

1 AN ACT concerning employment.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. The Freedom of Information Act is amended by
5 changing Section 7.5 as follows:

6 (5 ILCS 140/7.5)

7 Sec. 7.5. Statutory exemptions. To the extent provided for
8 by the statutes referenced below, the following shall be exempt
9 from inspection and copying:

10 (a) All information determined to be confidential
11 under Section 4002 of the Technology Advancement and
12 Development Act.

13 (b) Library circulation and order records identifying
14 library users with specific materials under the Library
15 Records Confidentiality Act.

16 (c) Applications, related documents, and medical
17 records received by the Experimental Organ Transplantation
18 Procedures Board and any and all documents or other records
19 prepared by the Experimental Organ Transplantation
20 Procedures Board or its staff relating to applications it
21 has received.

22 (d) Information and records held by the Department of
23 Public Health and its authorized representatives relating

1 to known or suspected cases of sexually transmissible
2 disease or any information the disclosure of which is
3 restricted under the Illinois Sexually Transmissible
4 Disease Control Act.

5 (e) Information the disclosure of which is exempted
6 under Section 30 of the Radon Industry Licensing Act.

7 (f) Firm performance evaluations under Section 55 of
8 the Architectural, Engineering, and Land Surveying
9 Qualifications Based Selection Act.

10 (g) Information the disclosure of which is restricted
11 and exempted under Section 50 of the Illinois Prepaid
12 Tuition Act.

13 (h) Information the disclosure of which is exempted
14 under the State Officials and Employees Ethics Act, and
15 records of any lawfully created State or local inspector
16 general's office that would be exempt if created or
17 obtained by an Executive Inspector General's office under
18 that Act.

19 (i) Information contained in a local emergency energy
20 plan submitted to a municipality in accordance with a local
21 emergency energy plan ordinance that is adopted under
22 Section 11-21.5-5 of the Illinois Municipal Code.

23 (j) Information and data concerning the distribution
24 of surcharge moneys collected and remitted by wireless
25 carriers under the Wireless Emergency Telephone Safety
26 Act.

1 (k) Law enforcement officer identification information
2 or driver identification information compiled by a law
3 enforcement agency or the Department of Transportation
4 under Section 11-212 of the Illinois Vehicle Code.

5 (l) Records and information provided to a residential
6 health care facility resident sexual assault and death
7 review team or the Executive Council under the Abuse
8 Prevention Review Team Act.

9 (m) Information provided to the predatory lending
10 database created pursuant to Article 3 of the Residential
11 Real Property Disclosure Act, except to the extent
12 authorized under that Article.

13 (n) Defense budgets and petitions for certification of
14 compensation and expenses for court appointed trial
15 counsel as provided under Sections 10 and 15 of the Capital
16 Crimes Litigation Act. This subsection (n) shall apply
17 until the conclusion of the trial of the case, even if the
18 prosecution chooses not to pursue the death penalty prior
19 to trial or sentencing.

20 (o) Information that is prohibited from being
21 disclosed under Section 4 of the Illinois Health and
22 Hazardous Substances Registry Act.

23 (p) Security portions of system safety program plans,
24 investigation reports, surveys, schedules, lists, data, or
25 information compiled, collected, or prepared by or for the
26 Regional Transportation Authority under Section 2.11 of

1 the Regional Transportation Authority Act or the St. Clair
2 County Transit District under the Bi-State Transit Safety
3 Act.

4 (q) Information prohibited from being disclosed by the
5 Personnel Records Review Act.

6 (r) Information prohibited from being disclosed by the
7 Illinois School Student Records Act.

8 (s) Information the disclosure of which is restricted
9 under Section 5-108 of the Public Utilities Act.

10 (t) All identified or deidentified health information
11 in the form of health data or medical records contained in,
12 stored in, submitted to, transferred by, or released from
13 the Illinois Health Information Exchange, and identified
14 or deidentified health information in the form of health
15 data and medical records of the Illinois Health Information
16 Exchange in the possession of the Illinois Health
17 Information Exchange Authority due to its administration
18 of the Illinois Health Information Exchange. The terms
19 "identified" and "deidentified" shall be given the same
20 meaning as in the Health Insurance Portability and
21 Accountability Act of 1996, Public Law 104-191, or any
22 subsequent amendments thereto, and any regulations
23 promulgated thereunder.

24 (u) Records and information provided to an independent
25 team of experts under Brian's Law.

26 (v) Names and information of people who have applied

1 for or received Firearm Owner's Identification Cards under
2 the Firearm Owners Identification Card Act or applied for
3 or received a concealed carry license under the Firearm
4 Concealed Carry Act, unless otherwise authorized by the
5 Firearm Concealed Carry Act; and databases under the
6 Firearm Concealed Carry Act, records of the Concealed Carry
7 Licensing Review Board under the Firearm Concealed Carry
8 Act, and law enforcement agency objections under the
9 Firearm Concealed Carry Act.

10 (w) Personally identifiable information which is
11 exempted from disclosure under subsection (g) of Section
12 19.1 of the Toll Highway Act.

13 (x) Information which is exempted from disclosure
14 under Section 5-1014.3 of the Counties Code or Section
15 8-11-21 of the Illinois Municipal Code.

16 (y) Confidential information under the Adult
17 Protective Services Act and its predecessor enabling
18 statute, the Elder Abuse and Neglect Act, including
19 information about the identity and administrative finding
20 against any caregiver of a verified and substantiated
21 decision of abuse, neglect, or financial exploitation of an
22 eligible adult maintained in the Registry established
23 under Section 7.5 of the Adult Protective Services Act.

24 (z) Records and information provided to a fatality
25 review team or the Illinois Fatality Review Team Advisory
26 Council under Section 15 of the Adult Protective Services

1 Act.

2 (aa) Information which is exempted from disclosure
3 under Section 2.37 of the Wildlife Code.

4 (bb) Information which is or was prohibited from
5 disclosure by the Juvenile Court Act of 1987.

6 (cc) Recordings made under the Law Enforcement
7 Officer-Worn Body Camera Act, except to the extent
8 authorized under that Act.

9 (dd) Information that is prohibited from being
10 disclosed under Section 45 of the Condominium and Common
11 Interest Community Ombudsperson Act.

12 (ee) ~~(ed)~~ Information that is exempted from disclosure
13 under Section 30.1 of the Pharmacy Practice Act.

14 (ff) Information the disclosure of which is restricted
15 and exempted under Sections 25.5 and 29.2 of the Workers'
16 Compensation Act.

17 (Source: P.A. 98-49, eff. 7-1-13; 98-63, eff. 7-9-13; 98-756,
18 eff. 7-16-14; 98-1039, eff. 8-25-14; 98-1045, eff. 8-25-14;
19 99-78, eff. 7-20-15; 99-298, eff. 8-6-15; 99-352, eff. 1-1-16;
20 99-642, eff. 7-28-16; 99-776, eff. 8-12-16; 99-863, eff.
21 8-19-16; revised 9-1-16.)

22 Section 2. The Illinois Insurance Code is amended by
23 changing Sections 456, 457, and 458 as follows:

24 (215 ILCS 5/456) (from Ch. 73, par. 1065.3)

1 Sec. 456. Making of rates. (1) All rates shall be made in
2 accordance with the following provisions:

3 (a) Due consideration shall be given to past and
4 prospective loss experience within and outside this state, to
5 catastrophe hazards, if any, to a reasonable margin for profit
6 and contingencies, to dividends, savings or unabsorbed premium
7 deposits allowed or returned by companies to their
8 policyholders, members or subscribers, to past and prospective
9 expenses both countrywide and those specially applicable to
10 this state, to underwriting practice and judgment and to all
11 other relevant factors within and outside this state;

12 (b) The systems of expense provisions included in the rates
13 for use by any company or group of companies may differ from
14 those of other companies or groups of companies to reflect the
15 requirements of the operating methods of any such company or
16 group with respect to any kind of insurance, or with respect to
17 any subdivision or combination thereof for which subdivision or
18 combination separate expense provisions are applicable;

19 (c) Risks may be grouped by classifications for the
20 establishment of rates and minimum premiums. Classification
21 rates may be modified to produce rates for individual risks in
22 accordance with rating plans which measure variation in hazards
23 or expense provisions, or both. Such rating plans may measure
24 any differences among risks that have a probable effect upon
25 losses or expenses;

26 (d) Rates shall not be excessive, inadequate or unfairly

1 discriminatory.

2 ~~A rate in a competitive market is not excessive. A rate in~~
3 ~~a noncompetitive market~~ is excessive if it is likely to produce
4 a ~~long-run~~ profit that is unreasonably high for the insurance
5 provided or if expenses are unreasonably high in relation to
6 the services rendered.

7 A rate is not inadequate unless such rate is clearly
8 insufficient to sustain projected losses and expenses in the
9 class of business to which it applies and the use of such rate
10 has or, if continued, will have the effect of substantially
11 lessening competition or the tendency to create monopoly in any
12 market.

13 Unfair discrimination exists if, after allowing for
14 practical limitations, price differentials fail to reflect
15 equitably the differences in expected losses and expenses. A
16 rate is not unfairly discriminatory because different premiums
17 result for policyholders with like exposures but different
18 expenses, or like expenses but different loss exposures, so
19 long as the rate reflects the differences with reasonable
20 accuracy.

21 (e) The rating plan shall contain a mandatory offer of a
22 deductible applicable only to the medical benefit under the
23 Workers' Compensation Act. Such deductible offer shall be in a
24 minimum amount of at least \$1,000 per accident.

25 (f) Any rating plan or program shall include a rule
26 permitting 2 or more employers with similar risk

1 characteristics, who participate in a loss prevention program
2 or safety group, to pool their premium and loss experience in
3 determining their rate or premium for such participation in the
4 program.

5 (2) Except to the extent necessary to meet the provisions
6 of subdivision (d) of subsection (1) of this Section,
7 uniformity among companies in any matters within the scope of
8 this Section is neither required nor prohibited.

9 (Source: P.A. 82-939.)

10 (215 ILCS 5/457) (from Ch. 73, par. 1065.4)

11 Sec. 457. Rate filings. (1) ~~Every Beginning January 1,~~
12 ~~1983, every~~ company shall prefile ~~file~~ with the Director every
13 manual of classifications, every manual of rules and rates,
14 every rating plan and every modification of the foregoing which
15 it intends to use. Such filings shall be made at least ~~not~~
16 ~~later than~~ 30 days before ~~after~~ they become effective. A
17 company may satisfy its obligation to make such filings by
18 adopting the filing of a licensed rating organization of which
19 it is a member or subscriber, filed pursuant to subsection (2)
20 of this Section, in total or, with the approval of the
21 Director, ~~by notifying the Director in what respects it intends~~
22 ~~to~~ deviate from such filing. If a company intends to deviate
23 from the filing of a licensed rating organization of which it
24 is a member, the company shall provide the Director with
25 supporting information that specifies the basis for the

1 requested deviation and provides justification for the
2 deviation. Any company adopting a pure premium filed by a
3 rating organization pursuant to subsection (2) must file with
4 the Director the modification factor it is using for expenses
5 and profit so that the final rates in use by such company can
6 be determined.

7 (2) ~~Each Beginning January 1, 1983, each~~ licensed rating
8 organization must prefile ~~file~~ with the Director every manual
9 of classification, every manual of rules and advisory rates,
10 every pure premium which has been fully adjusted and fully
11 developed, every rating plan and every modification of any of
12 the foregoing which it intends to recommend for use to its
13 members and subscribers, at least ~~not later than~~ 30 days before
14 ~~after~~ such manual, premium, plan or modification thereof takes
15 effect. Every licensed rating organization shall also file with
16 the Director the rate classification system, all rating rules,
17 rating plans, policy forms, underwriting rules or similar
18 materials, and each modification of any of the foregoing which
19 it requires its members and subscribers to adhere to not later
20 than 30 days before such filings or modifications thereof are
21 to take effect. Every such filing shall state the proposed
22 effective date thereof and shall indicate the character and
23 extent of the coverage contemplated.

24 (3) A filing and any supporting information made pursuant
25 to this Section shall be open to public inspection as soon as
26 filed ~~after the filing becomes effective.~~

1 (4) A filing shall not be effective nor used until approved
2 by the Director. A filing shall be deemed approved if the
3 Director fails to disapprove within 30 days after the filing.

4 (Source: P.A. 82-939.)

5 (215 ILCS 5/458) (from Ch. 73, par. 1065.5)

6 Sec. 458. Disapproval of filings. (1) If within 30 ~~thirty~~
7 days of any filing the Director finds that such filing does not
8 meet the requirements of this Article, he shall send to the
9 company or rating organization which made such filing a written
10 notice of disapproval of such filing, specifying therein in
11 what respects he finds that such filing fails to meet the
12 requirements of this Article ~~and stating when, within a~~
13 ~~reasonable period thereafter, such filing shall be deemed no~~
14 ~~longer effective.~~ A company or rating organization whose filing
15 has been disapproved shall be given a hearing upon a written
16 request made within 30 days after the disapproval order. ~~If the~~
17 ~~company or rating organization making the filing shall, prior~~
18 ~~to the expiration of the period prescribed in the notice,~~
19 ~~request a hearing, such filings shall be effective until the~~
20 ~~expiration of a reasonable period specified in any order~~
21 ~~entered thereon. If the rate resulting from such filing be~~
22 ~~unfairly discriminatory or materially inadequate, and the~~
23 ~~difference between such rate and the approved rate equals or~~
24 ~~exceeds the cost of making an adjustment, the Director shall in~~
25 ~~such notice or order direct an adjustment of the premium to be~~

1 ~~made with the policyholder either by refund or collection of~~
2 ~~additional premium. If the policyholder does not accept the~~
3 ~~increased rate, cancellation shall be made on a pro rata basis.~~
4 ~~Any policy issued pursuant to this subsection shall contain a~~
5 ~~provision that the premium thereon shall be subject to~~
6 ~~adjustment upon the basis of the filing finally approved.~~

7 (2) If at any time subsequent to the applicable review
8 period provided for in subsection (1) of this Section, the
9 Director finds that a filing does not meet the requirements of
10 this Article, he shall, after a hearing held upon not less than
11 ten days written notice, specifying the matters to be
12 considered at such hearing, to every company and rating
13 organization which made such filing, issue an order specifying
14 in what respects he finds that such filing fails to meet the
15 requirements of this Article, and stating when, within a
16 reasonable period thereafter, such filings shall be deemed no
17 longer effective. Copies of said order shall be sent to every
18 such company and rating organization. Said order shall not
19 affect any contract or policy made or issued prior to the
20 expiration of the period set forth in said order.

21 (3) Any person or organization aggrieved with respect to
22 any filing which is in effect may make written application to
23 the Director for a hearing thereon, provided, however, that the
24 company or rating organization that made the filing shall not
25 be authorized to proceed under this subsection. Such
26 application shall specify the grounds to be relied upon by the

1 applicant. If the Director shall find that the application is
2 made in good faith, that the applicant would be so aggrieved if
3 his grounds are established, and that such grounds otherwise
4 justify holding such a hearing, he shall, within thirty days
5 after receipt of such application, hold a hearing upon not less
6 than ten days written notice to the applicant and to every
7 company and rating organization which made such filing.

8 If, after such hearing, the Director finds that the filing
9 does not meet the requirements of this Article, he shall issue
10 an order specifying in what respects he finds that such filing
11 fails to meet the requirements of this Article, and stating
12 when, within a reasonable period thereafter, such filing shall
13 be deemed no longer effective. Copies of said order shall be
14 sent to the applicant and to every such company and rating
15 organization. Said order shall not affect any contract or
16 policy made or issued prior to the expiration of the period set
17 forth in said order.

18 (4) Whenever an insurer has no legally effective rates as a
19 result of the Director's disapproval of rates or other act, the
20 Director shall on request of the insurer specify interim rates
21 for the insurer that are high enough to protect the interests
22 of all parties and may order that a specified portion of the
23 premiums be placed in an escrow account approved by him or her.
24 When new rates become legally effective, the Director shall
25 order the escrowed funds or any overcharge in the interim rates
26 to be distributed appropriately, except that refunds to

1 policyholders that are de minimis shall not be required.

2 (Source: P.A. 82-939.)

3 (215 ILCS 5/460 rep.)

4 Section 3. The Illinois Insurance Code is amended by
5 repealing Section 460.

6 Section 4. The Criminal Code of 2012 is amended by adding
7 Section 17-10.4 as follows:

8 (720 ILCS 5/17-10.4 new)

9 Sec. 17-10.4. Workers' compensation fraud.

10 (a) It is unlawful for any person, company, corporation,
11 insurance carrier, health care provider, or other entity to:

12 (1) Intentionally present or cause to be presented any
13 false or fraudulent claim for the payment of any workers'
14 compensation benefit.

15 (2) Intentionally make or cause to be made any false or
16 fraudulent material statement or material representation
17 for the purpose of obtaining or denying any workers'
18 compensation benefit.

19 (3) Intentionally make or cause to be made any false or
20 fraudulent statements with regard to entitlement to
21 workers' compensation benefits with the intent to prevent
22 an injured worker from making a legitimate claim for any
23 workers' compensation benefit.

1 (4) Intentionally prepare or provide an invalid,
2 false, or counterfeit certificate of insurance as proof of
3 workers' compensation insurance.

4 (5) Intentionally make or cause to be made any false or
5 fraudulent material statement or material representation
6 for the purpose of obtaining workers' compensation
7 insurance at less than the proper amount for that
8 insurance.

9 (6) Intentionally make or cause to be made any false or
10 fraudulent material statement or material representation
11 on an initial or renewal self-insurance application or
12 accompanying financial statement for the purpose of
13 obtaining self-insurance status or reducing the amount of
14 security that may be required to be furnished pursuant to
15 Section 4 of the Workers' Compensation Act.

16 (7) Intentionally make or cause to be made any false or
17 fraudulent material statement to the Department of
18 Insurance's fraud and insurance non-compliance unit in the
19 course of an investigation of fraud or insurance
20 non-compliance.

21 (8) Intentionally present a bill or statement for the
22 payment for medical services that were not provided.

23 (9) Intentionally assist, abet, solicit, or conspire
24 with any person, company, or other entity to commit any of
25 the acts in paragraph (1), (2), (3), (4), (5), (6), (7), or
26 (8) of this subsection (a).

1 As used in paragraphs (2), (3), (5), (6), (7), and (8),
2 "statement" includes any writing, notice, proof of injury, bill
3 for services, hospital and doctor records and reports, and
4 X-ray and test results.

5 (b) Sentence.

6 (1) A violation of paragraph (a)(3) is a Class 4
7 felony.

8 (2) A violation of paragraph (a)(4) or (a)(7) is a
9 Class 3 felony.

10 (3) A violation of paragraph (a)(1), (a)(2), (a)(5),
11 (a)(6), or (a)(8) in which the value of the property
12 obtained or attempted to be obtained is \$500 or less is a
13 Class A misdemeanor.

14 (4) A violation of paragraph (a)(1), (a)(2), (a)(5),
15 (a)(6), or (a)(8) in which the value of the property
16 obtained or attempted to be obtained is more than \$500 but
17 not more than \$10,000 is a Class 3 felony.

18 (5) A violation of paragraph (a)(1), (a)(2), (a)(5),
19 (a)(6), or (a)(8) in which the value of the property
20 obtained or attempted to be obtained is more than \$10,000
21 but not more than \$100,000 is a Class 2 felony.

22 (6) A violation of paragraph (a)(1), (a)(2), (a)(5),
23 (a)(6), or (a)(8) in which the value of the property
24 obtained or attempted to be obtained is more than \$100,000
25 is a Class 1 felony.

26 (7) A violation of paragraph (9) of subsection (a)

1 shall be punishable as the Class of offense for which the
2 person convicted assisted, abetted, solicited, or
3 conspired to commit, as set forth in paragraphs (1) through
4 (6) of this subsection.

5 (8) A person convicted under this Section shall be
6 ordered to pay monetary restitution to the insurance
7 company or self-insured entity or any other person for any
8 financial loss sustained as a result of a violation of this
9 Section, including any court costs and attorney fees. An
10 order of restitution also includes expenses incurred and
11 paid by the State of Illinois or an insurance company or
12 self-insured entity in connection with any medical
13 evaluation or treatment services.

14 For a violation of paragraph (a) (1) or (a) (2), the value of
15 the property obtained or attempted to be obtained includes
16 payments pursuant to the provisions of the Workers'
17 Compensation Act as well as the amount paid for medical
18 expenses. For a violation of paragraph (a) (5), the value of the
19 property obtained or attempted to be obtained is the difference
20 between the proper amount for the coverage sought or provided
21 and the actual amount billed for workers' compensation
22 insurance. For a violation of paragraph (a) (6), the value of
23 the property obtained or attempted to be obtained is the
24 difference between the proper amount of security required
25 pursuant to Section 4 of the Workers' Compensation Act and the
26 amount furnished pursuant to the false or fraudulent statements

1 or representations. Notwithstanding the foregoing, an
2 insurance company, self-insured entity, or any other person
3 suffering financial loss sustained as a result of violation of
4 this Section may seek restitution, including court costs and
5 attorney's fees, in a civil action in a court of competent
6 jurisdiction.

7 Section 5. The Workers' Compensation Act is amended by
8 changing Sections 1, 8, 8.1b, 8.2, 8.2a, 14, 19, 25.5, and 29.2
9 as follows:

10 (820 ILCS 305/1) (from Ch. 48, par. 138.1)

11 Sec. 1. This Act may be cited as the Workers' Compensation
12 Act.

13 (a) The term "employer" as used in this Act means:

14 1. The State and each county, city, town, township,
15 incorporated village, school district, body politic, or
16 municipal corporation therein.

17 2. Every person, firm, public or private corporation,
18 including hospitals, public service, eleemosynary, religious
19 or charitable corporations or associations who has any person
20 in service or under any contract for hire, express or implied,
21 oral or written, and who is engaged in any of the enterprises
22 or businesses enumerated in Section 3 of this Act, or who at or
23 prior to the time of the accident to the employee for which
24 compensation under this Act may be claimed, has in the manner

1 provided in this Act elected to become subject to the
2 provisions of this Act, and who has not, prior to such
3 accident, effected a withdrawal of such election in the manner
4 provided in this Act.

5 3. Any one engaging in any business or enterprise referred
6 to in subsections 1 and 2 of Section 3 of this Act who
7 undertakes to do any work enumerated therein, is liable to pay
8 compensation to his own immediate employees in accordance with
9 the provisions of this Act, and in addition thereto if he
10 directly or indirectly engages any contractor whether
11 principal or sub-contractor to do any such work, he is liable
12 to pay compensation to the employees of any such contractor or
13 sub-contractor unless such contractor or sub-contractor has
14 insured, in any company or association authorized under the
15 laws of this State to insure the liability to pay compensation
16 under this Act, or guaranteed his liability to pay such
17 compensation. With respect to any time limitation on the filing
18 of claims provided by this Act, the timely filing of a claim
19 against a contractor or subcontractor, as the case may be,
20 shall be deemed to be a timely filing with respect to all
21 persons upon whom liability is imposed by this paragraph.

22 In the event any such person pays compensation under this
23 subsection he may recover the amount thereof from the
24 contractor or sub-contractor, if any, and in the event the
25 contractor pays compensation under this subsection he may
26 recover the amount thereof from the sub-contractor, if any.

1 This subsection does not apply in any case where the
2 accident occurs elsewhere than on, in or about the immediate
3 premises on which the principal has contracted that the work be
4 done.

5 4. Where an employer operating under and subject to the
6 provisions of this Act loans an employee to another such
7 employer and such loaned employee sustains a compensable
8 accidental injury in the employment of such borrowing employer
9 and where such borrowing employer does not provide or pay the
10 benefits or payments due such injured employee, such loaning
11 employer is liable to provide or pay all benefits or payments
12 due such employee under this Act and as to such employee the
13 liability of such loaning and borrowing employers is joint and
14 several, provided that such loaning employer is in the absence
15 of agreement to the contrary entitled to receive from such
16 borrowing employer full reimbursement for all sums paid or
17 incurred pursuant to this paragraph together with reasonable
18 attorneys' fees and expenses in any hearings before the
19 Illinois Workers' Compensation Commission or in any action to
20 secure such reimbursement. Where any benefit is provided or
21 paid by such loaning employer the employee has the duty of
22 rendering reasonable cooperation in any hearings, trials or
23 proceedings in the case, including such proceedings for
24 reimbursement.

25 Where an employee files an Application for Adjustment of
26 Claim with the Illinois Workers' Compensation Commission

1 alleging that his claim is covered by the provisions of the
2 preceding paragraph, and joining both the alleged loaning and
3 borrowing employers, they and each of them, upon written demand
4 by the employee and within 7 days after receipt of such demand,
5 shall have the duty of filing with the Illinois Workers'
6 Compensation Commission a written admission or denial of the
7 allegation that the claim is covered by the provisions of the
8 preceding paragraph and in default of such filing or if any
9 such denial be ultimately determined not to have been bona fide
10 then the provisions of Paragraph K of Section 19 of this Act
11 shall apply.

12 An employer whose business or enterprise or a substantial
13 part thereof consists of hiring, procuring or furnishing
14 employees to or for other employers operating under and subject
15 to the provisions of this Act for the performance of the work
16 of such other employers and who pays such employees their
17 salary or wages notwithstanding that they are doing the work of
18 such other employers shall be deemed a loaning employer within
19 the meaning and provisions of this Section.

20 (b) The term "employee" as used in this Act means:

21 1. Every person in the service of the State, including
22 members of the General Assembly, members of the Commerce
23 Commission, members of the Illinois Workers' Compensation
24 Commission, and all persons in the service of the University of
25 Illinois, county, including deputy sheriffs and assistant
26 state's attorneys, city, town, township, incorporated village

1 or school district, body politic, or municipal corporation
2 therein, whether by election, under appointment or contract of
3 hire, express or implied, oral or written, including all
4 members of the Illinois National Guard while on active duty in
5 the service of the State, and all probation personnel of the
6 Juvenile Court appointed pursuant to Article VI of the Juvenile
7 Court Act of 1987, and including any official of the State, any
8 county, city, town, township, incorporated village, school
9 district, body politic or municipal corporation therein except
10 any duly appointed member of a police department in any city
11 whose population exceeds 500,000 according to the last Federal
12 or State census, and except any member of a fire insurance
13 patrol maintained by a board of underwriters in this State. A
14 duly appointed member of a fire department in any city, the
15 population of which exceeds 500,000 according to the last
16 federal or State census, is an employee under this Act only
17 with respect to claims brought under paragraph (c) of Section
18 8.

19 One employed by a contractor who has contracted with the
20 State, or a county, city, town, township, incorporated village,
21 school district, body politic or municipal corporation
22 therein, through its representatives, is not considered as an
23 employee of the State, county, city, town, township,
24 incorporated village, school district, body politic or
25 municipal corporation which made the contract.

26 2. Every person in the service of another under any

1 contract of hire, express or implied, oral or written,
2 including persons whose employment is outside of the State of
3 Illinois where the contract of hire is made within the State of
4 Illinois, persons whose employment results in fatal or
5 non-fatal injuries within the State of Illinois where the
6 contract of hire is made outside of the State of Illinois, and
7 persons whose employment is principally localized within the
8 State of Illinois, regardless of the place of the accident or
9 the place where the contract of hire was made, and including
10 aliens, and minors who, for the purpose of this Act are
11 considered the same and have the same power to contract,
12 receive payments and give quittances therefor, as adult
13 employees.

14 3. Every sole proprietor and every partner of a business
15 may elect to be covered by this Act.

16 An employee or his dependents under this Act who shall have
17 a cause of action by reason of any injury, disablement or death
18 arising out of and in the course of his employment may elect to
19 pursue his remedy in the State where injured or disabled, or in
20 the State where the contract of hire is made, or in the State
21 where the employment is principally localized.

22 However, any employer may elect to provide and pay
23 compensation to any employee other than those engaged in the
24 usual course of the trade, business, profession or occupation
25 of the employer by complying with Sections 2 and 4 of this Act.
26 Employees are not included within the provisions of this Act

1 when excluded by the laws of the United States relating to
2 liability of employers to their employees for personal injuries
3 where such laws are held to be exclusive.

4 The term "employee" does not include persons performing
5 services as real estate broker, broker-salesman, or salesman
6 when such persons are paid by commission only.

7 (c) "Commission" means the Industrial Commission created
8 by Section 5 of "The Civil Administrative Code of Illinois",
9 approved March 7, 1917, as amended, or the Illinois Workers'
10 Compensation Commission created by Section 13 of this Act.

11 (d) To obtain compensation under this Act, an employee
12 bears the burden of showing, by a preponderance of the
13 evidence, that he or she has sustained accidental injuries
14 arising out of and in the course of the employment.

15 (e) Where an employee is required to travel away from his
16 or her employer's premises in order to perform his or her job,
17 the traveling employee's accidental injuries arise out of his
18 or her employment, and are in the course of his or her
19 employment, when the conduct in which he or she was engaged at
20 the time of the injury is reasonable and when that conduct
21 might have been anticipated or foreseen by the employer.
22 Accidental injuries while traveling do not occur in the course
23 of employment if the accident occurs during a purely personal
24 deviation or personal errand unless such deviation or errand is
25 insubstantial.

26 In determining whether an employee was required to travel

1 away from his or her employer's premises in order to perform
2 his or her job, along with all other relevant factors, the
3 following factors may be considered: whether the employer had
4 knowledge that the employee may be required to travel to
5 perform the job; whether the employer furnished any mode of
6 transportation to or from the employee; whether the employee
7 received, or the employer paid or agreed to pay, any
8 remuneration or reimbursement for costs or expenses of any form
9 of travel; whether the employer in any way directed the course
10 or method of travel; whether the employer in any way assisted
11 the employee in making any travel arrangements; whether the
12 employer furnished lodging or in any way reimbursed the
13 employee for lodging; and whether the employer received any
14 benefit from the employee traveling.

15 (Source: P.A. 97-18, eff. 6-28-11; 97-268, eff. 8-8-11; 97-813,
16 eff. 7-13-12.)

17 (820 ILCS 305/8) (from Ch. 48, par. 138.8)

18 Sec. 8. The amount of compensation which shall be paid to
19 the employee for an accidental injury not resulting in death
20 is:

21 (a) The employer shall provide and pay the negotiated rate,
22 if applicable, or the lesser of the health care provider's
23 actual charges or according to a fee schedule, subject to
24 Section 8.2, in effect at the time the service was rendered for
25 all the necessary first aid, medical and surgical services, and

1 all necessary medical, surgical and hospital services
2 thereafter incurred, limited, however, to that which is
3 reasonably required to cure or relieve from the effects of the
4 accidental injury, even if a health care provider sells,
5 transfers, or otherwise assigns an account receivable for
6 procedures, treatments, or services covered under this Act. If
7 the employer does not dispute payment of first aid, medical,
8 surgical, and hospital services, the employer shall make such
9 payment to the provider on behalf of the employee. The employer
10 shall also pay for treatment, instruction and training
11 necessary for the physical, mental and vocational
12 rehabilitation of the employee, including all maintenance
13 costs and expenses incidental thereto. If as a result of the
14 injury the employee is unable to be self-sufficient the
15 employer shall further pay for such maintenance or
16 institutional care as shall be required.

17 The employee may at any time elect to secure his own
18 physician, surgeon and hospital services at the employer's
19 expense, or,

20 Upon agreement between the employer and the employees, or
21 the employees' exclusive representative, and subject to the
22 approval of the Illinois Workers' Compensation Commission, the
23 employer shall maintain a list of physicians, to be known as a
24 Panel of Physicians, who are accessible to the employees. The
25 employer shall post this list in a place or places easily
26 accessible to his employees. The employee shall have the right

1 to make an alternative choice of physician from such Panel if
2 he is not satisfied with the physician first selected. If, due
3 to the nature of the injury or its occurrence away from the
4 employer's place of business, the employee is unable to make a
5 selection from the Panel, the selection process from the Panel
6 shall not apply. The physician selected from the Panel may
7 arrange for any consultation, referral or other specialized
8 medical services outside the Panel at the employer's expense.
9 Provided that, in the event the Commission shall find that a
10 doctor selected by the employee is rendering improper or
11 inadequate care, the Commission may order the employee to
12 select another doctor certified or qualified in the medical
13 field for which treatment is required. If the employee refuses
14 to make such change the Commission may relieve the employer of
15 his obligation to pay the doctor's charges from the date of
16 refusal to the date of compliance.

17 Any vocational rehabilitation counselors who provide
18 service under this Act shall have appropriate certifications
19 which designate the counselor as qualified to render opinions
20 relating to vocational rehabilitation. Vocational
21 rehabilitation may include, but is not limited to, counseling
22 for job searches, supervising a job search program, and
23 vocational retraining including education at an accredited
24 learning institution. The employee or employer may petition to
25 the Commission to decide disputes relating to vocational
26 rehabilitation and the Commission shall resolve any such

1 dispute, including payment of the vocational rehabilitation
2 program by the employer.

3 The maintenance benefit shall not be less than the
4 temporary total disability rate determined for the employee. In
5 addition, maintenance shall include costs and expenses
6 incidental to the vocational rehabilitation program.

7 When the employee is working light duty on a part-time
8 basis or full-time basis and earns less than he or she would be
9 earning if employed in the full capacity of the job or jobs,
10 then the employee shall be entitled to temporary partial
11 disability benefits. Temporary partial disability benefits
12 shall be equal to two-thirds of the difference between the
13 average amount that the employee would be able to earn in the
14 full performance of his or her duties in the occupation in
15 which he or she was engaged at the time of accident and the
16 gross amount which he or she is earning in the modified job
17 provided to the employee by the employer or in any other job
18 that the employee is working.

19 Every hospital, physician, surgeon or other person
20 rendering treatment or services in accordance with the
21 provisions of this Section shall upon written request furnish
22 full and complete reports thereof to, and permit their records
23 to be copied by, the employer, the employee or his dependents,
24 as the case may be, or any other party to any proceeding for
25 compensation before the Commission, or their attorneys.

26 Notwithstanding the foregoing, the employer's liability to

1 pay for such medical services selected by the employee shall be
2 limited to:

3 (1) all first aid and emergency treatment; plus

4 (2) all medical, surgical and hospital services
5 provided by the physician, surgeon or hospital initially
6 chosen by the employee or by any other physician,
7 consultant, expert, institution or other provider of
8 services recommended by said initial service provider or
9 any subsequent provider of medical services in the chain of
10 referrals from said initial service provider; plus

11 (3) all medical, surgical and hospital services
12 provided by any second physician, surgeon or hospital
13 subsequently chosen by the employee or by any other
14 physician, consultant, expert, institution or other
15 provider of services recommended by said second service
16 provider or any subsequent provider of medical services in
17 the chain of referrals from said second service provider.
18 Thereafter the employer shall select and pay for all
19 necessary medical, surgical and hospital treatment and the
20 employee may not select a provider of medical services at
21 the employer's expense unless the employer agrees to such
22 selection. At any time the employee may obtain any medical
23 treatment he desires at his own expense. This paragraph
24 shall not affect the duty to pay for rehabilitation
25 referred to above.

26 (4) The following shall apply for injuries occurring on

1 or after June 28, 2011 (the effective date of Public Act
2 97-18) and only when an employer has an approved preferred
3 provider program pursuant to Section 8.1a on the date the
4 employee sustained his or her accidental injuries:

5 (A) The employer shall, in writing, on a form
6 promulgated by the Commission, inform the employee of
7 the preferred provider program;

8 (B) Subsequent to the report of an injury by an
9 employee, the employee may choose in writing at any
10 time to decline the preferred provider program, in
11 which case that would constitute one of the two choices
12 of medical providers to which the employee is entitled
13 under subsection (a) (2) or (a) (3); and

14 (C) Prior to the report of an injury by an
15 employee, when an employee chooses non-emergency
16 treatment from a provider not within the preferred
17 provider program, that would constitute the employee's
18 one choice of medical providers to which the employee
19 is entitled under subsection (a) (2) or (a) (3).

20 When an employer and employee so agree in writing, nothing
21 in this Act prevents an employee whose injury or disability has
22 been established under this Act, from relying in good faith, on
23 treatment by prayer or spiritual means alone, in accordance
24 with the tenets and practice of a recognized church or
25 religious denomination, by a duly accredited practitioner
26 thereof, and having nursing services appropriate therewith,

1 without suffering loss or diminution of the compensation
2 benefits under this Act. However, the employee shall submit to
3 all physical examinations required by this Act. The cost of
4 such treatment and nursing care shall be paid by the employee
5 unless the employer agrees to make such payment.

6 Where the accidental injury results in the amputation of an
7 arm, hand, leg or foot, or the enucleation of an eye, or the
8 loss of any of the natural teeth, the employer shall furnish an
9 artificial of any such members lost or damaged in accidental
10 injury arising out of and in the course of employment, and
11 shall also furnish the necessary braces in all proper and
12 necessary cases. In cases of the loss of a member or members by
13 amputation, the employer shall, whenever necessary, maintain
14 in good repair, refit or replace the artificial limbs during
15 the lifetime of the employee. Where the accidental injury
16 accompanied by physical injury results in damage to a denture,
17 eye glasses or contact eye lenses, or where the accidental
18 injury results in damage to an artificial member, the employer
19 shall replace or repair such denture, glasses, lenses, or
20 artificial member.

21 The furnishing by the employer of any such services or
22 appliances is not an admission of liability on the part of the
23 employer to pay compensation.

24 The furnishing of any such services or appliances or the
25 servicing thereof by the employer is not the payment of
26 compensation.

1 (b) If the period of temporary total incapacity for work
2 lasts more than 3 working days, weekly compensation as
3 hereinafter provided shall be paid beginning on the 4th day of
4 such temporary total incapacity and continuing as long as the
5 total temporary incapacity lasts. The foregoing
6 notwithstanding, in the case of an employee who is employed as
7 a volunteer, paid-on-call, or part-time firefighter, emergency
8 medical technician, or paramedic or in ~~in~~ cases where the
9 temporary total incapacity for work continues for a period of
10 14 days or more from the day of the accident compensation shall
11 commence on the day after the accident.

12 1. The compensation rate for temporary total
13 incapacity under this paragraph (b) of this Section shall
14 be equal to 66 2/3% of the employee's average weekly wage
15 computed in accordance with Section 10, provided that it
16 shall be not less than 66 2/3% of the sum of the Federal
17 minimum wage under the Fair Labor Standards Act, or the
18 Illinois minimum wage under the Minimum Wage Law, whichever
19 is more, multiplied by 40 hours. This percentage rate shall
20 be increased by 10% for each spouse and child, not to
21 exceed 100% of the total minimum wage calculation, nor
22 exceed the employee's average weekly wage computed in
23 accordance with the provisions of Section 10, whichever is
24 less.

25 2. The compensation rate in all cases other than for
26 temporary total disability under this paragraph (b), and

1 other than for serious and permanent disfigurement under
2 paragraph (c) and other than for permanent partial
3 disability under subparagraph (2) of paragraph (d) or under
4 paragraph (e), of this Section shall be equal to 66 2/3% of
5 the employee's average weekly wage computed in accordance
6 with the provisions of Section 10, provided that it shall
7 be not less than 66 2/3% of the sum of the Federal minimum
8 wage under the Fair Labor Standards Act, or the Illinois
9 minimum wage under the Minimum Wage Law, whichever is more,
10 multiplied by 40 hours. This percentage rate shall be
11 increased by 10% for each spouse and child, not to exceed
12 100% of the total minimum wage calculation, nor exceed the
13 employee's average weekly wage computed in accordance with
14 the provisions of Section 10, whichever is less.

15 2.1. The compensation rate in all cases of serious and
16 permanent disfigurement under paragraph (c) and of
17 permanent partial disability under subparagraph (2) of
18 paragraph (d) or under paragraph (e) of this Section shall
19 be equal to 60% of the employee's average weekly wage
20 computed in accordance with the provisions of Section 10,
21 provided that it shall be not less than 66 2/3% of the sum
22 of the Federal minimum wage under the Fair Labor Standards
23 Act, or the Illinois minimum wage under the Minimum Wage
24 Law, whichever is more, multiplied by 40 hours. This
25 percentage rate shall be increased by 10% for each spouse
26 and child, not to exceed 100% of the total minimum wage

1 calculation, nor exceed the employee's average weekly wage
2 computed in accordance with the provisions of Section 10,
3 whichever is less.

4 3. As used in this Section the term "child" means a
5 child of the employee including any child legally adopted
6 before the accident or whom at the time of the accident the
7 employee was under legal obligation to support or to whom
8 the employee stood in loco parentis, and who at the time of
9 the accident was under 18 years of age and not emancipated.
10 The term "children" means the plural of "child".

11 4. All weekly compensation rates provided under
12 subparagraphs 1, 2 and 2.1 of this paragraph (b) of this
13 Section shall be subject to the following limitations:

14 The maximum weekly compensation rate from July 1, 1975,
15 except as hereinafter provided, shall be 100% of the
16 State's average weekly wage in covered industries under the
17 Unemployment Insurance Act, that being the wage that most
18 closely approximates the State's average weekly wage.

19 The maximum weekly compensation rate, for the period
20 July 1, 1984, through June 30, 1987, except as hereinafter
21 provided, shall be \$293.61. Effective July 1, 1987 and on
22 July 1 of each year thereafter the maximum weekly
23 compensation rate, except as hereinafter provided, shall
24 be determined as follows: if during the preceding 12 month
25 period there shall have been an increase in the State's
26 average weekly wage in covered industries under the

1 Unemployment Insurance Act, the weekly compensation rate
2 shall be proportionately increased by the same percentage
3 as the percentage of increase in the State's average weekly
4 wage in covered industries under the Unemployment
5 Insurance Act during such period.

6 The maximum weekly compensation rate, for the period
7 January 1, 1981 through December 31, 1983, except as
8 hereinafter provided, shall be 100% of the State's average
9 weekly wage in covered industries under the Unemployment
10 Insurance Act in effect on January 1, 1981. Effective
11 January 1, 1984 and on January 1, of each year thereafter
12 the maximum weekly compensation rate, except as
13 hereinafter provided, shall be determined as follows: if
14 during the preceding 12 month period there shall have been
15 an increase in the State's average weekly wage in covered
16 industries under the Unemployment Insurance Act, the
17 weekly compensation rate shall be proportionately
18 increased by the same percentage as the percentage of
19 increase in the State's average weekly wage in covered
20 industries under the Unemployment Insurance Act during
21 such period.

22 From July 1, 1977 and thereafter such maximum weekly
23 compensation rate in death cases under Section 7, and
24 permanent total disability cases under paragraph (f) or
25 subparagraph 18 of paragraph (3) of this Section and for
26 temporary total disability under paragraph (b) of this

1 Section and for amputation of a member or enucleation of an
2 eye under paragraph (e) of this Section shall be increased
3 to 133-1/3% of the State's average weekly wage in covered
4 industries under the Unemployment Insurance Act.

5 For injuries occurring on or after February 1, 2006,
6 the maximum weekly benefit under paragraph (d)1 of this
7 Section shall be 100% of the State's average weekly wage in
8 covered industries under the Unemployment Insurance Act.

9 4.1. Any provision herein to the contrary
10 notwithstanding, the weekly compensation rate for
11 compensation payments under subparagraph 18 of paragraph
12 (e) of this Section and under paragraph (f) of this Section
13 and under paragraph (a) of Section 7 and for amputation of
14 a member or enucleation of an eye under paragraph (e) of
15 this Section, shall in no event be less than 50% of the
16 State's average weekly wage in covered industries under the
17 Unemployment Insurance Act.

18 4.2. Any provision to the contrary notwithstanding,
19 the total compensation payable under Section 7 shall not
20 exceed the greater of \$500,000 or 25 years.

21 5. For the purpose of this Section this State's average
22 weekly wage in covered industries under the Unemployment
23 Insurance Act on July 1, 1975 is hereby fixed at \$228.16
24 per week and the computation of compensation rates shall be
25 based on the aforesaid average weekly wage until modified
26 as hereinafter provided.

1 6. The Department of Employment Security of the State
2 shall on or before the first day of December, 1977, and on
3 or before the first day of June, 1978, and on the first day
4 of each December and June of each year thereafter, publish
5 the State's average weekly wage in covered industries under
6 the Unemployment Insurance Act and the Illinois Workers'
7 Compensation Commission shall on the 15th day of January,
8 1978 and on the 15th day of July, 1978 and on the 15th day
9 of each January and July of each year thereafter, post and
10 publish the State's average weekly wage in covered
11 industries under the Unemployment Insurance Act as last
12 determined and published by the Department of Employment
13 Security. The amount when so posted and published shall be
14 conclusive and shall be applicable as the basis of
15 computation of compensation rates until the next posting
16 and publication as aforesaid.

17 7. The payment of compensation by an employer or his
18 insurance carrier to an injured employee shall not
19 constitute an admission of the employer's liability to pay
20 compensation.

21 (c) For any serious and permanent disfigurement to the
22 hand, head, face, neck, arm, leg below the knee or the chest
23 above the axillary line, the employee is entitled to
24 compensation for such disfigurement, the amount determined by
25 agreement at any time or by arbitration under this Act, at a
26 hearing not less than 6 months after the date of the accidental

1 injury, which amount shall not exceed 150 weeks (if the
2 accidental injury occurs on or after the effective date of this
3 amendatory Act of the 94th General Assembly but before February
4 1, 2006) or 162 weeks (if the accidental injury occurs on or
5 after February 1, 2006) at the applicable rate provided in
6 subparagraph 2.1 of paragraph (b) of this Section.

7 No compensation is payable under this paragraph where
8 compensation is payable under paragraphs (d), (e) or (f) of
9 this Section.

10 A duly appointed member of a fire department in a city, the
11 population of which exceeds 500,000 according to the last
12 federal or State census, is eligible for compensation under
13 this paragraph only where such serious and permanent
14 disfigurement results from burns.

15 (d) 1. If, after the accidental injury has been sustained,
16 the employee as a result thereof becomes partially
17 incapacitated from pursuing his usual and customary line of
18 employment, he shall, except in cases compensated under the
19 specific schedule set forth in paragraph (e) of this Section,
20 receive compensation for the duration of his disability,
21 subject to the limitations as to maximum amounts fixed in
22 paragraph (b) of this Section, equal to 66-2/3% of the
23 difference between the average amount which he would be able to
24 earn in the full performance of his duties in the occupation in
25 which he was engaged at the time of the accident and the
26 average amount which he is earning or is able to earn in some

1 suitable employment or business after the accident. For
2 accidental injuries that occur on or after September 1, 2011,
3 an award for wage differential under this subsection shall be
4 effective only until the employee reaches the age of 67 or 5
5 years from the date the award becomes final, whichever is
6 later.

7 2. If, as a result of the accident, the employee sustains
8 serious and permanent injuries not covered by paragraphs (c)
9 and (e) of this Section or having sustained injuries covered by
10 the aforesaid paragraphs (c) and (e), he shall have sustained
11 in addition thereto other injuries which injuries do not
12 incapacitate him from pursuing the duties of his employment but
13 which would disable him from pursuing other suitable
14 occupations, or which have otherwise resulted in physical
15 impairment; or if such injuries partially incapacitate him from
16 pursuing the duties of his usual and customary line of
17 employment but do not result in an impairment of earning
18 capacity, or having resulted in an impairment of earning
19 capacity, the employee elects to waive his right to recover
20 under the foregoing subparagraph 1 of paragraph (d) of this
21 Section then in any of the foregoing events, he shall receive
22 in addition to compensation for temporary total disability
23 under paragraph (b) of this Section, compensation at the rate
24 provided in subparagraph 2.1 of paragraph (b) of this Section
25 for that percentage of 500 weeks that the partial disability
26 resulting from the injuries covered by this paragraph bears to

1 total disability. If the employee shall have sustained a
2 fracture of one or more vertebra or fracture of the skull, the
3 amount of compensation allowed under this Section shall be not
4 less than 6 weeks for a fractured skull and 6 weeks for each
5 fractured vertebra, and in the event the employee shall have
6 sustained a fracture of any of the following facial bones:
7 nasal, lachrymal, vomer, zygoma, maxilla, palatine or
8 mandible, the amount of compensation allowed under this Section
9 shall be not less than 2 weeks for each such fractured bone,
10 and for a fracture of each transverse process not less than 3
11 weeks. In the event such injuries shall result in the loss of a
12 kidney, spleen or lung, the amount of compensation allowed
13 under this Section shall be not less than 10 weeks for each
14 such organ. Compensation awarded under this subparagraph 2
15 shall not take into consideration injuries covered under
16 paragraphs (c) and (e) of this Section and the compensation
17 provided in this paragraph shall not affect the employee's
18 right to compensation payable under paragraphs (b), (c) and (e)
19 of this Section for the disabilities therein covered.

20 (e) For accidental injuries in the following schedule, the
21 employee shall receive compensation for the period of temporary
22 total incapacity for work resulting from such accidental
23 injury, under subparagraph 1 of paragraph (b) of this Section,
24 and shall receive in addition thereto compensation for a
25 further period for the specific loss herein mentioned, but
26 shall not receive any compensation under any other provisions

1 of this Act. The following listed amounts apply to either the
2 loss of or the permanent and complete loss of use of the member
3 specified, such compensation for the length of time as follows:

4 1. Thumb-

5 70 weeks if the accidental injury occurs on or
6 after the effective date of this amendatory Act of the
7 94th General Assembly but before February 1, 2006.

8 76 weeks if the accidental injury occurs on or
9 after February 1, 2006.

10 2. First, or index finger-

11 40 weeks if the accidental injury occurs on or
12 after the effective date of this amendatory Act of the
13 94th General Assembly but before February 1, 2006.

14 43 weeks if the accidental injury occurs on or
15 after February 1, 2006.

16 3. Second, or middle finger-

17 35 weeks if the accidental injury occurs on or
18 after the effective date of this amendatory Act of the
19 94th General Assembly but before February 1, 2006.

20 38 weeks if the accidental injury occurs on or
21 after February 1, 2006.

22 4. Third, or ring finger-

23 25 weeks if the accidental injury occurs on or
24 after the effective date of this amendatory Act of the
25 94th General Assembly but before February 1, 2006.

26 27 weeks if the accidental injury occurs on or

1 after February 1, 2006.

2 5. Fourth, or little finger-

3 20 weeks if the accidental injury occurs on or
4 after the effective date of this amendatory Act of the
5 94th General Assembly but before February 1, 2006.

6 22 weeks if the accidental injury occurs on or
7 after February 1, 2006.

8 6. Great toe-

9 35 weeks if the accidental injury occurs on or
10 after the effective date of this amendatory Act of the
11 94th General Assembly but before February 1, 2006.

12 38 weeks if the accidental injury occurs on or
13 after February 1, 2006.

14 7. Each toe other than great toe-

15 12 weeks if the accidental injury occurs on or
16 after the effective date of this amendatory Act of the
17 94th General Assembly but before February 1, 2006.

18 13 weeks if the accidental injury occurs on or
19 after February 1, 2006.

20 8. The loss of the first or distal phalanx of the thumb
21 or of any finger or toe shall be considered to be equal to
22 the loss of one-half of such thumb, finger or toe and the
23 compensation payable shall be one-half of the amount above
24 specified. The loss of more than one phalanx shall be
25 considered as the loss of the entire thumb, finger or toe.
26 In no case shall the amount received for more than one

1 finger exceed the amount provided in this schedule for the
2 loss of a hand.

3 9. Hand-

4 190 weeks if the accidental injury occurs on or
5 after the effective date of this amendatory Act of the
6 94th General Assembly but before February 1, 2006.

7 205 weeks if the accidental injury occurs on or
8 after February 1, 2006.

9 190 weeks if the accidental injury occurs on or
10 after June 28, 2011 (the effective date of Public Act
11 97-18) and if the accidental injury involves carpal
12 tunnel syndrome due to repetitive or cumulative
13 trauma, in which case the permanent partial disability
14 shall not exceed 15% loss of use of the hand, except
15 for cause shown by clear and convincing evidence and in
16 which case the award shall not exceed 30% loss of use
17 of the hand.

18 The loss of 2 or more digits, or one or more phalanges
19 of 2 or more digits, of a hand may be compensated on the
20 basis of partial loss of use of a hand, provided, further,
21 that the loss of 4 digits, or the loss of use of 4 digits,
22 in the same hand shall constitute the complete loss of a
23 hand.

24 10. Arm-

25 235 weeks if the accidental injury occurs on or
26 after the effective date of this amendatory Act of the

1 94th General Assembly but before February 1, 2006.

2 253 weeks if the accidental injury occurs on or
3 after February 1, 2006.

4 Where an accidental injury results in the amputation of
5 an arm below the elbow, such injury shall be compensated as
6 a loss of an arm. Where an accidental injury results in the
7 amputation of an arm above the elbow, compensation for an
8 additional 15 weeks (if the accidental injury occurs on or
9 after the effective date of this amendatory Act of the 94th
10 General Assembly but before February 1, 2006) or an
11 additional 17 weeks (if the accidental injury occurs on or
12 after February 1, 2006) shall be paid, except where the
13 accidental injury results in the amputation of an arm at
14 the shoulder joint, or so close to shoulder joint that an
15 artificial arm cannot be used, or results in the
16 disarticulation of an arm at the shoulder joint, in which
17 case compensation for an additional 65 weeks (if the
18 accidental injury occurs on or after the effective date of
19 this amendatory Act of the 94th General Assembly but before
20 February 1, 2006) or an additional 70 weeks (if the
21 accidental injury occurs on or after February 1, 2006)
22 shall be paid.

23 For purposes of awards under this subdivision (e),
24 injuries to the shoulder shall be considered injuries to
25 part of the arm.

26 11. Foot-

1 155 weeks if the accidental injury occurs on or
2 after the effective date of this amendatory Act of the
3 94th General Assembly but before February 1, 2006.

4 167 weeks if the accidental injury occurs on or
5 after February 1, 2006.

6 12. Leg-

7 200 weeks if the accidental injury occurs on or
8 after the effective date of this amendatory Act of the
9 94th General Assembly but before February 1, 2006.

10 215 weeks if the accidental injury occurs on or
11 after February 1, 2006.

12 Where an accidental injury results in the amputation of
13 a leg below the knee, such injury shall be compensated as
14 loss of a leg. Where an accidental injury results in the
15 amputation of a leg above the knee, compensation for an
16 additional 25 weeks (if the accidental injury occurs on or
17 after the effective date of this amendatory Act of the 94th
18 General Assembly but before February 1, 2006) or an
19 additional 27 weeks (if the accidental injury occurs on or
20 after February 1, 2006) shall be paid, except where the
21 accidental injury results in the amputation of a leg at the
22 hip joint, or so close to the hip joint that an artificial
23 leg cannot be used, or results in the disarticulation of a
24 leg at the hip joint, in which case compensation for an
25 additional 75 weeks (if the accidental injury occurs on or
26 after the effective date of this amendatory Act of the 94th

1 General Assembly but before February 1, 2006) or an
2 additional 81 weeks (if the accidental injury occurs on or
3 after February 1, 2006) shall be paid.

4 For purposes of awards under this subdivision (e),
5 injuries to the hip shall be considered injuries to part of
6 the leg.

7 13. Eye-

8 150 weeks if the accidental injury occurs on or
9 after the effective date of this amendatory Act of the
10 94th General Assembly but before February 1, 2006.

11 162 weeks if the accidental injury occurs on or
12 after February 1, 2006.

13 Where an accidental injury results in the enucleation
14 of an eye, compensation for an additional 10 weeks (if the
15 accidental injury occurs on or after the effective date of
16 this amendatory Act of the 94th General Assembly but before
17 February 1, 2006) or an additional 11 weeks (if the
18 accidental injury occurs on or after February 1, 2006)
19 shall be paid.

20 14. Loss of hearing of one ear-

21 50 weeks if the accidental injury occurs on or
22 after the effective date of this amendatory Act of the
23 94th General Assembly but before February 1, 2006.

24 54 weeks if the accidental injury occurs on or
25 after February 1, 2006.

26 Total and permanent loss of hearing of both ears-

1 200 weeks if the accidental injury occurs on or
2 after the effective date of this amendatory Act of the
3 94th General Assembly but before February 1, 2006.

4 215 weeks if the accidental injury occurs on or
5 after February 1, 2006.

6 15. Testicle-

7 50 weeks if the accidental injury occurs on or
8 after the effective date of this amendatory Act of the
9 94th General Assembly but before February 1, 2006.

10 54 weeks if the accidental injury occurs on or
11 after February 1, 2006.

12 Both testicles-

13 150 weeks if the accidental injury occurs on or
14 after the effective date of this amendatory Act of the
15 94th General Assembly but before February 1, 2006.

16 162 weeks if the accidental injury occurs on or
17 after February 1, 2006.

18 16. For the permanent partial loss of use of a member
19 or sight of an eye, or hearing of an ear, compensation
20 during that proportion of the number of weeks in the
21 foregoing schedule provided for the loss of such member or
22 sight of an eye, or hearing of an ear, which the partial
23 loss of use thereof bears to the total loss of use of such
24 member, or sight of eye, or hearing of an ear.

25 (a) Loss of hearing for compensation purposes
26 shall be confined to the frequencies of 1,000, 2,000

1 and 3,000 cycles per second. Loss of hearing ability
2 for frequency tones above 3,000 cycles per second are
3 not to be considered as constituting disability for
4 hearing.

5 (b) The percent of hearing loss, for purposes of
6 the determination of compensation claims for
7 occupational deafness, shall be calculated as the
8 average in decibels for the thresholds of hearing for
9 the frequencies of 1,000, 2,000 and 3,000 cycles per
10 second. Pure tone air conduction audiometric
11 instruments, approved by nationally recognized
12 authorities in this field, shall be used for measuring
13 hearing loss. If the losses of hearing average 30
14 decibels or less in the 3 frequencies, such losses of
15 hearing shall not then constitute any compensable
16 hearing disability. If the losses of hearing average 85
17 decibels or more in the 3 frequencies, then the same
18 shall constitute and be total or 100% compensable
19 hearing loss.

20 (c) In measuring hearing impairment, the lowest
21 measured losses in each of the 3 frequencies shall be
22 added together and divided by 3 to determine the
23 average decibel loss. For every decibel of loss
24 exceeding 30 decibels an allowance of 1.82% shall be
25 made up to the maximum of 100% which is reached at 85
26 decibels.

1 (d) If a hearing loss is established to have
2 existed on July 1, 1975 by audiometric testing the
3 employer shall not be liable for the previous loss so
4 established nor shall he be liable for any loss for
5 which compensation has been paid or awarded.

6 (e) No consideration shall be given to the question
7 of whether or not the ability of an employee to
8 understand speech is improved by the use of a hearing
9 aid.

10 (f) No claim for loss of hearing due to industrial
11 noise shall be brought against an employer or allowed
12 unless the employee has been exposed for a period of
13 time sufficient to cause permanent impairment to noise
14 levels in excess of the following:

15 Sound Level DBA

16	Slow Response	Hours Per Day
17	90	8
18	92	6
19	95	4
20	97	3
21	100	2
22	102	1-1/2
23	105	1
24	110	1/2
25	115	1/4

26 This subparagraph (f) shall not be applied in cases of

1 hearing loss resulting from trauma or explosion.

2 17. In computing the compensation to be paid to any
3 employee who, before the accident for which he claims
4 compensation, had before that time sustained an injury
5 resulting in the loss by amputation or partial loss by
6 amputation of any member, including hand, arm, thumb or
7 fingers, leg, foot, or any toes, or loss under Section
8 8(d)2 due to accidental injuries to the same part of the
9 spine, such loss or partial loss of any such member or loss
10 under Section 8(d)2 due to accidental injuries to the same
11 part of the spine shall be deducted from any award made for
12 the subsequent injury. For the permanent loss of use or the
13 permanent partial loss of use of any such member or the
14 partial loss of sight of an eye or loss under Section 8(d)2
15 due to accidental injuries to the same part of the spine,
16 for which compensation has been paid, then such loss shall
17 be taken into consideration and deducted from any award for
18 the subsequent injury. For purposes of this subdivision
19 (e)17 only, "same part of the spine" means: (1) cervical
20 spine and thoracic spine from vertebra C1 through T12 and
21 (2) lumbar and sacral spine and coccyx from vertebra L1
22 through S5.

23 18. The specific case of loss of both hands, both arms,
24 or both feet, or both legs, or both eyes, or of any two
25 thereof, or the permanent and complete loss of the use
26 thereof, constitutes total and permanent disability, to be

1 compensated according to the compensation fixed by
2 paragraph (f) of this Section. These specific cases of
3 total and permanent disability do not exclude other cases.

4 Any employee who has previously suffered the loss or
5 permanent and complete loss of the use of any of such
6 members, and in a subsequent independent accident loses
7 another or suffers the permanent and complete loss of the
8 use of any one of such members the employer for whom the
9 injured employee is working at the time of the last
10 independent accident is liable to pay compensation only for
11 the loss or permanent and complete loss of the use of the
12 member occasioned by the last independent accident.

13 19. In a case of specific loss and the subsequent death
14 of such injured employee from other causes than such injury
15 leaving a widow, widower, or dependents surviving before
16 payment or payment in full for such injury, then the amount
17 due for such injury is payable to the widow or widower and,
18 if there be no widow or widower, then to such dependents,
19 in the proportion which such dependency bears to total
20 dependency.

21 Beginning July 1, 1980, and every 6 months thereafter, the
22 Commission shall examine the Second Injury Fund and when, after
23 deducting all advances or loans made to such Fund, the amount
24 therein is \$500,000 then the amount required to be paid by
25 employers pursuant to paragraph (f) of Section 7 shall be
26 reduced by one-half. When the Second Injury Fund reaches the

1 sum of \$600,000 then the payments shall cease entirely.
2 However, when the Second Injury Fund has been reduced to
3 \$400,000, payment of one-half of the amounts required by
4 paragraph (f) of Section 7 shall be resumed, in the manner
5 herein provided, and when the Second Injury Fund has been
6 reduced to \$300,000, payment of the full amounts required by
7 paragraph (f) of Section 7 shall be resumed, in the manner
8 herein provided. The Commission shall make the changes in
9 payment effective by general order, and the changes in payment
10 become immediately effective for all cases coming before the
11 Commission thereafter either by settlement agreement or final
12 order, irrespective of the date of the accidental injury.

13 On August 1, 1996 and on February 1 and August 1 of each
14 subsequent year, the Commission shall examine the special fund
15 designated as the "Rate Adjustment Fund" and when, after
16 deducting all advances or loans made to said fund, the amount
17 therein is \$4,000,000, the amount required to be paid by
18 employers pursuant to paragraph (f) of Section 7 shall be
19 reduced by one-half. When the Rate Adjustment Fund reaches the
20 sum of \$5,000,000 the payment therein shall cease entirely.
21 However, when said Rate Adjustment Fund has been reduced to
22 \$3,000,000 the amounts required by paragraph (f) of Section 7
23 shall be resumed in the manner herein provided.

24 (f) In case of complete disability, which renders the
25 employee wholly and permanently incapable of work, or in the
26 specific case of total and permanent disability as provided in

1 subparagraph 18 of paragraph (e) of this Section, compensation
2 shall be payable at the rate provided in subparagraph 2 of
3 paragraph (b) of this Section for life.

4 An employee entitled to benefits under paragraph (f) of
5 this Section shall also be entitled to receive from the Rate
6 Adjustment Fund provided in paragraph (f) of Section 7 of the
7 supplementary benefits provided in paragraph (g) of this
8 Section 8.

9 If any employee who receives an award under this paragraph
10 afterwards returns to work or is able to do so, and earns or is
11 able to earn as much as before the accident, payments under
12 such award shall cease. If such employee returns to work, or is
13 able to do so, and earns or is able to earn part but not as much
14 as before the accident, such award shall be modified so as to
15 conform to an award under paragraph (d) of this Section. If
16 such award is terminated or reduced under the provisions of
17 this paragraph, such employees have the right at any time
18 within 30 months after the date of such termination or
19 reduction to file petition with the Commission for the purpose
20 of determining whether any disability exists as a result of the
21 original accidental injury and the extent thereof.

22 Disability as enumerated in subdivision 18, paragraph (e)
23 of this Section is considered complete disability.

24 If an employee who had previously incurred loss or the
25 permanent and complete loss of use of one member, through the
26 loss or the permanent and complete loss of the use of one hand,

1 one arm, one foot, one leg, or one eye, incurs permanent and
2 complete disability through the loss or the permanent and
3 complete loss of the use of another member, he shall receive,
4 in addition to the compensation payable by the employer and
5 after such payments have ceased, an amount from the Second
6 Injury Fund provided for in paragraph (f) of Section 7, which,
7 together with the compensation payable from the employer in
8 whose employ he was when the last accidental injury was
9 incurred, will equal the amount payable for permanent and
10 complete disability as provided in this paragraph of this
11 Section.

12 The custodian of the Second Injury Fund provided for in
13 paragraph (f) of Section 7 shall be joined with the employer as
14 a party respondent in the application for adjustment of claim.
15 The application for adjustment of claim shall state briefly and
16 in general terms the approximate time and place and manner of
17 the loss of the first member.

18 In its award the Commission or the Arbitrator shall
19 specifically find the amount the injured employee shall be
20 weekly paid, the number of weeks compensation which shall be
21 paid by the employer, the date upon which payments begin out of
22 the Second Injury Fund provided for in paragraph (f) of Section
23 7 of this Act, the length of time the weekly payments continue,
24 the date upon which the pension payments commence and the
25 monthly amount of the payments. The Commission shall 30 days
26 after the date upon which payments out of the Second Injury

1 Fund have begun as provided in the award, and every month
2 thereafter, prepare and submit to the State Comptroller a
3 voucher for payment for all compensation accrued to that date
4 at the rate fixed by the Commission. The State Comptroller
5 shall draw a warrant to the injured employee along with a
6 receipt to be executed by the injured employee and returned to
7 the Commission. The endorsed warrant and receipt is a full and
8 complete acquittance to the Commission for the payment out of
9 the Second Injury Fund. No other appropriation or warrant is
10 necessary for payment out of the Second Injury Fund. The Second
11 Injury Fund is appropriated for the purpose of making payments
12 according to the terms of the awards.

13 As of July 1, 1980 to July 1, 1982, all claims against and
14 obligations of the Second Injury Fund shall become claims
15 against and obligations of the Rate Adjustment Fund to the
16 extent there is insufficient money in the Second Injury Fund to
17 pay such claims and obligations. In that case, all references
18 to "Second Injury Fund" in this Section shall also include the
19 Rate Adjustment Fund.

20 (g) Every award for permanent total disability entered by
21 the Commission on and after July 1, 1965 under which
22 compensation payments shall become due and payable after the
23 effective date of this amendatory Act, and every award for
24 death benefits or permanent total disability entered by the
25 Commission on and after the effective date of this amendatory
26 Act shall be subject to annual adjustments as to the amount of

1 the compensation rate therein provided. Such adjustments shall
2 first be made on July 15, 1977, and all awards made and entered
3 prior to July 1, 1975 and on July 15 of each year thereafter.
4 In all other cases such adjustment shall be made on July 15 of
5 the second year next following the date of the entry of the
6 award and shall further be made on July 15 annually thereafter.
7 If during the intervening period from the date of the entry of
8 the award, or the last periodic adjustment, there shall have
9 been an increase in the State's average weekly wage in covered
10 industries under the Unemployment Insurance Act, the weekly
11 compensation rate shall be proportionately increased by the
12 same percentage as the percentage of increase in the State's
13 average weekly wage in covered industries under the
14 Unemployment Insurance Act. The increase in the compensation
15 rate under this paragraph shall in no event bring the total
16 compensation rate to an amount greater than the prevailing
17 maximum rate at the time that the annual adjustment is made.
18 Such increase shall be paid in the same manner as herein
19 provided for payments under the Second Injury Fund to the
20 injured employee, or his dependents, as the case may be, out of
21 the Rate Adjustment Fund provided in paragraph (f) of Section 7
22 of this Act. Payments shall be made at the same intervals as
23 provided in the award or, at the option of the Commission, may
24 be made in quarterly payment on the 15th day of January, April,
25 July and October of each year. In the event of a decrease in
26 such average weekly wage there shall be no change in the then

1 existing compensation rate. The within paragraph shall not
2 apply to cases where there is disputed liability and in which a
3 compromise lump sum settlement between the employer and the
4 injured employee, or his dependents, as the case may be, has
5 been duly approved by the Illinois Workers' Compensation
6 Commission.

7 Provided, that in cases of awards entered by the Commission
8 for injuries occurring before July 1, 1975, the increases in
9 the compensation rate adjusted under the foregoing provision of
10 this paragraph (g) shall be limited to increases in the State's
11 average weekly wage in covered industries under the
12 Unemployment Insurance Act occurring after July 1, 1975.

13 For every accident occurring on or after July 20, 2005 but
14 before the effective date of this amendatory Act of the 94th
15 General Assembly (Senate Bill 1283 of the 94th General
16 Assembly), the annual adjustments to the compensation rate in
17 awards for death benefits or permanent total disability, as
18 provided in this Act, shall be paid by the employer. The
19 adjustment shall be made by the employer on July 15 of the
20 second year next following the date of the entry of the award
21 and shall further be made on July 15 annually thereafter. If
22 during the intervening period from the date of the entry of the
23 award, or the last periodic adjustment, there shall have been
24 an increase in the State's average weekly wage in covered
25 industries under the Unemployment Insurance Act, the employer
26 shall increase the weekly compensation rate proportionately by

1 the same percentage as the percentage of increase in the
2 State's average weekly wage in covered industries under the
3 Unemployment Insurance Act. The increase in the compensation
4 rate under this paragraph shall in no event bring the total
5 compensation rate to an amount greater than the prevailing
6 maximum rate at the time that the annual adjustment is made. In
7 the event of a decrease in such average weekly wage there shall
8 be no change in the then existing compensation rate. Such
9 increase shall be paid by the employer in the same manner and
10 at the same intervals as the payment of compensation in the
11 award. This paragraph shall not apply to cases where there is
12 disputed liability and in which a compromise lump sum
13 settlement between the employer and the injured employee, or
14 his or her dependents, as the case may be, has been duly
15 approved by the Illinois Workers' Compensation Commission.

16 The annual adjustments for every award of death benefits or
17 permanent total disability involving accidents occurring
18 before July 20, 2005 and accidents occurring on or after the
19 effective date of this amendatory Act of the 94th General
20 Assembly (Senate Bill 1283 of the 94th General Assembly) shall
21 continue to be paid from the Rate Adjustment Fund pursuant to
22 this paragraph and Section 7(f) of this Act.

23 (h) In case death occurs from any cause before the total
24 compensation to which the employee would have been entitled has
25 been paid, then in case the employee leaves any widow, widower,
26 child, parent (or any grandchild, grandparent or other lineal

1 heir or any collateral heir dependent at the time of the
2 accident upon the earnings of the employee to the extent of 50%
3 or more of total dependency) such compensation shall be paid to
4 the beneficiaries of the deceased employee and distributed as
5 provided in paragraph (g) of Section 7.

6 (h-1) In case an injured employee is under legal disability
7 at the time when any right or privilege accrues to him or her
8 under this Act, a guardian may be appointed pursuant to law,
9 and may, on behalf of such person under legal disability, claim
10 and exercise any such right or privilege with the same effect
11 as if the employee himself or herself had claimed or exercised
12 the right or privilege. No limitations of time provided by this
13 Act run so long as the employee who is under legal disability
14 is without a conservator or guardian.

15 (i) In case the injured employee is under 16 years of age
16 at the time of the accident and is illegally employed, the
17 amount of compensation payable under paragraphs (b), (c), (d),
18 (e) and (f) of this Section is increased 50%.

19 However, where an employer has on file an employment
20 certificate issued pursuant to the Child Labor Law or work
21 permit issued pursuant to the Federal Fair Labor Standards Act,
22 as amended, or a birth certificate properly and duly issued,
23 such certificate, permit or birth certificate is conclusive
24 evidence as to the age of the injured minor employee for the
25 purposes of this Section.

26 Nothing herein contained repeals or amends the provisions

1 of the Child Labor Law relating to the employment of minors
2 under the age of 16 years.

3 (j) 1. In the event the injured employee receives benefits,
4 including medical, surgical or hospital benefits under any
5 group plan covering non-occupational disabilities contributed
6 to wholly or partially by the employer, which benefits should
7 not have been payable if any rights of recovery existed under
8 this Act, then such amounts so paid to the employee from any
9 such group plan as shall be consistent with, and limited to,
10 the provisions of paragraph 2 hereof, shall be credited to or
11 against any compensation payment for temporary total
12 incapacity for work or any medical, surgical or hospital
13 benefits made or to be made under this Act. In such event, the
14 period of time for giving notice of accidental injury and
15 filing application for adjustment of claim does not commence to
16 run until the termination of such payments. This paragraph does
17 not apply to payments made under any group plan which would
18 have been payable irrespective of an accidental injury under
19 this Act. Any employer receiving such credit shall keep such
20 employee safe and harmless from any and all claims or
21 liabilities that may be made against him by reason of having
22 received such payments only to the extent of such credit.

23 Any excess benefits paid to or on behalf of a State
24 employee by the State Employees' Retirement System under
25 Article 14 of the Illinois Pension Code on a death claim or
26 disputed disability claim shall be credited against any

1 payments made or to be made by the State of Illinois to or on
2 behalf of such employee under this Act, except for payments for
3 medical expenses which have already been incurred at the time
4 of the award. The State of Illinois shall directly reimburse
5 the State Employees' Retirement System to the extent of such
6 credit.

7 2. Nothing contained in this Act shall be construed to give
8 the employer or the insurance carrier the right to credit for
9 any benefits or payments received by the employee other than
10 compensation payments provided by this Act, and where the
11 employee receives payments other than compensation payments,
12 whether as full or partial salary, group insurance benefits,
13 bonuses, annuities or any other payments, the employer or
14 insurance carrier shall receive credit for each such payment
15 only to the extent of the compensation that would have been
16 payable during the period covered by such payment.

17 3. The extension of time for the filing of an Application
18 for Adjustment of Claim as provided in paragraph 1 above shall
19 not apply to those cases where the time for such filing had
20 expired prior to the date on which payments or benefits
21 enumerated herein have been initiated or resumed. Provided
22 however that this paragraph 3 shall apply only to cases wherein
23 the payments or benefits hereinabove enumerated shall be
24 received after July 1, 1969.

25 (Source: P.A. 97-18, eff. 6-28-11; 97-268, eff. 8-8-11; 97-813,
26 eff. 7-13-12.)

1 (820 ILCS 305/8.1b)

2 Sec. 8.1b. Determination of permanent partial disability.
3 For accidental injuries that occur on or after September 1,
4 2011, permanent partial disability shall be established using
5 the following criteria:

6 (a) A physician licensed to practice medicine in all of its
7 branches preparing a permanent partial disability impairment
8 report shall report the level of impairment in writing. The
9 report shall include an evaluation of medically defined and
10 professionally appropriate measurements of impairment that
11 include, but are not limited to: loss of range of motion; loss
12 of strength; measured atrophy of tissue mass consistent with
13 the injury; and any other measurements that establish the
14 nature and extent of the impairment. The most current edition
15 of the American Medical Association's "Guides to the Evaluation
16 of Permanent Impairment" shall be used by the physician in
17 determining the level of impairment.

18 (b) In determining the level of permanent partial
19 disability, the Commission shall base its determination on the
20 following factors: (i) the reported level of impairment
21 pursuant to subsection (a) if such a report exists and is
22 admitted into evidence; (ii) the occupation of the injured
23 employee; (iii) the age of the employee at the time of the
24 injury; (iv) the employee's future earning capacity; and (v)
25 evidence of disability corroborated by the treating medical

1 records or examination under Section 12 of this Act. Where an
2 impairment report exists and is admitted into evidence, it must
3 be considered by the Commission in its determination. No single
4 enumerated factor shall be the sole determinant of disability.
5 In determining the level of disability, the relevance and
6 weight of any factors used in addition to the level of
7 impairment as reported by the physician must be explained in a
8 written order.

9 (c) A report of impairment prepared pursuant to subsection
10 (a) is not required for an arbitrator or the Commission to make
11 an award for permanent partial disability or permanent total
12 disability benefits or any award for benefits under subsection
13 (c) of Section 8 or subsection (d) of Section 8 of this Act or
14 to approve a Settlement Contract Lump Sum Petition.

15 (Source: P.A. 97-18, eff. 6-28-11.)

16 (820 ILCS 305/8.2)

17 Sec. 8.2. Fee schedule.

18 (a) Except as provided for in subsection (c), for
19 procedures, treatments, or services covered under this Act and
20 rendered or to be rendered on and after February 1, 2006, the
21 maximum allowable payment shall be 90% of the 80th percentile
22 of charges and fees as determined by the Commission utilizing
23 information provided by employers' and insurers' national
24 databases, with a minimum of 12,000,000 Illinois line item
25 charges and fees comprised of health care provider and hospital

1 charges and fees as of August 1, 2004 but not earlier than
2 August 1, 2002. These charges and fees are provider billed
3 amounts and shall not include discounted charges. The 80th
4 percentile is the point on an ordered data set from low to high
5 such that 80% of the cases are below or equal to that point and
6 at most 20% are above or equal to that point. The Commission
7 shall adjust these historical charges and fees as of August 1,
8 2004 by the Consumer Price Index-U for the period August 1,
9 2004 through September 30, 2005. The Commission shall establish
10 fee schedules for procedures, treatments, or services for
11 hospital inpatient, hospital outpatient, emergency room and
12 trauma, ambulatory surgical treatment centers, and
13 professional services. These charges and fees shall be
14 designated by geozip or any smaller geographic unit. The data
15 shall in no way identify or tend to identify any patient,
16 employer, or health care provider. As used in this Section,
17 "geozip" means a three-digit zip code based on data
18 similarities, geographical similarities, and frequencies. A
19 geozip does not cross state boundaries. As used in this
20 Section, "three-digit zip code" means a geographic area in
21 which all zip codes have the same first 3 digits. If a geozip
22 does not have the necessary number of charges and fees to
23 calculate a valid percentile for a specific procedure,
24 treatment, or service, the Commission may combine data from the
25 geozip with up to 4 other geozips that are demographically and
26 economically similar and exhibit similarities in data and

1 frequencies until the Commission reaches 9 charges or fees for
2 that specific procedure, treatment, or service. In cases where
3 the compiled data contains less than 9 charges or fees for a
4 procedure, treatment, or service, reimbursement shall occur at
5 76% of charges and fees as determined by the Commission in a
6 manner consistent with the provisions of this paragraph.
7 Providers of out-of-state procedures, treatments, services,
8 products, or supplies shall be reimbursed at the lesser of that
9 state's fee schedule amount or the fee schedule amount for the
10 region in which the employee resides. If no fee schedule exists
11 in that state, the provider shall be reimbursed at the lesser
12 of the actual charge or the fee schedule amount for the region
13 in which the employee resides. Not later than September 30 in
14 2006 and each year thereafter, the Commission shall
15 automatically increase or decrease the maximum allowable
16 payment for a procedure, treatment, or service established and
17 in effect on January 1 of that year by the percentage change in
18 the Consumer Price Index-U for the 12 month period ending
19 August 31 of that year. The increase or decrease shall become
20 effective on January 1 of the following year. As used in this
21 Section, "Consumer Price Index-U" means the index published by
22 the Bureau of Labor Statistics of the U.S. Department of Labor,
23 that measures the average change in prices of all goods and
24 services purchased by all urban consumers, U.S. city average,
25 all items, 1982-84=100.

26 (a-1) Notwithstanding the provisions of subsection (a) and

1 unless otherwise indicated, the following provisions shall
2 apply to the medical fee schedule starting on September 1,
3 2011:

4 (1) The Commission shall establish and maintain fee
5 schedules for procedures, treatments, products, services,
6 or supplies for hospital inpatient, hospital outpatient,
7 emergency room, ambulatory surgical treatment centers,
8 accredited ambulatory surgical treatment facilities,
9 prescriptions filled and dispensed outside of a licensed
10 pharmacy, dental services, and professional services. This
11 fee schedule shall be based on the fee schedule amounts
12 already established by the Commission pursuant to
13 subsection (a) of this Section. However, starting on
14 January 1, 2012, these fee schedule amounts shall be
15 grouped into geographic regions in the following manner:

16 (A) Four regions for non-hospital fee schedule
17 amounts shall be utilized:

18 (i) Cook County;

19 (ii) DuPage, Kane, Lake, and Will Counties;

20 (iii) Bond, Calhoun, Clinton, Jersey,
21 Macoupin, Madison, Monroe, Montgomery, Randolph,
22 St. Clair, and Washington Counties; and

23 (iv) All other counties of the State.

24 (B) Fourteen regions for hospital fee schedule
25 amounts shall be utilized:

26 (i) Cook, DuPage, Will, Kane, McHenry, DeKalb,

1 Kendall, and Grundy Counties;
2 (ii) Kankakee County;
3 (iii) Madison, St. Clair, Macoupin, Clinton,
4 Monroe, Jersey, Bond, and Calhoun Counties;
5 (iv) Winnebago and Boone Counties;
6 (v) Peoria, Tazewell, Woodford, Marshall, and
7 Stark Counties;
8 (vi) Champaign, Piatt, and Ford Counties;
9 (vii) Rock Island, Henry, and Mercer Counties;
10 (viii) Sangamon and Menard Counties;
11 (ix) McLean County;
12 (x) Lake County;
13 (xi) Macon County;
14 (xii) Vermilion County;
15 (xiii) Alexander County; and
16 (xiv) All other counties of the State.

17 (2) If a geozip, as defined in subsection (a) of this
18 Section, overlaps into one or more of the regions set forth
19 in this Section, then the Commission shall average or
20 repeat the charges and fees in a geozip in order to
21 designate charges and fees for each region.

22 (3) In cases where the compiled data contains less than
23 9 charges or fees for a procedure, treatment, product,
24 supply, or service or where the fee schedule amount cannot
25 be determined by the non-discounted charge data,
26 non-Medicare relative values and conversion factors

1 derived from established fee schedule amounts, coding
2 crosswalks, or other data as determined by the Commission,
3 reimbursement shall occur at 76% of charges and fees until
4 September 1, 2011 and 53.2% of charges and fees thereafter
5 as determined by the Commission in a manner consistent with
6 the provisions of this paragraph.

7 (4) To establish additional fee schedule amounts, the
8 Commission shall utilize provider non-discounted charge
9 data, non-Medicare relative values and conversion factors
10 derived from established fee schedule amounts, and coding
11 crosswalks. The Commission may establish additional fee
12 schedule amounts based on either the charge or cost of the
13 procedure, treatment, product, supply, or service.

14 (5) Implants shall be reimbursed at 25% above the net
15 manufacturer's invoice price less rebates, plus actual
16 reasonable and customary shipping charges whether or not
17 the implant charge is submitted by a provider in
18 conjunction with a bill for all other services associated
19 with the implant, submitted by a provider on a separate
20 claim form, submitted by a distributor, or submitted by the
21 manufacturer of the implant. "Implants" include the
22 following codes or any substantially similar updated code
23 as determined by the Commission: 0274
24 (prosthetics/orthotics); 0275 (pacemaker); 0276 (lens
25 implant); 0278 (implants); 0540 and 0545 (ambulance); 0624
26 (investigational devices); and 0636 (drugs requiring

1 detailed coding). Non-implantable devices or supplies
2 within these codes shall be reimbursed at 65% of actual
3 charge, which is the provider's normal rates under its
4 standard chargemaster. A standard chargemaster is the
5 provider's list of charges for procedures, treatments,
6 products, supplies, or services used to bill payers in a
7 consistent manner.

8 (6) The Commission shall automatically update all
9 codes and associated rules with the version of the codes
10 and rules valid on January 1 of that year.

11 (a-2) For procedures, treatments, services, or supplies
12 covered under this Act and rendered or to be rendered on or
13 after September 1, 2011, the maximum allowable payment shall be
14 70% of the fee schedule amounts, which shall be adjusted yearly
15 by the Consumer Price Index-U, as described in subsection (a)
16 of this Section.

17 (a-3) Prescriptions filled and dispensed outside of a
18 licensed pharmacy shall be subject to a fee schedule that shall
19 not exceed the Average Wholesale Price (AWP) plus a dispensing
20 fee of \$4.18. AWP or its equivalent as registered by the
21 National Drug Code shall be set forth for that drug on that
22 date as published in Medispan.

23 (a-4) The Commission, in consultation with the Workers'
24 Compensation Medical Fee Advisory Board, shall promulgate by
25 rule an evidence-based drug formulary and any rules necessary
26 for its administration. Prescriptions prescribed for workers'

1 compensation cases shall be limited to those prescription drugs
2 and doses on the closed formulary.

3 A request for a prescription that is not on the closed
4 formulary shall be reviewed pursuant to Section 8.7 of this
5 Act.

6 (a-5) Notwithstanding any other provision of this Section,
7 on or before March 1, 2018 and on or before March 1 of each
8 subsequent year, the Commission must investigate all
9 procedures, treatments, and services covered under this Act for
10 ambulatory surgical treatment centers and accredited
11 ambulatory surgical treatment facilities and establish fee
12 schedule amounts for procedures, treatments, and services for
13 which fee schedule amounts have not been established. The
14 Commission must adopt, in a timely and ongoing manner, all
15 rules necessary to ensure that its responsibilities under this
16 subsection are carried out.

17 (b) Notwithstanding the provisions of subsection (a), if
18 the Commission finds that there is a significant limitation on
19 access to quality health care in either a specific field of
20 health care services or a specific geographic limitation on
21 access to health care, it may change the Consumer Price Index-U
22 increase or decrease for that specific field or specific
23 geographic limitation on access to health care to address that
24 limitation.

25 (c) The Commission shall establish by rule a process to
26 review those medical cases or outliers that involve

1 extra-ordinary treatment to determine whether to make an
2 additional adjustment to the maximum payment within a fee
3 schedule for a procedure, treatment, or service.

4 (d) When a patient notifies a provider that the treatment,
5 procedure, or service being sought is for a work-related
6 illness or injury and furnishes the provider the name and
7 address of the responsible employer, the provider shall bill
8 the employer directly. The employer shall make payment and
9 providers shall submit bills and records in accordance with the
10 provisions of this Section.

11 (1) All payments to providers for treatment provided
12 pursuant to this Act shall be made within 30 days of
13 receipt of the bills as long as the claim contains
14 substantially all the required data elements necessary to
15 adjudicate the bills.

16 (2) If the claim does not contain substantially all the
17 required data elements necessary to adjudicate the bill, or
18 the claim is denied for any other reason, in whole or in
19 part, the employer or insurer shall provide written
20 notification, explaining the basis for the denial and
21 describing any additional necessary data elements, to the
22 provider within 30 days of receipt of the bill.

23 (3) In the case of nonpayment to a provider within 30
24 days of receipt of the bill which contained substantially
25 all of the required data elements necessary to adjudicate
26 the bill or nonpayment to a provider of a portion of such a

1 bill up to the lesser of the actual charge or the payment
2 level set by the Commission in the fee schedule established
3 in this Section, the bill, or portion of the bill, shall
4 incur interest at a rate of 1% per month payable to the
5 provider. Any required interest payments shall be made
6 within 30 days after payment.

7 (e) Except as provided in subsections (e-5), (e-10), and
8 (e-15), a provider shall not hold an employee liable for costs
9 related to a non-disputed procedure, treatment, or service
10 rendered in connection with a compensable injury. The
11 provisions of subsections (e-5), (e-10), (e-15), and (e-20)
12 shall not apply if an employee provides information to the
13 provider regarding participation in a group health plan. If the
14 employee participates in a group health plan, the provider may
15 submit a claim for services to the group health plan. If the
16 claim for service is covered by the group health plan, the
17 employee's responsibility shall be limited to applicable
18 deductibles, co-payments, or co-insurance. Except as provided
19 under subsections (e-5), (e-10), (e-15), and (e-20), a provider
20 shall not bill or otherwise attempt to recover from the
21 employee the difference between the provider's charge and the
22 amount paid by the employer or the insurer on a compensable
23 injury, or for medical services or treatment determined by the
24 Commission to be excessive or unnecessary.

25 (e-5) If an employer notifies a provider that the employer
26 does not consider the illness or injury to be compensable under

1 this Act, the provider may seek payment of the provider's
2 actual charges from the employee for any procedure, treatment,
3 or service rendered. Once an employee informs the provider that
4 there is an application filed with the Commission to resolve a
5 dispute over payment of such charges, the provider shall cease
6 any and all efforts to collect payment for the services that
7 are the subject of the dispute. Any statute of limitations or
8 statute of repose applicable to the provider's efforts to
9 collect payment from the employee shall be tolled from the date
10 that the employee files the application with the Commission
11 until the date that the provider is permitted to resume
12 collection efforts under the provisions of this Section.

13 (e-10) If an employer notifies a provider that the employer
14 will pay only a portion of a bill for any procedure, treatment,
15 or service rendered in connection with a compensable illness or
16 disease, the provider may seek payment from the employee for
17 the remainder of the amount of the bill up to the lesser of the
18 actual charge, negotiated rate, if applicable, or the payment
19 level set by the Commission in the fee schedule established in
20 this Section. Once an employee informs the provider that there
21 is an application filed with the Commission to resolve a
22 dispute over payment of such charges, the provider shall cease
23 any and all efforts to collect payment for the services that
24 are the subject of the dispute. Any statute of limitations or
25 statute of repose applicable to the provider's efforts to
26 collect payment from the employee shall be tolled from the date

1 that the employee files the application with the Commission
2 until the date that the provider is permitted to resume
3 collection efforts under the provisions of this Section.

4 (e-15) When there is a dispute over the compensability of
5 or amount of payment for a procedure, treatment, or service,
6 and a case is pending or proceeding before an Arbitrator or the
7 Commission, the provider may mail the employee reminders that
8 the employee will be responsible for payment of any procedure,
9 treatment or service rendered by the provider. The reminders
10 must state that they are not bills, to the extent practicable
11 include itemized information, and state that the employee need
12 not pay until such time as the provider is permitted to resume
13 collection efforts under this Section. The reminders shall not
14 be provided to any credit rating agency. The reminders may
15 request that the employee furnish the provider with information
16 about the proceeding under this Act, such as the file number,
17 names of parties, and status of the case. If an employee fails
18 to respond to such request for information or fails to furnish
19 the information requested within 90 days of the date of the
20 reminder, the provider is entitled to resume any and all
21 efforts to collect payment from the employee for the services
22 rendered to the employee and the employee shall be responsible
23 for payment of any outstanding bills for a procedure,
24 treatment, or service rendered by a provider.

25 (e-20) Upon a final award or judgment by an Arbitrator or
26 the Commission, or a settlement agreed to by the employer and

1 the employee, a provider may resume any and all efforts to
2 collect payment from the employee for the services rendered to
3 the employee and the employee shall be responsible for payment
4 of any outstanding bills for a procedure, treatment, or service
5 rendered by a provider as well as the interest awarded under
6 subsection (d) of this Section. In the case of a procedure,
7 treatment, or service deemed compensable, the provider shall
8 not require a payment rate, excluding the interest provisions
9 under subsection (d), greater than the lesser of the actual
10 charge or the payment level set by the Commission in the fee
11 schedule established in this Section. Payment for services
12 deemed not covered or not compensable under this Act is the
13 responsibility of the employee unless a provider and employee
14 have agreed otherwise in writing. Services not covered or not
15 compensable under this Act are not subject to the fee schedule
16 in this Section.

17 (f) Nothing in this Act shall prohibit an employer or
18 insurer from contracting with a health care provider or group
19 of health care providers for reimbursement levels for benefits
20 under this Act different from those provided in this Section.

21 (g) On or before January 1, 2010 the Commission shall
22 provide to the Governor and General Assembly a report regarding
23 the implementation of the medical fee schedule and the index
24 used for annual adjustment to that schedule as described in
25 this Section.

26 (Source: P.A. 97-18, eff. 6-28-11.)

1 (820 ILCS 305/8.2a)

2 Sec. 8.2a. Electronic claims.

3 (a) The Director of Insurance shall adopt rules to do all
4 of the following:

5 (1) Ensure that all health care providers and
6 facilities submit medical bills for payment on
7 standardized forms.

8 (2) Require acceptance by employers and insurers of
9 electronic claims for payment of medical services.

10 (3) Ensure confidentiality of medical information
11 submitted on electronic claims for payment of medical
12 services.

13 (4) Ensure that health care providers have at least 15
14 business days to comply with records requested by employers
15 and insurers for the authorization of the payment of
16 workers' compensation claims.

17 (5) Ensure that health care providers are responsible
18 for supplying only those medical records pertaining to the
19 provider's own claims that are minimally necessary under
20 the federal Health Insurance Portability and
21 Accountability Act of 1996.

22 (6) Provide that any electronically submitted bill
23 determined to be complete but not paid or objected to
24 within 30 days shall be subject to penalties pursuant to
25 Section 8.2(d)(3) of this Act to be entered by the

1 Commission.

2 (7) Provide that the Department of Insurance shall
3 impose an administrative fine if it determines that an
4 employer or insurer has failed to comply with the
5 electronic claims acceptance and response process. The
6 amount of the administrative fine shall be no greater than
7 \$1,000 per each violation, but shall not exceed \$10,000 for
8 identical violations during a calendar year.

9 (b) To the extent feasible, standards adopted pursuant to
10 subdivision (a) shall be consistent with existing standards
11 under the federal Health Insurance Portability and
12 Accountability Act of 1996 and standards adopted under the
13 Illinois Health Information Exchange and Technology Act.

14 (c) The rules requiring employers and insurers to accept
15 electronic claims for payment of medical services shall be
16 proposed on or before January 1, 2012, and shall require all
17 employers and insurers to accept electronic claims for payment
18 of medical services on or before June 30, 2012. The Director of
19 Insurance shall adopt rules by July 1, 2018 to implement the
20 changes to this Section made by this amendatory Act of the
21 100th General Assembly. The Commission, with assistance from
22 the Department and the Medical Fee Advisory Board, shall
23 publish on its Internet website a companion guide to assist
24 with compliance with electronic claims rules. The Medical Fee
25 Advisory Board shall periodically review the companion guide.

26 (d) The Director of Insurance shall by rule establish

1 criteria for granting exceptions to employers, insurance
2 carriers, and health care providers who are unable to submit or
3 accept medical bills electronically.

4 (Source: P.A. 97-18, eff. 6-28-11.)

5 (820 ILCS 305/14) (from Ch. 48, par. 138.14)

6 Sec. 14. The Commission shall appoint a secretary, an
7 assistant secretary, and arbitrators and shall employ such
8 assistants and clerical help as may be necessary. Arbitrators
9 shall be appointed pursuant to this Section, notwithstanding
10 any provision of the Personnel Code.

11 Each arbitrator appointed after June 28, 2011 shall be
12 required to demonstrate in writing his or her knowledge of and
13 expertise in the law of and judicial processes of the Workers'
14 Compensation Act and the Workers' Occupational Diseases Act.

15 A formal training program for newly-hired arbitrators
16 shall be implemented. The training program shall include the
17 following:

18 (a) substantive and procedural aspects of the
19 arbitrator position;

20 (b) current issues in workers' compensation law and
21 practice;

22 (c) medical lectures by specialists in areas such as
23 orthopedics, ophthalmology, psychiatry, rehabilitation
24 counseling;

25 (d) orientation to each operational unit of the

1 Illinois Workers' Compensation Commission;

2 (e) observation of experienced arbitrators conducting
3 hearings of cases, combined with the opportunity to discuss
4 evidence presented and rulings made;

5 (f) the use of hypothetical cases requiring the trainee
6 to issue judgments as a means to evaluating knowledge and
7 writing ability;

8 (g) writing skills;

9 (h) professional and ethical standards pursuant to
10 Section 1.1 of this Act;

11 (i) detection of workers' compensation fraud and
12 reporting obligations of Commission employees and
13 appointees;

14 (j) standards of evidence-based medical treatment and
15 best practices for measuring and improving quality and
16 health care outcomes in the workers' compensation system,
17 including but not limited to the use of the American
18 Medical Association's "Guides to the Evaluation of
19 Permanent Impairment" and the practice of utilization
20 review; and

21 (k) substantive and procedural aspects of coal
22 workers' pneumoconiosis (black lung) cases.

23 A formal and ongoing professional development program
24 including, but not limited to, the above-noted areas shall be
25 implemented to keep arbitrators informed of recent
26 developments and issues and to assist them in maintaining and

1 enhancing their professional competence. Each arbitrator shall
2 complete 20 hours of training in the above-noted areas during
3 every 2 years such arbitrator shall remain in office.

4 Each arbitrator shall devote full time to his or her duties
5 and shall serve when assigned as an acting Commissioner when a
6 Commissioner is unavailable in accordance with the provisions
7 of Section 13 of this Act. Any arbitrator who is an
8 attorney-at-law shall not engage in the practice of law, nor
9 shall any arbitrator hold any other office or position of
10 profit under the United States or this State or any municipal
11 corporation or political subdivision of this State.
12 Notwithstanding any other provision of this Act to the
13 contrary, an arbitrator who serves as an acting Commissioner in
14 accordance with the provisions of Section 13 of this Act shall
15 continue to serve in the capacity of Commissioner until a
16 decision is reached in every case heard by that arbitrator
17 while serving as an acting Commissioner.

18 Notwithstanding any other provision of this Section, the
19 term of all arbitrators serving on June 28, 2011 (the effective
20 date of Public Act 97-18), including any arbitrators on
21 administrative leave, shall terminate at the close of business
22 on July 1, 2011, but the incumbents shall continue to exercise
23 all of their duties until they are reappointed or their
24 successors are appointed.

25 On and after June 28, 2011 (the effective date of Public
26 Act 97-18), arbitrators shall be appointed to 3-year terms as

1 follows:

2 (1) All appointments shall be made by the Governor with
3 the advice and consent of the Senate.

4 (2) For their initial appointments, 12 arbitrators
5 shall be appointed to terms expiring July 1, 2012; 12
6 arbitrators shall be appointed to terms expiring July 1,
7 2013; and all additional arbitrators shall be appointed to
8 terms expiring July 1, 2014. Thereafter, all arbitrators
9 shall be appointed to 3-year terms.

10 Upon the expiration of a term, the Chairman shall evaluate
11 the performance of the arbitrator and may recommend to the
12 Governor that he or she be reappointed to a second or
13 subsequent term by the Governor with the advice and consent of
14 the Senate.

15 Each arbitrator appointed on or after June 28, 2011 (the
16 effective date of Public Act 97-18) and who has not previously
17 served as an arbitrator for the Commission shall be required to
18 be authorized to practice law in this State by the Supreme
19 Court, and to maintain this authorization throughout his or her
20 term of employment.

21 The performance of all arbitrators shall be reviewed by the
22 Chairman on an annual basis. The Chairman shall allow input
23 from the Commissioners in all such reviews.

24 The Commission shall assign no fewer than 3 arbitrators to
25 each hearing site. The Commission shall establish a procedure
26 to ensure that the arbitrators assigned to each hearing site

1 are assigned cases on a random basis. The Chairman of the
2 Workers' Compensation Commission shall have discretion to
3 assign and reassign arbitrators to each hearing site as needed.
4 ~~No arbitrator shall hear cases in any county, other than Cook~~
5 ~~County, for more than 2 years in each 3 year term.~~

6 The Secretary and each arbitrator shall receive a per annum
7 salary of \$4,000 less than the per annum salary of members of
8 The Illinois Workers' Compensation Commission as provided in
9 Section 13 of this Act, payable in equal monthly installments.

10 The members of the Commission, Arbitrators and other
11 employees whose duties require them to travel, shall have
12 reimbursed to them their actual traveling expenses and
13 disbursements made or incurred by them in the discharge of
14 their official duties while away from their place of residence
15 in the performance of their duties.

16 The Commission shall provide itself with a seal for the
17 authentication of its orders, awards and proceedings upon which
18 shall be inscribed the name of the Commission and the words
19 "Illinois--Seal".

20 The Secretary or Assistant Secretary, under the direction
21 of the Commission, shall have charge and custody of the seal of
22 the Commission and also have charge and custody of all records,
23 files, orders, proceedings, decisions, awards and other
24 documents on file with the Commission. He shall furnish
25 certified copies, under the seal of the Commission, of any such
26 records, files, orders, proceedings, decisions, awards and

1 other documents on file with the Commission as may be required.
2 Certified copies so furnished by the Secretary or Assistant
3 Secretary shall be received in evidence before the Commission
4 or any Arbitrator thereof, and in all courts, provided that the
5 original of such certified copy is otherwise competent and
6 admissible in evidence. The Secretary or Assistant Secretary
7 shall perform such other duties as may be prescribed from time
8 to time by the Commission.

9 (Source: P.A. 98-40, eff. 6-28-13; 99-642, eff. 7-28-16.)

10 (820 ILCS 305/19) (from Ch. 48, par. 138.19)

11 Sec. 19. Any disputed questions of law or fact shall be
12 determined as herein provided.

13 (a) It shall be the duty of the Commission upon
14 notification that the parties have failed to reach an
15 agreement, to designate an Arbitrator.

16 1. Whenever any claimant misconceives his remedy and
17 files an application for adjustment of claim under this Act
18 and it is subsequently discovered, at any time before final
19 disposition of such cause, that the claim for disability or
20 death which was the basis for such application should
21 properly have been made under the Workers' Occupational
22 Diseases Act, then the provisions of Section 19, paragraph
23 (a-1) of the Workers' Occupational Diseases Act having
24 reference to such application shall apply.

25 2. Whenever any claimant misconceives his remedy and

1 files an application for adjustment of claim under the
2 Workers' Occupational Diseases Act and it is subsequently
3 discovered, at any time before final disposition of such
4 cause that the claim for injury or death which was the
5 basis for such application should properly have been made
6 under this Act, then the application so filed under the
7 Workers' Occupational Diseases Act may be amended in form,
8 substance or both to assert claim for such disability or
9 death under this Act and it shall be deemed to have been so
10 filed as amended on the date of the original filing
11 thereof, and such compensation may be awarded as is
12 warranted by the whole evidence pursuant to this Act. When
13 such amendment is submitted, further or additional
14 evidence may be heard by the Arbitrator or Commission when
15 deemed necessary. Nothing in this Section contained shall
16 be construed to be or permit a waiver of any provisions of
17 this Act with reference to notice but notice if given shall
18 be deemed to be a notice under the provisions of this Act
19 if given within the time required herein.

20 3. When an Arbitrator conducts a status call of cases
21 that appear on the Arbitrator's docket in accordance with
22 the rules of the Commission, parties or their attorneys may
23 appear by telephone, video conference, or other remote
24 electronic means as prescribed by the Commission.

25 (b) The Arbitrator shall make such inquiries and
26 investigations as he or they shall deem necessary and may

1 examine and inspect all books, papers, records, places, or
2 premises relating to the questions in dispute and hear such
3 proper evidence as the parties may submit.

4 The hearings before the Arbitrator shall be held in the
5 vicinity where the injury occurred after 10 days' notice of the
6 time and place of such hearing shall have been given to each of
7 the parties or their attorneys of record.

8 The Arbitrator may find that the disabling condition is
9 temporary and has not yet reached a permanent condition and may
10 order the payment of compensation up to the date of the
11 hearing, which award shall be reviewable and enforceable in the
12 same manner as other awards, and in no instance be a bar to a
13 further hearing and determination of a further amount of
14 temporary total compensation or of compensation for permanent
15 disability, but shall be conclusive as to all other questions
16 except the nature and extent of said disability.

17 The decision of the Arbitrator shall be filed with the
18 Commission which Commission shall immediately send to each
19 party or his attorney a copy of such decision, together with a
20 notification of the time when it was filed. As of the effective
21 date of this amendatory Act of the 94th General Assembly, all
22 decisions of the Arbitrator shall set forth in writing findings
23 of fact and conclusions of law, separately stated, if requested
24 by either party. Unless a petition for review is filed by
25 either party within 30 days after the receipt by such party of
26 the copy of the decision and notification of time when filed,

1 and unless such party petitioning for a review shall within 35
2 days after the receipt by him of the copy of the decision, file
3 with the Commission either an agreed statement of the facts
4 appearing upon the hearing before the Arbitrator, or if such
5 party shall so elect a correct transcript of evidence of the
6 proceedings at such hearings, then the decision shall become
7 the decision of the Commission and in the absence of fraud
8 shall be conclusive. The Petition for Review shall contain a
9 statement of the petitioning party's specific exceptions to the
10 decision of the arbitrator. The jurisdiction of the Commission
11 to review the decision of the arbitrator shall not be limited
12 to the exceptions stated in the Petition for Review. The
13 Commission, or any member thereof, may grant further time not
14 exceeding 30 days, in which to file such agreed statement or
15 transcript of evidence. Such agreed statement of facts or
16 correct transcript of evidence, as the case may be, shall be
17 authenticated by the signatures of the parties or their
18 attorneys, and in the event they do not agree as to the
19 correctness of the transcript of evidence it shall be
20 authenticated by the signature of the Arbitrator designated by
21 the Commission.

22 Whether the employee is working or not, if the employee is
23 not receiving or has not received medical, surgical, or
24 hospital services or other services or compensation as provided
25 in paragraph (a) of Section 8, or compensation as provided in
26 paragraph (b) of Section 8, the employee may at any time

1 petition for an expedited hearing by an Arbitrator on the issue
2 of whether or not he or she is entitled to receive payment of
3 the services or compensation. Provided the employer continues
4 to pay compensation pursuant to paragraph (b) of Section 8, the
5 employer may at any time petition for an expedited hearing on
6 the issue of whether or not the employee is entitled to receive
7 medical, surgical, or hospital services or other services or
8 compensation as provided in paragraph (a) of Section 8, or
9 compensation as provided in paragraph (b) of Section 8. When an
10 employer has petitioned for an expedited hearing, the employer
11 shall continue to pay compensation as provided in paragraph (b)
12 of Section 8 unless the arbitrator renders a decision that the
13 employee is not entitled to the benefits that are the subject
14 of the expedited hearing or unless the employee's treating
15 physician has released the employee to return to work at his or
16 her regular job with the employer or the employee actually
17 returns to work at any other job. If the arbitrator renders a
18 decision that the employee is not entitled to the benefits that
19 are the subject of the expedited hearing, a petition for review
20 filed by the employee shall receive the same priority as if the
21 employee had filed a petition for an expedited hearing by an
22 Arbitrator. Neither party shall be entitled to an expedited
23 hearing when the employee has returned to work and the sole
24 issue in dispute amounts to less than 12 weeks of unpaid
25 compensation pursuant to paragraph (b) of Section 8.

26 Expedited hearings shall have priority over all other

1 petitions and shall be heard by the Arbitrator and Commission
2 with all convenient speed. Any party requesting an expedited
3 hearing shall give notice of a request for an expedited hearing
4 under this paragraph. A copy of the Application for Adjustment
5 of Claim shall be attached to the notice. The Commission shall
6 adopt rules and procedures under which the final decision of
7 the Commission under this paragraph is filed not later than 180
8 days from the date that the Petition for Review is filed with
9 the Commission.

10 Where 2 or more insurance carriers, private self-insureds,
11 or a group workers' compensation pool under Article V 3/4 of
12 the Illinois Insurance Code dispute coverage for the same
13 injury, any such insurance carrier, private self-insured, or
14 group workers' compensation pool may request an expedited
15 hearing pursuant to this paragraph to determine the issue of
16 coverage, provided coverage is the only issue in dispute and
17 all other issues are stipulated and agreed to and further
18 provided that all compensation benefits including medical
19 benefits pursuant to Section 8(a) continue to be paid to or on
20 behalf of petitioner. Any insurance carrier, private
21 self-insured, or group workers' compensation pool that is
22 determined to be liable for coverage for the injury in issue
23 shall reimburse any insurance carrier, private self-insured,
24 or group workers' compensation pool that has paid benefits to
25 or on behalf of petitioner for the injury.

26 (b-1) If the employee is not receiving medical, surgical or

1 hospital services as provided in paragraph (a) of Section 8 or
2 compensation as provided in paragraph (b) of Section 8, the
3 employee, in accordance with Commission Rules, may file a
4 petition for an emergency hearing by an Arbitrator on the issue
5 of whether or not he is entitled to receive payment of such
6 compensation or services as provided therein. Such petition
7 shall have priority over all other petitions and shall be heard
8 by the Arbitrator and Commission with all convenient speed.

9 Such petition shall contain the following information and
10 shall be served on the employer at least 15 days before it is
11 filed:

12 (i) the date and approximate time of accident;

13 (ii) the approximate location of the accident;

14 (iii) a description of the accident;

15 (iv) the nature of the injury incurred by the employee;

16 (v) the identity of the person, if known, to whom the
17 accident was reported and the date on which it was
18 reported;

19 (vi) the name and title of the person, if known,
20 representing the employer with whom the employee conferred
21 in any effort to obtain compensation pursuant to paragraph
22 (b) of Section 8 of this Act or medical, surgical or
23 hospital services pursuant to paragraph (a) of Section 8 of
24 this Act and the date of such conference;

25 (vii) a statement that the employer has refused to pay
26 compensation pursuant to paragraph (b) of Section 8 of this

1 Act or for medical, surgical or hospital services pursuant
2 to paragraph (a) of Section 8 of this Act;

3 (viii) the name and address, if known, of each witness
4 to the accident and of each other person upon whom the
5 employee will rely to support his allegations;

6 (ix) the dates of treatment related to the accident by
7 medical practitioners, and the names and addresses of such
8 practitioners, including the dates of treatment related to
9 the accident at any hospitals and the names and addresses
10 of such hospitals, and a signed authorization permitting
11 the employer to examine all medical records of all
12 practitioners and hospitals named pursuant to this
13 paragraph;

14 (x) a copy of a signed report by a medical
15 practitioner, relating to the employee's current inability
16 to return to work because of the injuries incurred as a
17 result of the accident or such other documents or
18 affidavits which show that the employee is entitled to
19 receive compensation pursuant to paragraph (b) of Section 8
20 of this Act or medical, surgical or hospital services
21 pursuant to paragraph (a) of Section 8 of this Act. Such
22 reports, documents or affidavits shall state, if possible,
23 the history of the accident given by the employee, and
24 describe the injury and medical diagnosis, the medical
25 services for such injury which the employee has received
26 and is receiving, the physical activities which the

1 employee cannot currently perform as a result of any
2 impairment or disability due to such injury, and the
3 prognosis for recovery;

4 (xi) complete copies of any reports, records,
5 documents and affidavits in the possession of the employee
6 on which the employee will rely to support his allegations,
7 provided that the employer shall pay the reasonable cost of
8 reproduction thereof;

9 (xii) a list of any reports, records, documents and
10 affidavits which the employee has demanded by subpoena and
11 on which he intends to rely to support his allegations;

12 (xiii) a certification signed by the employee or his
13 representative that the employer has received the petition
14 with the required information 15 days before filing.

15 Fifteen days after receipt by the employer of the petition
16 with the required information the employee may file said
17 petition and required information and shall serve notice of the
18 filing upon the employer. The employer may file a motion
19 addressed to the sufficiency of the petition. If an objection
20 has been filed to the sufficiency of the petition, the
21 arbitrator shall rule on the objection within 2 working days.
22 If such an objection is filed, the time for filing the final
23 decision of the Commission as provided in this paragraph shall
24 be tolled until the arbitrator has determined that the petition
25 is sufficient.

26 The employer shall, within 15 days after receipt of the

1 notice that such petition is filed, file with the Commission
2 and serve on the employee or his representative a written
3 response to each claim set forth in the petition, including the
4 legal and factual basis for each disputed allegation and the
5 following information: (i) complete copies of any reports,
6 records, documents and affidavits in the possession of the
7 employer on which the employer intends to rely in support of
8 his response, (ii) a list of any reports, records, documents
9 and affidavits which the employer has demanded by subpoena and
10 on which the employer intends to rely in support of his
11 response, (iii) the name and address of each witness on whom
12 the employer will rely to support his response, and (iv) the
13 names and addresses of any medical practitioners selected by
14 the employer pursuant to Section 12 of this Act and the time
15 and place of any examination scheduled to be made pursuant to
16 such Section.

17 Any employer who does not timely file and serve a written
18 response without good cause may not introduce any evidence to
19 dispute any claim of the employee but may cross examine the
20 employee or any witness brought by the employee and otherwise
21 be heard.

22 No document or other evidence not previously identified by
23 either party with the petition or written response, or by any
24 other means before the hearing, may be introduced into evidence
25 without good cause. If, at the hearing, material information is
26 discovered which was not previously disclosed, the Arbitrator

1 may extend the time for closing proof on the motion of a party
2 for a reasonable period of time which may be more than 30 days.
3 No evidence may be introduced pursuant to this paragraph as to
4 permanent disability. No award may be entered for permanent
5 disability pursuant to this paragraph. Either party may
6 introduce into evidence the testimony taken by deposition of
7 any medical practitioner.

8 The Commission shall adopt rules, regulations and
9 procedures whereby the final decision of the Commission is
10 filed not later than 90 days from the date the petition for
11 review is filed but in no event later than 180 days from the
12 date the petition for an emergency hearing is filed with the
13 Illinois Workers' Compensation Commission.

14 All service required pursuant to this paragraph (b-1) must
15 be by personal service or by certified mail and with evidence
16 of receipt. In addition for the purposes of this paragraph, all
17 service on the employer must be at the premises where the
18 accident occurred if the premises are owned or operated by the
19 employer. Otherwise service must be at the employee's principal
20 place of employment by the employer. If service on the employer
21 is not possible at either of the above, then service shall be
22 at the employer's principal place of business. After initial
23 service in each case, service shall be made on the employer's
24 attorney or designated representative.

25 (c) (1) At a reasonable time in advance of and in connection
26 with the hearing under Section 19(e) or 19(h), the Commission

1 may on its own motion order an impartial physical or mental
2 examination of a petitioner whose mental or physical condition
3 is in issue, when in the Commission's discretion it appears
4 that such an examination will materially aid in the just
5 determination of the case. The examination shall be made by a
6 member or members of a panel of physicians chosen for their
7 special qualifications by the Illinois State Medical Society.
8 The Commission shall establish procedures by which a physician
9 shall be selected from such list.

10 (2) Should the Commission at any time during the hearing
11 find that compelling considerations make it advisable to have
12 an examination and report at that time, the commission may in
13 its discretion so order.

14 (3) A copy of the report of examination shall be given to
15 the Commission and to the attorneys for the parties.

16 (4) Either party or the Commission may call the examining
17 physician or physicians to testify. Any physician so called
18 shall be subject to cross-examination.

19 (5) The examination shall be made, and the physician or
20 physicians, if called, shall testify, without cost to the
21 parties. The Commission shall determine the compensation and
22 the pay of the physician or physicians. The compensation for
23 this service shall not exceed the usual and customary amount
24 for such service.

25 (6) The fees and payment thereof of all attorneys and
26 physicians for services authorized by the Commission under this

1 Act shall, upon request of either the employer or the employee
2 or the beneficiary affected, be subject to the review and
3 decision of the Commission.

4 (d) If any employee shall persist in insanitary or
5 injurious practices which tend to either imperil or retard his
6 recovery or shall refuse to submit to such medical, surgical,
7 or hospital treatment as is reasonably essential to promote his
8 recovery, the Commission may, in its discretion, reduce or
9 suspend the compensation of any such injured employee. However,
10 when an employer and employee so agree in writing, the
11 foregoing provision shall not be construed to authorize the
12 reduction or suspension of compensation of an employee who is
13 relying in good faith, on treatment by prayer or spiritual
14 means alone, in accordance with the tenets and practice of a
15 recognized church or religious denomination, by a duly
16 accredited practitioner thereof.

17 (e) This paragraph shall apply to all hearings before the
18 Commission. Such hearings may be held in its office or
19 elsewhere as the Commission may deem advisable. The taking of
20 testimony on such hearings may be had before any member of the
21 Commission. If a petition for review and agreed statement of
22 facts or transcript of evidence is filed, as provided herein,
23 the Commission shall promptly review the decision of the
24 Arbitrator and all questions of law or fact which appear from
25 the statement of facts or transcript of evidence.

26 In all cases in which the hearing before the arbitrator is

1 held after December 18, 1989, no additional evidence shall be
2 introduced by the parties before the Commission on review of
3 the decision of the Arbitrator. In reviewing decisions of an
4 arbitrator the Commission shall award such temporary
5 compensation, permanent compensation and other payments as are
6 due under this Act. The Commission shall file in its office its
7 decision thereon, and shall immediately send to each party or
8 his attorney a copy of such decision and a notification of the
9 time when it was filed. Decisions shall be filed within 60 days
10 after the Statement of Exceptions and Supporting Brief and
11 Response thereto are required to be filed or oral argument
12 whichever is later.

13 In the event either party requests oral argument, such
14 argument shall be had before a panel of 3 members of the
15 Commission (or before all available members pursuant to the
16 determination of 7 members of the Commission that such argument
17 be held before all available members of the Commission)
18 pursuant to the rules and regulations of the Commission. A
19 panel of 3 members, which shall be comprised of not more than
20 one representative citizen of the employing class and not more
21 than one representative citizen of the employee class, shall
22 hear the argument; provided that if all the issues in dispute
23 are solely the nature and extent of the permanent partial
24 disability, if any, a majority of the panel may deny the
25 request for such argument and such argument shall not be held;
26 and provided further that 7 members of the Commission may

1 determine that the argument be held before all available
2 members of the Commission. A decision of the Commission shall
3 be approved by a majority of Commissioners present at such
4 hearing if any; provided, if no such hearing is held, a
5 decision of the Commission shall be approved by a majority of a
6 panel of 3 members of the Commission as described in this
7 Section. The Commission shall give 10 days' notice to the
8 parties or their attorneys of the time and place of such taking
9 of testimony and of such argument.

10 In any case the Commission in its decision may find
11 specially upon any question or questions of law or fact which
12 shall be submitted in writing by either party whether ultimate
13 or otherwise; provided that on issues other than nature and
14 extent of the disability, if any, the Commission in its
15 decision shall find specially upon any question or questions of
16 law or fact, whether ultimate or otherwise, which are submitted
17 in writing by either party; provided further that not more than
18 5 such questions may be submitted by either party. Any party
19 may, within 20 days after receipt of notice of the Commission's
20 decision, or within such further time, not exceeding 30 days,
21 as the Commission may grant, file with the Commission either an
22 agreed statement of the facts appearing upon the hearing, or,
23 if such party shall so elect, a correct transcript of evidence
24 of the additional proceedings presented before the Commission,
25 in which report the party may embody a correct statement of
26 such other proceedings in the case as such party may desire to

1 have reviewed, such statement of facts or transcript of
2 evidence to be authenticated by the signature of the parties or
3 their attorneys, and in the event that they do not agree, then
4 the authentication of such transcript of evidence shall be by
5 the signature of any member of the Commission.

6 If a reporter does not for any reason furnish a transcript
7 of the proceedings before the Arbitrator in any case for use on
8 a hearing for review before the Commission, within the
9 limitations of time as fixed in this Section, the Commission
10 may, in its discretion, order a trial de novo before the
11 Commission in such case upon application of either party. The
12 applications for adjustment of claim and other documents in the
13 nature of pleadings filed by either party, together with the
14 decisions of the Arbitrator and of the Commission and the
15 statement of facts or transcript of evidence hereinbefore
16 provided for in paragraphs (b) and (c) shall be the record of
17 the proceedings of the Commission, and shall be subject to
18 review as hereinafter provided.

19 At the request of either party or on its own motion, the
20 Commission shall set forth in writing the reasons for the
21 decision, including findings of fact and conclusions of law
22 separately stated. The Commission shall by rule adopt a format
23 for written decisions for the Commission and arbitrators. The
24 written decisions shall be concise and shall succinctly state
25 the facts and reasons for the decision. The Commission may
26 adopt in whole or in part, the decision of the arbitrator as

1 the decision of the Commission. When the Commission does so
2 adopt the decision of the arbitrator, it shall do so by order.
3 Whenever the Commission adopts part of the arbitrator's
4 decision, but not all, it shall include in the order the
5 reasons for not adopting all of the arbitrator's decision. When
6 a majority of a panel, after deliberation, has arrived at its
7 decision, the decision shall be filed as provided in this
8 Section without unnecessary delay, and without regard to the
9 fact that a member of the panel has expressed an intention to
10 dissent. Any member of the panel may file a dissent. Any
11 dissent shall be filed no later than 10 days after the decision
12 of the majority has been filed.

13 Decisions rendered by the Commission and dissents, if any,
14 shall be published together by the Commission. The conclusions
15 of law set out in such decisions shall be regarded as
16 precedents by arbitrators for the purpose of achieving a more
17 uniform administration of this Act.

18 (f) The decision of the Commission acting within its
19 powers, according to the provisions of paragraph (e) of this
20 Section shall, in the absence of fraud, be conclusive unless
21 reviewed as in this paragraph hereinafter provided. However,
22 the Arbitrator or the Commission may on his or its own motion,
23 or on the motion of either party, correct any clerical error or
24 errors in computation within 15 days after the date of receipt
25 of any award by such Arbitrator or any decision on review of
26 the Commission and shall have the power to recall the original

1 award on arbitration or decision on review, and issue in lieu
2 thereof such corrected award or decision. Where such correction
3 is made the time for review herein specified shall begin to run
4 from the date of the receipt of the corrected award or
5 decision.

6 (1) Except in cases of claims against the State of
7 Illinois other than those claims under Section 18.1, in
8 which case the decision of the Commission shall not be
9 subject to judicial review, the Circuit Court of the county
10 where any of the parties defendant may be found, or if none
11 of the parties defendant can be found in this State then
12 the Circuit Court of the county where the accident
13 occurred, shall by summons to the Commission have power to
14 review all questions of law and fact presented by such
15 record.

16 A proceeding for review shall be commenced within 20
17 days of the receipt of notice of the decision of the
18 Commission. The summons shall be issued by the clerk of
19 such court upon written request returnable on a designated
20 return day, not less than 10 or more than 60 days from the
21 date of issuance thereof, and the written request shall
22 contain the last known address of other parties in interest
23 and their attorneys of record who are to be served by
24 summons. Service upon any member of the Commission or the
25 Secretary or the Assistant Secretary thereof shall be
26 service upon the Commission, and service upon other parties

1 in interest and their attorneys of record shall be by
2 summons, and such service shall be made upon the Commission
3 and other parties in interest by mailing notices of the
4 commencement of the proceedings and the return day of the
5 summons to the office of the Commission and to the last
6 known place of residence of other parties in interest or
7 their attorney or attorneys of record. The clerk of the
8 court issuing the summons shall on the day of issue mail
9 notice of the commencement of the proceedings which shall
10 be done by mailing a copy of the summons to the office of
11 the Commission, and a copy of the summons to the other
12 parties in interest or their attorney or attorneys of
13 record and the clerk of the court shall make certificate
14 that he has so sent said notices in pursuance of this
15 Section, which shall be evidence of service on the
16 Commission and other parties in interest.

17 The Commission shall not be required to certify the
18 record of their proceedings to the Circuit Court, unless
19 the party commencing the proceedings for review in the
20 Circuit Court as above provided, shall file with the
21 Commission notice of intent to file for review in Circuit
22 Court. It shall be the duty of the Commission upon such
23 filing of notice of intent to file for review in the
24 Circuit Court to prepare a true and correct copy of such
25 testimony and a true and correct copy of all other matters
26 contained in such record and certified to by the Secretary

1 or Assistant Secretary thereof. The changes made to this
2 subdivision (f)(1) by this amendatory Act of the 98th
3 General Assembly apply to any Commission decision entered
4 after the effective date of this amendatory Act of the 98th
5 General Assembly.

6 No request for a summons may be filed and no summons
7 shall issue unless the party seeking to review the decision
8 of the Commission shall exhibit to the clerk of the Circuit
9 Court proof of filing with the Commission of the notice of
10 the intent to file for review in the Circuit Court or an
11 affidavit of the attorney setting forth that notice of
12 intent to file for review in the Circuit Court has been
13 given in writing to the Secretary or Assistant Secretary of
14 the Commission.

15 (2) No such summons shall issue unless the one against
16 whom the Commission shall have rendered an award for the
17 payment of money shall upon the filing of his written
18 request for such summons file with the clerk of the court a
19 bond conditioned that if he shall not successfully
20 prosecute the review, he will pay the award and the costs
21 of the proceedings in the courts. The amount of the bond
22 shall be fixed by any member of the Commission and the
23 surety or sureties of the bond shall be approved by the
24 clerk of the court. The acceptance of the bond by the clerk
25 of the court shall constitute evidence of his approval of
26 the bond.

1 The State of Illinois, including its constitutional
2 officers, boards, commissions, agencies, public
3 institutions of higher learning, and funds administered by
4 the treasurer ex officio, and every ~~Every~~ county, city,
5 town, township, incorporated village, school district,
6 body politic or municipal corporation against whom the
7 Commission shall have rendered an award for the payment of
8 money shall not be required to file a bond to secure the
9 payment of the award and the costs of the proceedings in
10 the court to authorize the court to issue such summons.

11 The court may confirm or set aside the decision of the
12 Commission. If the decision is set aside and the facts
13 found in the proceedings before the Commission are
14 sufficient, the court may enter such decision as is
15 justified by law, or may remand the cause to the Commission
16 for further proceedings and may state the questions
17 requiring further hearing, and give such other
18 instructions as may be proper. Appeals shall be taken to
19 the Appellate Court in accordance with Supreme Court Rules
20 22(g) and 303. Appeals shall be taken from the Appellate
21 Court to the Supreme Court in accordance with Supreme Court
22 Rule 315.

23 It shall be the duty of the clerk of any court
24 rendering a decision affecting or affirming an award of the
25 Commission to promptly furnish the Commission with a copy
26 of such decision, without charge.

1 The decision of a majority of the members of the panel
2 of the Commission, shall be considered the decision of the
3 Commission.

4 (g) Except in the case of a claim against the State of
5 Illinois, either party may present a certified copy of the
6 award of the Arbitrator, or a certified copy of the decision of
7 the Commission when the same has become final, when no
8 proceedings for review are pending, providing for the payment
9 of compensation according to this Act, to the Circuit Court of
10 the county in which such accident occurred or either of the
11 parties are residents, whereupon the court shall enter a
12 judgment in accordance therewith. In a case where the employer
13 refuses to pay compensation according to such final award or
14 such final decision upon which such judgment is entered the
15 court shall in entering judgment thereon, tax as costs against
16 him the reasonable costs and attorney fees in the arbitration
17 proceedings and in the court entering the judgment for the
18 person in whose favor the judgment is entered, which judgment
19 and costs taxed as therein provided shall, until and unless set
20 aside, have the same effect as though duly entered in an action
21 duly tried and determined by the court, and shall with like
22 effect, be entered and docketed. The Circuit Court shall have
23 power at any time upon application to make any such judgment
24 conform to any modification required by any subsequent decision
25 of the Supreme Court upon appeal, or as the result of any
26 subsequent proceedings for review, as provided in this Act.

1 Judgment shall not be entered until 15 days' notice of the
2 time and place of the application for the entry of judgment
3 shall be served upon the employer by filing such notice with
4 the Commission, which Commission shall, in case it has on file
5 the address of the employer or the name and address of its
6 agent upon whom notices may be served, immediately send a copy
7 of the notice to the employer or such designated agent.

8 (h) An agreement or award under this Act providing for
9 compensation in installments, may at any time within 18 months
10 after such agreement or award be reviewed by the Commission at
11 the request of either the employer or the employee, on the
12 ground that the disability of the employee has subsequently
13 recurred, increased, diminished or ended.

14 However, as to accidents occurring subsequent to July 1,
15 1955, which are covered by any agreement or award under this
16 Act providing for compensation in installments made as a result
17 of such accident, such agreement or award may at any time
18 within 30 months, or 60 months in the case of an award under
19 Section 8(d)1, after such agreement or award be reviewed by the
20 Commission at the request of either the employer or the
21 employee on the ground that the disability of the employee has
22 subsequently recurred, increased, diminished or ended.

23 On such review, compensation payments may be
24 re-established, increased, diminished or ended. The Commission
25 shall give 15 days' notice to the parties of the hearing for
26 review. Any employee, upon any petition for such review being

1 filed by the employer, shall be entitled to one day's notice
2 for each 100 miles necessary to be traveled by him in attending
3 the hearing of the Commission upon the petition, and 3 days in
4 addition thereto. Such employee shall, at the discretion of the
5 Commission, also be entitled to 5 cents per mile necessarily
6 traveled by him within the State of Illinois in attending such
7 hearing, not to exceed a distance of 300 miles, to be taxed by
8 the Commission as costs and deposited with the petition of the
9 employer.

10 When compensation which is payable in accordance with an
11 award or settlement contract approved by the Commission, is
12 ordered paid in a lump sum by the Commission, no review shall
13 be had as in this paragraph mentioned.

14 (i) Each party, upon taking any proceedings or steps
15 whatsoever before any Arbitrator, Commission or court, shall
16 file with the Commission his address, or the name and address
17 of any agent upon whom all notices to be given to such party
18 shall be served, either personally or by registered mail,
19 addressed to such party or agent at the last address so filed
20 with the Commission. In the event such party has not filed his
21 address, or the name and address of an agent as above provided,
22 service of any notice may be had by filing such notice with the
23 Commission.

24 (j) Whenever in any proceeding testimony has been taken or
25 a final decision has been rendered and after the taking of such
26 testimony or after such decision has become final, the injured

1 employee dies, then in any subsequent proceedings brought by
2 the personal representative or beneficiaries of the deceased
3 employee, such testimony in the former proceeding may be
4 introduced with the same force and effect as though the witness
5 having so testified were present in person in such subsequent
6 proceedings and such final decision, if any, shall be taken as
7 final adjudication of any of the issues which are the same in
8 both proceedings.

9 (k) In a case where there has been any unreasonable or
10 vexatious delay of payment or intentional underpayment of
11 compensation, or proceedings have been instituted or carried on
12 by the one liable to pay the compensation, which do not present
13 a real controversy, but are merely frivolous or for delay, then
14 the Commission may award compensation additional to that
15 otherwise payable under this Act equal to 50% of the amount
16 payable at the time of such award. Failure to pay compensation
17 in accordance with the provisions of Section 8, paragraph (b)
18 of this Act, shall be considered unreasonable delay.

19 When determining whether this subsection (k) shall apply,
20 the Commission shall consider whether an Arbitrator has
21 determined that the claim is not compensable or whether the
22 employer has made payments under Section 8(j).

23 (k-1) In a case where there has been unreasonable or
24 vexatious delay of authorization of medical treatment, the
25 Commission may award compensation additional to that otherwise
26 payable under this Act in the sum of \$30 per day for each day

1 that the benefits under Section 8(a) have been so withheld or
2 refused, not to exceed \$10,000 or the total amount due per
3 Section 8.2 for treatment to be rendered whichever is less.

4 Unless utilization review under Section 8.7 or Section 12
5 examination is, or has been, requested, a delay in
6 authorization of 14 days or more from the employer's receipt of
7 all appropriate records and data elements needed to allow the
8 employer to make a determination whether to authorize such care
9 shall create a rebuttable presumption of unreasonable delay.

10 This subsection (k-1) is the only penalty provision within
11 the Act applicable to delay of authorization of medical
12 treatment and shall apply only to health care services provided
13 or proposed to be provided on or after the effective date of
14 this amendatory Act of the 100th General Assembly.

15 (1) If the employee has made written demand for payment of
16 benefits under Section 8(a) or Section 8(b), the employer shall
17 have 14 days after receipt of the demand to set forth in
18 writing the reason for the delay. In the case of demand for
19 payment of medical benefits under Section 8(a), the time for
20 the employer to respond shall not commence until the expiration
21 of the allotted 30 days specified under Section 8.2(d). In case
22 the employer or his or her insurance carrier shall without good
23 and just cause fail, neglect, refuse, or unreasonably delay the
24 payment of benefits under Section 8(a) or Section 8(b), the
25 Arbitrator or the Commission shall allow to the employee
26 additional compensation in the sum of \$30 per day for each day

1 that the benefits under Section 8(a) or Section 8(b) have been
2 so withheld or refused, not to exceed \$10,000. A delay in
3 payment of 14 days or more shall create a rebuttable
4 presumption of unreasonable delay.

5 (m) If the commission finds that an accidental injury was
6 directly and proximately caused by the employer's wilful
7 violation of a health and safety standard under the Health and
8 Safety Act or the Occupational Safety and Health Act in force
9 at the time of the accident, the arbitrator or the Commission
10 shall allow to the injured employee or his dependents, as the
11 case may be, additional compensation equal to 25% of the amount
12 which otherwise would be payable under the provisions of this
13 Act exclusive of this paragraph. The additional compensation
14 herein provided shall be allowed by an appropriate increase in
15 the applicable weekly compensation rate.

16 (n) After June 30, 1984, decisions of the Illinois Workers'
17 Compensation Commission reviewing an award of an arbitrator of
18 the Commission shall draw interest at a rate equal to the yield
19 on indebtedness issued by the United States Government with a
20 26-week maturity next previously auctioned on the day on which
21 the decision is filed. Said rate of interest shall be set forth
22 in the Arbitrator's Decision. Interest shall be drawn from the
23 date of the arbitrator's award on all accrued compensation due
24 the employee through the day prior to the date of payments.
25 However, when an employee appeals an award of an Arbitrator or
26 the Commission, and the appeal results in no change or a

1 decrease in the award, interest shall not further accrue from
2 the date of such appeal.

3 The employer or his insurance carrier may tender the
4 payments due under the award to stop the further accrual of
5 interest on such award notwithstanding the prosecution by
6 either party of review, certiorari, appeal to the Supreme Court
7 or other steps to reverse, vacate or modify the award.

8 (o) By the 15th day of each month each insurer providing
9 coverage for losses under this Act shall notify each insured
10 employer of any compensable claim incurred during the preceding
11 month and the amounts paid or reserved on the claim including a
12 summary of the claim and a brief statement of the reasons for
13 compensability. A cumulative report of all claims incurred
14 during a calendar year or continued from the previous year
15 shall be furnished to the insured employer by the insurer
16 within 30 days after the end of that calendar year.

17 The insured employer may challenge, in proceeding before
18 the Commission, payments made by the insurer without
19 arbitration and payments made after a case is determined to be
20 noncompensable. If the Commission finds that the case was not
21 compensable, the insurer shall purge its records as to that
22 employer of any loss or expense associated with the claim,
23 reimburse the employer for attorneys' fees arising from the
24 challenge and for any payment required of the employer to the
25 Rate Adjustment Fund or the Second Injury Fund, and may not
26 reflect the loss or expense for rate making purposes. The

1 employee shall not be required to refund the challenged
2 payment. The decision of the Commission may be reviewed in the
3 same manner as in arbitrated cases. No challenge may be
4 initiated under this paragraph more than 3 years after the
5 payment is made. An employer may waive the right of challenge
6 under this paragraph on a case by case basis.

7 (p) After filing an application for adjustment of claim but
8 prior to the hearing on arbitration the parties may voluntarily
9 agree to submit such application for adjustment of claim for
10 decision by an arbitrator under this subsection (p) where such
11 application for adjustment of claim raises only a dispute over
12 temporary total disability, permanent partial disability or
13 medical expenses. Such agreement shall be in writing in such
14 form as provided by the Commission. Applications for adjustment
15 of claim submitted for decision by an arbitrator under this
16 subsection (p) shall proceed according to rule as established
17 by the Commission. The Commission shall promulgate rules
18 including, but not limited to, rules to ensure that the parties
19 are adequately informed of their rights under this subsection
20 (p) and of the voluntary nature of proceedings under this
21 subsection (p). The findings of fact made by an arbitrator
22 acting within his or her powers under this subsection (p) in
23 the absence of fraud shall be conclusive. However, the
24 arbitrator may on his own motion, or the motion of either
25 party, correct any clerical errors or errors in computation
26 within 15 days after the date of receipt of such award of the

1 arbitrator and shall have the power to recall the original
2 award on arbitration, and issue in lieu thereof such corrected
3 award. The decision of the arbitrator under this subsection (p)
4 shall be considered the decision of the Commission and
5 proceedings for review of questions of law arising from the
6 decision may be commenced by either party pursuant to
7 subsection (f) of Section 19. The Advisory Board established
8 under Section 13.1 shall compile a list of certified Commission
9 arbitrators, each of whom shall be approved by at least 7
10 members of the Advisory Board. The chairman shall select 5
11 persons from such list to serve as arbitrators under this
12 subsection (p). By agreement, the parties shall select one
13 arbitrator from among the 5 persons selected by the chairman
14 except that if the parties do not agree on an arbitrator from
15 among the 5 persons, the parties may, by agreement, select an
16 arbitrator of the American Arbitration Association, whose fee
17 shall be paid by the State in accordance with rules promulgated
18 by the Commission. Arbitration under this subsection (p) shall
19 be voluntary.

20 (Source: P.A. 97-18, eff. 6-28-11; 98-40, eff. 6-28-13; 98-874,
21 eff. 1-1-15.)

22 (820 ILCS 305/25.5)

23 Sec. 25.5. Unlawful acts; penalties.

24 (a) It is unlawful for any person, company, corporation,
25 insurance carrier, healthcare provider, or other entity to:

1 (1) Intentionally present or cause to be presented any
2 false or fraudulent claim for the payment of any workers'
3 compensation benefit.

4 (2) Intentionally make or cause to be made any false or
5 fraudulent material statement or material representation
6 for the purpose of obtaining or denying any workers'
7 compensation benefit.

8 (3) Intentionally make or cause to be made any false or
9 fraudulent statements with regard to entitlement to
10 workers' compensation benefits with the intent to prevent
11 an injured worker from making a legitimate claim for any
12 workers' compensation benefits.

13 (4) Intentionally prepare or provide an invalid,
14 false, or counterfeit certificate of insurance as proof of
15 workers' compensation insurance.

16 (5) Intentionally make or cause to be made any false or
17 fraudulent material statement or material representation
18 for the purpose of obtaining workers' compensation
19 insurance at less than the proper amount ~~rate~~ for that
20 insurance.

21 (6) Intentionally make or cause to be made any false or
22 fraudulent material statement or material representation
23 on an initial or renewal self-insurance application or
24 accompanying financial statement for the purpose of
25 obtaining self-insurance status or reducing the amount of
26 security that may be required to be furnished pursuant to

1 Section 4 of this Act.

2 (7) Intentionally make or cause to be made any false or
3 fraudulent material statement to the Department of
4 Insurance's fraud and insurance non-compliance unit in the
5 course of an investigation of fraud or insurance
6 non-compliance.

7 (8) Intentionally assist, abet, solicit, or conspire
8 with any person, company, or other entity to commit any of
9 the acts in paragraph (1), (2), (3), (4), (5), (6), or (7)
10 of this subsection (a).

11 (9) Intentionally present a bill or statement for the
12 payment for medical services that were not provided.

13 For the purposes of paragraphs (2), (3), (5), (6), (7), and
14 (9), the term "statement" includes any writing, notice, proof
15 of injury, bill for services, hospital or doctor records and
16 reports, or X-ray and test results.

17 (b) Sentence. ~~Sentences for violations of subsection (a)~~
18 ~~are as follows:~~

19 (1) A violation of paragraph (a)(3) is a Class 4
20 felony.

21 (2) A violation of paragraph (a)(4) or (a)(7) is a
22 Class 3 felony.

23 (3) A violation of paragraph (a)(1), (a)(2), (a)(5),
24 (a)(6), or (a)(9) in which the value of the property
25 obtained or attempted to be obtained is \$500 or less is a
26 Class A misdemeanor.

1 (4) A violation of paragraph (a)(1), (a)(2), (a)(5),
2 (a)(6), or (a)(9) in which the value of the property
3 obtained or attempted to be obtained is more than \$500 but
4 not more than \$10,000 is a Class 3 felony.

5 (5) A violation of paragraph (a)(1), (a)(2), (a)(5),
6 (a)(6), or (a)(9) in which the value of the property
7 obtained or attempted to be obtained is more than \$10,000
8 but not more than \$100,000 is a Class 2 felony.

9 (6) A violation of paragraph (a)(1), (a)(2), (a)(5),
10 (a)(6), or (a)(9) in which the value of the property
11 obtained or attempted to be obtained is more than \$100,000
12 is a Class 1 felony.

13 (7) A violation of paragraph (8) of subsection (a)
14 shall be punishable as the class of offense for which the
15 person convicted assisted, abetted, solicited, or
16 conspired to commit, as set forth in paragraphs (1) through
17 (6) of this subsection.

18 ~~(1) A violation in which the value of the property~~
19 ~~obtained or attempted to be obtained is \$300 or less is a~~
20 ~~Class A misdemeanor.~~

21 ~~(2) A violation in which the value of the property~~
22 ~~obtained or attempted to be obtained is more than \$300 but~~
23 ~~not more than \$10,000 is a Class 3 felony.~~

24 ~~(3) A violation in which the value of the property~~
25 ~~obtained or attempted to be obtained is more than \$10,000~~
26 ~~but not more than \$100,000 is a Class 2 felony.~~

1 ~~(4) A violation in which the value of the property~~
2 ~~obtained or attempted to be obtained is more than \$100,000~~
3 ~~is a Class 1 felony.~~

4 (8) ~~(5)~~ A person convicted under this Section shall be
5 ordered to pay monetary restitution to the insurance
6 company or self-insured entity or any other person for any
7 financial loss sustained as a result of a violation of this
8 Section, including any court costs and attorney fees. An
9 order of restitution also includes expenses incurred and
10 paid by the State of Illinois or an insurance company or
11 self-insured entity in connection with any medical
12 evaluation or treatment services.

13 For a violation of paragraph (a) (1) or (a) (2), the value of
14 the property obtained or attempted to be obtained shall include
15 payments pursuant to the provisions of this Act as well as the
16 amount paid for medical expenses. For a violation of paragraph
17 (a) (5), the value of the property obtained or attempted to be
18 obtained shall be the difference between the proper amount for
19 the coverage sought or provided and the actual amount billed
20 for workers' compensation insurance. For a violation of
21 paragraph (a) (6), the value of the property obtained or
22 attempted to be obtained shall be the difference between the
23 proper amount of security required pursuant to Section 4 of
24 this Act and the amount furnished pursuant to the false or
25 fraudulent statements or representations. For the purposes of
26 ~~this Section, where the exact value of property obtained or~~

1 ~~attempted to be obtained is either not alleged or is not~~
2 ~~specifically set by the terms of a policy of insurance, the~~
3 ~~value of the property shall be the fair market replacement~~
4 ~~value of the property claimed to be lost, the reasonable costs~~
5 ~~of reimbursing a vendor or other claimant for services to be~~
6 ~~rendered, or both.~~ Notwithstanding the foregoing, an insurance
7 company, self-insured entity, or any other person suffering
8 financial loss sustained as a result of violation of this
9 Section may seek restitution, including court costs and
10 attorney's fees in a civil action in a court of competent
11 jurisdiction.

12 (c) The Department of Insurance shall establish a fraud and
13 insurance non-compliance unit responsible for investigating
14 incidences of fraud and insurance non-compliance pursuant to
15 this Section. The size of the staff of the unit shall be
16 subject to appropriation by the General Assembly. It shall be
17 the duty of the fraud and insurance non-compliance unit to
18 determine the identity of insurance carriers, employers,
19 employees, or other persons or entities who have violated the
20 fraud and insurance non-compliance provisions of this Section.
21 The fraud and insurance non-compliance unit shall report
22 violations of the fraud and insurance non-compliance
23 provisions of this Section to the Special Prosecutions Bureau
24 of the Criminal Division of the Office of the Attorney General
25 or to the State's Attorney of the county in which the offense
26 allegedly occurred, either of whom has the authority to

1 prosecute violations under this Section.

2 With respect to the subject of any investigation being
3 conducted, the fraud and insurance non-compliance unit shall
4 have the general power of subpoena of the Department of
5 Insurance, including the authority to issue a subpoena to a
6 medical provider, pursuant to Section 8-802 of the Code of
7 Civil Procedure.

8 (d) Any person may report allegations of insurance
9 non-compliance and fraud pursuant to this Section to the
10 Department of Insurance's fraud and insurance non-compliance
11 unit whose duty it shall be to investigate the report. The unit
12 shall notify the Commission of reports of insurance
13 non-compliance. Any person reporting an allegation of
14 insurance non-compliance or fraud against either an employee or
15 employer under this Section must identify himself. Except as
16 provided in this subsection and in subsection (e), all reports
17 shall remain confidential except to refer an investigation to
18 the Attorney General or State's Attorney for prosecution or if
19 the fraud and insurance non-compliance unit's investigation
20 reveals that the conduct reported may be in violation of other
21 laws or regulations of the State of Illinois, the unit may
22 report such conduct to the appropriate governmental agency
23 charged with administering such laws and regulations. Any
24 person who intentionally makes a false report under this
25 Section to the fraud and insurance non-compliance unit is
26 guilty of a Class A misdemeanor.

1 (e) In order for the fraud and insurance non-compliance
2 unit to investigate a report of fraud related to an employee's
3 claim, (i) the employee must have filed with the Commission an
4 Application for Adjustment of Claim and the employee must have
5 either received or attempted to receive benefits under this Act
6 that are related to the reported fraud or (ii) the employee
7 must have made a written demand for the payment of benefits
8 that are related to the reported fraud. There shall be no
9 immunity, under this Act or otherwise, for any person who files
10 a false report or who files a report without good and just
11 cause. Confidentiality of medical information shall be
12 strictly maintained. Investigations that are not referred for
13 prosecution shall be destroyed upon the expiration of the
14 statute of limitations for the acts under investigation and
15 shall not be disclosed except that the person making the report
16 shall be notified that the investigation is being closed. It is
17 unlawful for any employer, insurance carrier, service
18 adjustment company, third party administrator, self-insured,
19 or similar entity to file or threaten to file a report of fraud
20 against an employee because of the exercise by the employee of
21 the rights and remedies granted to the employee by this Act.

22 The Department of Insurance's papers, documents, reports,
23 or evidence relevant to the subject of an investigation under
24 this Section shall be confidential and not subject to subpoena,
25 public inspection, or to disclosure under the Freedom of
26 Information Act for so long as the Director deems reasonably

1 necessary to complete the investigation, to protect the person
2 investigated from unwarranted injury, or to be in the public
3 interest. No officer, agent, or employee of the Department is
4 subject to subpoena in any civil or administrative action to
5 testify concerning a matter of which they have knowledge under
6 a pending fraud or insurance non-compliance investigation by
7 the Department.

8 No cause of action exists and no liability may be imposed,
9 either civil or criminal, against the State, the Director of
10 Insurance, any officer, agent, or employee of the Department of
11 Insurance, or individuals employed or retained by the Director
12 of Insurance, for an act or omission by them in the performance
13 of a power or duty authorized by this Section, unless the act
14 or omission was performed in bad faith and with intent to
15 injure a particular person.

16 (e-5) The fraud and insurance non-compliance unit shall
17 procure and implement a system utilizing advanced analytics
18 inclusive of predictive modeling, data mining, social network
19 analysis, and scoring algorithms for the detection and
20 prevention of fraud, waste, and abuse on or before January 1,
21 2012. The fraud and insurance non-compliance unit shall procure
22 this system using a request for proposals process governed by
23 the Illinois Procurement Code and rules adopted under that
24 Code. The fraud and insurance non-compliance unit shall provide
25 a report to the President of the Senate, Speaker of the House
26 of Representatives, Minority Leader of the House of

1 Representatives, Minority Leader of the Senate, Governor,
2 Chairman of the Commission, and Director of Insurance on or
3 before July 1, 2012 and annually thereafter detailing its
4 activities and providing recommendations regarding
5 opportunities for additional fraud waste and abuse detection
6 and prevention.

7 (e-7) By July 1, 2018 and thereafter, the fraud and
8 insurance non-compliance unit shall employ at least 10
9 investigators to investigate insurance non-compliance and
10 fraud pursuant to this Section.

11 (f) Any person convicted of fraud related to workers'
12 compensation pursuant to this Section shall be subject to the
13 penalties prescribed in the Criminal Code of 2012 and shall be
14 ineligible to receive or retain any compensation, disability,
15 or medical benefits as defined in this Act if the compensation,
16 disability, or medical benefits were owed or received as a
17 result of fraud for which the recipient of the compensation,
18 disability, or medical benefit was convicted. This subsection
19 applies to accidental injuries or diseases that occur on or
20 after the effective date of this amendatory Act of the 94th
21 General Assembly.

22 (g) Civil liability. Any person convicted of fraud who
23 knowingly obtains, attempts to obtain, or causes to be obtained
24 any benefits under this Act by the making of a false claim or
25 who knowingly misrepresents any material fact shall be civilly
26 liable to the payor of benefits or the insurer or the payor's

1 or insurer's subrogee or assignee in an amount equal to 3 times
2 the value of the benefits or insurance coverage wrongfully
3 obtained or twice the value of the benefits or insurance
4 coverage attempted to be obtained, plus reasonable attorney's
5 fees and expenses incurred by the payor or the payor's subrogee
6 or assignee who successfully brings a claim under this
7 subsection. This subsection applies to accidental injuries or
8 diseases that occur on or after the effective date of this
9 amendatory Act of the 94th General Assembly.

10 (h) The fraud and insurance non-compliance unit shall
11 submit a written report on an annual basis to the Chairman of
12 the Commission, the Workers' Compensation Advisory Board, the
13 General Assembly, the Governor, and the Attorney General by
14 January 1 and July 1 of each year. This report shall include,
15 at the minimum, the following information:

16 (1) The number of allegations of insurance
17 non-compliance and fraud reported to the fraud and
18 insurance non-compliance unit.

19 (2) The source of the reported allegations
20 (individual, employer, or other).

21 (3) The number of allegations investigated by the fraud
22 and insurance non-compliance unit.

23 (4) The number of criminal referrals made in accordance
24 with this Section and the entity to which the referral was
25 made.

26 (5) All proceedings under this Section.

1 (Source: P.A. 97-18, eff. 6-28-11; 97-1150, eff. 1-25-13.)

2 (820 ILCS 305/29.2)

3 Sec. 29.2. Insurance and self-insurance oversight.

4 (a) The Department of Insurance shall annually submit to
5 the Governor, the Chairman of the Commission, the President of
6 the Senate, the Speaker of the House of Representatives, the
7 Minority Leader of the Senate, and the Minority Leader of the
8 House of Representatives a written report that details the
9 state of the workers' compensation insurance market in
10 Illinois. The report shall be completed by April 1 of each
11 year, beginning in 2012, or later if necessary data or analyses
12 are only available to the Department at a later date. The
13 report shall be posted on the Department of Insurance's
14 Internet website. Information to be included in the report
15 shall be for the preceding calendar year. The report shall
16 include, at a minimum, the following:

17 (1) Gross premiums collected by workers' compensation
18 carriers in Illinois and the national rank of Illinois
19 based on premium volume.

20 (2) The number of insurance companies actively engaged
21 in Illinois in the workers' compensation insurance market,
22 including both holding companies and subsidiaries or
23 affiliates, and the national rank of Illinois based on
24 number of competing insurers.

25 (3) The total number of insured participants in the

1 Illinois workers' compensation assigned risk insurance
2 pool, and the size of the assigned risk pool as a
3 proportion of the total Illinois workers' compensation
4 insurance market.

5 (4) The advisory organization premium rate for
6 workers' compensation insurance in Illinois for the
7 previous year.

8 (5) The advisory organization prescribed assigned risk
9 pool premium rate.

10 (6) The total amount of indemnity payments made by
11 workers' compensation insurers in Illinois.

12 (7) The total amount of medical payments made by
13 workers' compensation insurers in Illinois, and the
14 national rank of Illinois based on average cost of medical
15 claims per injured worker.

16 (8) The gross profitability of workers' compensation
17 insurers in Illinois, and the national rank of Illinois
18 based on profitability of workers' compensation insurers.

19 (9) The loss ratio of workers' compensation insurers in
20 Illinois and the national rank of Illinois based on the
21 loss ratio of workers' compensation insurers. For purposes
22 of this loss ratio calculation, the denominator shall
23 include all premiums and other fees collected by workers'
24 compensation insurers and the numerator shall include the
25 total amount paid by the insurer for care or compensation
26 to injured workers.

1 (10) The growth of total paid indemnity benefits by
2 temporary total disability, scheduled and non-scheduled
3 permanent partial disability, and total disability.

4 (11) The number of injured workers receiving wage loss
5 differential awards and the average wage loss differential
6 award payout.

7 (12) Illinois' rank, relative to other states, for:

8 (i) the maximum and minimum temporary total
9 disability benefit level;

10 (ii) the maximum and minimum scheduled and
11 non-scheduled permanent partial disability benefit
12 level;

13 (iii) the maximum and minimum total disability
14 benefit level; and

15 (iv) the maximum and minimum death benefit level.

16 (13) The aggregate growth of medical benefit payout by
17 non-hospital providers and hospitals.

18 (14) The aggregate growth of medical utilization for
19 the top 10 most common injuries to specific body parts by
20 non-hospital providers and hospitals.

21 (15) The percentage of injured workers filing claims at
22 the Commission that are represented by an attorney.

23 (16) The total amount paid by injured workers for
24 attorney representation.

25 (a-5) The Commission shall annually submit to the Governor
26 and the General Assembly a written report that details the

1 state of self-insurance for workers' compensation in Illinois.
2 The report shall be based on information currently collected by
3 the Commission or the Department of Insurance from
4 self-insurers, as of the effective date of this amendatory Act
5 of the 100th General Assembly. The report shall be completed by
6 April 1 of each year, beginning in 2017. The report shall be
7 posted on the Commission's Internet website. Information to be
8 included in the report shall be for the preceding calendar
9 year. The report shall include, at a minimum, the following in
10 the aggregate:

11 (1) The number of employers that self-insure for
12 workers' compensation.

13 (2) The total number of employees covered by
14 self-insurance.

15 (3) The total amount of indemnity payments made by
16 self-insureds.

17 (4) The total amount of medical payments made by
18 self-insureds.

19 (5) The growth of total paid indemnity benefits by
20 temporary total disability, scheduled and non-scheduled
21 permanent partial disability, and total disability.

22 (6) Illinois' rank, relative to other states, for:

23 (i) the maximum and minimum temporary total
24 disability benefit levels;

25 (ii) the maximum and minimum scheduled and
26 non-scheduled permanent partial disability benefit

1 levels;
2 (iii) the maximum and minimum total disability
3 benefit levels; and
4 (iv) the maximum and minimum death benefit levels.

5 (7) The aggregate growth of medical benefit payouts by
6 non-hospital providers and hospitals.

7 Any information collected by the Commission from
8 self-insureds shall be exempt from public inspection and
9 disclosure under the Freedom of Information Act.

10 (b) The Director of Insurance shall promulgate rules
11 requiring each insurer licensed to write workers' compensation
12 coverage in the State to record and report the following
13 information on an aggregate basis to the Department of
14 Insurance before March 1 of each year, relating to claims in
15 the State opened within the prior calendar year:

16 (1) The number of claims opened.

17 (2) The number of reported medical only claims.

18 (3) The number of contested claims.

19 (4) The number of claims for which the employee has
20 attorney representation.

21 (5) The number of claims with lost time and the number
22 of claims for which temporary total disability was paid.

23 (6) The number of claim adjusters employed to adjust
24 workers' compensation claims.

25 (7) The number of claims for which temporary total
26 disability was not paid within 14 days from the first full

1 day off, regardless of reason.

2 (8) The number of medical bills paid 60 days or later
3 from date of service and the average days paid on those
4 paid after 60 days for the previous calendar year.

5 (9) The number of claims in which in-house defense
6 counsel participated, and the total amount spent on
7 in-house legal services.

8 (10) The number of claims in which outside defense
9 counsel participated, and the total amount paid to outside
10 defense counsel.

11 (11) The total amount billed to employers for bill
12 review.

13 (12) The total amount billed to employers for fee
14 schedule savings.

15 (13) The total amount charged to employers for any and
16 all managed care fees.

17 (14) The number of claims involving in-house medical
18 nurse case management, and the total amount spent on
19 in-house medical nurse case management.

20 (15) The number of claims involving outside medical
21 nurse case management, and the total amount paid for
22 outside medical nurse case management.

23 (16) The total amount paid for Independent Medical
24 exams.

25 (17) The total amount spent on in-house Utilization
26 Review for the previous calendar year.

1 (18) The total amount paid for outside Utilization
2 Review for the previous calendar year.

3 The Department shall make the submitted information
4 publicly available on the Department's Internet website or such
5 other media as appropriate in a form useful for consumers.

6 (Source: P.A. 97-18, eff. 6-28-11.)