



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB2525

by Rep. Jay Hoffman

SYNOPSIS AS INTRODUCED:

See Index

Amends the Employer's Liability Rates Article of the Illinois Insurance Code. Provides that a rate is excessive if it is likely to produce a long run profit that is unreasonably high for the insurance provided or if expenses are unreasonably high in relation to the services rendered. Repeals provisions regarding presumptions that a competitive market exists, determining whether a competitive market exists, and disapproval of rates under specified circumstances. Amends the Workers' Compensation Act. Provides that accidental injuries sustained while traveling to or from work do not arise out of and in the course of employment. Defines "in the course of employment" and "arising out of the employment". Permits an employer to file with the Illinois Workers' Compensation Commission a workers' compensation safety program or a workers' compensation return to work program implemented by the employer. Provides that the Commission may certify any such safety program as a bona fide safety program after reviewing the program. In a provision concerning compensation for the period of temporary total incapacity for work resulting from an accidental injury, provides that (i) injuries to the shoulder shall be considered injuries to part of the arm and (ii) injuries to the hip shall be considered injuries to part of the leg. Contains provisions concerning repetitive and cumulative injuries; permanent partial disability determinations; electronic claims; annual reports by the Commission concerning the state of self-insurance for workers' compensation in Illinois; and duties of the Workers' Compensation Premium Rates Task Force; and other matters. Effective immediately.

LRB100 06927 JLS 16978 b

CORRECTIONAL
BUDGET AND
IMPACT NOTE ACT
MAY APPLY

FISCAL NOTE ACT
MAY APPLY

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 5. The Illinois Insurance Code is amended by
5 changing Sections 456, 457, and 458 and by adding Section 462a
6 as follows:

7 (215 ILCS 5/456) (from Ch. 73, par. 1065.3)

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

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

19 (b) The systems of expense provisions included in the rates
20 for use by any company or group of companies may differ from
21 those of other companies or groups of companies to reflect the
22 requirements of the operating methods of any such company or
23 group with respect to any kind of insurance, or with respect to

1 any subdivision or combination thereof for which subdivision or
2 combination separate expense provisions are applicable;

3 (c) Risks may be grouped by classifications for the
4 establishment of rates and minimum premiums. Classification
5 rates may be modified to produce rates for individual risks in
6 accordance with rating plans which measure variation in hazards
7 or expense provisions, or both. Such rating plans may measure
8 any differences among risks that have a probable effect upon
9 losses or expenses;

10 (d) Rates shall not be excessive, inadequate or unfairly
11 discriminatory.

12 ~~A rate in a competitive market is not excessive. A rate in~~
13 ~~a noncompetitive market~~ is excessive if it is likely to produce
14 a ~~long-run~~ profit that is unreasonably high for the insurance
15 provided or if expenses are unreasonably high in relation to
16 the services rendered.

17 A rate is not inadequate unless such rate is clearly
18 insufficient to sustain projected losses and expenses in the
19 class of business to which it applies and the use of such rate
20 has or, if continued, will have the effect of substantially
21 lessening competition or the tendency to create monopoly in any
22 market.

23 Unfair discrimination exists if, after allowing for
24 practical limitations, price differentials fail to reflect
25 equitably the differences in expected losses and expenses. A
26 rate is not unfairly discriminatory because different premiums

1 result for policyholders with like exposures but different
2 expenses, or like expenses but different loss exposures, so
3 long as the rate reflects the differences with reasonable
4 accuracy.

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

9 (f) Any rating plan or program shall include a rule
10 permitting 2 or more employers with similar risk
11 characteristics, who participate in a loss prevention program
12 or safety group, to pool their premium and loss experience in
13 determining their rate or premium for such participation in the
14 program.

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

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

20 (215 ILCS 5/457) (from Ch. 73, par. 1065.4)

21 Sec. 457. Rate filings. (1) ~~Every Beginning January 1,~~
22 ~~1983, every~~ company shall prefile ~~file~~ with the Director every
23 manual of classifications, every manual of rules and rates,
24 every rating plan and every modification of the foregoing which
25 it intends to use. Such filings shall be made at least ~~not~~

1 ~~later than~~ 30 days before ~~after~~ they become effective. A
2 company may satisfy its obligation to make such filings by
3 adopting the filing of a licensed rating organization of which
4 it is a member or subscriber, filed pursuant to subsection (2)
5 of this Section, in total or, with the approval of the
6 Director, by notifying the Director in what respects it intends
7 ~~to~~ deviate from such filing. If a company intends to deviate
8 from the filing of a licensed rating organization of which it
9 is a member, the company shall provide the Director with
10 supporting information that specifies the basis for the
11 requested deviation and provides justification for the
12 deviation. Any company adopting a pure premium filed by a
13 rating organization pursuant to subsection (2) must file with
14 the Director the modification factor it is using for expenses
15 and profit so that the final rates in use by such company can
16 be determined.

17 (2) Each ~~Beginning January 1, 1983, each~~ licensed rating
18 organization must prefile ~~file~~ with the Director every manual
19 of classification, every manual of rules and advisory rates,
20 every pure premium which has been fully adjusted and fully
21 developed, every rating plan and every modification of any of
22 the foregoing which it intends to recommend for use to its
23 members and subscribers, at least ~~not later than~~ 30 days before
24 ~~after~~ such manual, premium, plan or modification thereof takes
25 effect. Every licensed rating organization shall also file with
26 the Director the rate classification system, all rating rules,

1 rating plans, policy forms, underwriting rules or similar
2 materials, and each modification of any of the foregoing which
3 it requires its members and subscribers to adhere to not later
4 than 30 days before such filings or modifications thereof are
5 to take effect. Every such filing shall state the proposed
6 effective date thereof and shall indicate the character and
7 extent of the coverage contemplated.

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

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

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

15 (215 ILCS 5/458) (from Ch. 73, par. 1065.5)

16 Sec. 458. Disapproval of filings. (1) If within 30 ~~thirty~~
17 days of any filing the Director finds that such filing does not
18 meet the requirements of this Article, he shall send to the
19 company or rating organization which made such filing a written
20 notice of disapproval of such filing, specifying therein in
21 what respects he finds that such filing fails to meet the
22 requirements of this Article ~~and stating when, within a~~
23 ~~reasonable period thereafter, such filing shall be deemed no~~
24 ~~longer effective.~~ A company or rating organization whose filing
25 has been disapproved shall be given a hearing upon a written

1 request made within 30 days after the disapproval order. ~~If the~~
2 ~~company or rating organization making the filing shall, prior~~
3 ~~to the expiration of the period prescribed in the notice,~~
4 ~~request a hearing, such filings shall be effective until the~~
5 ~~expiration of a reasonable period specified in any order~~
6 ~~entered thereon. If the rate resulting from such filing be~~
7 ~~unfairly discriminatory or materially inadequate, and the~~
8 ~~difference between such rate and the approved rate equals or~~
9 ~~exceeds the cost of making an adjustment, the Director shall in~~
10 ~~such notice or order direct an adjustment of the premium to be~~
11 ~~made with the policyholder either by refund or collection of~~
12 ~~additional premium. If the policyholder does not accept the~~
13 ~~increased rate, cancellation shall be made on a pro rata basis.~~
14 ~~Any policy issued pursuant to this subsection shall contain a~~
15 ~~provision that the premium thereon shall be subject to~~
16 ~~adjustment upon the basis of the filing finally approved.~~

17 (2) If at any time subsequent to the applicable review
18 period provided for in subsection (1) of this Section, the
19 Director finds that a filing does not meet the requirements of
20 this Article, he shall, after a hearing held upon not less than
21 ten days written notice, specifying the matters to be
22 considered at such hearing, to every company and rating
23 organization which made such filing, issue an order specifying
24 in what respects he finds that such filing fails to meet the
25 requirements of this Article, and stating when, within a
26 reasonable period thereafter, such filings shall be deemed no

1 longer effective. Copies of said order shall be sent to every
2 such company and rating organization. Said order shall not
3 affect any contract or policy made or issued prior to the
4 expiration of the period set forth in said order.

5 (3) Any person or organization aggrieved with respect to
6 any filing which is in effect may make written application to
7 the Director for a hearing thereon, provided, however, that the
8 company or rating organization that made the filing shall not
9 be authorized to proceed under this subsection. Such
10 application shall specify the grounds to be relied upon by the
11 applicant. If the Director shall find that the application is
12 made in good faith, that the applicant would be so aggrieved if
13 his grounds are established, and that such grounds otherwise
14 justify holding such a hearing, he shall, within thirty days
15 after receipt of such application, hold a hearing upon not less
16 than ten days written notice to the applicant and to every
17 company and rating organization which made such filing.

18 If, after such hearing, the Director finds that the filing
19 does not meet the requirements of this Article, he shall issue
20 an order specifying in what respects he finds that such filing
21 fails to meet the requirements of this Article, and stating
22 when, within a reasonable period thereafter, such filing shall
23 be deemed no longer effective. Copies of said order shall be
24 sent to the applicant and to every such company and rating
25 organization. Said order shall not affect any contract or
26 policy made or issued prior to the expiration of the period set

1 forth in said order.

2 (4) Whenever an insurer has no legally effective rates as a
3 result of the Director's disapproval of rates or other act, the
4 Director shall on request of the insurer specify interim rates
5 for the insurer that are high enough to protect the interests
6 of all parties and may order that a specified portion of the
7 premiums be placed in an escrow account approved by him or her.
8 When new rates become legally effective, the Director shall
9 order the escrowed funds or any overcharge in the interim rates
10 to be distributed appropriately, except that refunds to
11 policyholders that are de minimis shall not be required.

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

13 (215 ILCS 5/462a new)

14 Sec. 462a. Premiums; review.

15 (a) Premiums shall not be excessive. A premium is excessive
16 if it is likely to produce a profit that is unreasonably high
17 for the insurance provided or if expenses are unreasonably high
18 in relation to the coverage or services rendered.

19 (b) At any time, an insured may file a request for review
20 of a premium with the Director. The request shall be in such
21 form as the Director prescribes and shall specify the grounds
22 on which the premium is excessive.

23 If, within 30 days of any proper request for review under
24 this Section, the Director finds that the premium does not meet
25 the requirements of this Section, he or she shall send to the

1 insurer a written notice of disapproval of premium, specifying
2 therein in what respects he or she finds that the premium fails
3 to meet the requirements of this Section, stating when, within
4 a reasonable period thereafter, the premium shall be deemed no
5 longer effective, and ordering an adjustment of the premium. An
6 insurer whose premium has been disapproved shall be given a
7 hearing upon a written request made within 30 days after the
8 disapproval order. If the insurer requests a hearing, the
9 premium shall be effective until the expiration of a reasonable
10 period specified in any order entered thereon. If, after a
11 hearing, the premium is found to be excessive, the Director
12 shall order an adjustment of the premium. The insurer shall
13 refund to the insured any amount found to be excessive under
14 this Section.

15 If the Director finds that a review is not warranted or a
16 premium is not excessive, he or she shall provide notice of
17 that decision to the insured and the insurer.

18 (c) An insurer shall provide all information requested by
19 the Director as he or she determines necessary to assist in
20 review of premiums under this Section.

21 (215 ILCS 5/460 rep.)

22 Section 10. The Illinois Insurance Code is amended by
23 repealing Section 460.

24 Section 15. The Workers' Compensation Act is amended by

1 changing Sections 1, 8, 8.1b, 8.2a, 14, 19, 25.5, and 29.2 and
2 by adding Sections 4e, 8.1, and 29.3 as follows:

3 (820 ILCS 305/1) (from Ch. 48, par. 138.1)

4 Sec. 1. This Act may be cited as the Workers' Compensation
5 Act.

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

7 1. The State and each county, city, town, township,
8 incorporated village, school district, body politic, or
9 municipal corporation therein.

10 2. Every person, firm, public or private corporation,
11 including hospitals, public service, eleemosynary, religious
12 or charitable corporations or associations who has any person
13 in service or under any contract for hire, express or implied,
14 oral or written, and who is engaged in any of the enterprises
15 or businesses enumerated in Section 3 of this Act, or who at or
16 prior to the time of the accident to the employee for which
17 compensation under this Act may be claimed, has in the manner
18 provided in this Act elected to become subject to the
19 provisions of this Act, and who has not, prior to such
20 accident, effected a withdrawal of such election in the manner
21 provided in this Act.

22 3. Any one engaging in any business or enterprise referred
23 to in subsections 1 and 2 of Section 3 of this Act who
24 undertakes to do any work enumerated therein, is liable to pay
25 compensation to his own immediate employees in accordance with

1 the provisions of this Act, and in addition thereto if he
2 directly or indirectly engages any contractor whether
3 principal or sub-contractor to do any such work, he is liable
4 to pay compensation to the employees of any such contractor or
5 sub-contractor unless such contractor or sub-contractor has
6 insured, in any company or association authorized under the
7 laws of this State to insure the liability to pay compensation
8 under this Act, or guaranteed his liability to pay such
9 compensation. With respect to any time limitation on the filing
10 of claims provided by this Act, the timely filing of a claim
11 against a contractor or subcontractor, as the case may be,
12 shall be deemed to be a timely filing with respect to all
13 persons upon whom liability is imposed by this paragraph.

14 In the event any such person pays compensation under this
15 subsection he may recover the amount thereof from the
16 contractor or sub-contractor, if any, and in the event the
17 contractor pays compensation under this subsection he may
18 recover the amount thereof from the sub-contractor, if any.

19 This subsection does not apply in any case where the
20 accident occurs elsewhere than on, in or about the immediate
21 premises on which the principal has contracted that the work be
22 done.

23 4. Where an employer operating under and subject to the
24 provisions of this Act loans an employee to another such
25 employer and such loaned employee sustains a compensable
26 accidental injury in the employment of such borrowing employer

1 and where such borrowing employer does not provide or pay the
2 benefits or payments due such injured employee, such loaning
3 employer is liable to provide or pay all benefits or payments
4 due such employee under this Act and as to such employee the
5 liability of such loaning and borrowing employers is joint and
6 several, provided that such loaning employer is in the absence
7 of agreement to the contrary entitled to receive from such
8 borrowing employer full reimbursement for all sums paid or
9 incurred pursuant to this paragraph together with reasonable
10 attorneys' fees and expenses in any hearings before the
11 Illinois Workers' Compensation Commission or in any action to
12 secure such reimbursement. Where any benefit is provided or
13 paid by such loaning employer the employee has the duty of
14 rendering reasonable cooperation in any hearings, trials or
15 proceedings in the case, including such proceedings for
16 reimbursement.

17 Where an employee files an Application for Adjustment of
18 Claim with the Illinois Workers' Compensation Commission
19 alleging that his claim is covered by the provisions of the
20 preceding paragraph, and joining both the alleged loaning and
21 borrowing employers, they and each of them, upon written demand
22 by the employee and within 7 days after receipt of such demand,
23 shall have the duty of filing with the Illinois Workers'
24 Compensation Commission a written admission or denial of the
25 allegation that the claim is covered by the provisions of the
26 preceding paragraph and in default of such filing or if any

1 such denial be ultimately determined not to have been bona fide
2 then the provisions of Paragraph K of Section 19 of this Act
3 shall apply.

4 An employer whose business or enterprise or a substantial
5 part thereof consists of hiring, procuring or furnishing
6 employees to or for other employers operating under and subject
7 to the provisions of this Act for the performance of the work
8 of such other employers and who pays such employees their
9 salary or wages notwithstanding that they are doing the work of
10 such other employers shall be deemed a loaning employer within
11 the meaning and provisions of this Section.

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

13 1. Every person in the service of the State, including
14 members of the General Assembly, members of the Commerce
15 Commission, members of the Illinois Workers' Compensation
16 Commission, and all persons in the service of the University of
17 Illinois, county, including deputy sheriffs and assistant
18 state's attorneys, city, town, township, incorporated village
19 or school district, body politic, or municipal corporation
20 therein, whether by election, under appointment or contract of
21 hire, express or implied, oral or written, including all
22 members of the Illinois National Guard while on active duty in
23 the service of the State, and all probation personnel of the
24 Juvenile Court appointed pursuant to Article VI of the Juvenile
25 Court Act of 1987, and including any official of the State, any
26 county, city, town, township, incorporated village, school

1 district, body politic or municipal corporation therein except
2 any duly appointed member of a police department in any city
3 whose population exceeds 500,000 according to the last Federal
4 or State census, and except any member of a fire insurance
5 patrol maintained by a board of underwriters in this State. A
6 duly appointed member of a fire department in any city, the
7 population of which exceeds 500,000 according to the last
8 federal or State census, is an employee under this Act only
9 with respect to claims brought under paragraph (c) of Section
10 8.

11 One employed by a contractor who has contracted with the
12 State, or a county, city, town, township, incorporated village,
13 school district, body politic or municipal corporation
14 therein, through its representatives, is not considered as an
15 employee of the State, county, city, town, township,
16 incorporated village, school district, body politic or
17 municipal corporation which made the contract.

18 2. Every person in the service of another under any
19 contract of hire, express or implied, oral or written,
20 including persons whose employment is outside of the State of
21 Illinois where the contract of hire is made within the State of
22 Illinois, persons whose employment results in fatal or
23 non-fatal injuries within the State of Illinois where the
24 contract of hire is made outside of the State of Illinois, and
25 persons whose employment is principally localized within the
26 State of Illinois, regardless of the place of the accident or

1 the place where the contract of hire was made, and including
2 aliens, and minors who, for the purpose of this Act are
3 considered the same and have the same power to contract,
4 receive payments and give quittances therefor, as adult
5 employees.

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

8 An employee or his dependents under this Act who shall have
9 a cause of action by reason of any injury, disablement or death
10 arising out of and in the course of his employment may elect to
11 pursue his remedy in the State where injured or disabled, or in
12 the State where the contract of hire is made, or in the State
13 where the employment is principally localized.

14 However, any employer may elect to provide and pay
15 compensation to any employee other than those engaged in the
16 usual course of the trade, business, profession or occupation
17 of the employer by complying with Sections 2 and 4 of this Act.
18 Employees are not included within the provisions of this Act
19 when excluded by the laws of the United States relating to
20 liability of employers to their employees for personal injuries
21 where such laws are held to be exclusive.

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

25 (c) "Commission" means the Industrial Commission created
26 by Section 5 of "The Civil Administrative Code of Illinois",

1 approved March 7, 1917, as amended, or the Illinois Workers'
2 Compensation Commission created by Section 13 of this Act.

3 (d) To obtain compensation under this Act, an employee
4 bears the burden of showing, by a preponderance of the
5 evidence, that he or she has sustained accidental injuries
6 arising out of and in the course of the employment. Except as
7 provided in subsection (e) of this Section, accidental injuries
8 sustained while traveling to or from work do not arise out of
9 and in the course of employment.

10 For the purposes of this subsection (d):

11 "In the course of employment" refers to the time, place,
12 and circumstances surrounding the accidental injuries.

13 "Arising out of the employment" refers to causal
14 connection. It must be shown that the injury had its origin in
15 some risk connected with, or incidental to, the employment so
16 as to create a causal connection between the employment and the
17 accidental injuries. An injury arises out of the employment if,
18 at the time of the occurrence, the employee was performing acts
19 he or she was instructed to perform by his or her employer,
20 acts which he or she had a common law or statutory duty to
21 perform, or acts which the employee might reasonably be
22 expected to perform incident to his or her assigned duties. A
23 risk is incidental to the employment where it belongs to or is
24 connected with what an employee has to do in fulfilling his or
25 her duties.

26 (e) Where an employee is required to travel away from his

1 or her employer's premises in order to perform his or her job,
2 the traveling employee's accidental injuries arise out of his
3 or her employment, and are in the course of his or her
4 employment, when the conduct in which he or she was engaged at
5 the time of the injury is reasonable and when that conduct
6 might have been anticipated or foreseen by the employer.
7 Accidental injuries while traveling do not occur in the course
8 of employment if the accident occurs during a purely personal
9 deviation or personal errand unless such deviation or errand is
10 insubstantial.

11 In determining whether an employee was required to travel
12 away from his or her employer's premises in order to perform
13 his or her job, along with all other relevant factors, the
14 following factors may be considered: whether the employer had
15 knowledge that the employee may be required to travel to
16 perform the job; whether the employer furnished any mode of
17 transportation to or from the employee; whether the employee
18 received, or the employer paid or agreed to pay, any
19 remuneration or reimbursement for costs or expenses of any form
20 of travel; whether the employer in any way directed the course
21 or method of travel; whether the employer in any way assisted
22 the employee in making any travel arrangements; whether the
23 employer furnished lodging or in any way reimbursed the
24 employee for lodging; and whether the employer received any
25 benefit from the employee traveling.

26 (Source: P.A. 97-18, eff. 6-28-11; 97-268, eff. 8-8-11; 97-813,

1 eff. 7-13-12.)

2 (820 ILCS 305/4e new)

3 Sec. 4e. Safety programs and return to work programs;
4 recalculation of premiums and waiver of self-insurers fee.

5 (a) An employer may file with the Commission a workers'
6 compensation safety program or a workers' compensation return
7 to work program implemented by the employer. The Commission may
8 certify any such safety program as a bona fide safety program
9 after reviewing the program for the following minimum
10 requirements: adequate safety training for employees;
11 establishment of joint employer-employee safety committees;
12 use of safety devices; and consultation with safety
13 organizations. The Commission may certify any such return to
14 work program as a bona fide return to work program after
15 reviewing the program for the following minimum requirements:
16 light duty or restricted duty work; leave of absence policy;
17 and full duty return to work policy. The Commission shall
18 notify the Department of Insurance of the certification.

19 (b) Upon receipt of a certification notice from the
20 Commission under this Section related to an employer that
21 provides workers' compensation through an insurer, the
22 Director of Insurance shall immediately direct in writing the
23 employer's workers' compensation insurer to recalculate the
24 workers' compensation premium rates for the employer so that
25 those premium rates incorporate and take into account the

1 certified program.

2 (c) If any workers' compensation safety program or a
3 workers' compensation return to work program implemented by a
4 self-insured employer is certified under this Section, the
5 annual fee under Section 4d of this Act shall be reduced by 30%
6 for the self-insured employer as long as the workers'
7 compensation safety program or a workers' compensation return
8 to work program continues. The self-insured employer shall
9 certify the continuation of the program by each July 1 after
10 the waiver is obtained.

11 (820 ILCS 305/8) (from Ch. 48, par. 138.8)

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

15 (a) The employer shall provide and pay the negotiated rate,
16 if applicable, or the lesser of the health care provider's
17 actual charges or according to a fee schedule, subject to
18 Section 8.2, in effect at the time the service was rendered for
19 all the necessary first aid, medical and surgical services, and
20 all necessary medical, surgical and hospital services
21 thereafter incurred, limited, however, to that which is
22 reasonably required to cure or relieve from the effects of the
23 accidental injury, even if a health care provider sells,
24 transfers, or otherwise assigns an account receivable for
25 procedures, treatments, or services covered under this Act. If

1 the employer does not dispute payment of first aid, medical,
2 surgical, and hospital services, the employer shall make such
3 payment to the provider on behalf of the employee. The employer
4 shall also pay for treatment, instruction and training
5 necessary for the physical, mental and vocational
6 rehabilitation of the employee, including all maintenance
7 costs and expenses incidental thereto. If as a result of the
8 injury the employee is unable to be self-sufficient the
9 employer shall further pay for such maintenance or
10 institutional care as shall be required.

11 The employee may at any time elect to secure his own
12 physician, surgeon and hospital services at the employer's
13 expense, or,

14 Upon agreement between the employer and the employees, or
15 the employees' exclusive representative, and subject to the
16 approval of the Illinois Workers' Compensation Commission, the
17 employer shall maintain a list of physicians, to be known as a
18 Panel of Physicians, who are accessible to the employees. The
19 employer shall post this list in a place or places easily
20 accessible to his employees. The employee shall have the right
21 to make an alternative choice of physician from such Panel if
22 he is not satisfied with the physician first selected. If, due
23 to the nature of the injury or its occurrence away from the
24 employer's place of business, the employee is unable to make a
25 selection from the Panel, the selection process from the Panel
26 shall not apply. The physician selected from the Panel may

1 arrange for any consultation, referral or other specialized
2 medical services outside the Panel at the employer's expense.
3 Provided that, in the event the Commission shall find that a
4 doctor selected by the employee is rendering improper or
5 inadequate care, the Commission may order the employee to
6 select another doctor certified or qualified in the medical
7 field for which treatment is required. If the employee refuses
8 to make such change the Commission may relieve the employer of
9 his obligation to pay the doctor's charges from the date of
10 refusal to the date of compliance.

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

23 The maintenance benefit shall not be less than the
24 temporary total disability rate determined for the employee. In
25 addition, maintenance shall include costs and expenses
26 incidental to the vocational rehabilitation program.

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

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

20 Notwithstanding the foregoing, the employer's liability to
21 pay for such medical services selected by the employee shall be
22 limited to:

- 23 (1) all first aid and emergency treatment; plus
24 (2) all medical, surgical and hospital services
25 provided by the physician, surgeon or hospital initially
26 chosen by the employee or by any other physician,

1 consultant, expert, institution or other provider of
2 services recommended by said initial service provider or
3 any subsequent provider of medical services in the chain of
4 referrals from said initial service provider; plus

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

20 (4) The following shall apply for injuries occurring on
21 or after June 28, 2011 (the effective date of Public Act
22 97-18) and only when an employer has an approved preferred
23 provider program pursuant to Section 8.1a on the date the
24 employee sustained his or her accidental injuries:

25 (A) The employer shall, in writing, on a form
26 promulgated by the Commission, inform the employee of

1 the preferred provider program;

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

8 (C) Prior to the report of an injury by an
9 employee, when an employee chooses non-emergency
10 treatment from a provider not within the preferred
11 provider program, that would constitute the employee's
12 one choice of medical providers to which the employee
13 is entitled under subsection (a) (2) or (a) (3).

14 When an employer and employee so agree in writing, nothing
15 in this Act prevents an employee whose injury or disability has
16 been established under this Act, from relying in good faith, on
17 treatment by prayer or spiritual means alone, in accordance
18 with the tenets and practice of a recognized church or
19 religious denomination, by a duly accredited practitioner
20 thereof, and having nursing services appropriate therewith,
21 without suffering loss or diminution of the compensation
22 benefits under this Act. However, the employee shall submit to
23 all physical examinations required by this Act. The cost of
24 such treatment and nursing care shall be paid by the employee
25 unless the employer agrees to make such payment.

26 Where the accidental injury results in the amputation of an

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

15 The furnishing by the employer of any such services or
16 appliances is not an admission of liability on the part of the
17 employer to pay compensation.

18 The furnishing of any such services or appliances or the
19 servicing thereof by the employer is not the payment of
20 compensation.

21 (b) If the period of temporary total incapacity for work
22 lasts more than 3 working days, weekly compensation as
23 hereinafter provided shall be paid beginning on the 4th day of
24 such temporary total incapacity and continuing as long as the
25 total temporary incapacity lasts. In cases where the temporary
26 total incapacity for work continues for a period of 14 days or

1 more from the day of the accident compensation shall commence
2 on the day after the accident.

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

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

1 multiplied by 40 hours. This percentage rate shall be
2 increased by 10% for each spouse and child, not to exceed
3 100% of the total minimum wage calculation, nor exceed the
4 employee's average weekly wage computed in accordance with
5 the provisions of Section 10, whichever is less.

6 2.1. The compensation rate in all cases of serious and
7 permanent disfigurement under paragraph (c) and of
8 permanent partial disability under subparagraph (2) of
9 paragraph (d) or under paragraph (e) of this Section shall
10 be equal to 60% of the employee's average weekly wage
11 computed in accordance with the provisions of Section 10,
12 provided that it shall be not less than 66 2/3% of the sum
13 of the Federal minimum wage under the Fair Labor Standards
14 Act, or the Illinois minimum wage under the Minimum Wage
15 Law, whichever is more, multiplied by 40 hours. This
16 percentage rate shall be increased by 10% for each spouse
17 and child, not to exceed 100% of the total minimum wage
18 calculation, nor exceed the employee's average weekly wage
19 computed in accordance with the provisions of Section 10,
20 whichever is less.

21 3. As used in this Section the term "child" means a
22 child of the employee including any child legally adopted
23 before the accident or whom at the time of the accident the
24 employee was under legal obligation to support or to whom
25 the employee stood in loco parentis, and who at the time of
26 the accident was under 18 years of age and not emancipated.

1 The term "children" means the plural of "child".

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

5 The maximum weekly compensation rate from July 1, 1975,
6 except as hereinafter provided, shall be 100% of the
7 State's average weekly wage in covered industries under the
8 Unemployment Insurance Act, that being the wage that most
9 closely approximates the State's average weekly wage.

10 The maximum weekly compensation rate, for the period
11 July 1, 1984, through June 30, 1987, except as hereinafter
12 provided, shall be \$293.61. Effective July 1, 1987 and on
13 July 1 of each year thereafter the maximum weekly
14 compensation rate, except as hereinafter provided, shall
15 be determined as follows: if during the preceding 12 month
16 period there shall have been an increase in the State's
17 average weekly wage in covered industries under the
18 Unemployment Insurance Act, the weekly compensation rate
19 shall be proportionately increased by the same percentage
20 as the percentage of increase in the State's average weekly
21 wage in covered industries under the Unemployment
22 Insurance Act during such period.

23 The maximum weekly compensation rate, for the period
24 January 1, 1981 through December 31, 1983, except as
25 hereinafter provided, shall be 100% of the State's average
26 weekly wage in covered industries under the Unemployment

1 Insurance Act in effect on January 1, 1981. Effective
2 January 1, 1984 and on January 1, of each year thereafter
3 the maximum weekly compensation rate, except as
4 hereinafter provided, shall be determined as follows: if
5 during the preceding 12 month period there shall have been
6 an increase in the State's average weekly wage in covered
7 industries under the Unemployment Insurance Act, the
8 weekly compensation rate shall be proportionately
9 increased by the same percentage as the percentage of
10 increase in the State's average weekly wage in covered
11 industries under the Unemployment Insurance Act during
12 such period.

13 From July 1, 1977 and thereafter such maximum weekly
14 compensation rate in death cases under Section 7, and
15 permanent total disability cases under paragraph (f) or
16 subparagraph 18 of paragraph (3) of this Section and for
17 temporary total disability under paragraph (b) of this
18 Section and for amputation of a member or enucleation of an
19 eye under paragraph (e) of this Section shall be increased
20 to 133-1/3% of the State's average weekly wage in covered
21 industries under the Unemployment Insurance Act.

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

26 4.1. Any provision herein to the contrary

1 notwithstanding, the weekly compensation rate for
2 compensation payments under subparagraph 18 of paragraph
3 (e) of this Section and under paragraph (f) of this Section
4 and under paragraph (a) of Section 7 and for amputation of
5 a member or enucleation of an eye under paragraph (e) of
6 this Section, shall in no event be less than 50% of the
7 State's average weekly wage in covered industries under the
8 Unemployment Insurance Act.

9 4.2. Any provision to the contrary notwithstanding,
10 the total compensation payable under Section 7 shall not
11 exceed the greater of \$500,000 or 25 years.

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

18 6. The Department of Employment Security of the State
19 shall on or before the first day of December, 1977, and on
20 or before the first day of June, 1978, and on the first day
21 of each December and June of each year thereafter, publish
22 the State's average weekly wage in covered industries under
23 the Unemployment Insurance Act and the Illinois Workers'
24 Compensation Commission shall on the 15th day of January,
25 1978 and on the 15th day of July, 1978 and on the 15th day
26 of each January and July of each year thereafter, post and

1 publish the State's average weekly wage in covered
2 industries under the Unemployment Insurance Act as last
3 determined and published by the Department of Employment
4 Security. The amount when so posted and published shall be
5 conclusive and shall be applicable as the basis of
6 computation of compensation rates until the next posting
7 and publication as aforesaid.

8 7. The payment of compensation by an employer or his
9 insurance carrier to an injured employee shall not
10 constitute an admission of the employer's liability to pay
11 compensation.

12 (c) For any serious and permanent disfigurement to the
13 hand, head, face, neck, arm, leg below the knee or the chest
14 above the axillary line, the employee is entitled to
15 compensation for such disfigurement, the amount determined by
16 agreement at any time or by arbitration under this Act, at a
17 hearing not less than 6 months after the date of the accidental
18 injury, which amount shall not exceed 150 weeks (if the
19 accidental injury occurs on or after the effective date of this
20 amendatory Act of the 94th General Assembly but before February
21 1, 2006) or 162 weeks (if the accidental injury occurs on or
22 after February 1, 2006) at the applicable rate provided in
23 subparagraph 2.1 of paragraph (b) of this Section.

24 No compensation is payable under this paragraph where
25 compensation is payable under paragraphs (d), (e) or (f) of
26 this Section.

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

6 (d) 1. If, after the accidental injury has been sustained,
7 the employee as a result thereof becomes partially
8 incapacitated from pursuing his usual and customary line of
9 employment, he shall, except in cases compensated under the
10 specific schedule set forth in paragraph (e) of this Section,
11 receive compensation for the duration of his disability,
12 subject to the limitations as to maximum amounts fixed in
13 paragraph (b) of this Section, equal to 66-2/3% of the
14 difference between the average amount which he would be able to
15 earn in the full performance of his duties in the occupation in
16 which he was engaged at the time of the accident and the
17 average amount which he is earning or is able to earn in some
18 suitable employment or business after the accident. For
19 accidental injuries that occur on or after September 1, 2011,
20 an award for wage differential under this subsection shall be
21 effective only until the employee reaches the age of 67 or 5
22 years from the date the award becomes final, whichever is
23 later.

24 2. If, as a result of the accident, the employee sustains
25 serious and permanent injuries not covered by paragraphs (c)
26 and (e) of this Section or having sustained injuries covered by

1 the aforesaid paragraphs (c) and (e), he shall have sustained
2 in addition thereto other injuries which injuries do not
3 incapacitate him from pursuing the duties of his employment but
4 which would disable him from pursuing other suitable
5 occupations, or which have otherwise resulted in physical
6 impairment; or if such injuries partially incapacitate him from
7 pursuing the duties of his usual and customary line of
8 employment but do not result in an impairment of earning
9 capacity, or having resulted in an impairment of earning
10 capacity, the employee elects to waive his right to recover
11 under the foregoing subparagraph 1 of paragraph (d) of this
12 Section then in any of the foregoing events, he shall receive
13 in addition to compensation for temporary total disability
14 under paragraph (b) of this Section, compensation at the rate
15 provided in subparagraph 2.1 of paragraph (b) of this Section
16 for that percentage of 500 weeks that the partial disability
17 resulting from the injuries covered by this paragraph bears to
18 total disability. If the employee shall have sustained a
19 fracture of one or more vertebra or fracture of the skull, the
20 amount of compensation allowed under this Section shall be not
21 less than 6 weeks for a fractured skull and 6 weeks for each
22 fractured vertebra, and in the event the employee shall have
23 sustained a fracture of any of the following facial bones:
24 nasal, lachrymal, vomer, zygoma, maxilla, palatine or
25 mandible, the amount of compensation allowed under this Section
26 shall be not less than 2 weeks for each such fractured bone,

1 and for a fracture of each transverse process not less than 3
2 weeks. In the event such injuries shall result in the loss of a
3 kidney, spleen or lung, the amount of compensation allowed
4 under this Section shall be not less than 10 weeks for each
5 such organ. Compensation awarded under this subparagraph 2
6 shall not take into consideration injuries covered under
7 paragraphs (c) and (e) of this Section and the compensation
8 provided in this paragraph shall not affect the employee's
9 right to compensation payable under paragraphs (b), (c) and (e)
10 of this Section for the disabilities therein covered.

11 (e) For accidental injuries in the following schedule, the
12 employee shall receive compensation for the period of temporary
13 total incapacity for work resulting from such accidental
14 injury, under subparagraph 1 of paragraph (b) of this Section,
15 and shall receive in addition thereto compensation for a
16 further period for the specific loss herein mentioned, but
17 shall not receive any compensation under any other provisions
18 of this Act. The following listed amounts apply to either the
19 loss of or the permanent and complete loss of use of the member
20 specified, such compensation for the length of time as follows:

21 1. Thumb-

22 70 weeks if the accidental injury occurs on or
23 after the effective date of this amendatory Act of the
24 94th General Assembly but before February 1, 2006.

25 76 weeks if the accidental injury occurs on or
26 after February 1, 2006.

1 2. First, or index finger-

2 40 weeks if the accidental injury occurs on or
3 after the effective date of this amendatory Act of the
4 94th General Assembly but before February 1, 2006.

5 43 weeks if the accidental injury occurs on or
6 after February 1, 2006.

7 3. Second, or middle finger-

8 35 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 38 weeks if the accidental injury occurs on or
12 after February 1, 2006.

13 4. Third, or ring finger-

14 25 weeks if the accidental injury occurs on or
15 after the effective date of this amendatory Act of the
16 94th General Assembly but before February 1, 2006.

17 27 weeks if the accidental injury occurs on or
18 after February 1, 2006.

19 5. Fourth, or little finger-

20 20 weeks if the accidental injury occurs on or
21 after the effective date of this amendatory Act of the
22 94th General Assembly but before February 1, 2006.

23 22 weeks if the accidental injury occurs on or
24 after February 1, 2006.

25 6. Great toe-

26 35 weeks if the accidental injury occurs on or

1 after the effective date of this amendatory Act of the
2 94th General Assembly but before February 1, 2006.

3 38 weeks if the accidental injury occurs on or
4 after February 1, 2006.

5 7. Each toe other than great toe-

6 12 weeks if the accidental injury occurs on or
7 after the effective date of this amendatory Act of the
8 94th General Assembly but before February 1, 2006.

9 13 weeks if the accidental injury occurs on or
10 after February 1, 2006.

11 8. The loss of the first or distal phalanx of the thumb
12 or of any finger or toe shall be considered to be equal to
13 the loss of one-half of such thumb, finger or toe and the
14 compensation payable shall be one-half of the amount above
15 specified. The loss of more than one phalanx shall be
16 considered as the loss of the entire thumb, finger or toe.
17 In no case shall the amount received for more than one
18 finger exceed the amount provided in this schedule for the
19 loss of a hand.

20 9. Hand-

21 190 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.

24 205 weeks if the accidental injury occurs on or
25 after February 1, 2006.

26 190 weeks if the accidental injury occurs on or

1 after June 28, 2011 (the effective date of Public Act
2 97-18) and if the accidental injury involves carpal
3 tunnel syndrome due to repetitive or cumulative
4 trauma, in which case the permanent partial disability
5 shall not exceed 15% loss of use of the hand, except
6 for cause shown by clear and convincing evidence and in
7 which case the award shall not exceed 30% loss of use
8 of the hand.

9 The loss of 2 or more digits, or one or more phalanges
10 of 2 or more digits, of a hand may be compensated on the
11 basis of partial loss of use of a hand, provided, further,
12 that the loss of 4 digits, or the loss of use of 4 digits,
13 in the same hand shall constitute the complete loss of a
14 hand.

15 10. Arm-

16 235 weeks if the accidental injury occurs on or
17 after the effective date of this amendatory Act of the
18 94th General Assembly but before February 1, 2006.

19 253 weeks if the accidental injury occurs on or
20 after February 1, 2006.

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

14 For purposes of awards under this subdivision (e),
15 injuries to the shoulder shall be considered injuries to
16 part of the arm.

17 11. Foot-

18 155 weeks if the accidental injury occurs on or
19 after the effective date of this amendatory Act of the
20 94th General Assembly but before February 1, 2006.

21 167 weeks if the accidental injury occurs on or
22 after February 1, 2006.

23 12. Leg-

24 200 weeks if the accidental injury occurs on or
25 after the effective date of this amendatory Act of the
26 94th General Assembly but before February 1, 2006.

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

3 Where an accidental injury results in the amputation of
4 a leg below the knee, such injury shall be compensated as
5 loss of a leg. Where an accidental injury results in the
6 amputation of a leg above the knee, compensation for an
7 additional 25 weeks (if the accidental injury occurs on or
8 after the effective date of this amendatory Act of the 94th
9 General Assembly but before February 1, 2006) or an
10 additional 27 weeks (if the accidental injury occurs on or
11 after February 1, 2006) shall be paid, except where the
12 accidental injury results in the amputation of a leg at the
13 hip joint, or so close to the hip joint that an artificial
14 leg cannot be used, or results in the disarticulation of a
15 leg at the hip joint, in which case compensation for an
16 additional 75 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 81 weeks (if the accidental injury occurs on or
20 after February 1, 2006) shall be paid.

21 For purposes of awards under this subdivision (e),
22 injuries to the hip shall be considered injuries to part of
23 the leg.

24 13. Eye-

25 150 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.

2 162 weeks if the accidental injury occurs on or
3 after February 1, 2006.

4 Where an accidental injury results in the enucleation
5 of an eye, compensation for an additional 10 weeks (if the
6 accidental injury occurs on or after the effective date of
7 this amendatory Act of the 94th General Assembly but before
8 February 1, 2006) or an additional 11 weeks (if the
9 accidental injury occurs on or after February 1, 2006)
10 shall be paid.

11 14. Loss of hearing of one ear-

12 50 weeks if the accidental injury occurs on or
13 after the effective date of this amendatory Act of the
14 94th General Assembly but before February 1, 2006.

15 54 weeks if the accidental injury occurs on or
16 after February 1, 2006.

17 Total and permanent loss of hearing of both ears-

18 200 weeks if the accidental injury occurs on or
19 after the effective date of this amendatory Act of the
20 94th General Assembly but before February 1, 2006.

21 215 weeks if the accidental injury occurs on or
22 after February 1, 2006.

23 15. Testicle-

24 50 weeks if the accidental injury occurs on or
25 after the effective date of this amendatory Act of the
26 94th General Assembly but before February 1, 2006.

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

3 Both testicles-

4 150 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.

7 162 weeks if the accidental injury occurs on or
8 after February 1, 2006.

9 16. For the permanent partial loss of use of a member
10 or sight of an eye, or hearing of an ear, compensation
11 during that proportion of the number of weeks in the
12 foregoing schedule provided for the loss of such member or
13 sight of an eye, or hearing of an ear, which the partial
14 loss of use thereof bears to the total loss of use of such
15 member, or sight of eye, or hearing of an ear.

16 (a) Loss of hearing for compensation purposes
17 shall be confined to the frequencies of 1,000, 2,000
18 and 3,000 cycles per second. Loss of hearing ability
19 for frequency tones above 3,000 cycles per second are
20 not to be considered as constituting disability for
21 hearing.

22 (b) The percent of hearing loss, for purposes of
23 the determination of compensation claims for
24 occupational deafness, shall be calculated as the
25 average in decibels for the thresholds of hearing for
26 the frequencies of 1,000, 2,000 and 3,000 cycles per

1 second. Pure tone air conduction audiometric
2 instruments, approved by nationally recognized
3 authorities in this field, shall be used for measuring
4 hearing loss. If the losses of hearing average 30
5 decibels or less in the 3 frequencies, such losses of
6 hearing shall not then constitute any compensable
7 hearing disability. If the losses of hearing average 85
8 decibels or more in the 3 frequencies, then the same
9 shall constitute and be total or 100% compensable
10 hearing loss.

11 (c) In measuring hearing impairment, the lowest
12 measured losses in each of the 3 frequencies shall be
13 added together and divided by 3 to determine the
14 average decibel loss. For every decibel of loss
15 exceeding 30 decibels an allowance of 1.82% shall be
16 made up to the maximum of 100% which is reached at 85
17 decibels.

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

23 (e) No consideration shall be given to the question
24 of whether or not the ability of an employee to
25 understand speech is improved by the use of a hearing
26 aid.

1 (f) No claim for loss of hearing due to industrial
2 noise shall be brought against an employer or allowed
3 unless the employee has been exposed for a period of
4 time sufficient to cause permanent impairment to noise
5 levels in excess of the following:

6 Sound Level DBA

| 7 | Slow Response | Hours Per Day |
|----|---------------|---------------|
| 8 | 90 | 8 |
| 9 | 92 | 6 |
| 10 | 95 | 4 |
| 11 | 97 | 3 |
| 12 | 100 | 2 |
| 13 | 102 | 1-1/2 |
| 14 | 105 | 1 |
| 15 | 110 | 1/2 |
| 16 | 115 | 1/4 |

17 This subparagraph (f) shall not be applied in cases of
18 hearing loss resulting from trauma or explosion.

19 17. In computing the compensation to be paid to any
20 employee who, before the accident for which he claims
21 compensation, had before that time sustained an injury
22 resulting in the loss by amputation or partial loss by
23 amputation of any member, including hand, arm, thumb or
24 fingers, leg, foot or any toes, such loss or partial loss
25 of any such member shall be deducted from any award made
26 for the subsequent injury. For the permanent loss of use or

1 the permanent partial loss of use of any such member or the
2 partial loss of sight of an eye, for which compensation has
3 been paid, then such loss shall be taken into consideration
4 and deducted from any award for the subsequent injury.

5 18. The specific case of loss of both hands, both arms,
6 or both feet, or both legs, or both eyes, or of any two
7 thereof, or the permanent and complete loss of the use
8 thereof, constitutes total and permanent disability, to be
9 compensated according to the compensation fixed by
10 paragraph (f) of this Section. These specific cases of
11 total and permanent disability do not exclude other cases.

12 Any employee who has previously suffered the loss or
13 permanent and complete loss of the use of any of such
14 members, and in a subsequent independent accident loses
15 another or suffers the permanent and complete loss of the
16 use of any one of such members the employer for whom the
17 injured employee is working at the time of the last
18 independent accident is liable to pay compensation only for
19 the loss or permanent and complete loss of the use of the
20 member occasioned by the last independent accident.

21 19. In a case of specific loss and the subsequent death
22 of such injured employee from other causes than such injury
23 leaving a widow, widower, or dependents surviving before
24 payment or payment in full for such injury, then the amount
25 due for such injury is payable to the widow or widower and,
26 if there be no widow or widower, then to such dependents,

1 in the proportion which such dependency bears to total
2 dependency.

3 Beginning July 1, 1980, and every 6 months thereafter, the
4 Commission shall examine the Second Injury Fund and when, after
5 deducting all advances or loans made to such Fund, the amount
6 therein is \$500,000 then the amount required to be paid by
7 employers pursuant to paragraph (f) of Section 7 shall be
8 reduced by one-half. When the Second Injury Fund reaches the
9 sum of \$600,000 then the payments shall cease entirely.
10 However, when the Second Injury Fund has been reduced to
11 \$400,000, payment of one-half of the amounts required by
12 paragraph (f) of Section 7 shall be resumed, in the manner
13 herein provided, and when the Second Injury Fund has been
14 reduced to \$300,000, payment of the full amounts required by
15 paragraph (f) of Section 7 shall be resumed, in the manner
16 herein provided. The Commission shall make the changes in
17 payment effective by general order, and the changes in payment
18 become immediately effective for all cases coming before the
19 Commission thereafter either by settlement agreement or final
20 order, irrespective of the date of the accidental injury.

21 On August 1, 1996 and on February 1 and August 1 of each
22 subsequent year, the Commission shall examine the special fund
23 designated as the "Rate Adjustment Fund" and when, after
24 deducting all advances or loans made to said fund, the amount
25 therein is \$4,000,000, the amount required to be paid by
26 employers pursuant to paragraph (f) of Section 7 shall be

1 reduced by one-half. When the Rate Adjustment Fund reaches the
2 sum of \$5,000,000 the payment therein shall cease entirely.
3 However, when said Rate Adjustment Fund has been reduced to
4 \$3,000,000 the amounts required by paragraph (f) of Section 7
5 shall be resumed in the manner herein provided.

6 (f) In case of complete disability, which renders the
7 employee wholly and permanently incapable of work, or in the
8 specific case of total and permanent disability as provided in
9 subparagraph 18 of paragraph (e) of this Section, compensation
10 shall be payable at the rate provided in subparagraph 2 of
11 paragraph (b) of this Section for life.

12 An employee entitled to benefits under paragraph (f) of
13 this Section shall also be entitled to receive from the Rate
14 Adjustment Fund provided in paragraph (f) of Section 7 of the
15 supplementary benefits provided in paragraph (g) of this
16 Section 8.

17 If any employee who receives an award under this paragraph
18 afterwards returns to work or is able to do so, and earns or is
19 able to earn as much as before the accident, payments under
20 such award shall cease. If such employee returns to work, or is
21 able to do so, and earns or is able to earn part but not as much
22 as before the accident, such award shall be modified so as to
23 conform to an award under paragraph (d) of this Section. If
24 such award is terminated or reduced under the provisions of
25 this paragraph, such employees have the right at any time
26 within 30 months after the date of such termination or

1 reduction to file petition with the Commission for the purpose
2 of determining whether any disability exists as a result of the
3 original accidental injury and the extent thereof.

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

6 If an employee who had previously incurred loss or the
7 permanent and complete loss of use of one member, through the
8 loss or the permanent and complete loss of the use of one hand,
9 one arm, one foot, one leg, or one eye, incurs permanent and
10 complete disability through the loss or the permanent and
11 complete loss of the use of another member, he shall receive,
12 in addition to the compensation payable by the employer and
13 after such payments have ceased, an amount from the Second
14 Injury Fund provided for in paragraph (f) of Section 7, which,
15 together with the compensation payable from the employer in
16 whose employ he was when the last accidental injury was
17 incurred, will equal the amount payable for permanent and
18 complete disability as provided in this paragraph of this
19 Section.

20 The custodian of the Second Injury Fund provided for in
21 paragraph (f) of Section 7 shall be joined with the employer as
22 a party respondent in the application for adjustment of claim.
23 The application for adjustment of claim shall state briefly and
24 in general terms the approximate time and place and manner of
25 the loss of the first member.

26 In its award the Commission or the Arbitrator shall

1 specifically find the amount the injured employee shall be
2 weekly paid, the number of weeks compensation which shall be
3 paid by the employer, the date upon which payments begin out of
4 the Second Injury Fund provided for in paragraph (f) of Section
5 7 of this Act, the length of time the weekly payments continue,
6 the date upon which the pension payments commence and the
7 monthly amount of the payments. The Commission shall 30 days
8 after the date upon which payments out of the Second Injury
9 Fund have begun as provided in the award, and every month
10 thereafter, prepare and submit to the State Comptroller a
11 voucher for payment for all compensation accrued to that date
12 at the rate fixed by the Commission. The State Comptroller
13 shall draw a warrant to the injured employee along with a
14 receipt to be executed by the injured employee and returned to
15 the Commission. The endorsed warrant and receipt is a full and
16 complete acquittance to the Commission for the payment out of
17 the Second Injury Fund. No other appropriation or warrant is
18 necessary for payment out of the Second Injury Fund. The Second
19 Injury Fund is appropriated for the purpose of making payments
20 according to the terms of the awards.

21 As of July 1, 1980 to July 1, 1982, all claims against and
22 obligations of the Second Injury Fund shall become claims
23 against and obligations of the Rate Adjustment Fund to the
24 extent there is insufficient money in the Second Injury Fund to
25 pay such claims and obligations. In that case, all references
26 to "Second Injury Fund" in this Section shall also include the

1 Rate Adjustment Fund.

2 (g) Every award for permanent total disability entered by
3 the Commission on and after July 1, 1965 under which
4 compensation payments shall become due and payable after the
5 effective date of this amendatory Act, and every award for
6 death benefits or permanent total disability entered by the
7 Commission on and after the effective date of this amendatory
8 Act shall be subject to annual adjustments as to the amount of
9 the compensation rate therein provided. Such adjustments shall
10 first be made on July 15, 1977, and all awards made and entered
11 prior to July 1, 1975 and on July 15 of each year thereafter.
12 In all other cases such adjustment shall be made on July 15 of
13 the second year next following the date of the entry of the
14 award and shall further be made on July 15 annually thereafter.
15 If during the intervening period from the date of the entry of
16 the award, or the last periodic adjustment, there shall have
17 been an increase in the State's average weekly wage in covered
18 industries under the Unemployment Insurance Act, the weekly
19 compensation rate shall be proportionately increased by the
20 same percentage as the percentage of increase in the State's
21 average weekly wage in covered industries under the
22 Unemployment Insurance Act. The increase in the compensation
23 rate under this paragraph shall in no event bring the total
24 compensation rate to an amount greater than the prevailing
25 maximum rate at the time that the annual adjustment is made.
26 Such increase shall be paid in the same manner as herein

1 provided for payments under the Second Injury Fund to the
2 injured employee, or his dependents, as the case may be, out of
3 the Rate Adjustment Fund provided in paragraph (f) of Section 7
4 of this Act. Payments shall be made at the same intervals as
5 provided in the award or, at the option of the Commission, may
6 be made in quarterly payment on the 15th day of January, April,
7 July and October of each year. In the event of a decrease in
8 such average weekly wage there shall be no change in the then
9 existing compensation rate. The within paragraph shall not
10 apply to cases where there is disputed liability and in which a
11 compromise lump sum settlement between the employer and the
12 injured employee, or his dependents, as the case may be, has
13 been duly approved by the Illinois Workers' Compensation
14 Commission.

15 Provided, that in cases of awards entered by the Commission
16 for injuries occurring before July 1, 1975, the increases in
17 the compensation rate adjusted under the foregoing provision of
18 this paragraph (g) shall be limited to increases in the State's
19 average weekly wage in covered industries under the
20 Unemployment Insurance Act occurring after July 1, 1975.

21 For every accident occurring on or after July 20, 2005 but
22 before the effective date of this amendatory Act of the 94th
23 General Assembly (Senate Bill 1283 of the 94th General
24 Assembly), the annual adjustments to the compensation rate in
25 awards for death benefits or permanent total disability, as
26 provided in this Act, shall be paid by the employer. The

1 adjustment shall be made by the employer on July 15 of the
2 second year next following the date of the entry of the award
3 and shall further be made on July 15 annually thereafter. If
4 during the intervening period from the date of the entry of the
5 award, or the last periodic adjustment, there shall have been
6 an increase in the State's average weekly wage in covered
7 industries under the Unemployment Insurance Act, the employer
8 shall increase the weekly compensation rate proportionately by
9 the same percentage as the percentage of increase in the
10 State's average weekly wage in covered industries under the
11 Unemployment Insurance Act. The increase in the compensation
12 rate under this paragraph shall in no event bring the total
13 compensation rate to an amount greater than the prevailing
14 maximum rate at the time that the annual adjustment is made. In
15 the event of a decrease in such average weekly wage there shall
16 be no change in the then existing compensation rate. Such
17 increase shall be paid by the employer in the same manner and
18 at the same intervals as the payment of compensation in the
19 award. This paragraph shall not apply to cases where there is
20 disputed liability and in which a compromise lump sum
21 settlement between the employer and the injured employee, or
22 his or her dependents, as the case may be, has been duly
23 approved by the Illinois Workers' Compensation Commission.

24 The annual adjustments for every award of death benefits or
25 permanent total disability involving accidents occurring
26 before July 20, 2005 and accidents occurring on or after the

1 effective date of this amendatory Act of the 94th General
2 Assembly (Senate Bill 1283 of the 94th General Assembly) shall
3 continue to be paid from the Rate Adjustment Fund pursuant to
4 this paragraph and Section 7(f) of this Act.

5 (h) In case death occurs from any cause before the total
6 compensation to which the employee would have been entitled has
7 been paid, then in case the employee leaves any widow, widower,
8 child, parent (or any grandchild, grandparent or other lineal
9 heir or any collateral heir dependent at the time of the
10 accident upon the earnings of the employee to the extent of 50%
11 or more of total dependency) such compensation shall be paid to
12 the beneficiaries of the deceased employee and distributed as
13 provided in paragraph (g) of Section 7.

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

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

1 However, where an employer has on file an employment
2 certificate issued pursuant to the Child Labor Law or work
3 permit issued pursuant to the Federal Fair Labor Standards Act,
4 as amended, or a birth certificate properly and duly issued,
5 such certificate, permit or birth certificate is conclusive
6 evidence as to the age of the injured minor employee for the
7 purposes of this Section.

8 Nothing herein contained repeals or amends the provisions
9 of the Child Labor Law relating to the employment of minors
10 under the age of 16 years.

11 (j) 1. In the event the injured employee receives benefits,
12 including medical, surgical or hospital benefits under any
13 group plan covering non-occupational disabilities contributed
14 to wholly or partially by the employer, which benefits should
15 not have been payable if any rights of recovery existed under
16 this Act, then such amounts so paid to the employee from any
17 such group plan as shall be consistent with, and limited to,
18 the provisions of paragraph 2 hereof, shall be credited to or
19 against any compensation payment for temporary total
20 incapacity for work or any medical, surgical or hospital
21 benefits made or to be made under this Act. In such event, the
22 period of time for giving notice of accidental injury and
23 filing application for adjustment of claim does not commence to
24 run until the termination of such payments. This paragraph does
25 not apply to payments made under any group plan which would
26 have been payable irrespective of an accidental injury under

1 this Act. Any employer receiving such credit shall keep such
2 employee safe and harmless from any and all claims or
3 liabilities that may be made against him by reason of having
4 received such payments only to the extent of such credit.

5 Any excess benefits paid to or on behalf of a State
6 employee by the State Employees' Retirement System under
7 Article 14 of the Illinois Pension Code on a death claim or
8 disputed disability claim shall be credited against any
9 payments made or to be made by the State of Illinois to or on
10 behalf of such employee under this Act, except for payments for
11 medical expenses which have already been incurred at the time
12 of the award. The State of Illinois shall directly reimburse
13 the State Employees' Retirement System to the extent of such
14 credit.

15 2. Nothing contained in this Act shall be construed to give
16 the employer or the insurance carrier the right to credit for
17 any benefits or payments received by the employee other than
18 compensation payments provided by this Act, and where the
19 employee receives payments other than compensation payments,
20 whether as full or partial salary, group insurance benefits,
21 bonuses, annuities or any other payments, the employer or
22 insurance carrier shall receive credit for each such payment
23 only to the extent of the compensation that would have been
24 payable during the period covered by such payment.

25 3. The extension of time for the filing of an Application
26 for Adjustment of Claim as provided in paragraph 1 above shall

1 not apply to those cases where the time for such filing had
2 expired prior to the date on which payments or benefits
3 enumerated herein have been initiated or resumed. Provided
4 however that this paragraph 3 shall apply only to cases wherein
5 the payments or benefits hereinabove enumerated shall be
6 received after July 1, 1969.

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

9 (820 ILCS 305/8.1 new)

10 Sec. 8.1. Repetitive and cumulative injuries; right of
11 contribution.

12 (a) Any accidental injury which results from repetitive or
13 cumulative trauma and occurs within 3 months after the employee
14 begins his or her employment shall not be considered by a
15 workers' compensation insurer in setting the premium rate for
16 the employer.

17 (b) If an award is made for benefits in connection with
18 repetitive or cumulative injury resulting from employment with
19 more than one employer, the employer liable for award or its
20 insurer is entitled to contributions or reimbursement from each
21 of the employee's prior employers which are subject to this Act
22 or their insurers for the prior employer's pro rata share of
23 responsibility as determined by the Commission. The right to
24 contribution or reimbursement under this Section shall not
25 delay, diminish, restrict, or alter in any way the benefits to

1 which the employee or his or her dependents are entitled under
2 this Act. At any time within one year after the Commission or
3 the Arbitrator has made an award for benefits in connection
4 with repetitive or cumulative injury, the employer liable under
5 the award or its insurer may institute proceedings before the
6 Commission for the purpose of determining the right of
7 contribution or reimbursement. The proceeding shall not delay,
8 diminish, restrict, or alter in any way the benefits to which
9 the employee or his or her dependents are entitled under this
10 Act, but shall be limited to a determination of the respective
11 contribution or reimbursement rights and the responsibilities
12 of all the employers joined in the proceeding. The employee has
13 the duty of rendering reasonable cooperation in any of such
14 proceeding.

15 (c) No contribution or reimbursement may be sought for any
16 payment of benefits more than 2 years after the employer
17 seeking contribution or reimbursement has made the payment.

18 (d) This Section shall apply only to injuries occurring on
19 or after the effective date of this amendatory Act of the 100th
20 General Assembly.

21 (e) The Commission shall adopt emergency rules under
22 Section 5-45 of the Illinois Administrative Procedure Act to
23 implement the provisions of this Section to implement this
24 Section.

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

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

17 (b) In determining the level of permanent partial
18 disability, the Commission shall base its determination on the
19 following factors: (i) the reported level of impairment
20 pursuant to subsection (a) if such a report exists and is
21 admitted into evidence; (ii) the occupation of the injured
22 employee; (iii) the age of the employee at the time of the
23 injury; (iv) the employee's future earning capacity; and (v)
24 evidence of disability corroborated by the treating medical
25 records or examination under Section 12 of this Act. Where an
26 impairment report exists and is admitted into evidence, it must

1 be considered by the Commission in its determination. No single
2 enumerated factor shall be the sole determinant of disability.
3 In determining the level of disability, the relevance and
4 weight of any factors used in addition to the level of
5 impairment as reported by the physician must be explained in a
6 written order.

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

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

14 (820 ILCS 305/8.2a)

15 Sec. 8.2a. Electronic claims.

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

18 (1) Ensure that all health care providers and
19 facilities submit medical bills for payment on
20 standardized forms.

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

23 (3) Ensure confidentiality of medical information
24 submitted on electronic claims for payment of medical
25 services.

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

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

10 (6) Provide that any electronically submitted bill
11 determined to be complete but not paid or objected to
12 within 30 days shall be subject to penalties pursuant to
13 Section 8.2(d)(3) of this Act to be entered by the
14 Commission.

15 (7) Provide that the Department of Insurance shall
16 impose an administrative fine if it determines that an
17 employer or insurer has failed to comply with the
18 electronic claims acceptance and response process. The
19 amount of the administrative fine shall be no greater than
20 \$1,000 per each violation, but shall not exceed \$10,000 for
21 identical violations during a calendar year.

22 (b) To the extent feasible, standards adopted pursuant to
23 subdivision (a) shall be consistent with existing standards
24 under the federal Health Insurance Portability and
25 Accountability Act of 1996 and standards adopted under the
26 Illinois Health Information Exchange and Technology Act.

1 (c) The rules requiring employers and insurers to accept
2 electronic claims for payment of medical services shall be
3 proposed on or before January 1, 2012, and shall require all
4 employers and insurers to accept electronic claims for payment
5 of medical services on or before June 30, 2012. The Director of
6 Insurance shall adopt rules by June 30, 2017 to implement the
7 changes to this Section made by this amendatory Act of the
8 100th General Assembly. The Commission, with assistance from
9 the Department and the Medical Fee Advisory Board, shall
10 publish on its Internet website a companion guide to assist
11 with compliance with electronic claims rules. The Medical Fee
12 Advisory Board shall periodically review the companion guide.

13 (d) The Director of Insurance shall by rule establish
14 criteria for granting exceptions to employers, insurance
15 carriers, and health care providers who are unable to submit or
16 accept medical bills electronically.

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

18 (820 ILCS 305/14) (from Ch. 48, par. 138.14)

19 Sec. 14. The Commission shall appoint a secretary, an
20 assistant secretary, and arbitrators and shall employ such
21 assistants and clerical help as may be necessary. Arbitrators
22 shall be appointed pursuant to this Section, notwithstanding
23 any provision of the Personnel Code.

24 Each arbitrator appointed after June 28, 2011 shall be
25 required to demonstrate in writing his or her knowledge of and

1 expertise in the law of and judicial processes of the Workers'
2 Compensation Act and the Workers' Occupational Diseases Act.

3 A formal training program for newly-hired arbitrators
4 shall be implemented. The training program shall include the
5 following:

6 (a) substantive and procedural aspects of the
7 arbitrator position;

8 (b) current issues in workers' compensation law and
9 practice;

10 (c) medical lectures by specialists in areas such as
11 orthopedics, ophthalmology, psychiatry, rehabilitation
12 counseling;

13 (d) orientation to each operational unit of the
14 Illinois Workers' Compensation Commission;

15 (e) observation of experienced arbitrators conducting
16 hearings of cases, combined with the opportunity to discuss
17 evidence presented and rulings made;

18 (f) the use of hypothetical cases requiring the trainee
19 to issue judgments as a means to evaluating knowledge and
20 writing ability;

21 (g) writing skills;

22 (h) professional and ethical standards pursuant to
23 Section 1.1 of this Act;

24 (i) detection of workers' compensation fraud and
25 reporting obligations of Commission employees and
26 appointees;

1 (j) standards of evidence-based medical treatment and
2 best practices for measuring and improving quality and
3 health care outcomes in the workers' compensation system,
4 including but not limited to the use of the American
5 Medical Association's "Guides to the Evaluation of
6 Permanent Impairment" and the practice of utilization
7 review; and

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

10 A formal and ongoing professional development program
11 including, but not limited to, the above-noted areas shall be
12 implemented to keep arbitrators informed of recent
13 developments and issues and to assist them in maintaining and
14 enhancing their professional competence. Each arbitrator shall
15 complete 20 hours of training in the above-noted areas during
16 every 2 years such arbitrator shall remain in office.

17 Each arbitrator shall devote full time to his or her duties
18 and shall serve when assigned as an acting Commissioner when a
19 Commissioner is unavailable in accordance with the provisions
20 of Section 13 of this Act. Any arbitrator who is an
21 attorney-at-law shall not engage in the practice of law, nor
22 shall any arbitrator hold any other office or position of
23 profit under the United States or this State or any municipal
24 corporation or political subdivision of this State.
25 Notwithstanding any other provision of this Act to the
26 contrary, an arbitrator who serves as an acting Commissioner in

1 accordance with the provisions of Section 13 of this Act shall
2 continue to serve in the capacity of Commissioner until a
3 decision is reached in every case heard by that arbitrator
4 while serving as an acting Commissioner.

5 Notwithstanding any other provision of this Section, the
6 term of all arbitrators serving on June 28, 2011 (the effective
7 date of Public Act 97-18), including any arbitrators on
8 administrative leave, shall terminate at the close of business
9 on July 1, 2011, but the incumbents shall continue to exercise
10 all of their duties until they are reappointed or their
11 successors are appointed.

12 On and after June 28, 2011 (the effective date of Public
13 Act 97-18), arbitrators shall be appointed to 3-year terms as
14 follows:

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

17 (2) For their initial appointments, 12 arbitrators
18 shall be appointed to terms expiring July 1, 2012; 12
19 arbitrators shall be appointed to terms expiring July 1,
20 2013; and all additional arbitrators shall be appointed to
21 terms expiring July 1, 2014. Thereafter, all arbitrators
22 shall be appointed to 3-year terms.

23 Upon the expiration of a term, the Chairman shall evaluate
24 the performance of the arbitrator and may recommend to the
25 Governor that he or she be reappointed to a second or
26 subsequent term by the Governor with the advice and consent of

1 the Senate.

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

8 The performance of all arbitrators shall be reviewed by the
9 Chairman on an annual basis. The Chairman shall allow input
10 from the Commissioners in all such reviews.

11 The Commission shall assign no fewer than 3 arbitrators to
12 each hearing site. The Commission shall establish a procedure
13 to ensure that the arbitrators assigned to each hearing site
14 are assigned cases on a random basis. The Chairman of the
15 Commission shall have discretion to assign and reassign
16 arbitrators to each hearing sites as needed. ~~No arbitrator~~
17 ~~shall hear cases in any county, other than Cook County, for~~
18 ~~more than 2 years in each 3 year term.~~

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

23 The members of the Commission, Arbitrators and other
24 employees whose duties require them to travel, shall have
25 reimbursed to them their actual traveling expenses and
26 disbursements made or incurred by them in the discharge of

1 their official duties while away from their place of residence
2 in the performance of their duties.

3 The Commission shall provide itself with a seal for the
4 authentication of its orders, awards and proceedings upon which
5 shall be inscribed the name of the Commission and the words
6 "Illinois--Seal".

7 The Secretary or Assistant Secretary, under the direction
8 of the Commission, shall have charge and custody of the seal of
9 the Commission and also have charge and custody of all records,
10 files, orders, proceedings, decisions, awards and other
11 documents on file with the Commission. He shall furnish
12 certified copies, under the seal of the Commission, of any such
13 records, files, orders, proceedings, decisions, awards and
14 other documents on file with the Commission as may be required.
15 Certified copies so furnished by the Secretary or Assistant
16 Secretary shall be received in evidence before the Commission
17 or any Arbitrator thereof, and in all courts, provided that the
18 original of such certified copy is otherwise competent and
19 admissible in evidence. The Secretary or Assistant Secretary
20 shall perform such other duties as may be prescribed from time
21 to time by the Commission.

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

23 (820 ILCS 305/19) (from Ch. 48, par. 138.19)

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

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

4 1. Whenever any claimant misconceives his remedy and
5 files an application for adjustment of claim under this Act
6 and it is subsequently discovered, at any time before final
7 disposition of such cause, that the claim for disability or
8 death which was the basis for such application should
9 properly have been made under the Workers' Occupational
10 Diseases Act, then the provisions of Section 19, paragraph
11 (a-1) of the Workers' Occupational Diseases Act having
12 reference to such application shall apply.

13 2. Whenever any claimant misconceives his remedy and
14 files an application for adjustment of claim under the
15 Workers' Occupational Diseases Act and it is subsequently
16 discovered, at any time before final disposition of such
17 cause that the claim for injury or death which was the
18 basis for such application should properly have been made
19 under this Act, then the application so filed under the
20 Workers' Occupational Diseases Act may be amended in form,
21 substance or both to assert claim for such disability or
22 death under this Act and it shall be deemed to have been so
23 filed as amended on the date of the original filing
24 thereof, and such compensation may be awarded as is
25 warranted by the whole evidence pursuant to this Act. When
26 such amendment is submitted, further or additional

1 evidence may be heard by the Arbitrator or Commission when
2 deemed necessary. Nothing in this Section contained shall
3 be construed to be or permit a waiver of any provisions of
4 this Act with reference to notice but notice if given shall
5 be deemed to be a notice under the provisions of this Act
6 if given within the time required herein.

7 (b) The Arbitrator shall make such inquiries and
8 investigations as he or they shall deem necessary and may
9 examine and inspect all books, papers, records, places, or
10 premises relating to the questions in dispute and hear such
11 proper evidence as the parties may submit.

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

16 The Arbitrator may find that the disabling condition is
17 temporary and has not yet reached a permanent condition and may
18 order the payment of compensation up to the date of the
19 hearing, which award shall be reviewable and enforceable in the
20 same manner as other awards, and in no instance be a bar to a
21 further hearing and determination of a further amount of
22 temporary total compensation or of compensation for permanent
23 disability, but shall be conclusive as to all other questions
24 except the nature and extent of said disability.

25 The decision of the Arbitrator shall be filed with the
26 Commission which Commission shall immediately send to each

1 party or his attorney a copy of such decision, together with a
2 notification of the time when it was filed. As of the effective
3 date of this amendatory Act of the 94th General Assembly, all
4 decisions of the Arbitrator shall set forth in writing findings
5 of fact and conclusions of law, separately stated, if requested
6 by either party. Unless a petition for review is filed by
7 either party within 30 days after the receipt by such party of
8 the copy of the decision and notification of time when filed,
9 and unless such party petitioning for a review shall within 35
10 days after the receipt by him of the copy of the decision, file
11 with the Commission either an agreed statement of the facts
12 appearing upon the hearing before the Arbitrator, or if such
13 party shall so elect a correct transcript of evidence of the
14 proceedings at such hearings, then the decision shall become
15 the decision of the Commission and in the absence of fraud
16 shall be conclusive. The Petition for Review shall contain a
17 statement of the petitioning party's specific exceptions to the
18 decision of the arbitrator. The jurisdiction of the Commission
19 to review the decision of the arbitrator shall not be limited
20 to the exceptions stated in the Petition for Review. The
21 Commission, or any member thereof, may grant further time not
22 exceeding 30 days, in which to file such agreed statement or
23 transcript of evidence. Such agreed statement of facts or
24 correct transcript of evidence, as the case may be, shall be
25 authenticated by the signatures of the parties or their
26 attorneys, and in the event they do not agree as to the

1 correctness of the transcript of evidence it shall be
2 authenticated by the signature of the Arbitrator designated by
3 the Commission.

4 Whether the employee is working or not, if the employee is
5 not receiving or has not received medical, surgical, or
6 hospital services or other services or compensation as provided
7 in paragraph (a) of Section 8, or compensation as provided in
8 paragraph (b) of Section 8, the employee may at any time
9 petition for an expedited hearing by an Arbitrator on the issue
10 of whether or not he or she is entitled to receive payment of
11 the services or compensation. Provided the employer continues
12 to pay compensation pursuant to paragraph (b) of Section 8, the
13 employer may at any time petition for an expedited hearing on
14 the issue of whether or not the employee is entitled to receive
15 medical, surgical, or hospital services or other services or
16 compensation as provided in paragraph (a) of Section 8, or
17 compensation as provided in paragraph (b) of Section 8. When an
18 employer has petitioned for an expedited hearing, the employer
19 shall continue to pay compensation as provided in paragraph (b)
20 of Section 8 unless the arbitrator renders a decision that the
21 employee is not entitled to the benefits that are the subject
22 of the expedited hearing or unless the employee's treating
23 physician has released the employee to return to work at his or
24 her regular job with the employer or the employee actually
25 returns to work at any other job. If the arbitrator renders a
26 decision that the employee is not entitled to the benefits that

1 are the subject of the expedited hearing, a petition for review
2 filed by the employee shall receive the same priority as if the
3 employee had filed a petition for an expedited hearing by an
4 Arbitrator. Neither party shall be entitled to an expedited
5 hearing when the employee has returned to work and the sole
6 issue in dispute amounts to less than 12 weeks of unpaid
7 compensation pursuant to paragraph (b) of Section 8.

8 Expedited hearings shall have priority over all other
9 petitions and shall be heard by the Arbitrator and Commission
10 with all convenient speed. Any party requesting an expedited
11 hearing shall give notice of a request for an expedited hearing
12 under this paragraph. A copy of the Application for Adjustment
13 of Claim shall be attached to the notice. The Commission shall
14 adopt rules and procedures under which the final decision of
15 the Commission under this paragraph is filed not later than 180
16 days from the date that the Petition for Review is filed with
17 the Commission.

18 Where 2 or more insurance carriers, private self-insureds,
19 or a group workers' compensation pool under Article V 3/4 of
20 the Illinois Insurance Code dispute coverage for the same
21 injury, any such insurance carrier, private self-insured, or
22 group workers' compensation pool may request an expedited
23 hearing pursuant to this paragraph to determine the issue of
24 coverage, provided coverage is the only issue in dispute and
25 all other issues are stipulated and agreed to and further
26 provided that all compensation benefits including medical

1 benefits pursuant to Section 8(a) continue to be paid to or on
2 behalf of petitioner. Any insurance carrier, private
3 self-insured, or group workers' compensation pool that is
4 determined to be liable for coverage for the injury in issue
5 shall reimburse any insurance carrier, private self-insured,
6 or group workers' compensation pool that has paid benefits to
7 or on behalf of petitioner for the injury.

8 (b-1) If the employee is not receiving medical, surgical or
9 hospital services as provided in paragraph (a) of Section 8 or
10 compensation as provided in paragraph (b) of Section 8, the
11 employee, in accordance with Commission Rules, may file a
12 petition for an emergency hearing by an Arbitrator on the issue
13 of whether or not he is entitled to receive payment of such
14 compensation or services as provided therein. Such petition
15 shall have priority over all other petitions and shall be heard
16 by the Arbitrator and Commission with all convenient speed.

17 Such petition shall contain the following information and
18 shall be served on the employer at least 15 days before it is
19 filed:

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

21 (ii) the approximate location of the accident;

22 (iii) a description of the accident;

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

24 (v) the identity of the person, if known, to whom the
25 accident was reported and the date on which it was
26 reported;

1 (vi) the name and title of the person, if known,
2 representing the employer with whom the employee conferred
3 in any effort to obtain compensation pursuant to paragraph
4 (b) of Section 8 of this Act or medical, surgical or
5 hospital services pursuant to paragraph (a) of Section 8 of
6 this Act and the date of such conference;

7 (vii) a statement that the employer has refused to pay
8 compensation pursuant to paragraph (b) of Section 8 of this
9 Act or for medical, surgical or hospital services pursuant
10 to paragraph (a) of Section 8 of this Act;

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

14 (ix) the dates of treatment related to the accident by
15 medical practitioners, and the names and addresses of such
16 practitioners, including the dates of treatment related to
17 the accident at any hospitals and the names and addresses
18 of such hospitals, and a signed authorization permitting
19 the employer to examine all medical records of all
20 practitioners and hospitals named pursuant to this
21 paragraph;

22 (x) a copy of a signed report by a medical
23 practitioner, relating to the employee's current inability
24 to return to work because of the injuries incurred as a
25 result of the accident or such other documents or
26 affidavits which show that the employee is entitled to

1 receive compensation pursuant to paragraph (b) of Section 8
2 of this Act or medical, surgical or hospital services
3 pursuant to paragraph (a) of Section 8 of this Act. Such
4 reports, documents or affidavits shall state, if possible,
5 the history of the accident given by the employee, and
6 describe the injury and medical diagnosis, the medical
7 services for such injury which the employee has received
8 and is receiving, the physical activities which the
9 employee cannot currently perform as a result of any
10 impairment or disability due to such injury, and the
11 prognosis for recovery;

12 (xi) complete copies of any reports, records,
13 documents and affidavits in the possession of the employee
14 on which the employee will rely to support his allegations,
15 provided that the employer shall pay the reasonable cost of
16 reproduction thereof;

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

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

23 Fifteen days after receipt by the employer of the petition
24 with the required information the employee may file said
25 petition and required information and shall serve notice of the
26 filing upon the employer. The employer may file a motion

1 addressed to the sufficiency of the petition. If an objection
2 has been filed to the sufficiency of the petition, the
3 arbitrator shall rule on the objection within 2 working days.
4 If such an objection is filed, the time for filing the final
5 decision of the Commission as provided in this paragraph shall
6 be tolled until the arbitrator has determined that the petition
7 is sufficient.

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

25 Any employer who does not timely file and serve a written
26 response without good cause may not introduce any evidence to

1 dispute any claim of the employee but may cross examine the
2 employee or any witness brought by the employee and otherwise
3 be heard.

4 No document or other evidence not previously identified by
5 either party with the petition or written response, or by any
6 other means before the hearing, may be introduced into evidence
7 without good cause. If, at the hearing, material information is
8 discovered which was not previously disclosed, the Arbitrator
9 may extend the time for closing proof on the motion of a party
10 for a reasonable period of time which may be more than 30 days.
11 No evidence may be introduced pursuant to this paragraph as to
12 permanent disability. No award may be entered for permanent
13 disability pursuant to this paragraph. Either party may
14 introduce into evidence the testimony taken by deposition of
15 any medical practitioner.

16 The Commission shall adopt rules, regulations and
17 procedures whereby the final decision of the Commission is
18 filed not later than 90 days from the date the petition for
19 review is filed but in no event later than 180 days from the
20 date the petition for an emergency hearing is filed with the
21 Illinois Workers' Compensation Commission.

22 All service required pursuant to this paragraph (b-1) must
23 be by personal service or by certified mail and with evidence
24 of receipt. In addition for the purposes of this paragraph, all
25 service on the employer must be at the premises where the
26 accident occurred if the premises are owned or operated by the

1 employer. Otherwise service must be at the employee's principal
2 place of employment by the employer. If service on the employer
3 is not possible at either of the above, then service shall be
4 at the employer's principal place of business. After initial
5 service in each case, service shall be made on the employer's
6 attorney or designated representative.

7 (c) (1) At a reasonable time in advance of and in connection
8 with the hearing under Section 19(e) or 19(h), the Commission
9 may on its own motion order an impartial physical or mental
10 examination of a petitioner whose mental or physical condition
11 is in issue, when in the Commission's discretion it appears
12 that such an examination will materially aid in the just
13 determination of the case. The examination shall be made by a
14 member or members of a panel of physicians chosen for their
15 special qualifications by the Illinois State Medical Society.
16 The Commission shall establish procedures by which a physician
17 shall be selected from such list.

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

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

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

1 (5) The examination shall be made, and the physician or
2 physicians, if called, shall testify, without cost to the
3 parties. The Commission shall determine the compensation and
4 the pay of the physician or physicians. The compensation for
5 this service shall not exceed the usual and customary amount
6 for such service.

7 (6) The fees and payment thereof of all attorneys and
8 physicians for services authorized by the Commission under this
9 Act shall, upon request of either the employer or the employee
10 or the beneficiary affected, be subject to the review and
11 decision of the Commission.

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

25 (e) This paragraph shall apply to all hearings before the
26 Commission. Such hearings may be held in its office or

1 elsewhere as the Commission may deem advisable. The taking of
2 testimony on such hearings may be had before any member of the
3 Commission. If a petition for review and agreed statement of
4 facts or transcript of evidence is filed, as provided herein,
5 the Commission shall promptly review the decision of the
6 Arbitrator and all questions of law or fact which appear from
7 the statement of facts or transcript of evidence.

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

21 In the event either party requests oral argument, such
22 argument shall be had before a panel of 3 members of the
23 Commission (or before all available members pursuant to the
24 determination of 7 members of the Commission that such argument
25 be held before all available members of the Commission)
26 pursuant to the rules and regulations of the Commission. A

1 panel of 3 members, which shall be comprised of not more than
2 one representative citizen of the employing class and not more
3 than one representative citizen of the employee class, shall
4 hear the argument; provided that if all the issues in dispute
5 are solely the nature and extent of the permanent partial
6 disability, if any, a majority of the panel may deny the
7 request for such argument and such argument shall not be held;
8 and provided further that 7 members of the Commission may
9 determine that the argument be held before all available
10 members of the Commission. A decision of the Commission shall
11 be approved by a majority of Commissioners present at such
12 hearing if any; provided, if no such hearing is held, a
13 decision of the Commission shall be approved by a majority of a
14 panel of 3 members of the Commission as described in this
15 Section. The Commission shall give 10 days' notice to the
16 parties or their attorneys of the time and place of such taking
17 of testimony and of such argument.

18 In any case the Commission in its decision may find
19 specially upon any question or questions of law or fact which
20 shall be submitted in writing by either party whether ultimate
21 or otherwise; provided that on issues other than nature and
22 extent of the disability, if any, the Commission in its
23 decision shall find specially upon any question or questions of
24 law or fact, whether ultimate or otherwise, which are submitted
25 in writing by either party; provided further that not more than
26 5 such questions may be submitted by either party. Any party

1 may, within 20 days after receipt of notice of the Commission's
2 decision, or within such further time, not exceeding 30 days,
3 as the Commission may grant, file with the Commission either an
4 agreed statement of the facts appearing upon the hearing, or,
5 if such party shall so elect, a correct transcript of evidence
6 of the additional proceedings presented before the Commission,
7 in which report the party may embody a correct statement of
8 such other proceedings in the case as such party may desire to
9 have reviewed, such statement of facts or transcript of
10 evidence to be authenticated by the signature of the parties or
11 their attorneys, and in the event that they do not agree, then
12 the authentication of such transcript of evidence shall be by
13 the signature of any member of the Commission.

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

1 At the request of either party or on its own motion, the
2 Commission shall set forth in writing the reasons for the
3 decision, including findings of fact and conclusions of law
4 separately stated. The Commission shall by rule adopt a format
5 for written decisions for the Commission and arbitrators. The
6 written decisions shall be concise and shall succinctly state
7 the facts and reasons for the decision. The Commission may
8 adopt in whole or in part, the decision of the arbitrator as
9 the decision of the Commission. When the Commission does so
10 adopt the decision of the arbitrator, it shall do so by order.
11 Whenever the Commission adopts part of the arbitrator's
12 decision, but not all, it shall include in the order the
13 reasons for not adopting all of the arbitrator's decision. When
14 a majority of a panel, after deliberation, has arrived at its
15 decision, the decision shall be filed as provided in this
16 Section without unnecessary delay, and without regard to the
17 fact that a member of the panel has expressed an intention to
18 dissent. Any member of the panel may file a dissent. Any
19 dissent shall be filed no later than 10 days after the decision
20 of the majority has been filed.

21 Decisions rendered by the Commission and dissents, if any,
22 shall be published together by the Commission. The conclusions
23 of law set out in such decisions shall be regarded as
24 precedents by arbitrators for the purpose of achieving a more
25 uniform administration of this Act.

26 (f) The decision of the Commission acting within its

1 powers, according to the provisions of paragraph (e) of this
2 Section shall, in the absence of fraud, be conclusive unless
3 reviewed as in this paragraph hereinafter provided. However,
4 the Arbitrator or the Commission may on his or its own motion,
5 or on the motion of either party, correct any clerical error or
6 errors in computation within 15 days after the date of receipt
7 of any award by such Arbitrator or any decision on review of
8 the Commission and shall have the power to recall the original
9 award on arbitration or decision on review, and issue in lieu
10 thereof such corrected award or decision. Where such correction
11 is made the time for review herein specified shall begin to run
12 from the date of the receipt of the corrected award or
13 decision.

14 (1) Except in cases of claims against the State of
15 Illinois other than those claims under Section 18.1, in
16 which case the decision of the Commission shall not be
17 subject to judicial review, the Circuit Court of the county
18 where any of the parties defendant may be found, or if none
19 of the parties defendant can be found in this State then
20 the Circuit Court of the county where the accident
21 occurred, shall by summons to the Commission have power to
22 review all questions of law and fact presented by such
23 record.

24 A proceeding for review shall be commenced within 20
25 days of the receipt of notice of the decision of the
26 Commission. The summons shall be issued by the clerk of

1 such court upon written request returnable on a designated
2 return day, not less than 10 or more than 60 days from the
3 date of issuance thereof, and the written request shall
4 contain the last known address of other parties in interest
5 and their attorneys of record who are to be served by
6 summons. Service upon any member of the Commission or the
7 Secretary or the Assistant Secretary thereof shall be
8 service upon the Commission, and service upon other parties
9 in interest and their attorneys of record shall be by
10 summons, and such service shall be made upon the Commission
11 and other parties in interest by mailing notices of the
12 commencement of the proceedings and the return day of the
13 summons to the office of the Commission and to the last
14 known place of residence of other parties in interest or
15 their attorney or attorneys of record. The clerk of the
16 court issuing the summons shall on the day of issue mail
17 notice of the commencement of the proceedings which shall
18 be done by mailing a copy of the summons to the office of
19 the Commission, and a copy of the summons to the other
20 parties in interest or their attorney or attorneys of
21 record and the clerk of the court shall make certificate
22 that he has so sent said notices in pursuance of this
23 Section, which shall be evidence of service on the
24 Commission and other parties in interest.

25 The Commission shall not be required to certify the
26 record of their proceedings to the Circuit Court, unless

1 the party commencing the proceedings for review in the
2 Circuit Court as above provided, shall file with the
3 Commission notice of intent to file for review in Circuit
4 Court. It shall be the duty of the Commission upon such
5 filing of notice of intent to file for review in the
6 Circuit Court to prepare a true and correct copy of such
7 testimony and a true and correct copy of all other matters
8 contained in such record and certified to by the Secretary
9 or Assistant Secretary thereof. The changes made to this
10 subdivision (f)(1) by this amendatory Act of the 98th
11 General Assembly apply to any Commission decision entered
12 after the effective date of this amendatory Act of the 98th
13 General Assembly.

14 No request for a summons may be filed and no summons
15 shall issue unless the party seeking to review the decision
16 of the Commission shall exhibit to the clerk of the Circuit
17 Court proof of filing with the Commission of the notice of
18 the intent to file for review in the Circuit Court or an
19 affidavit of the attorney setting forth that notice of
20 intent to file for review in the Circuit Court has been
21 given in writing to the Secretary or Assistant Secretary of
22 the Commission.

23 (2) No such summons shall issue unless the one against
24 whom the Commission shall have rendered an award for the
25 payment of money shall upon the filing of his written
26 request for such summons file with the clerk of the court a

1 bond conditioned that if he shall not successfully
2 prosecute the review, he will pay the award and the costs
3 of the proceedings in the courts. The amount of the bond
4 shall be fixed by any member of the Commission and the
5 surety or sureties of the bond shall be approved by the
6 clerk of the court. The acceptance of the bond by the clerk
7 of the court shall constitute evidence of his approval of
8 the bond.

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

19 The court may confirm or set aside the decision of the
20 Commission. If the decision is set aside and the facts
21 found in the proceedings before the Commission are
22 sufficient, the court may enter such decision as is
23 justified by law, or may remand the cause to the Commission
24 for further proceedings and may state the questions
25 requiring further hearing, and give such other
26 instructions as may be proper. Appeals shall be taken to

1 the Appellate Court in accordance with Supreme Court Rules
2 22(g) and 303. Appeals shall be taken from the Appellate
3 Court to the Supreme Court in accordance with Supreme Court
4 Rule 315.

5 It shall be the duty of the clerk of any court
6 rendering a decision affecting or affirming an award of the
7 Commission to promptly furnish the Commission with a copy
8 of such decision, without charge.

9 The decision of a majority of the members of the panel
10 of the Commission, shall be considered the decision of the
11 Commission.

12 (g) Except in the case of a claim against the State of
13 Illinois, either party may present a certified copy of the
14 award of the Arbitrator, or a certified copy of the decision of
15 the Commission when the same has become final, when no
16 proceedings for review are pending, providing for the payment
17 of compensation according to this Act, to the Circuit Court of
18 the county in which such accident occurred or either of the
19 parties are residents, whereupon the court shall enter a
20 judgment in accordance therewith. In a case where the employer
21 refuses to pay compensation according to such final award or
22 such final decision upon which such judgment is entered the
23 court shall in entering judgment thereon, tax as costs against
24 him the reasonable costs and attorney fees in the arbitration
25 proceedings and in the court entering the judgment for the
26 person in whose favor the judgment is entered, which judgment

1 and costs taxed as therein provided shall, until and unless set
2 aside, have the same effect as though duly entered in an action
3 duly tried and determined by the court, and shall with like
4 effect, be entered and docketed. The Circuit Court shall have
5 power at any time upon application to make any such judgment
6 conform to any modification required by any subsequent decision
7 of the Supreme Court upon appeal, or as the result of any
8 subsequent proceedings for review, as provided in this Act.

9 Judgment shall not be entered until 15 days' notice of the
10 time and place of the application for the entry of judgment
11 shall be served upon the employer by filing such notice with
12 the Commission, which Commission shall, in case it has on file
13 the address of the employer or the name and address of its
14 agent upon whom notices may be served, immediately send a copy
15 of the notice to the employer or such designated agent.

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

22 However, as to accidents occurring subsequent to July 1,
23 1955, which are covered by any agreement or award under this
24 Act providing for compensation in installments made as a result
25 of such accident, such agreement or award may at any time
26 within 30 months, or 60 months in the case of an award under

1 Section 8(d)1, after such agreement or award be reviewed by the
2 Commission at the request of either the employer or the
3 employee on the ground that the disability of the employee has
4 subsequently recurred, increased, diminished or ended.

5 On such review, compensation payments may be
6 re-established, increased, diminished or ended. The Commission
7 shall give 15 days' notice to the parties of the hearing for
8 review. Any employee, upon any petition for such review being
9 filed by the employer, shall be entitled to one day's notice
10 for each 100 miles necessary to be traveled by him in attending
11 the hearing of the Commission upon the petition, and 3 days in
12 addition thereto. Such employee shall, at the discretion of the
13 Commission, also be entitled to 5 cents per mile necessarily
14 traveled by him within the State of Illinois in attending such
15 hearing, not to exceed a distance of 300 miles, to be taxed by
16 the Commission as costs and deposited with the petition of the
17 employer.

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

22 (i) Each party, upon taking any proceedings or steps
23 whatsoever before any Arbitrator, Commission or court, shall
24 file with the Commission his address, or the name and address
25 of any agent upon whom all notices to be given to such party
26 shall be served, either personally or by registered mail,

1 addressed to such party or agent at the last address so filed
2 with the Commission. In the event such party has not filed his
3 address, or the name and address of an agent as above provided,
4 service of any notice may be had by filing such notice with the
5 Commission.

6 (j) Whenever in any proceeding testimony has been taken or
7 a final decision has been rendered and after the taking of such
8 testimony or after such decision has become final, the injured
9 employee dies, then in any subsequent proceedings brought by
10 the personal representative or beneficiaries of the deceased
11 employee, such testimony in the former proceeding may be
12 introduced with the same force and effect as though the witness
13 having so testified were present in person in such subsequent
14 proceedings and such final decision, if any, shall be taken as
15 final adjudication of any of the issues which are the same in
16 both proceedings.

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

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

5 (k-1) In a case where there has been unreasonable or
6 vexatious delay of authorization of medical treatment, the
7 Commission may award compensation additional to that otherwise
8 payable under this Act in the sum of \$30 per day for each day
9 that the benefits under Section 8(a) have been so withheld or
10 refused, not to exceed \$10,000 or the total amount due per
11 Section 8.2 for treatment to be rendered whichever is less.

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

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

23 (1) If the employee has made written demand for payment of
24 benefits under Section 8(a) or Section 8(b), the employer shall
25 have 14 days after receipt of the demand to set forth in
26 writing the reason for the delay. In the case of demand for

1 payment of medical benefits under Section 8(a), the time for
2 the employer to respond shall not commence until the expiration
3 of the allotted 30 days specified under Section 8.2(d). In case
4 the employer or his or her insurance carrier shall without good
5 and just cause fail, neglect, refuse, or unreasonably delay the
6 payment of benefits under Section 8(a) or Section 8(b), the
7 Arbitrator or the Commission shall allow to the employee
8 additional compensation in the sum of \$30 per day for each day
9 that the benefits under Section 8(a) or Section 8(b) have been
10 so withheld or refused, not to exceed \$10,000. A delay in
11 payment of 14 days or more shall create a rebuttable
12 presumption of unreasonable delay.

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

24 (n) After June 30, 1984, decisions of the Illinois Workers'
25 Compensation Commission reviewing an award of an arbitrator of
26 the Commission shall draw interest at a rate equal to the yield

1 on indebtedness issued by the United States Government with a
2 26-week maturity next previously auctioned on the day on which
3 the decision is filed. Said rate of interest shall be set forth
4 in the Arbitrator's Decision. Interest shall be drawn from the
5 date of the arbitrator's award on all accrued compensation due
6 the employee through the day prior to the date of payments.
7 However, when an employee appeals an award of an Arbitrator or
8 the Commission, and the appeal results in no change or a
9 decrease in the award, interest shall not further accrue from
10 the date of such appeal.

11 The employer or his insurance carrier may tender the
12 payments due under the award to stop the further accrual of
13 interest on such award notwithstanding the prosecution by
14 either party of review, certiorari, appeal to the Supreme Court
15 or other steps to reverse, vacate or modify the award.

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

25 The insured employer may challenge, in proceeding before
26 the Commission, payments made by the insurer without

1 arbitration and payments made after a case is determined to be
2 noncompensable. If the Commission finds that the case was not
3 compensable, the insurer shall purge its records as to that
4 employer of any loss or expense associated with the claim,
5 reimburse the employer for attorneys' fees arising from the
6 challenge and for any payment required of the employer to the
7 Rate Adjustment Fund or the Second Injury Fund, and may not
8 reflect the loss or expense for rate making purposes. The
9 employee shall not be required to refund the challenged
10 payment. The decision of the Commission may be reviewed in the
11 same manner as in arbitrated cases. No challenge may be
12 initiated under this paragraph more than 3 years after the
13 payment is made. An employer may waive the right of challenge
14 under this paragraph on a case by case basis.

15 (p) After filing an application for adjustment of claim but
16 prior to the hearing on arbitration the parties may voluntarily
17 agree to submit such application for adjustment of claim for
18 decision by an arbitrator under this subsection (p) where such
19 application for adjustment of claim raises only a dispute over
20 temporary total disability, permanent partial disability or
21 medical expenses. Such agreement shall be in writing in such
22 form as provided by the Commission. Applications for adjustment
23 of claim submitted for decision by an arbitrator under this
24 subsection (p) shall proceed according to rule as established
25 by the Commission. The Commission shall promulgate rules
26 including, but not limited to, rules to ensure that the parties

1 are adequately informed of their rights under this subsection
2 (p) and of the voluntary nature of proceedings under this
3 subsection (p). The findings of fact made by an arbitrator
4 acting within his or her powers under this subsection (p) in
5 the absence of fraud shall be conclusive. However, the
6 arbitrator may on his own motion, or the motion of either
7 party, correct any clerical errors or errors in computation
8 within 15 days after the date of receipt of such award of the
9 arbitrator and shall have the power to recall the original
10 award on arbitration, and issue in lieu thereof such corrected
11 award. The decision of the arbitrator under this subsection (p)
12 shall be considered the decision of the Commission and
13 proceedings for review of questions of law arising from the
14 decision may be commenced by either party pursuant to
15 subsection (f) of Section 19. The Advisory Board established
16 under Section 13.1 shall compile a list of certified Commission
17 arbitrators, each of whom shall be approved by at least 7
18 members of the Advisory Board. The chairman shall select 5
19 persons from such list to serve as arbitrators under this
20 subsection (p). By agreement, the parties shall select one
21 arbitrator from among the 5 persons selected by the chairman
22 except that if the parties do not agree on an arbitrator from
23 among the 5 persons, the parties may, by agreement, select an
24 arbitrator of the American Arbitration Association, whose fee
25 shall be paid by the State in accordance with rules promulgated
26 by the Commission. Arbitration under this subsection (p) shall

1 be voluntary.

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

4 (820 ILCS 305/25.5)

5 Sec. 25.5. Unlawful acts; penalties.

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

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

11 (2) Intentionally make or cause to be made any false or
12 fraudulent material statement or material representation
13 for the purpose of obtaining or denying any workers'
14 compensation benefit.

15 (3) Intentionally make or cause to be made any false or
16 fraudulent statements with regard to entitlement to
17 workers' compensation benefits with the intent to prevent
18 an injured worker from making a legitimate claim for any
19 workers' compensation benefits.

20 (4) Intentionally prepare or provide an invalid,
21 false, or counterfeit certificate of insurance as proof of
22 workers' compensation insurance.

23 (5) Intentionally make or cause to be made any false or
24 fraudulent material statement or material representation
25 for the purpose of obtaining workers' compensation

1 insurance at less than the proper amount ~~rate~~ for that
2 insurance.

3 (6) Intentionally make or cause to be made any false or
4 fraudulent material statement or material representation
5 on an initial or renewal self-insurance application or
6 accompanying financial statement for the purpose of
7 obtaining self-insurance status or reducing the amount of
8 security that may be required to be furnished pursuant to
9 Section 4 of this Act.

10 (7) Intentionally make or cause to be made any false or
11 fraudulent material statement to the Department of
12 Insurance's fraud and insurance non-compliance unit in the
13 course of an investigation of fraud or insurance
14 non-compliance.

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

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

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

25 (b) Sentences for violations of subsection (a) are as
26 follows:

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

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

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

10 (4) A violation 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 (4.5) A violation of paragraph (3), (4), or (7) of
14 subsection (a) in which the offender did not attempt to
15 obtain any workers' compensation benefits or other
16 property of value is a Class A misdemeanor.

17 (4.7) A violation of paragraph (8) of subsection (a)
18 shall be subject to the same penalty as the offense to
19 which the offender assisted, abetted, solicited, or
20 conspired.

21 (5) A person convicted under this Section shall be
22 ordered to pay monetary restitution to the insurance
23 company or self-insured entity or any other person for any
24 financial loss sustained as a result of a violation of this
25 Section, including any court costs and attorney fees. An
26 order of restitution also includes expenses incurred and

1 paid by the State of Illinois or an insurance company or
2 self-insured entity in connection with any medical
3 evaluation or treatment services.

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

16 (c) The Department of Insurance shall establish a fraud and
17 insurance non-compliance unit responsible for investigating
18 incidences of fraud and insurance non-compliance pursuant to
19 this Section. The size of the staff of the unit shall be
20 subject to appropriation by the General Assembly. It shall be
21 the duty of the fraud and insurance non-compliance unit to
22 determine the identity of insurance carriers, employers,
23 employees, or other persons or entities who have violated the
24 fraud and insurance non-compliance provisions of this Section.
25 The fraud and insurance non-compliance unit shall report
26 violations of the fraud and insurance non-compliance

1 provisions of this Section to the Special Prosecutions Bureau
2 of the Criminal Division of the Office of the Attorney General
3 or to the State's Attorney of the county in which the offense
4 allegedly occurred, either of whom has the authority to
5 prosecute violations under this Section.

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

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

1 charged with administering such laws and regulations. Any
2 person who intentionally makes a false report under this
3 Section to the fraud and insurance non-compliance unit is
4 guilty of a Class A misdemeanor.

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

26 (e-5) The fraud and insurance non-compliance unit shall

1 procure and implement a system utilizing advanced analytics
2 inclusive of predictive modeling, data mining, social network
3 analysis, and scoring algorithms for the detection and
4 prevention of fraud, waste, and abuse on or before January 1,
5 2012. The fraud and insurance non-compliance unit shall procure
6 this system using a request for proposals process governed by
7 the Illinois Procurement Code and rules adopted under that
8 Code. The fraud and insurance non-compliance unit shall provide
9 a report to the President of the Senate, Speaker of the House
10 of Representatives, Minority Leader of the House of
11 Representatives, Minority Leader of the Senate, Governor,
12 Chairman of the Commission, and Director of Insurance on or
13 before July 1, 2012 and annually thereafter detailing its
14 activities and providing recommendations regarding
15 opportunities for additional fraud waste and abuse detection
16 and prevention.

17 (e-7) By July 1, 2017 and thereafter, the fraud and
18 insurance non-compliance unit shall employ at least 10
19 investigators to investigate insurance non-compliance and
20 fraud pursuant to this Section.

21 (f) Any person convicted of fraud related to workers'
22 compensation pursuant to this Section shall be subject to the
23 penalties prescribed in the Criminal Code of 2012 and shall be
24 ineligible to receive or retain any compensation, disability,
25 or medical benefits as defined in this Act if the compensation,
26 disability, or medical benefits were owed or received as a

1 result of fraud for which the recipient of the compensation,
2 disability, or medical benefit was convicted. This subsection
3 applies to accidental injuries or diseases that occur on or
4 after the effective date of this amendatory Act of the 94th
5 General Assembly.

6 (g) Civil liability. Any person convicted of fraud who
7 knowingly obtains, attempts to obtain, or causes to be obtained
8 any benefits under this Act by the making of a false claim or
9 who knowingly misrepresents any material fact shall be civilly
10 liable to the payor of benefits or the insurer or the payor's
11 or insurer's subrogee or assignee in an amount equal to 3 times
12 the value of the benefits or insurance coverage wrongfully
13 obtained or twice the value of the benefits or insurance
14 coverage attempted to be obtained, plus reasonable attorney's
15 fees and expenses incurred by the payor or the payor's subrogee
16 or assignee who successfully brings a claim under this
17 subsection. This subsection applies to accidental injuries or
18 diseases that occur on or after the effective date of this
19 amendatory Act of the 94th General Assembly.

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

26 (1) The number of allegations of insurance

1 non-compliance and fraud reported to the fraud and
2 insurance non-compliance unit.

3 (2) The source of the reported allegations
4 (individual, employer, or other).

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

7 (4) The number of criminal referrals made in accordance
8 with this Section and the entity to which the referral was
9 made.

10 (5) All proceedings under this Section.

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

12 (820 ILCS 305/29.2)

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

14 (a) The Department of Insurance shall annually submit to
15 the Governor, the Chairman of the Commission, the President of
16 the Senate, the Speaker of the House of Representatives, the
17 Minority Leader of the Senate, and the Minority Leader of the
18 House of Representatives a written report that details the
19 state of the workers' compensation insurance market in
20 Illinois. The report shall be completed by April 1 of each
21 year, beginning in 2012, or later if necessary data or analyses
22 are only available to the Department at a later date. The
23 report shall be posted on the Department of Insurance's
24 Internet website. Information to be included in the report
25 shall be for the preceding calendar year. The report shall

1 include, at a minimum, the following:

2 (1) Gross premiums collected by workers' compensation
3 carriers in Illinois and the national rank of Illinois
4 based on premium volume.

5 (2) The number of insurance companies actively engaged
6 in Illinois in the workers' compensation insurance market,
7 including both holding companies and subsidiaries or
8 affiliates, and the national rank of Illinois based on
9 number of competing insurers.

10 (3) The total number of insured participants in the
11 Illinois workers' compensation assigned risk insurance
12 pool, and the size of the assigned risk pool as a
13 proportion of the total Illinois workers' compensation
14 insurance market.

15 (4) The advisory organization premium rate for
16 workers' compensation insurance in Illinois for the
17 previous year.

18 (5) The advisory organization prescribed assigned risk
19 pool premium rate.

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

22 (7) The total amount of medical payments made by
23 workers' compensation insurers in Illinois, and the
24 national rank of Illinois based on average cost of medical
25 claims per injured worker.

26 (8) The gross profitability of workers' compensation

1 insurers in Illinois, and the national rank of Illinois
2 based on profitability of workers' compensation insurers.

3 (9) The loss ratio of workers' compensation insurers in
4 Illinois and the national rank of Illinois based on the
5 loss ratio of workers' compensation insurers. For purposes
6 of this loss ratio calculation, the denominator shall
7 include all premiums and other fees collected by workers'
8 compensation insurers and the numerator shall include the
9 total amount paid by the insurer for care or compensation
10 to injured workers.

11 (10) The growth of total paid indemnity benefits by
12 temporary total disability, scheduled and non-scheduled
13 permanent partial disability, and total disability.

14 (11) The number of injured workers receiving wage loss
15 differential awards and the average wage loss differential
16 award payout.

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

18 (i) the maximum and minimum temporary total
19 disability benefit level;

20 (ii) the maximum and minimum scheduled and
21 non-scheduled permanent partial disability benefit
22 level;

23 (iii) the maximum and minimum total disability
24 benefit level; and

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

26 (13) The aggregate growth of medical benefit payout by

1 non-hospital providers and hospitals.

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

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

7 (16) The total amount paid by injured workers for
8 attorney representation.

9 (a-5) The Commission shall annually submit to the Governor
10 and the General Assembly a written report that details the
11 state of self-insurance for workers' compensation in Illinois.
12 The report shall be based on the types of information collected
13 by the Commission or the Department of Insurance from
14 self-insurers, as of the effective date of this amendatory Act
15 of the 100th General Assembly. The report shall be completed by
16 April 1 of each year, beginning in 2017. The report shall be
17 posted on the Commission's Internet website. Information to be
18 included in the report shall be for the preceding calendar
19 year. The report shall include, at a minimum, the following in
20 the aggregate:

21 (1) The number of employers that self-insure for
22 workers' compensation;

23 (2) The total number of employees covered by
24 self-insurance;

25 (3) The total amount of indemnity payments made by
26 self-insureds;

1 (4) The total number of claims on which indemnity
2 payments were made by self-insureds;

3 (5) The total amount of medical payments made by
4 self-insureds;

5 (6) The total number of claims on which medical
6 payments were made by self-insureds;

7 (7) The total number of claims on which both indemnity
8 and medical payments were made by self-insureds;

9 (8) The median of the injured workers' weekly wage of
10 self-insureds employees;

11 (9) The growth of total paid indemnity benefits by
12 temporary total disability, scheduled and non-scheduled
13 permanent partial disability, and total disability;

14 (10) Illinois' rank, relative to other states, for:

15 (i) the maximum and minimum temporary total
16 disability benefit levels;

17 (ii) the maximum and minimum scheduled and
18 non-scheduled permanent partial disability benefit
19 levels;

20 (iii) the maximum and minimum total disability
21 benefit levels; and

22 (iv) the maximum and minimum death benefit levels;
23 and

24 (11) The aggregate growth of medical benefit payouts by
25 non-hospital providers and hospitals.

26 (b) The Director of Insurance shall promulgate rules

1 requiring each insurer licensed to write workers' compensation
2 coverage in the State to record and report the following
3 information on an aggregate basis to the Department of
4 Insurance before March 1 of each year, relating to claims in
5 the State opened within the prior calendar year:

6 (1) The number of claims opened.

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

8 (3) The number of contested claims.

9 (4) The number of claims for which the employee has
10 attorney representation.

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

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

15 (7) The number of claims for which temporary total
16 disability was not paid within 14 days from the first full
17 day off, regardless of reason.

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

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

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

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

3 (12) The total amount billed to employers for fee
4 schedule savings.

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

7 (14) The number of claims involving in-house medical
8 nurse case management, and the total amount spent on
9 in-house medical nurse case management.

10 (15) The number of claims involving outside medical
11 nurse case management, and the total amount paid for
12 outside medical nurse case management.

13 (16) The total amount paid for Independent Medical
14 exams.

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

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

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

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

23 (820 ILCS 305/29.3 new)

24 Sec. 29.3. Workers' Compensation Premium Rates Task Force.

25 (a) There is created the Workers' Compensation Premium

1 Rates Task Force consisting of 12 members appointed as follows:
2 2 legislative members appointed by the Speaker of the House of
3 Representatives; 2 legislative members appointed by the
4 Minority Leader of the House of Representatives; 2 legislative
5 members appointed by the President of the Senate; 2 legislative
6 members appointed by the Minority Leader of the Senate; and one
7 member appointed by the Governor from each of the following
8 organizations: (i) a statewide association representing
9 retailers; (ii) a statewide association representing
10 manufacturers; (iii) a statewide association representing
11 labor interests; and (iv) a statewide association representing
12 injured workers. The members of the Task Force shall be
13 appointed by April 1, 2017. Two co-chairpersons, representing
14 different political parties, shall be selected by the members
15 of the Task Force. Members of the Task Force shall receive no
16 compensation for their service on the Task Force.

17 (b) The Task Force shall study the National Council on
18 Compensation Insurance's recommendations for workers'
19 compensation premium rates, the extent to which Illinois
20 employers' actual premiums reflect these recommended rates.
21 The Task Force shall also study the feasibility of establishing
22 a competitive nonprofit, independent public corporation to
23 provide workers' compensation insurance and the impact that the
24 corporation would have on insurance rates and premiums. The
25 Department of Insurance shall provide administrative support
26 to the Task Force.

1 (c) The Task Force shall report its findings and
2 recommendations to the General Assembly no later than December
3 31, 2017.

4 (d) This Section is repealed December 31, 2018.

5 Section 99. Effective date. This Act takes effect upon
6 becoming law.

| | | |
|----|-----------------------|---|
| 1 | | INDEX |
| 2 | | Statutes amended in order of appearance |
| 3 | 215 ILCS 5/456 | from Ch. 73, par. 1065.3 |
| 4 | 215 ILCS 5/457 | from Ch. 73, par. 1065.4 |
| 5 | 215 ILCS 5/458 | from Ch. 73, par. 1065.5 |
| 6 | 215 ILCS 5/462a new | |
| 7 | 215 ILCS 5/460 rep. | |
| 8 | 820 ILCS 305/1 | from Ch. 48, par. 138.1 |
| 9 | 820 ILCS 305/4e new | |
| 10 | 820 ILCS 305/8 | from Ch. 48, par. 138.8 |
| 11 | 820 ILCS 305/8.1 new | |
| 12 | 820 ILCS 305/8.1b | |
| 13 | 820 ILCS 305/8.2a | |
| 14 | 820 ILCS 305/14 | from Ch. 48, par. 138.14 |
| 15 | 820 ILCS 305/19 | from Ch. 48, par. 138.19 |
| 16 | 820 ILCS 305/25.5 | |
| 17 | 820 ILCS 305/29.2 | |
| 18 | 820 ILCS 305/29.3 new | |