.160 1. Every insurance policy must be executed in the  
12 name of and on behalf of the insurer by its officer, attorney in fact,  
13 employee or representative duly authorized by the insurer.

14    2. ~~{A facsimile signature of any}~~ *Any* such executing individual  
15 may ~~{be used}~~ *use*, in lieu of an original signature ~~{}~~:

- 16    (a) *A facsimile signature; or*  
17    (b) *An electronic signature pursuant to the provisions of*  
18 *chapter 719 of NRS.*

19    3. An insurance contract issued before, on or after January 1,  
20 1972, which is otherwise valid is not rendered invalid by reason of  
21 the apparent execution thereof on behalf of the insurer by the  
22 imprinted facsimile signature of an individual not authorized so to  
23 execute as of the date of the policy.

24    **Sec. 16.** NRS 232.680 is hereby amended to read as follows:

25    232.680 1. The cost of carrying out the provisions of NRS  
26 232.550 to 232.700, inclusive, and of supporting the Division, a  
27 full-time employee of the Legislative Counsel Bureau and the Fraud  
28 Control Unit for Industrial Insurance established pursuant to NRS  
29 228.420, and that portion of the cost of the Office for Consumer  
30 Health Assistance established pursuant to NRS 223.550 that is  
31 related to providing assistance to consumers and injured employees  
32 concerning workers' compensation, must be paid from assessments  
33 payable by each insurer, including each employer who provides  
34 accident benefits for injured employees pursuant to NRS 616C.265.

35    2. The Administrator shall assess each insurer, including each  
36 employer who provides accident benefits for injured employees  
37 pursuant to NRS 616C.265. To establish the amount of the  
38 assessment, the Administrator shall determine the amount of money  
39 necessary for each of the expenses set forth in subsections 1 and 4 of  
40 this section and subsection 3 of NRS 616A.425 and determine the  
41 amount that is payable by the private carriers, the self-insured  
42 employers, the associations of self-insured public or private  
43 employers and the employers who provide accident benefits  
44 pursuant to NRS 616C.265 for each of the programs. For the  
45 expenses from which more than one group of insurers receives



\* S B 3 1 9 R 4 \*

1 benefit, the Administrator shall allocate a portion of the amount  
2 necessary for that expense to be payable by each of the relevant  
3 group of insurers, based upon the expected annual expenditures for  
4 claims of each group of insurers. After allocating the amounts  
5 payable among each group of insurers for all the expenses from  
6 which each group receives benefit, the Administrator shall apply an  
7 assessment rate to the:

8 (a) Private carriers that reflects the relative hazard of the  
9 employments covered by the private carriers, results in an equitable  
10 distribution of costs among the private carriers and is based upon  
11 expected annual premiums to be received;

12 (b) Self-insured employers that results in an equitable  
13 distribution of costs among the self-insured employers and is based  
14 upon expected annual expenditures for claims;

15 (c) Associations of self-insured public or private employers that  
16 results in an equitable distribution of costs among the associations  
17 of self-insured public or private employers and is based upon  
18 expected annual expenditures for claims; and

19 (d) Employers who provide accident benefits pursuant to NRS  
20 616C.265 that reflect the relative hazard of the employments  
21 covered by those employers, results in an equitable distribution of  
22 costs among the employers and is based upon expected annual  
23 expenditures for claims.

24 The Administrator shall adopt regulations that establish the formula  
25 for the assessment and for the administration of payment, and any  
26 penalties that the Administrator determines are necessary to carry  
27 out the provisions of this subsection. The formula may use actual  
28 expenditures for claims. As used in this subsection, the term "group  
29 of insurers" includes the group of employers who provide accident  
30 benefits for injured employees pursuant to NRS 616C.265.

31 3. Federal grants may partially defray the costs of the Division.

32 4. Assessments made against insurers by the Division after the  
33 adoption of regulations must be used to defray all costs and  
34 expenses of administering the program of workers' compensation,  
35 including the payment of:

36 (a) All salaries and other expenses in administering the Division,  
37 including the costs of the office and staff of the Administrator.

38 (b) All salaries and other expenses of administering NRS  
39 616A.435 to 616A.460, inclusive, the offices of the Hearings  
40 Division of the Department of Administration and the programs of  
41 self-insurance and review of premium rates by the Commissioner of  
42 Insurance.

43 (c) The salary and other expenses of a full-time employee of the  
44 Legislative Counsel Bureau whose principal duties are limited to



\* S B 3 1 9 R 4 \*

1 conducting research and reviewing and evaluating data related to  
2 industrial insurance.

3 (d) All salaries and other expenses of the Fraud Control Unit for  
4 Industrial Insurance established pursuant to NRS 228.420.

5 (e) Claims against uninsured employers arising from compliance  
6 with NRS 616C.220 and 617.401.

7 (f) That portion of the salaries and other expenses of the Office  
8 for Consumer Health Assistance established pursuant to NRS  
9 223.550 that is related to providing assistance to consumers and  
10 injured employees concerning workers' compensation.

11 *5. If the Division refunds any part of an assessment, the*  
12 *Division shall include in that refund any interest earned by the*  
13 *Division from the refunded part of the assessment.*

14 **Sec. 17.** NRS 616A.425 is hereby amended to read as follows:

15 616A.425 1. There is hereby established in the State Treasury  
16 the Fund for Workers' Compensation and Safety as an enterprise  
17 fund. All money received from assessments levied on insurers and  
18 employers by the Administrator pursuant to NRS 232.680 must be  
19 deposited in this Fund.

20 2. All assessments, penalties, bonds, securities and all other  
21 properties received, collected or acquired by the Division for  
22 functions supported in whole or in part from the Fund must be  
23 delivered to the custody of the State Treasurer for deposit to the  
24 credit of the Fund.

25 3. All money and securities in the Fund must be used to defray  
26 all costs and expenses of administering the program of workmen's  
27 compensation, including the payment of:

28 (a) All salaries and other expenses in administering the Division  
29 of Industrial Relations, including the costs of the office and staff of  
30 the Administrator.

31 (b) All salaries and other expenses of administering NRS  
32 616A.435 to 616A.460, inclusive, the offices of the Hearings  
33 Division of the Department of Administration and the programs of  
34 self-insurance and review of premium rates by the Commissioner.

35 (c) The salary and other expenses of a full-time employee of the  
36 Legislative Counsel Bureau whose principal duties are limited to  
37 conducting research and reviewing and evaluating data related to  
38 industrial insurance.

39 (d) All salaries and other expenses of the Fraud Control Unit for  
40 Industrial Insurance established pursuant to NRS 228.420.

41 (e) Claims against uninsured employers arising from compliance  
42 with NRS 616C.220 and 617.401.

43 (f) That portion of the salaries and other expenses of the Office  
44 for Consumer Health Assistance established pursuant to NRS



\* S B 3 1 9 R 4 \*



1 223.550 that is related to providing assistance to consumers and  
2 injured employees concerning workers' compensation.

3 4. The State Treasurer may disburse money from the Fund only  
4 upon written order of the Controller.

5 5. The State Treasurer shall invest money of the Fund in the  
6 same manner and in the same securities in which he is authorized to  
7 invest state general funds which are in his custody. Income realized  
8 from the investment of the assets of the Fund must be credited to the  
9 Fund.

10 6. The Commissioner shall assign an actuary to review the  
11 establishment of assessment rates. The rates must be filed with the  
12 Commissioner 30 days before their effective date. Any insurer or  
13 employer who wishes to appeal the rate so filed must do so pursuant  
14 to NRS 679B.310.

15 *7. If the Division refunds any part of an assessment, the*  
16 *Division shall include in that refund any interest earned by the*  
17 *Division from the refunded part of the assessment.*

18 **Sec. 18.** NRS 616C.330 is hereby amended to read as follows:

19 616C.330 1. The hearing officer shall:

20 (a) Within 5 days after receiving a request for a hearing, set the  
21 hearing for a date and time within 30 days after his receipt of the  
22 request ~~at~~ *at a place in Carson City, Nevada, or Las Vegas,*  
23 *Nevada, or upon agreement of one or more of the parties to pay all*  
24 *additional costs directly related to an alternative location, at any*  
25 *other place of convenience to the parties, as determined by the*  
26 *hearing officer;*

27 (b) Give notice by mail or by personal service to all interested  
28 parties to the hearing at least 15 days before the date and time  
29 scheduled; and

30 (c) Conduct hearings expeditiously and informally.

31 2. The notice must include a statement that the injured  
32 employee may be represented by a private attorney or seek  
33 assistance and advice from the Nevada Attorney for Injured  
34 Workers.

35 3. If necessary to resolve a medical question concerning an  
36 injured employee's condition or to determine the necessity of  
37 treatment for which authorization for payment has been denied, the  
38 hearing officer may refer the employee to a physician or  
39 chiropractor of his choice who has demonstrated special competence  
40 to treat the particular medical condition of the employee. If the  
41 medical question concerns the rating of a permanent disability, the  
42 hearing officer may refer the employee to a rating physician or  
43 chiropractor. The rating physician or chiropractor must be selected  
44 in rotation from the list of qualified physicians and chiropractors  
45 maintained by the Administrator pursuant to subsection 2 of NRS



1 616C.490, unless the insurer and injured employee otherwise agree  
2 to a rating physician or chiropractor. The insurer shall pay the costs  
3 of any medical examination requested by the hearing officer.

4 4. If an injured employee has requested payment for the cost of  
5 obtaining a second determination of his percentage of disability  
6 pursuant to NRS 616C.100, the hearing officer shall decide whether  
7 the determination of the higher percentage of disability made  
8 pursuant to NRS 616C.100 is appropriate and, if so, may order the  
9 insurer to pay to the employee an amount equal to the maximum  
10 allowable fee established by the Administrator pursuant to NRS  
11 616C.260 for the type of service performed, or the usual fee of that  
12 physician or chiropractor for such service, whichever is less.

13 5. The hearing officer shall order an insurer, organization for  
14 managed care or employer who provides accident benefits for  
15 injured employees pursuant to NRS 616C.265 to pay the charges of  
16 a provider of health care if the conditions of NRS 616C.138 are  
17 satisfied.

18 6. The hearing officer may allow or forbid the presence of a  
19 court reporter and the use of a tape recorder in a hearing.

20 7. The hearing officer shall render his decision within 15 days  
21 after:

22 (a) The hearing; or

23 (b) He receives a copy of the report from the medical  
24 examination he requested.

25 8. The hearing officer shall render his decision in the most  
26 efficient format developed by the Chief of the Hearings Division of  
27 the Department of Administration.

28 9. The hearing officer shall give notice of his decision to each  
29 party by mail. He shall include with the notice of his decision the  
30 necessary forms for appealing from the decision.

31 10. Except as otherwise provided in NRS 616C.380, the  
32 decision of the hearing officer is not stayed if an appeal from that  
33 decision is taken unless an application for a stay is submitted by a  
34 party. If such an application is submitted, the decision is  
35 automatically stayed until a determination is made on the  
36 application. A determination on the application must be made within  
37 30 days after the filing of the application. If, after reviewing the  
38 application, a stay is not granted by the hearing officer or an appeals  
39 officer, the decision must be complied with within 10 days after the  
40 refusal to grant a stay.

41 **Sec. 19.** NRS 616C.345 is hereby amended to read as follows:

42 616C.345 1. Any party aggrieved by a decision of the  
43 hearing officer relating to a claim for compensation may appeal  
44 from the decision by filing a notice of appeal with an appeals officer  
45 within 30 days after the date of the decision.



\* S B 3 1 9 R 4 \*

- 1       2. If a dispute is required to be submitted to a procedure for  
2 resolving complaints pursuant to NRS 616C.305 and:  
3       (a) A final determination was rendered pursuant to that  
4 procedure; or  
5       (b) The dispute was not resolved pursuant to that procedure  
6 within 14 days after it was submitted,  
7 any party to the dispute may file a notice of appeal within 70 days  
8 after the date on which the final determination was mailed to the  
9 employee, or his dependent, or the unanswered request for  
10 resolution was submitted. Failure to render a written determination  
11 within 30 days after receipt of such a request shall be deemed by the  
12 appeals officer to be a denial of the request.
- 13       3. Except as otherwise provided in NRS 616C.380, the filing of  
14 a notice of appeal does not automatically stay the enforcement of the  
15 decision of a hearing officer or a determination rendered pursuant to  
16 NRS 616C.305. The appeals officer may order a stay, when  
17 appropriate, upon the application of a party. If such an application is  
18 submitted, the decision is automatically stayed until a determination  
19 is made concerning the application. A determination on the  
20 application must be made within 30 days after the filing of the  
21 application. If a stay is not granted by the officer after reviewing  
22 the application, the decision must be complied with within 10 days  
23 after the date of the refusal to grant a stay.
- 24       4. Except as otherwise provided in ~~this subsection,~~  
25 *subsection 5*, the appeals officer shall, within 10 days after  
26 receiving a notice of appeal pursuant to this section or a contested  
27 claim pursuant to subsection 5 of NRS 616C.315 ~~[-schedule]~~ :  
28       (a) *Schedule* a hearing on the merits of the appeal or contested  
29 claim for a date and time within 90 days after his receipt of the  
30 notice *at a place in Carson City, Nevada, or Las Vegas, Nevada, or*  
31 *upon agreement of one or more of the parties to pay all additional*  
32 *costs directly related to an alternative location, at any other place*  
33 *of convenience to the parties, as determined by the appeals officer;*  
34 and ~~give~~  
35       (b) *Give* notice by mail or by personal service to all parties to  
36 the matter and their attorneys or agents at least 30 days before the  
37 date and time scheduled.
- 38       5. A request to schedule the hearing for a date and time which  
39 is:  
40       (a) Within 60 days after the receipt of the notice of appeal or  
41 contested claim; or  
42       (b) More than 90 days after the receipt of the notice or  
43 claim,  
44 may be submitted to the appeals officer only if all parties to the  
45 appeal or contested claim agree to the request.



\* S B 3 1 9 R 4 \*

1 ~~[5.]~~ 6. An appeal or contested claim may be continued upon  
2 written stipulation of all parties, or upon good cause shown.

3 ~~[6.]~~ 7. Failure to file a notice of appeal within the period  
4 specified in subsection 1 or 2 may be excused if the party aggrieved  
5 shows by a preponderance of the evidence that he did not receive  
6 the notice of the determination and the forms necessary to appeal the  
7 determination. The claimant, employer or insurer shall notify the  
8 hearing officer of a change of address.

9 **Sec. 20.** 1. The Commissioner of Insurance shall conduct a  
10 study to review whether the State of Nevada should enact, in the  
11 interest of the public:

12 (a) The Defined Limits Version of the Investments of Insurers  
13 Model Act adopted by the National Association of Insurance  
14 Commissioners;

15 (b) The Defined Standards Version of the Investments of  
16 Insurers Model Act adopted by the National Association of  
17 Insurance Commissioners; or

18 (c) Other legislation regulating the investments of insurers.

19 2. The Commissioner shall seek to obtain all relevant  
20 information from public and private sources as part of this study.  
21 Any such information obtained by the Commissioner may only be  
22 used for the purposes of conducting this study.

23 3. The Commissioner shall complete this study and submit a  
24 copy of his findings and recommendations on or before January 1,  
25 2005, to the Director of the Legislative Counsel Bureau for  
26 distribution to the 73rd Session of the Nevada Legislature.

