

ASSEMBLY BILL NO. 24—COMMITTEE ON COMMERCE AND LABOR

(ON BEHALF OF THE DEPARTMENT OF BUSINESS AND INDUSTRY)

PREFILED DECEMBER 5, 2008

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions governing claims for compensation under industrial insurance. (BDR 53-423)

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

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

AN ACT relating to industrial insurance; revising provisions relating to the duty of an insurer to accept or deny a claim for compensation; revising provisions relating to the selection of a physician or chiropractor by an injured employee; revising provisions relating to the denial of compensation due to discharge from employment for misconduct; revising provisions relating to the closure of a claim; repealing provisions requiring the reduction of compensation by the amount of federal disability insurance benefits received by an injured employee; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Under existing law, an insurer is required to accept or deny a claim for compensation within 30 days after the insurer has been notified of an industrial accident. (NRS 616C.065) **Section 2** of this bill provides that if an insurer is ordered by the Administrator of the Division of Industrial Relations of the Department of Business and Industry, a hearing or appeals officer, a district court or the Supreme Court of Nevada to make a new determination relating to a claim for compensation, such a determination must be made within 30 days after the order.

Existing law provides that an injured employee may choose an alternative treating physician or chiropractor after making his initial choice if the alternative choice is made within 90 days after the injury. (NRS 616C.090) **Section 3** of this bill clarifies existing law by providing that an injured employee may make the alternative choice without the insurer's approval if the alternative choice is made



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within 90 days after the injury. **Section 3** also provides that an injured employee may make a change in the treating physician or chiropractor at any time, subject to the insurer's approval. **Section 3** further requires an insurer to provide to an injured employee whose request for a change in the treating physician or chiropractor has been denied the specific reason for the denial.

Section 4 of this bill provides that the affidavit or declaration of a qualified laboratory director, chemist or any other person meeting certain qualifications may be used to prove the existence of alcohol or controlled substances in an employee's system in denying, reducing or suspending the payment of compensation for an injury. (NRS 616C.230)

Section 5 of this bill revises existing provisions governing the denial of compensation to injured employees who have been discharged for misconduct by providing that only compensation for temporary total disability may be denied. (NRS 616C.232)

Section 5.5 of this bill revises existing law by requiring an insurer to notify an injured employee whose claim will be closed whether an evaluation for a permanent partial disability has been scheduled or, if such an evaluation has not been scheduled, that the reason is because the insurer determined there is no possibility of a permanent impairment of any kind. (NRS 616C.235)

Section 9 of this bill repeals the provisions requiring a reduction in the compensation received by an employee for temporary disability, permanent partial disability or permanent total disability by the amount of federal disability insurance benefits received by the employee. (NRS 616C.430)

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

Section 1. 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 his 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 him 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 his injury or disease; or



(VI) The hours he is absent from the place of employment to receive medical treatment pursuant to NRS 616C.477;

(6) Receive services for rehabilitation if his injury prevents him 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 ~~7~~ 8 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. 2. NRS 616C.065 is hereby amended to read as follows:

616C.065 1. Except as otherwise provided in NRS 616C.136, within 30 days after the insurer has been notified of an industrial accident, every insurer shall:

(a) Accept a claim for compensation, notify the claimant or the person acting on behalf of the claimant that the claim has been accepted and commence payment of the claim; or

(b) Deny the claim and notify the claimant or the person acting on behalf of the claimant and the Administrator that the claim has been denied.

2. *If an insurer is ordered by the Administrator, a hearing officer, an appeals officer, a district court or the Supreme Court of Nevada to make a new determination, including, without limitation, a new determination regarding the acceptance or denial of a claim for compensation, the insurer shall make the new determination within 30 days after the date on which the insurer has been ordered to do so.*

3. Payments made by an insurer pursuant to this section are not an admission of liability for the claim or any portion of the claim.

~~3~~ 4. Except as otherwise provided in this subsection, if an insurer unreasonably delays or refuses to pay the claim within 30 days after the insurer has been notified of an industrial accident, the insurer shall pay upon order of the Administrator an additional amount equal to three times the amount specified in the order as refused or unreasonably delayed. This payment is for the benefit of the claimant and must be paid to him with the compensation assessed pursuant to chapters 616A to 617, inclusive, of NRS. The provisions of this section do not apply to the payment of a bill for accident benefits that is governed by the provisions of NRS 616C.136.



~~[4]~~ 5. The insurer shall notify the claimant or the person acting on behalf of the claimant that a claim has been accepted or denied pursuant to subsection 1 ~~or~~ 2 by:

(a) Mailing its written determination to the claimant or the person acting on behalf of the claimant; and

(b) If the claim has been denied, in whole or in part, obtaining a certificate of mailing.

~~[5]~~ 6. The failure of the insurer to obtain a certificate of mailing as required by paragraph (b) of subsection ~~[4]~~ 5 shall be deemed to be a failure of the insurer to mail the written determination of the denial of a claim as required by this section.

~~[6]~~ 7. Upon request, the insurer shall provide a copy of the certificate of mailing, if any, to the claimant or the person acting on behalf of the claimant.

~~[7]~~ 8. For the purposes of this section, the insurer shall mail the written determination to:

(a) The mailing address of the claimant or the person acting on behalf of the claimant that is provided on the form prescribed by the Administrator for filing the claim; or

(b) Another mailing address if the claimant or the person acting on behalf of the claimant provides to the insurer written notice of another mailing address.

~~[8]~~ 9. As used in this section, "certificate of mailing" means a receipt that provides evidence of the date on which the insurer presented its written determination to the United States Postal Service for mailing.

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. Every employer whose insurer 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 employees.

2. An injured employee whose employer's insurer has not entered into a contract with an organization for managed care or with providers of health care services pursuant to NRS 616B.527 may choose his treating physician or chiropractor from the panel of physicians and chiropractors. If the injured employee is not satisfied with the first physician or chiropractor he so chooses, he may make an alternative choice of physician or chiropractor from the panel if the choice is made within 90 days after his injury. The insurer shall notify the first physician or chiropractor in writing. The notice must



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1 be postmarked within 3 working days after the insurer receives
2 knowledge of the change. The first physician or chiropractor must
3 be reimbursed only for the services he rendered to the injured
4 employee up to and including the date of notification. Except as
5 otherwise provided in this subsection, any further change is subject
6 to the approval of the insurer, which must be granted or denied
7 within 10 days after a written request for such a change is received
8 from the injured employee. If no action is taken on the request
9 within 10 days, the request shall be deemed granted. Any request for
10 a change of physician or chiropractor must include the name of the
11 new physician or chiropractor chosen by the injured employee. If
12 the treating physician or chiropractor refers the injured employee to
13 a specialist for treatment, the treating physician or chiropractor shall
14 provide to the injured employee a list that includes the name of each
15 physician or chiropractor with that specialization who is on the
16 panel. After receiving the list, the injured employee shall, at the time
17 the referral is made, select a physician or chiropractor from the list.

18 3. An injured employee whose employer's insurer has entered
19 into a contract with an organization for managed care or with
20 providers of health care services pursuant to NRS 616B.527 must
21 choose his treating physician or chiropractor pursuant to the terms
22 of that contract. If the injured employee is not satisfied with the first
23 physician or chiropractor he so chooses, he may make an alternative
24 choice of physician or chiropractor pursuant to the terms of the
25 contract *without the approval of the insurer* if the choice is made
26 within 90 days after his injury. If the injured employee, after
27 choosing his treating physician or chiropractor, moves to a county
28 which is not served by the organization for managed care or
29 providers of health care services named in the contract and the
30 insurer determines that it is impractical for the injured employee to
31 continue treatment with the physician or chiropractor, the injured
32 employee must choose a treating physician or chiropractor who has
33 agreed to the terms of that contract unless the insurer authorizes the
34 injured employee to choose another physician or chiropractor. If the
35 treating physician or chiropractor refers the injured employee to a
36 specialist for treatment, the treating physician or chiropractor shall
37 provide to the injured employee a list that includes the name of each
38 physician or chiropractor with that specialization who is available
39 pursuant to the terms of the contract with the organization for
40 managed care or with providers of health care services pursuant to
41 NRS 616B.527, as appropriate. After receiving the list, the injured
42 employee shall, at the time the referral is made, select a physician or
43 chiropractor from the list. If the employee fails to select a physician
44 or chiropractor, the insurer may select a physician or chiropractor
45 with that specialization. If a physician or chiropractor with that



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1 specialization is not available pursuant to the terms of the contract,
2 the organization for managed care or the provider of health care
3 services may select a physician or chiropractor with that
4 specialization.

5 4. *If the injured employee is not satisfied with the physician*
6 *or chiropractor selected by himself or by the insurer, the*
7 *organization for managed care or the provider of health care*
8 *services pursuant to subsection 3, the injured employee may make*
9 *an alternative choice of physician or chiropractor pursuant to the*
10 *terms of the contract. A change in the treating physician or*
11 *chiropractor may be made at any time but is subject to the*
12 *approval of the insurer, which must be granted within 10 days*
13 *after a written request for such a change is received from the*
14 *injured employee. If no action is taken on the request within 10*
15 *days, the request shall be deemed granted. Any request for a*
16 *change of physician or chiropractor must include the name of the*
17 *new physician or chiropractor chosen by the injured employee. If*
18 *the insurer denies a request for a change in the treating physician*
19 *or chiropractor under this subsection, the insurer must include in*
20 *a written notice of denial to the injured employee the specific*
21 *reason for the denial of the request.*

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

30 ~~[5-]~~ 6. The Administrator may order necessary changes in a
31 panel of physicians and chiropractors and shall suspend or remove
32 any physician or chiropractor from a panel for good cause shown.

33 ~~[6-]~~ 7. An injured employee may receive treatment by more
34 than one physician or chiropractor if the insurer provides written
35 authorization for such treatment.

36 ~~[7-]~~ 8. The Administrator shall design a form that notifies
37 injured employees of their right pursuant to subsections 2, ~~[and]~~ 3
38 and 4 to select an alternative treating physician or chiropractor and
39 make the form available to insurers for distribution pursuant to
40 subsection 2 of NRS 616C.050.

41 **Sec. 4.** NRS 616C.230 is hereby amended to read as follows:

42 616C.230 1. Compensation is not payable pursuant to the
43 provisions of chapters 616A to 616D, inclusive, or chapter 617 of
44 NRS for an injury:

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



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

2 (c) Proximately caused by the employee's intoxication. If the
3 employee was intoxicated at the time of his injury, intoxication must
4 be presumed to be a proximate cause unless rebutted by evidence to
5 the contrary.

6 (d) Proximately caused by the employee's use of a controlled
7 substance. If the employee had any amount of a controlled substance
8 in his system at the time of his injury for which the employee did
9 not have a current and lawful prescription issued in his name or that
10 he was not using in accordance with the provisions of chapter 453A
11 of NRS, the controlled substance must be presumed to be a
12 proximate cause unless rebutted by evidence to the contrary.

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

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

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

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

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

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

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

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

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



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Sec. 5. NRS 616C.232 is hereby amended to read as follows:

616C.232 1. If an injured employee is discharged from his employment as a result of misconduct, an insurer may deny compensation *for temporary total disability* to the injured employee because of that discharge for misconduct only if the insurer proves by a preponderance of the evidence that:

(a) The injured employee was discharged from his employment solely for his misconduct and not for any reason relating to his claim for compensation; and

(b) It is the injured employee's discharge from his employment for misconduct, and not his injury, that is the sole cause for the injured employee's inability to return to work with the preinjury employer.

2. An insurer waives its rights under subsection 1 if the insurer does not make a determination to deny or suspend compensation to the injured employee within 70 days after the date on which the insurer learns that the injured employee has been discharged for misconduct.

3. An insurer may not deny any compensation pursuant to this section except for compensation for temporary total disability pursuant to subsection 1.

Sec. 5.5. 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, he 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.



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(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, the insurer may close the claim at any time after he 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 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. 6. (Deleted by amendment.)

Sec. 7. (Deleted by amendment.)

Sec. 8. 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



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1 the course of employment, or his dependents, is entitled to receive
2 for the period of temporary total disability, 66 2/3 percent of the
3 average monthly wage.

4 2. Except as otherwise provided in NRS 616B.028 and
5 616B.029, an injured employee or his dependents are not entitled to
6 accrue or be paid any benefits for a temporary total disability during
7 the time the injured employee is incarcerated. The injured employee
8 or his dependents are entitled to receive such benefits when the
9 injured employee is released from incarceration if he is certified as
10 temporarily totally disabled by a physician or chiropractor.

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

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

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

18 (a) A physician or chiropractor determines that the employee is
19 physically capable of any gainful employment for which the
20 employee is suited, after giving consideration to the employee's
21 education, training and experience;

22 (b) The employer offers the employee light-duty employment or
23 employment that is modified according to the limitations or
24 restrictions imposed by a physician or chiropractor pursuant to
25 subsection 7; or

26 (c) Except as otherwise provided in NRS 616B.028 and
27 616B.029, the employee is incarcerated.

28 6. Each insurer may, with each check that it issues to an injured
29 employee for a temporary total disability, include a form approved
30 by the Division for the injured employee to request continued
31 compensation for the temporary total disability.

32 7. A certification of disability issued by a physician or
33 chiropractor must:

34 (a) Include the period of disability and a description of any
35 physical limitations or restrictions imposed upon the work of the
36 employee;

37 (b) Specify whether the limitations or restrictions are permanent
38 or temporary; and

39 (c) Be signed by the treating physician or chiropractor
40 authorized pursuant to NRS 616B.527 or appropriately chosen
41 pursuant to subsection 3 **or 4** of NRS 616C.090.

42 8. If the certification of disability specifies that the physical
43 limitations or restrictions are temporary, the employer of the
44 employee at the time of his accident may offer temporary, light-duty
45 employment to the employee. If the employer makes such an offer,



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1 the employer shall confirm the offer in writing within 10 days after
2 making the offer. The making, acceptance or rejection of an offer of
3 temporary, light-duty employment pursuant to this subsection does
4 not affect the eligibility of the employee to receive vocational
5 rehabilitation services, including compensation, and does not
6 exempt the employer from complying with NRS 616C.545 to
7 616C.575, inclusive, and 616C.590 or the regulations adopted by
8 the Division governing vocational rehabilitation services. Any offer
9 of temporary, light-duty employment made by the employer must
10 specify a position that:

11 (a) Is substantially similar to the employee's position at the time
12 of his injury in relation to the location of the employment and the
13 hours he is required to work;

14 (b) Provides a gross wage that is:

15 (1) If the position is in the same classification of
16 employment, equal to the gross wage the employee was earning at
17 the time of his injury; or

18 (2) If the position is not in the same classification of
19 employment, substantially similar to the gross wage the employee
20 was earning at the time of his injury; and

21 (c) Has the same employment benefits as the position of the
22 employee at the time of his injury.

23 **Sec. 9.** NRS 616C.430 is hereby repealed.

24 **Sec. 10.** This act becomes effective on July 1, 2009.

TEXT OF REPEALED SECTION

616C.430 Reduction of compensation by amount of federal disability insurance benefits received by employee.

1. If an employee who is entitled to compensation under chapters 616A to 616D, inclusive, of NRS for temporary total disability, permanent partial disability or permanent total disability becomes entitled to federal disability insurance benefits under section 202 or 223 of the Social Security Act, as amended, 42 U.S.C. §§ 402 and 423, respectively, the employee's compensation under chapters 616A to 616D, inclusive, of NRS must be reduced by the amount of the federal benefits being received by him.

2. This section must not be applied to reduce the employee's compensation under chapters 616A to 616D, inclusive, of NRS to any greater extent than his federal benefits would have otherwise been reduced by the Social Security Administration under section 224 of the Social Security Act, as amended, 42 U.S.C. § 424a. After



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any reduction pursuant to this section, the combination of his state compensation and federal benefits must be at least as much as the greater of:

(a) The benefits payable pursuant to chapters 616A to 616D, inclusive, of NRS, without the reduction; or

(b) The benefits payable under the Social Security Act, without any reduction.

3. After a reduced amount of compensation for an employee has been established pursuant to this section, no further reduction in his compensation may be made because he receives an increase in his benefits under the Social Security Act as the result of an adjustment based on an increase in the cost of living.

4. No compensation may be reduced pursuant to this section until the Social Security Administration has determined the amount of benefits payable to the employee under section 202 or 223 of the Social Security Act and he has begun to receive those benefits.

5. If an employee:

(a) Fails to report the amount of benefits which he is receiving under section 202 or 223 of the Social Security Act, within 30 days after he is requested in writing by the insurer to make that report; or

(b) Fails to provide the insurer with a written authorization for the Social Security Administration to release information on the employee's average current earnings and the amount of benefits to which he is entitled, within 30 days after he is requested to provide that authorization,

↳ the insurer may reduce by 50 percent the compensation which the employee would otherwise receive pursuant to chapters 616A to 616D, inclusive, of NRS. Any compensation which is withheld pursuant to this subsection must be paid to the employee when he has furnished the report or authorization as requested.

6. If the provisions of section 224 of the Social Security Act are amended:

(a) To allow an employee to receive more compensation under chapters 616A to 616D, inclusive, of NRS without any reduction in benefits payable under section 202 or 223 of the Social Security Act; or

(b) To lower the maximum sum of compensation payable under chapters 616A to 616D, inclusive, of NRS and benefits payable under section 202 or 223 of the Social Security Act,

↳ the reduction imposed by this section must be increased or decreased correspondingly.

7. No reduction in compensation may be made under this section for any period of entitlement which:

(a) Occurs before January 1, 1982;



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- (b) Occurs before the employee has been given a written notice by mail of the intended reduction; or
- (c) Includes any week after the week in which the employee becomes 62 years of age.

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