

**MINUTES OF THE
SENATE COMMITTEE ON COMMERCE AND LABOR**

**Seventy-fifth Session
March 18, 2009**

The Senate Committee on Commerce and Labor was called to order by Chair Maggie Carlton at 1:43 p.m. on Wednesday, March 18, 2009, in Room 1214 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4412E, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Maggie Carlton, Chair
Senator Michael A. Schneider, Vice Chair
Senator David R. Parks
Senator Allison Copening
Senator Dean A. Rhoads
Senator Mark E. Amodei
Senator Warren B. Hardy II

STAFF MEMBERS PRESENT:

Kelly S. Gregory, Committee Policy Analyst
Suzanne Efford, Committee Secretary
Vicki Folster, Committee Secretary

OTHERS PRESENT:

Edward Myers
Mary Anne Carney
R.A. Drew
Bruce Burkey, International Brotherhood of Teamsters, Local 631
Terry Kleinberg, International Brotherhood of Teamsters, Local 631
Byron K. Harvey, Sheet Metal Workers International Association, Local Union
No. 88
Curt Garrett
Russell Vernon
Phillip Busch

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Donald Mulhern, International Brotherhood of Teamsters, Local 631
Raymond A. Smith, III
Ray Badger, Attorney, Nevada Justice Association
Danny Thompson, Nevada State American Federation of Labor - Congress of Industrial Organizations (AFL-CIO)
John (Jack) Jeffrey, International Union of Operating Engineers Local No. 12
Nancyann Leeder, Nevada Attorney for Injured Workers, Office of the Nevada Attorney for Injured Workers, Department of Business and Industry
Robert A. (Bob) Ostrovsky, Employers Insurance Group
George Ross, Snell and Wilmer; Nevada Self-Insurers Association; Las Vegas Chamber of Commerce
Christopher R. Brigham, M.D.
Craig Coziahr, Nevada Transportation Network Self Insured Group; Nevada Auto Network Self Insured Group; Nevada Retail Network Self Insured Group; Nevada Agriculture Network Self Insured Group; Builders Association of Western Nevada Self Insured Group

Chair Carlton opened the meeting with a bill draft request (BDR) introduction to be referred to the Senate Committee on Taxation.

BILL DRAFT REQUEST 58-289: Makes various changes relating to renewable energy. (Later introduced as [Senate Bill 331](#).)

SENATOR HARDY MOVED TO INTRODUCE BDR 58-289.

SENATOR SCHNEIDER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Carlton announced a public forum on workers' compensation.

Edward Myers, a technician for automobiles, stated he was injured on the job on June 6, 2001; he was struck by a tool box. He stated that at the time of the injury there were video cameras in place to address an issue of theft and for the purpose of protecting the company. Mr. Myers said that apparently the video from the date of his injury was lost or misplaced; consequently, he was not paid benefits for an entire year.

Mr. Myers stated he has had several surgeries resulting in a total knee replacement. During this time, he said he has been under investigation which included a videotape of him picking up his daughter and putting her into a shopping cart. He said that for five years after it was brought to his attention, he did not pick her up and his interactions with his children have been limited. Mr. Myers stated that there needs to be "things" to protect the employee who has a legitimate case. He stated throughout his claim, he has had 17 caseworkers, and each one has tried to push him out of the system.

Chair Carlton asked how the procedures of filling out and turning in forms worked for him after the incident. Mr. Myers replied that after he was hit by the tool box, he told his employer that he had to get on a plane to attend a wedding, and if his knee was still "bugging" him when he got back, he would go see a doctor. He stated his employer agreed, and he filled out the accident report right then and there.

Chair Carlton asked Mr. Myers if the employer said that was fine. Mr. Myers replied that he did. Chair Carlton asked him if he filled out the other forms needed when he returned from his trip. Mr. Myers said he filled out forms when he saw the doctors. Chair Carlton inquired whether this happened on the day that he was injured. Mr. Myers replied that it was on the day he returned from his trip.

Chair Carlton asked, "When did the tables turn on you? When did you actually have to prove you were injured at work?" Mr. Myers responded that he was approached by his manager as soon as he got back from his trip. He said that when he told his manager he wanted to see the doctor for his knee, the manager made a comment, "You sure this happened here?" Mr. Myers said it was at that point that he became upset and angry. Chair Carlton asked if it was the same person Mr. Myers spoke to on the day he got hurt. Mr. Myers answered yes. Chair Carlton then inquired about how it progressed after that. Mr. Myers stated he was looked at differently by his employers and fellow workers; like he was cheating the system.

Chair Carlton asked about the resolution of his claim. Mr. Myers informed her that he had a total knee replacement done last year, and he was on the "outskirts" of the whole thing right now. He said he is still being followed up for some treatment, and last year he received treatment for his injury.

Mary Anne Carney provided testimony about her deceased husband's workers' compensation claim ([Exhibit C](#)). Ms. Carney testified that she would like to see the language changed to "layman's terms" so that the benefactor as well as the family would have a better understanding of their rights.

Chair Carlton inquired how he went through all those years of treatment for a heart condition, when police officers are covered for heart and lung ... Ms. Carney stated they were not aware his injury should have been covered by workers' compensation. Chair Carlton asked if she knew how that happened. Ms. Carney said:

No, I honestly don't, except to say if the explanation was written in a similar way to the language in the law, it would have gone over my husband's head, just as it had mine. I don't feel that my husband or I are illiterate people.

Chair Carlton asked if it was worded in such a way that he did not realize that it was a benefit that he had. Ms. Carney responded that apparently, for 13 years, he did not know. She said it was around 2005 when someone brought it to their attention. Ms. Carney indicated it was at that time when workers' compensation started paying for the prescriptions and co-pays. She stated that in 2007, her husband had what was considered a mild heart attack which led to a triple by-pass, which led to kidney failure and ultimately led to his death.

Chair Carlton asked if there were any questions from the Committee.

R.A. Drew testified she was injured while working on the Yucca Mountain project, a U.S. Department of Energy project. She stated she worked for Manpower of Southern Nevada, a self-insured employer. She discussed Nevada's budget crisis as one of the ways workers' compensation can "deal" with the crisis. Ms. Drew quoted from a California bill analyzed in a senate rules committee:

The National Center on State Courts estimates that \$5.4 billion in court-ordered fines, fees and court costs go uncollected each year in the United States, and that if collected in-full, there would be enough money to write an annual check of \$108 million to each of 50 states.

Ms. Drew quoted another statement regarding fines in New York as written in a New York City Comptroller's press release:

"City government should find a way to get individuals and businesses to obey the law," Thompson said. "One such way would be to collect fines in hopes this would be a deterrent to individuals and businesses who would otherwise commit violations. But, DOF (Department of Finance) is lax in its collection efforts and needs significant improvement over its recordkeeping and collection process as well as in supervisory oversight."

Thompson said the City should aggressively pursue those who are failing to pay fines and correct violations, possibly replicating a special Department of Transportation (DOT) project whereby those who seek a DOT permit first must go to DOF to prove the [*sic*] do not owe any fines. If fines are owed, DOT will not issue permits to the individual or business.

"Under a new plan being considered by the Mayor's Office, a City agency that grants permits and services to a business could be used to leverage payments to another," Thompson said. "DOF would have an important role in this new plan, which would deter individuals or businesses from violating laws in the future and encourage the payment of fines. DOF should use all methods available to assist in its collection efforts."

Ms. Drew claimed that in her workers' compensation case alone ([Exhibit D](#)), she estimated that the self-insured employer, through its third-party administrator, has been allowed to break the law, and it should pay the State approximately \$1 million in administrative fines; an amount of \$15,000 per violation.

She encouraged the Committee to review all the cases of testifiers at this hearing and the laws that are being broken. She asked the Committee to review the administrative fines of the Division of Industrial Relations (DIR), Department of Business and Industry. She suggested that the Division could be collecting administrative fines, making the State's budget-crisis situation a little better. She said she was laying this at the lap of the Committee to bring about help to injured workers. She said if you go after the "scofflaws" maybe they will stop breaking the law.

Ms. Drew, referencing her case, said that when an injured worker files a complaint with the Division of Industrial Relations, the Division, in her experience, begins acting as an attorney to protect the rights of the law-breaking insurer. She said when she is in court to get the administrative fines paid to the State, the Division of Industrial Relations' attorney sits on the other side citing me, the injured worker. She suggested that the public funds are being used to make sure that the State does not collect the administrative fines that are due for lawbreaking. She also claimed that the appeals officer acts in the same manner, and referenced a letter from the Division of Industrial Relations, Department of Business and Industry, dated February 20, 2009, [Exhibit D](#), page D5. She noted Nevada's claim that the fine should not be collected: "Given that there is no third-party administrator, there is no violation of NRS 616D.120."

She stated that according to the Division of Industrial Relations, if an insurance company breaks the law, if the injured worker happens to know how to get a hold of the Division to ask for an investigation, if the Division does an investigation, if Division says there was no lawbreaking, if the injured worker goes to the appeals office to appeal the Division's determination, if the injured worker prevails and if the appeals officer orders the third-party administrator to pay a fine, then all the third-party administrator has to do is leave town. She stated Nevada CompFirst did not actually leave town, but sold themselves to another company. She said that they basically have the same operation with the same staff, address, claims and clients, and the only change was the name on the door. Ms. Drew said that the determination by the Division was that there is no violation because they do not exist any more.

Chair Carlton thanked Ms. Drew and informed her that the Committee has a copy of her documentation [Exhibit D](#).

Bruce Burkey, International Brotherhood of Teamsters, Local 631 introduced himself as serving as a union steward in the convention industry since 1986. Mr. Burkey cited Willy Cooper's case, a young man who broke both knees and had artificial concrete-composite knees implanted. He stated that Mr. Cooper worked for the convention industry for a number of years after his surgery. The knee implants deteriorated, and he had titanium knees implanted. While working at his first convention after the titanium knee implant surgery, a man unloading crates dropped a crate across Willy's brand new knees, crushing them. He indicated that one of the employer's management team members was the son

of the man who dropped the crate. Mr. Burkey said that while Mr. Cooper was on the operating table for yet another knee replacement, the third-party administrator called to cancel. Mr. Cooper ended up having a total of five surgeries, became permanently disabled and unable to work for the rest of his life. Mr. Burkey stated that had Mr. Cooper gotten immediate care and knee replacement, he would still be a productive worker.

Mr. Burkey cited the case of Lenora Cullen who was injured in a shop while constructing convention displays; someone dropped the display onto her back. He said the third-party administrator did not get her timely treatment, nor would they get her into a pain-management program, and it progressed to a point where the most sleep she could get was 10 to 20 minutes at a stretch. He stated that Ms. Cullen lived like this for over nine months until her husband came home from work and found her "intimately acquainted with a long rifle."

Mr. Burkey discussed another member's case, suggesting the third-party administrator ruined this individual's credit by delaying payment of the hospital bill. He said that it is the policy of these third-party administrators to "drag their feet" and put the injured worker through every hoop possible.

Mr. Burkey advised the Committee that the statutes, as revised in 1987 and 1989, include an indemnity clause that allows the third-party administrators to commit numerous misdemeanors without legal penalty. He indicated that if the insurance commissioner deems, he might force them to pay a \$10,000 fine, but this has never been done as far as he could find. He suggested that these "reforms" are slanted to unbalance the playing field; the worker is at a total disadvantage. He strongly suggested the Committee communicate with the Nevada Bar Association, specifically to attorneys representing injured workers, and hear what they have to say about the problems with the statutory situation.

Finally, Mr. Burkey cited his on-the-job head-injury case of June 2001. He described how later in August 2001, he was "coming to" in his chair after being "out," finding himself paralyzed on his left side including his face, left eye and orally aphasic. He described the events that followed as being like an "E-ticket Disney ride" when on February 20, 2009, his neighbors and the management of the apartment complex where he lives broke in the door because they had not seen him in two weeks. They found him in his chair having a seizure. He advised that he was not able to get care during that time and, because of the reformed statutes disallowing anyone who misses an appointment or does not

respond to a changed appointment, his benefits were discontinued. He described being orally aphasic, and paralyzed on occasion without 24 hours a day, 7 days a week care; this made it difficult for him to pursue a claim. He said the treatment he received at Sunrise Hospital put him in touch with the only neurologist in Nevada that specializes in seizures. He stated that as of yesterday, he was 25 days without a seizure; the longest period since August 2001.

Mr. Burkey suggested to the Committee that the laws need to be thoroughly reexamined and made level for all parties because workers are at a total disadvantage. He asked the Committee to consult with the Nevada Bar Association and specifically referred to Attorney Dean Hardy in Las Vegas. He closed by saying the third-party administrators are not concerned about getting a worker back to work; they are concerned about pinching a penny.

Chair Carlton asked for questions from the Committee; there were none.

Terry Kleinberg, International Brotherhood of Teamsters, Local 631, talked about becoming the union steward in January with a new administration. He said the previous administration did not back up the group's injured workers, supply information or referrals and affirmed the current administration supports the workers 100 percent. There are currently 6,300 workers in Las Vegas.

Discussing his own injury, Mr. Kleinberg said he burned his hand on the job on a hot, unlabeled exhaust pipe. He said he received second-degree burns and was out of work for about 12 days. During this period, he was advised by two previous administrative individuals not to worry about the injury or infection, to stay home, relax and get well. He said he was told that he would be paid workers' compensation during this time and to come back to work when he was ready.

Mr. Kleinberg said he met with Larry Miller, risk management director of Nevada Ready Mix (NRM), who wrote a letter of confirmation to Middlebrook State Comp stating he had been offered light duty on August 28, five days later, which would stop workers' compensation payments. Mr. Kleinberg stated he was not aware of this until September 3, the same day he went to Mr. Miller's office to inform him that he was fully recovered and released to work. Mr. Kleinberg said that Mr. Miller informed him that his original deal had been cancelled.

Since this point, Mr. Kleinberg filed charges with the DIR and maintained direct communications with Charles Quintana from the Office for Consumer Health Assistance, who assisted him through the process. He stated the DIR investigator, Rosalyn Jackson, addressed him with contempt. He said he was able to negotiate the final 6 days of payment 2 weeks ago to receive 4 of the 6 days' payment. He stated his injury took place August 23, 2008. During the meeting on September 3, 2008, Larry Miller told him to "go ahead and take me to DIR, I don't care. Get out of my office."

As a union steward, Mr. Kleinberg said he has made himself available to every injured worker. On several instances, individuals have not been paid in one to two months, claiming the employer at Middlebrook State Comp has not received documentation for wages and hours. He cited a federal law that they must be paid a base salary during this period of time, but the DIR does not support this.

Mr. Kleinberg stated that in place of specialists, such as orthopedic surgeons, pain-management doctors are assigned for treatment. He said that unless the injured worker writes a letter requesting to see their own doctor for a second opinion, they may not receive proper treatment. This information is usually not known by the injured worker nor conveyed to them by workers' compensation or their employer. He said that unless he informs them or refers them to the Office for Consumer Health Assistance, they would not know of this benefit. Mr. Kleinberg said that in some cases, wages are being withheld with no penalty whatsoever to either the workers' compensation insurer or the employer. We are talking about 6,000 people with an injury rate, he assumed, of close to 5 percent, left destitute and desperate.

Mr. Kleinberg stated that in many cases, letters are written by the employer issuing light duty for the injured worker, when in fact, they have not been released. They are not required to have signed statements from a doctor or an injured worker stating they are cleared and/or instructed to report for light duty or what the description of light duty will be. He stated that those requirements used to be the law but have been removed. The only requirement is certification from the employer which the employer may falsify. He said he knew personally that NRM has done this on several occasions. He indicated that with light-duty status being falsified time and again, the injured worker is left with no workers' compensation insurance payments. He said they often wonder whether or not they will ever receive a workers' compensation payment. One woman, Mary Hutchins, who is lying in bed with three ruptured discs, was injured about

five weeks ago and finally received payment two days ago. He said it is not right that these workers, who are under such duress, do not know if they can keep their homes.

Mr. Kleinberg indicated that Local 631 is actively and aggressively assisting the injured workers throughout the workers' compensation process. He said they offer a booklet by Virginia Hunt, which is also issued through the DIR and the Office for Consumer Health Assistance. He indicated they plan to meet with her in the next week or two to discuss workers' rights. He thanked the Committee for the public forum opportunity.

Chair Carlton thanked Mr. Kleinberg for his participation and for bringing forth the issues to the Committee.

Byron K. Harvey, Sheet Metal Workers International Association, Local Union No. 88, introduced himself as a sheet metal worker apprentice. He described his injury while lifting sheet metal products on the job site when the nightmare began. He provided written testimony of his ordeal ([Exhibit E](#)). At the conclusion of his presentation, Mr. Harvey stated that he is currently a business representative for the Sheet Metal Worker's Local 88 in Las Vegas, and he assists other injured members to navigate the workers' compensation system. He thanked the Committee for allowing him to tell his story and specifically thanked Senator Carlton for her concern for injured workers.

Chair Carlton thanked Mr. Harvey for telling his story. She stated that he was now helping other folks get through the system and conveyed her appreciation to him. She stated she understood that it is not easy, and it is a difficult system to get through. She asked him if there was any one particular thing that stands out when helping others walk through the system. Mr. Harvey said it is tough and everyone is in a bad way to start. He stated that there are no direct answers or directions to convey to them, and usually he has to suggest they get a lawyer. Many of them do not have the means to do that. He said that today it is particularly tough for the guys going through this with the economy the way it is. He said he appreciates the Committee for getting behind this important situation. He said that most people who are injured just want to work and maintain their dignity.

Curt Garrett introduced himself as being injured on July 22, 2005. He said he is here today to speak on behalf of others who have gone through the same

situation he did, much just like the gentleman who just spoke and some of the others in Las Vegas. He said that the day he was injured he was hit by a fork lift resulting in a fractured thoracic 12 (T12), herniated cervical 4, 5, 6 and 7 (C4, C5, C6 and C7) of his spinal column, and crushed ulnar nerve in his left hand. He stated that the doctor said he was fine and that he simply needed physical therapy; they were sending him back to work on light duty. Mr. Garrett explained that he went back to work and did what he could while doing as little as possible to prevent reinjuring himself. He said that after six weeks, he woke up to his hips being locked up, and he could not get out of bed. He stated it took his wife two hours to get him dressed, into the car and to the hospital.

Mr. Garrett stated that at the hospital they took X-rays which showed he had a broken back; the reason for his severe pain. He stated that it took eight months after this, being told that he was fine and it was not all that bad, before they finally approved surgery on his T12. He said he was told there was nothing that could be done for the hernias to his neck and four months after the back surgery, he had surgery on his left hand.

He shared that rehabilitation under workers' compensation consisted of going back to school. He stated, based on his father's background as an educator, that the quality of schooling, rated on a scale of 1-10, would barely get a 2, if that. He stated that the process allows a limited time to receive this education for training, and he wasted almost eight months of training going to a place that taught remedial math. He said he did all his problems on his own and graded his own paperwork; he had no incentive or other opportunities to get any other schooling at that time. He said that he had asked the representative if there was any better schooling available and was told that it was the best that they had. He said that fortunately he was able to go back to college and receive a project-management degree. He stated that he had to pay out of pocket for the last month of his school session, because it went over the allotted time that was given to him. He said that he was able to get employment after his graduation.

Mr. Garrett stated he was given numerous job applications from the workers' compensation representative and that most of them were for jobs that he would never even qualify for if he wanted to; that was all they offered him. He stated that there was one job he did qualify for, and he should have gotten the job, but he filled out the application wrong and did not hit the signature page. He went to the representative and asked her if she would call them to ensure that they

received his application, so that he would have the opportunity to interview and sell himself. Mr. Garrett said that she assured him that she contacted them, when in fact she did not, and he did not get the job. He stated it took him an additional three months to find employment.

He conveyed that the frustrations that most of the testifiers have talked about are all true frustrations. Injured workers are being promised a lot of things. He said they are being sent to numerous doctors to hear each one of them say: "Yes, you are hurt, and you do need treatment or surgery." Injured workers are experiencing frustrations such as being at workers' compensation doctor's beck and call, being scheduled for Magnetic Resonance Imaging (MRI) or treatment, getting there at 6:30 p.m. and being told that it was cancelled three hours before arrival.

Mr. Garrett stated that the workers' compensation process is broken, and those who are injured for the most part really do want to go back to work. He stated it has taken a great toll on his family life. He stated he has five grandchildren he can no longer play with because he cannot get down on the ground or get back up. He stated he can no longer do the activities he was previously able to do. He said that like everyone else who has spoken today, he would be living with pain for the rest of his life. Mr. Garrett stated he would be living on medication because workers' compensation will not provide any additional physical therapy. He said that they "pretty much" told him that he will have to live with it.

Mr. Garrett asked the Committee to consider what he has shared today. He said he hoped it would help them understand that people do need to receive better care than what is provided. He said that employers who pay into workers' compensation are paying a lot of money. He said those who are injured truly deserve a better opportunity and should get the best training. He said the integrity of the people who have come forward to speak, with a strong desire to get their lives back together, may be completely damaged. He said there is no one to help the people who are hurt, but there is a lot of money going into places that are making sure they do not get the help they need.

Russel Vernon, injured last March 21, introduced himself as a worker from the CityCenter project. He stated he injured his knee, back and hips and aggravated a preexisting hip condition. He said that it has been a growing ordeal. He told the Committee that a representative at American International Group, Inc. (AIG) called his doctor and convinced him that the knee was not to be covered. He

said the doctor wrote a release for him to go back to work on regular duty, and because of this, he has not received any income since July 11, 2008. He said his private insurance took care of his bilateral hip replacement. Mr. Vernon said he sent an e-mail letter to Assemblyman Paul Aizley, and "cc'd" the Committee as well ([Exhibit F](#)). He stated his e-mail is an in-depth view of what he is dealing with. He said it is criminal the way insurers act.

Phillip Busch introduced himself as a crane operating engineer and described two incidents related to workers' compensation. He stated he was injured in 1990 when he fractured his right heel and ruptured five bones in his left foot. He said he was temporarily disabled for three months and went back to work on light duty. He stated that over a period of about ten years, he had treatment off and on, but no surgery. During this time, his branch manager often insisted he close his claim, but on the advice of his doctor, he did not. He stated that eventually he went to work somewhere else.

Mr. Busch said that in the process of settling with the State Industrial Insurance System (SIIS), his disability did not He stated that according to the law, a disability does not commence until after the last temporary disability payment. He said that in 2004 he had a tendon release procedure done on his heel, but he did not submit for temporary disability. At that time, the employer closed the case. He stated he went to a hearing, and the crux of it was that his disability commenced as of 2004, not 1990 when the accident occurred or even 1994 when he had no more surgeries. Mr. Busch stated that because he took one weeks' disability payment, that started his disability.

Mr. Busch described his most current incident in June 2008 when he broke his wrist. He stated he was released and returned in October 2008 to full duty. He said he has only worked five days since then because of the employment market. He stated that in December the insurance company sent him a letter stating his case was closed because the doctor stated he was returned to full duty, and there would be no further treatment needed — his doctor had not released him or completed a scheduled surgery to remove hardware in his wrist. He said he called the insurance company and was told that the doctor said he had completed his treatment. He inquired as to where they got that information and they informed him that it came from the doctor's office. When he contacted the doctor's office, he said he was told that was not true, that they had submitted a request for the hardware removal. He said that he received a letter from the insurance company stating that he did not have to appeal for a hearing

and that he would be put back into an active case. He pointed out that an insurance company can arbitrarily decide the case is closed without a doctor's release or statement of disability; this needs attention. He requested a review of the insurance company's ability to decide exactly when a disability commences.

Donald Mulhern, International Brotherhood of Teamsters, Local 631, described his 1983 experience at the age of 19. Mr. Mulhern stated he worked in a steel yard and after his first week there, someone took the extension cord he used for his grinder. He stated he looked around for his cord, but he could not locate it. He stated that he then picked up another cord, and it turned out to be for 220 volts even though the only indication it was a 220-volt cord was red spray paint at each end of the cord. He said he plugged in the grinder and started to grind some welds; the wheel blew up, cutting his thigh in half.

Mr. Mulhern stated he had seven hours of surgery and was informed by his doctor that "he was lucky to be alive; the wheel barely missed your artery." He said he spent a year and a half in rehabilitation. He stated that at the end of the rehabilitation, he was given a rating of 10-percent disability.

Mr. Mulhern said that the day after the surgery, he spoke with fellow workers who informed him that all 220-volt cords and outlets were changed out to the proper male/female type connections per Occupational Safety & Health Administration (OSHA) standards by the end of that day, and before OSHA came in to complete an on-site inspection.

He stated his second major injury occurred in 1989 at the age of 25, when he was an apprentice. He stated he was working on a large scissor lift (lift) with his journeyman when he raised the lift about 25 feet; he turned off the lift to make sure the work was as safe as possible. Mr. Mulhern said he managed to squeeze himself between the duct work and the rails of the lift to make the proper connections on that side of the duct work. He stated that suddenly the lift rolled backward pinning him between the duct work and the rail of the lift. He said that he screamed to his journeyman for help who stopped what he was doing, got to the lift controls, started it up and moved the lift to get him out from the pressure his body was enduring. He said he immediately fell to the floor because he had been paralyzed from the waist down. Mr. Mulhern stated that when the ambulance arrived, he was starting to get some of the feeling back. He said when he was released from the hospital, he had regained all feeling he had lost from the accident and was told that he must have pinched

his sciatic nerves; he was given pain medicine for back pain. He said that SIIS referred him to a doctor who looked at what the hospital sent to him and made the same conclusion; he must have pinched his sciatic nerves.

Mr. Mulhern stated that for 20 years he has suffered extreme back pain. He said that on several occasions after seeing a doctor, he was asked how he fractured his back. He said that the only occasion for such a thing to happen to him would be the work accident involving the lift. He stated that each year it gets worse. He stated that years later he attempted to reopen the claim for his leg, which was denied due to the 1989 back-injury accident. He said there is a serious problem with workers' compensation when a case is denied because of a different work-related accident. The hearing to reopen the claim for his leg was a joke when a claim can be denied by the simple words, "it might be related to the other accident."

He stated that because of the state budget problems it was automatic in the workers' compensation system; if it was the first time to reopen a claim, it was to be denied, which is a deterrent for individuals who cannot afford the attorneys because of the medical bills. Mr. Mulhern stated for the record that workers' compensation has not helped him one bit with a 15-percent disability in his right leg and a broken-down back; he has not received a dime in compensation, and he is disturbed that workers' compensation may not cover other issues in the future.

Raymond A. Smith, III, introduced himself as a lifetime resident of Nevada. Mr. Smith stated his case with workers' compensation is horrific. He provided written testimony and attachments describing his injury on November 19, 2008, and the treatment he has received since that date ([Exhibit G](#), original is on file in the Research Library).

Mr. Smith indicated that based on the information he has received from his attorney, most decisions for care of an injury are vested in the insurance carrier. He stated he is on total permanent disability (TPD) as indicated by a doctor's slip, yet AIG has discontinued his TPD compensation. He said that at this time, he cannot go back to work because he has not been cleared, and he cannot make a claim for unemployment due to the issue of workers' compensation; therefore, he is not receiving any compensation to pay his bills. He stated that presently he is behind on his house payment and should he be unable to get a forbearance agreement with his lender, he will lose his home. He described this

as being held captive to watch AIG destroy his life. Mr. Smith conveyed to the Committee that although he has an attorney who is processing his case, in the meantime he has no money to live his life.

Chair Carlton asked Mr. Smith to send the Committee his testimony. She said she appreciated receiving Mr. Smith's testimony as it is an example of the current system. She said that the Committee wants to know what has been changed between 1999 and now in the current system.

Mr. Smith agreed that he would send the documentation. He also wanted to inform the Committee that he and his attorney asked to see another doctor, one who was morally apt to be sympathetic to the Hippocratic Oath; however, they sent him to a doctor to look at someone with compound fractures and a broken neck and say, "You are fine." He said he was also sent to a pain doctor who asked him to sign a waiver to provide all his care, as it would release AIG from any further obligation, and he refused. He said that when he refused, she then wrote out a work release stating he was fine and could go back to work. He said people who need care are not getting it.

Chair Carlton closed the workers' compensation forum and asked those who did not have the opportunity to testify today to please send documents; she asked those individuals to participate in future meetings.

Chair Carlton opened the meeting on S.B. 195.

[SENATE BILL 195](#): Revises provisions governing workers' compensation.
(BDR 53-1077)

Ray Badger, Attorney, Nevada Justice Association, stated he has worked in the field of workers' compensation for the past 30 years; for the past 27, he has represented injured workers.

Mr. Badger advised the Committee that S.B. 195, if enacted, would repeal a bill passed in 2003. At that time, he told the Committee it was good legislation; today that is not the case. Mr. Badger stated they want to amend the proposal in front of the Committee. He stated there are two ideas in the bill, and he wanted to present one at a time. He said the proposal he presented today is a status quo, revenue-neutral proposal; the other proposal to the bill is not. He indicated that they would process a second proposal that would be a benefit

increase of some sort they will process with a bill in the Assembly. Mr. Badger said the issue with the American Medical Association's (AMA), *Guides to the Evaluation of Permanent Impairment* (Guides) fifth and sixth edition has a time issue. He called attention to the amendment on page 2, lines 29-32, and on page 4, lines 2-5, of S.B. 195. He stated that the bill does, as drafted, remove the requirement under present law that a permanent impairment be "physical." He suggested that the amendment, as drafted, be removed, and we stay with the present law. Mr. Badger stated the other issue in the bill is not a benefit enhancement, but it has a time-sensitive issue.

Mr. Badger indicated that what they were talking about is permanent partial disability (PPD), and his clients refer to it as the "cash settlement." He stated that in Nevada, if one has a permanent injury that medicine cannot heal, the injured person would receive a cash payment; this is a method whereby a medical assessment of the extent of the injury is made. He used an example of an amputation, describing the process and medical criteria that determines the extent of the injury and the cash amount of settlement. He stated that other examples are burns, ankle, knee and other common orthopedic injuries that medicine does its best to fix, but cannot heal. Mr. Badger compared the benefit products of workers' compensation law with civil law, stating that in civil law, the jury could award a cash settlement based on the injury and/or pain and suffering. He said the workers' compensation benefit is an attempt to compensate for permanent injuries of the most seriously injured.

Mr. Badger brought attention to the AMA's Guides by a group of doctors in the early 1970s, who wrote the medical criteria to measure the severity of an injury; the results are expressed in percentages of loss to the total-body function. He used an example of how a low-back injury with surgery might be expressed as 10-percent loss; a lost right arm with amputation at the shoulder might be expressed as a 60-percent loss. He stated the issue that decision sets, down to the dollar, is what the permanent injured worker gets in the way of compensation.

Mr. Badger described the way the AMA kept up with medical science changes was to update the book from time to time; it is currently in its sixth edition. Nevada used the second edition for many years, even though the national group of doctors published a third and a third revised edition. He said the reason it did not change was that the law, at the time, allowed the regulator (DIR) to make the decision. He stated that when the fourth edition of the Guides was

published, Nevada continued to use the second edition until the AMA wrote to the State informing them that there was a copyright infringement using the second edition. At that point, he said Nevada went to the fourth edition.

He claimed that in about 2000, the AMA printed a fifth edition of the Guides, and at the time, the DIR looked at the new version to decide whether to stay with what was in place or adopt a new book. He stated that he petitioned DIR to hold public hearings because the fifth edition was a step forward for injured workers. He stated the DIR held public hearings, but they did not indicate whether they would or would not adopt the fifth edition of the Guides. Mr. Badger said that is why they brought the bill to the Legislature where it was adopted in 2003.

Mr. Badger indicated there is a provision in the bill of 2003 that is causing a problem: every time the AMA publishes a new book the Legislature should have to review the law. In the 2003 bill, a clause was included stating that the DIR adopt the most recent edition. In the meantime, he said, the DIR adopted the fifth edition, and now they are able to determine which chapter they may or may not use. He stated that presently Nevada uses the fifth edition, but it has excluded the chapter on mental behavioral disorder, such as a psychological condition, and a chapter about rating pain by itself.

Mr. Badger said, in December 2007, the AMA published the sixth edition. He said that under the statutes of 2003, the DIR has 18 months to study the book to consider adopting it or to make a decision about which chapters to eliminate. The deadline is June 2009 for that review. Mr. Badger informed the Committee that the sixth edition of the Guides is causing a lot of controversy, specifically with regard to reduction in their measure of impairment for very common, but significant injuries.

Mr. Badger stated there is a drastic reduction in the permanent-disability benefits, and those who will be hit the hardest from this reduction will be the most seriously injured individuals. He mentioned 50-percent benefit cuts for certain spinal surgery cases, and total hip and total knee replacements are listed with a 40-percent reduction. He mentioned additional problems will arise out of court cases when one doctor lists the disability at a 10-percent loss and another disputes it and lists it at an 18-percent loss. He said the book is fraught with error. Tennessee adopted it and one month later the AMA published a 52-page document containing clarifications and corrections.

Mr. Badger said the authors' intent was not to raise or lower the percentage, but to try to use new and innovative science. He said one main drafter of this book, Christopher Brigham, later published *The Guide's Casebook*. He referenced in his handout ([Exhibit H](#), original is on file in the Research Library), a summary titled "5th Edition v. 6th Edition – Guides," and said it was developed to highlight the differences in the percentage loss on various types of injuries. He noted in the example, cervical sprain/strain, Dr. Brigham indicates a 6-percent loss now becomes a 1-percent loss. He also pointed out that a person with a low-back fusion under the 5th edition would have a 23-percent loss and under the new 6th edition, the same injury will become 6 percent.

Mr. Badger indicated that Nevada is not the only state to address the issue of changing the AMA edition. He said that New Hampshire's legislature had a law indicating the most recent version; it now has passed a law stating they will stay with the fifth edition. He also said that Rhode Island has indefinitely postponed the adoption of the sixth edition. Mr. Badger referenced an Iowa task force study comparing both editions and their findings, [Exhibit H](#).

Chair Carlton asked for questions.

Senator Rhoads asked Mr. Badger if there were any states currently using the sixth edition. Mr. Badger replied he was not sure; but after he read the two reports, [Exhibit H](#), he said Tennessee has adopted it with one doctor's recommendation to wait to see what their experience is with it, but he heard that it might be as many as seven states.

For clarification, Chair Carlton asked Mr. Badger if he was proposing, in this bill, for the process we have been working under to remain the same. Mr. Badger answered yes; that would be the 2003 fifth edition.

Danny Thompson, Nevada State American Federation of Labor - Congress of Industrial Organizations (AFL-CIO), commented that Mr. Badger laid out where this issue stands. He said with the would-be amendment being proposed, the bill would keep the law status quo. Mr. Thompson brought attention to the new training doctors would have to undergo to learn the new format. He asked the Committee to stay with the fifth edition of the AMA Guides and is in support of S.B. 195.

John (Jack) Jeffrey, International Union of Operating Engineers Local No. 12, testified in support of S.B. 195. Mr. Jeffrey shared his opinion that it may not be bad if Nevada adopted the book in its entirety, but because of the way laws are structured, DIR does not consider anything psychological. He states that strong arguments could be made that there are some areas of psychological treatment that need to be recognized. He stated that psychological treatment is a large part of the book. He said that to pick and choose, delete costly items and take items that reduce payment does not pass the preparedness test. He stated the fifth edition Guides has been in use for a number of years, and Nevada has been working with it for a number of years. He said to stay with the fifth edition Guides would not be an increase, and it would not change anything that is in place today. Mr. Jeffrey urged the Committee to stay with the fifth edition.

Nancyann Leeder, Nevada Attorney for Injured Workers, Office of the Nevada Attorney for Injured Workers, Department of Business and Industry, emphasized what others have commented; she asked the Committee to stay with what is in place. She stated that the reason to emphasize this currently is that there is a fairly known quantity. She stated that when changes are made in the law and things are uncertain, an unknown quantity causes litigation to "mushroom." She said that adopting the sixth edition Guides will increase litigation.

Ms. Leeder indicated that because the books are extremely complicated, there will be a large amount of training required. She stated the doctors who are approved to do ratings have to complete classes costing several hundred to a couple thousand dollars. She stated that attorneys also have to take those classes to understand how the ratings should be done, what they mean and how to interpret the numbers. She stated that an understanding of the interrelationship of the various chapters is necessary.

Chair Carlton asked for those in opposition of the bill to come forward at this time to testify.

Robert A. (Bob) Ostrovsky, Employers Insurance Group, mentioned being asked by the Chair to prepare a brief history of workers' compensation and indicated he did not have an opportunity to complete it.

Mr. Ostrovsky shared that relative to S.B. 195, he testified against Assembly Bill 178 a couple of weeks prior, due to the offending language. He

said it is important to look at the entire benefit package system, not just one benefit when making a policy decision about how to compensate workers that have a permanent disability of some kind; this is the purpose of the guides. He stated that Nevada has operated for many years on a much earlier edition. He said that folks who represent injured workers are accused of "dragging our feet." He stated the opposite is in effect with the same folks because of their concern that things may work in the other direction.

ASSEMBLY BILL 178: Makes various changes to provisions relating to industrial insurance. (BDR 53-221)

Mr. Ostrovsky stated, in response to Senator Rhoads's question, ten states now use the sixth edition and include Alaska, Louisiana, Mississippi, Montana, New Mexico, Oklahoma, Pennsylvania, Rhode Island, Tennessee and Wyoming. He said 17 states are still using the fifth edition, 9 are using the fourth edition, 2 states are currently using the third edition, 6 states have developed and are using their own guidelines and there are a couple of states that have no specific guidelines.

As part of the DIR Advisory Board when the fourth edition was adopted, Mr. Ostrovsky stated that he and Mr. Thompson held hearings at the time to determine what sections of the book should be reviewed. Mr. Ostrovsky encouraged the Committee to look at the total package and stated he would work with the sponsors to resolve the issues. He asked the Committee to hold this bill to come to agreement relative to the issue ratings.

Chair Carlton stated to Mr. Ostrovsky that she disagreed because there is one name on the bill. She said she does not see this as part of the larger package but as an issue that will impact injured workers in this State on June 1, 2009. She said it is very important that action is taken on something that could have such a drastic impact. Chair Carlton stated she understood there are issues in the Assembly but understood Mr. Ostrovsky's point of view.

George Ross, Snell and Wilmer; Nevada Self-Insurers Association (NSIA); Las Vegas Chamber of Commerce, said NSIA is interested and willing to work with the Committee on workers' compensation improvements. He said regarding S.B. 195, and opening up the new other fact that physical impairment is still in play, while previous testimonies have suggested an amendment, it is not formal at this time and the issue is still alive in the Legislature. He suggested that if the

amendment is adopted, it will open up claims related to stress, pain and daily-living, including sexual function. He asked, "How do you decide what is regular, what is good, what is bad, how much that is worth, how much a person has diminished and psychological factors?" He reminded the Committee of the California workers' compensation disaster a couple of decades ago. He said a major factor of that disaster was stress. If this amendment comes in, he said Nevada would be facing a tremendous explosion of cost which would be almost impossible to estimate because of lifetime reopenings.

Chair Carlton asked Mr. Ross to please clarify and asked if he was speaking about the second part of the bill that was taken out. Mr. Ross answered yes; he wanted to be on the record that it is important that it does come out, and hopefully the issue will not make it over here, but if it does, that would be something to be taken seriously.

Chair Carlton said that for the record she wanted to clarify that the discussion was about the same issue.

Mr. Ross introduced Christopher Brigham, M.D., senior contributing editor for the Guides, who has written over 200 articles in regard to impairment and disability. Dr. Brigham called into the hearing room to testify about the sixth edition of the AMA Guides.

Christopher R. Brigham, M.D., addressing the issue of S.B. 195, said that advocating for the continued use of the fifth edition rather than making use of the sixth edition is an act that would move Nevada away from the goal of having a fair, reliable and efficient process of assessing permanent impairment. Dr. Brigham referenced statements made today, saying they are not correct and are misperceptions which are understandable when addressing a new approach, and he would like to clarify.

Dr. Brigham asked the Committee to keep in mind that the decision of whether to move from the fifth edition and advance to the sixth edition Guides depends on three points. He said the first is that the concerns expressed today do reflect misunderstandings and unfounded fears. Secondly, he stated those who have used the Guides, sixth edition, have been surveyed and prefer the sixth edition over the fifth edition. He said the third point is the sixth edition tracks advances in medicine; the process of assessing impairments has improved. He said from the perspective of a clinician, there is no sound clinical reason to ignore medical

advances. He suggested there are certain stakeholders who prefer older science over modern science, and it is indefensible for a physician to use an earlier edition medical textbook over one that is more current.

Dr. Brigham said the sixth edition Guides reflects substantial improvements and refinements over the fifth edition and will result in more fair assessments when looking at the impact of an injury. He referenced an article published in the *Journal of International Association of Industrial Accident Boards and Commissions*, 2008, titled, *AMA Guides Sixth Edition: Perceptions, Myths, and Insights* ([Exhibit I](#)) and described a few items in the article. He said the sixth edition, published in December 2007, was published to address the criticisms from prior editions. He stated there are significant problems with prior editions; he described the example of three chapters in the fifth edition that doctors use most often. He said those chapters are assessing the spine, the upper extremities, the arms and lower extremities. Each chapter uses different approaches to defining impairment because they are written by different committees. He stated it resulted in inequities, confusion, significant errors and conflict. In the sixth edition Guides, there is consistent methodology based on a more rational approach of defining impairment which has made it easier, based on feedback from physicians, than before. He said in reviewing ratings, they have found decreased differences between what the ratings should be and what was applied. He suggested that this improved the reliability of impairment ratings to increase fairness and improve case resolution to decrease conflict.

Dr. Brigham further addressed the article and mentioned a survey that resulted in a favorable response from all groups, with the exception of one group of stakeholders, plaintiff attorneys. He stated there were concerns about some of the rating values, specifically the spine surgical cases. Dr. Brigham pointed out that one difference to deal with in Nevada is the issue of the functional adjustments. The sixth edition ratings are based on a diagnoses-based impairment approach, an approach used in the spine chapter of the fifth edition and one of the approaches in the lower extremities chapters. He stated they made adjustments based on functions. He said there would be a certain range of diagnosis, and one factor affecting a dysfunction was exclusively noted in the sixth edition, "specific jurisdictions may modify this process, such as that functional history adjustment is considered or not considered at all, as a grade modifier." Therefore, some flexibility is needed for that.

Dr. Brigham continued with myths, pointing out the myth of having more confusion with ratings. He said their data has shown a very high error rating with the fifth-edition ratings. He stated the majority of ratings are not correct; the estimator, an expert on the guide, reapplied the criteria correctly in the guide and said you will see a decrease in error. He said the other myth is that the sixth edition is not an improvement. He states that, in fact, it is a major improvement citing the problems of prior editions' inconsistent approaches, and their failure to provide a comprehensive, valid, reliable and unbiased approach that did not adequately deal with some functional issues.

Addressing impairment values, Dr. Brigham said values should change between editions, and he cited knee replacements having the same values for the past 20 years; yet functionally, he noted, patients do much better with new technology. He said that impairment values should be going down when physicians facilitate the recovery of the patients; therefore, they should be less impaired and less disabled. He stated the expectation would be changes in value. Dr. Brigham addressed the concern about some of the surgical procedures, saying that in the past there was a police system indicating if surgery of the spine was performed, it would increase impairment. He said that it does not make sense from a standpoint, as physicians; the goal when treating a patient is to improve the outcomes. He used an example of a single-level cervical fusion that would get a high rating similar to the rating given to someone with a leg amputated at the knee. He said this did not make sense when the patients were functionally doing very well.

Dr. Brigham addressed Mr. Badger's testimony regarding the Guide's case book and his selection of cases from it. He said actual assessment of case examples from the sixth edition revealed there was not a significant difference for upper or lower extremities; there was a difference for spine but only relating to issues of surgical interventions. The myth that there would be increased litigation has not been their experience as they observe the states that are using the sixth edition assessments. He said that by having a more consistent approach there is a decrease in litigation. He mentioned a learning curve to mastering assessments; however, it is shorter than previous editions because of the various chapter approaches. Another concern, he said, was the extent of the corrections and clarifications to the sixth edition Guides. He said in this edition of the Guides there was a decision to reprint entire tables even if one word was added to clarify the table. He said the AMA is aware of the concerns about these corrections and clarifications. He said it was his understanding the AMA

corrected the Guides, and they will provide a free copy of the corrected Guides to all prior purchasers.

Finally, Dr. Brigham said that the cost of \$2,000 for training is not correct; he stated they are offering a training program for Nevada in Reno on May 1 - 2 and in Las Vegas on May 15 - 16, at a cost of \$395.

Dr. Brigham summarized that the sixth edition Guides reflects a continued process of improvement. He stated that it is a dramatic improvement over the fifth edition which contains serious flaws and many approaches that are not supportable by what is known to current medical science. He said to hold on to something that is flawed just because it is comfortable makes no sense. Dr. Brigham said the sixth edition simplifies the rating process. It is going to improve in the rate of reliability, it will decrease conflict and it is going to provide a solid basis for future editions of the guide. He said the choice is very clear if the goal is to have fairer, more reliable and equitable ratings. Dr. Brigham encouraged the Committee to reconsider S.B. 195.

Chair Carlton asked Dr. Brigham if he knew whether or not other states adopted the sixth edition in its entirety. Dr. Brigham said it depends by state. He said two areas that differ are the issues of pain or psych. He said there is a rate of impairment for pain up to 3 percent in rare situations in the sixth edition and it is more restrictive than it was in the fifth edition. Impairment for psych is ratable, but there are many jurisdictions that do not provide ratable impairment for psychological issues. They use the book just for the other chapters. He said it is possible to modify issues with regard to functional issues.

Craig Coziahr, Nevada Transportation Network Self Insured Group; Nevada Auto Network Self Insured Group; Nevada Retail Network Self Insured Group; Nevada Agriculture Network Self Insured Group; and the Builders Association of Western Nevada Self Insured Group, said he opposes the bill as written.

Chair Carlton asked if he opposed the amendment. Mr. Coziahr stated that as long as it is still in, yes. Chair Carlton said after having this discussion, it seems as if the only thing that was left was the fifth edition. She asked if he supports the fifth edition. Mr. Coziahr stated no, they do not support the fifth edition. He stated they want the sixth edition.

Chair Carlton asked the Committee about their pleasure for this bill and asked if they would like to have any discussion.

Senator Schneider stated that this is an important bill for Nevada. He said he understands that the business groups have tried to come to the table to make it more of an omnibus bill. He said that he has something coming out in regard to injured workers with a catastrophic injury. He stated he is interested in seeing a more comprehensive bill come through to include some of our concerns and would prefer to work on this bill a little more. He said he does not want to see severe cuts as suggested on some of the items. He stated he would like to continue work with both the labor and business community.

Chair Carlton stated she understands what is needed to develop the best package for all Nevadans. She stated that discussions and the amendment to the bill have stipulated the fifth edition as status quo. Working with the fifth edition, the Legislature will know what guidelines to work under until we can get all the questions sorted out. She stated there are many more questions and a much larger learning curve than she has had time to take on. She stated that she did not want to see injured workers in the State put through another mill of the rules changing and the Legislature not being able to get something passed when it comes to a package. Chair Carlton stated this is important enough that it needs to be above and beyond a package. She said she is not comfortable going to the sixth edition until it can be researched more deeply. She stated she respects the opinions of Mr. Badger and other folks who have contacted her on this bill.

Senator Hardy stated a non-Rule 23 Disclosure even though it does not impact his members any more than anyone else; but for public information, he represents the Associated Builders and Contractors of Las Vegas.

Senator Hardy indicated he is not comfortable today about making a decision to continue to use the fifth edition Guides. He stated the policy reasons we did what we did are still good and valid; but, he said, he wanted more time to consider it. He would not be able to support the bill today. He said he would like to see both sides meet for discussion to perhaps find common ground since it is coming over in other bills and needs to be resolved it before it gets here.

Senator Copening asked Mr. Badger and Mr. Thompson, after hearing from the author, if anything has changed based upon that testimony. Mr. Thompson

answered Senator Copenig, "No." Mr. Thompson stated that in reality, there will be lawsuits. As a member of the DIR board, he said he knows there will be attempts to change those regulations that everyone cannot agree upon, and it will drag out for a length of time. He stated that if training doctors about the sixth edition started today, it could be completed by June 1. He stated that we need to stay with what we have because the financial impact of having to defend the lawsuits will be on the State.

Mr. Badger pointed out the list of examples given out to the Committee, [Exhibit H](#), from a book written by Dr. Brigham about what happens in very common significant injuries. He stated that the Committee heard from individuals in similar circumstances such as the gentleman who had a knee replacement. Mr. Badger indicated this individual would get a 40-percent reduction under the sixth edition Guides requirements. He stated that when reductions are built into a book, such as the AMA sixth edition Guides, it is a benefit reduction whether it was intended or not. He said that no one testified that it does not happen. He said he did not believe that a reduction is the intent of the Legislature.

Mr. Jeffrey said his concern is about the injured worker. He stated that the Legislature has put packages together for the past several sessions including the significant cuts from the sixth edition. He said that further discussion will result in reductions in other areas to keep from taking reductions that the sixth edition provides. Mr. Jeffrey stated concern about putting the injured workers of the State in a position of having to give up something to stay where they are. He stated that if the bill is not passed, it is a significant gain at the cost of the injured worker. He said he wants to start on a level playing field. If you do not pass the bill, there is no level playing field.

Senator Copenig stated she was in support of the bill and the amendment.

Chair Carlton entered into the record three letters in opposition to the bill. The first is from Samuel Sorich, Vice President of Property Casualty Insurers Association of America ([Exhibit J](#)). The second letter is from Wayne Carlson, Executive Director of Public Agency Compensation Trust ([Exhibit K](#)). The final letter is from Victoria J. Robinson, Manager of Insurance Services for the Las Vegas City Council ([Exhibit L](#)).

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Chair Carlton asked the Committee's pleasure toward the bill, and there was no comment. Hearing no response, Chair Carlton said the bill would not be processed today; however, it would be brought up again at a work session in the near future.

There being no further business before the Committee, the meeting was adjourned at 4:15 p.m.

RESPECTFULLY SUBMITTED:

Vicki Folster,
Committee Secretary

APPROVED BY:

Senator Maggie Carlton, Chair

DATE: _____