



Sen. Michael Connelly

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1 AMENDMENT TO SENATE BILL 951

2 AMENDMENT NO. _____. Amend Senate Bill 951 by replacing
3 everything after the enacting clause with the following:

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

6 (5 ILCS 140/7.5)

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

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

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

16 (c) Applications, related documents, and medical

1 records received by the Experimental Organ Transplantation
2 Procedures Board and any and all documents or other records
3 prepared by the Experimental Organ Transplantation
4 Procedures Board or its staff relating to applications it
5 has received.

6 (d) Information and records held by the Department of
7 Public Health and its authorized representatives relating
8 to known or suspected cases of sexually transmissible
9 disease or any information the disclosure of which is
10 restricted under the Illinois Sexually Transmissible
11 Disease Control Act.

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

14 (f) Firm performance evaluations under Section 55 of
15 the Architectural, Engineering, and Land Surveying
16 Qualifications Based Selection Act.

17 (g) Information the disclosure of which is restricted
18 and exempted under Section 50 of the Illinois Prepaid
19 Tuition Act.

20 (h) Information the disclosure of which is exempted
21 under the State Officials and Employees Ethics Act, and
22 records of any lawfully created State or local inspector
23 general's office that would be exempt if created or
24 obtained by an Executive Inspector General's office under
25 that Act.

26 (i) Information contained in a local emergency energy

1 plan submitted to a municipality in accordance with a local
2 emergency energy plan ordinance that is adopted under
3 Section 11-21.5-5 of the Illinois Municipal Code.

4 (j) Information and data concerning the distribution
5 of surcharge moneys collected and remitted by wireless
6 carriers under the Wireless Emergency Telephone Safety
7 Act.

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

12 (l) Records and information provided to a residential
13 health care facility resident sexual assault and death
14 review team or the Executive Council under the Abuse
15 Prevention Review Team Act.

16 (m) Information provided to the predatory lending
17 database created pursuant to Article 3 of the Residential
18 Real Property Disclosure Act, except to the extent
19 authorized under that Article.

20 (n) Defense budgets and petitions for certification of
21 compensation and expenses for court appointed trial
22 counsel as provided under Sections 10 and 15 of the Capital
23 Crimes Litigation Act. This subsection (n) shall apply
24 until the conclusion of the trial of the case, even if the
25 prosecution chooses not to pursue the death penalty prior
26 to trial or sentencing.

1 (o) Information that is prohibited from being
2 disclosed under Section 4 of the Illinois Health and
3 Hazardous Substances Registry Act.

4 (p) Security portions of system safety program plans,
5 investigation reports, surveys, schedules, lists, data, or
6 information compiled, collected, or prepared by or for the
7 Regional Transportation Authority under Section 2.11 of
8 the Regional Transportation Authority Act or the St. Clair
9 County Transit District under the Bi-State Transit Safety
10 Act.

11 (q) Information prohibited from being disclosed by the
12 Personnel Records Review Act.

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

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

17 (t) All identified or deidentified health information
18 in the form of health data or medical records contained in,
19 stored in, submitted to, transferred by, or released from
20 the Illinois Health Information Exchange, and identified
21 or deidentified health information in the form of health
22 data and medical records of the Illinois Health Information
23 Exchange in the possession of the Illinois Health
24 Information Exchange Authority due to its administration
25 of the Illinois Health Information Exchange. The terms
26 "identified" and "deidentified" shall be given the same

1 meaning as in the Health Insurance Portability and
2 Accountability Act of 1996, Public Law 104-191, or any
3 subsequent amendments thereto, and any regulations
4 promulgated thereunder.

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

7 (v) Names and information of people who have applied
8 for or received Firearm Owner's Identification Cards under
9 the Firearm Owners Identification Card Act or applied for
10 or received a concealed carry license under the Firearm
11 Concealed Carry Act, unless otherwise authorized by the
12 Firearm Concealed Carry Act; and databases under the
13 Firearm Concealed Carry Act, records of the Concealed Carry
14 Licensing Review Board under the Firearm Concealed Carry
15 Act, and law enforcement agency objections under the
16 Firearm Concealed Carry Act.

17 (w) Personally identifiable information which is
18 exempted from disclosure under subsection (g) of Section
19 19.1 of the Toll Highway Act.

20 (x) Information which is exempted from disclosure
21 under Section 5-1014.3 of the Counties Code or Section
22 8-11-21 of the Illinois Municipal Code.

23 (y) Confidential information under the Adult
24 Protective Services Act and its predecessor enabling
25 statute, the Elder Abuse and Neglect Act, including
26 information about the identity and administrative finding

1 against any caregiver of a verified and substantiated
2 decision of abuse, neglect, or financial exploitation of an
3 eligible adult maintained in the Registry established
4 under Section 7.5 of the Adult Protective Services Act.

5 (z) Records and information provided to a fatality
6 review team or the Illinois Fatality Review Team Advisory
7 Council under Section 15 of the Adult Protective Services
8 Act.

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

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

13 (cc) Recordings made under the Law Enforcement
14 Officer-Worn Body Camera Act, except to the extent
15 authorized under that Act.

16 (dd) Information that is prohibited from being
17 disclosed under Section 45 of the Condominium and Common
18 Interest Community Ombudsperson Act.

19 (ee) ~~(dd)~~ Information that is exempted from disclosure
20 under Section 30.1 of the Pharmacy Practice Act.

21 (ff) Information the disclosure of which is restricted
22 and exempted under Sections 25.5 and 29.2 of the Workers'
23 Compensation Act.

24 (Source: P.A. 98-49, eff. 7-1-13; 98-63, eff. 7-9-13; 98-756,
25 eff. 7-16-14; 98-1039, eff. 8-25-14; 98-1045, eff. 8-25-14;
26 99-78, eff. 7-20-15; 99-298, eff. 8-6-15; 99-352, eff. 1-1-16;

1 99-642, eff. 7-28-16; 99-776, eff. 8-12-16; 99-863, eff.
2 8-19-16; revised 9-1-16.)

3 Section 3. The Criminal Code of 2012 is amended by adding
4 Section 17-10.4 as follows:

5 (720 ILCS 5/17-10.4 new)

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

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

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

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

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

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

24 (5) Intentionally make or cause to be made any false or

1 fraudulent material statement or material representation
2 for the purpose of obtaining workers' compensation
3 insurance at less than the proper amount for that
4 insurance.

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

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

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

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

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

1 (b) Sentence.

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

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

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

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

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

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

22 (7) A violation of paragraph (9) of subsection (a)
23 shall be punishable as the Class of offense for which the
24 person convicted assisted, abetted, solicited, or
25 conspired to commit, as set forth in paragraphs (1) through
26 (6) of this subsection.

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

10 For a violation of paragraph (a) (1) or (a) (2), the value of
11 the property obtained or attempted to be obtained includes
12 payments pursuant to the provisions of the Workers'
13 Compensation Act as well as the amount paid for medical
14 expenses. For a violation of paragraph (a) (5), the value of the
15 property obtained or attempted to be obtained is the difference
16 between the proper amount for the coverage sought or provided
17 and the actual amount billed for workers' compensation
18 insurance. For a violation of paragraph (a) (6), the value of
19 the property obtained or attempted to be obtained is the
20 difference between the proper amount of security required
21 pursuant to Section 4 of the Workers' Compensation Act and the
22 amount furnished pursuant the false or fraudulent statements or
23 representations. Notwithstanding the foregoing, an insurance
24 company, self-insured entity, or any other person suffering
25 financial loss sustained as a result of violation of this
26 Section may seek restitution, including court costs and

1 attorney's fees, in a civil action in a court of competent
2 jurisdiction.

3 Section 5. The Workers' Compensation Act is amended by
4 changing Sections 1, 8, 8.1b, 8.2, 8.2a, 8.7, 14, 19, 25.5, and
5 29.2 and by adding Section 14.3 as follows:

6 (820 ILCS 305/1) (from Ch. 48, par. 138.1)

7 Sec. 1. This Act may be cited as the Workers' Compensation
8 Act.

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

10 1. The State and each county, city, town, township,
11 incorporated village, school district, body politic, or
12 municipal corporation therein.

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

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

18 In the event any such person pays compensation under this
19 subsection he may recover the amount thereof from the
20 contractor or sub-contractor, if any, and in the event the
21 contractor pays compensation under this subsection he may
22 recover the amount thereof from the sub-contractor, if any.

23 This subsection does not apply in any case where the
24 accident occurs elsewhere than on, in or about the immediate
25 premises on which the principal has contracted that the work be
26 done.

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

21 Where an employee files an Application for Adjustment of
22 Claim with the Illinois Workers' Compensation Commission
23 alleging that his claim is covered by the provisions of the
24 preceding paragraph, and joining both the alleged loaning and
25 borrowing employers, they and each of them, upon written demand
26 by the employee and within 7 days after receipt of such demand,

1 shall have the duty of filing with the Illinois Workers'
2 Compensation Commission a written admission or denial of the
3 allegation that the claim is covered by the provisions of the
4 preceding paragraph and in default of such filing or if any
5 such denial be ultimately determined not to have been bona fide
6 then the provisions of Paragraph K of Section 19 of this Act
7 shall apply.

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

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

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

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

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

22 2. Every person in the service of another under any
23 contract of hire, express or implied, oral or written,
24 including persons whose employment is outside of the State of
25 Illinois where the contract of hire is made within the State of
26 Illinois, persons whose employment results in fatal or

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

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

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

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

26 The term "employee" does not include persons performing

1 services as real estate broker, broker-salesman, or salesman
2 when such persons are paid by commission only.

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

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

11 (e) Traveling employees.

12 (1) Except as otherwise provided under this Section,
13 accidental injuries sustained while traveling to or from
14 work do not arise out of and in the course of employment.

15 (2) Accidental injuries are considered to be "arising
16 out of and in the course of the employment" where an
17 employee is required to travel away from his or her
18 employer's premises in order to perform his or her job and
19 when the conduct in which he or she was engaged at the time
20 of the injury is reasonable and when that conduct might
21 have been anticipated or foreseen by the employer.

22 (3) Accidental injuries while traveling do not occur in
23 the course of employment if the accident occurs during a
24 purely personal deviation or personal errand, unless such
25 deviation or errand is insubstantial.

26 (4) In determining whether an employee is required to

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

16 (f) Neutral risks. Accidental injuries resulting from a
17 neutral risk arise out of and in the course of the employment
18 if the employment quantitatively or qualitatively contributes
19 in any way to the neutral risk.

20 (g) Intervening cause.

21 (1) Except as otherwise provided under this Section,
22 every natural consequence that flows from an injury that
23 arose out of and in the course of employment is compensable
24 under this Act. A work-related injury need not be the sole
25 causative factor or the primary causative factor as long as
26 it was a causative factor in the resulting condition such

1 that the condition would not have occurred but for the
2 work-related injury.

3 (2) Where an intervening cause breaks the chain of
4 causation, any subsequent consequence flowing from the
5 intervening cause is not compensable under this Act. An
6 intervening cause is a cause that completely breaks the
7 chain of causation.

8 (3) Notwithstanding any provision of this Act to the
9 contrary, if an employee, who sustained an accidental
10 injury compensable under this Act which results in a
11 responsibility to pay compensation on the part of the
12 employer, subsequently sustains another injury due to his
13 or her own intentional conduct or negligence that
14 accelerates, aggravates, or worsens the effects or
15 disability of the first injury in any manner, regardless of
16 whether or not he or she has fully recovered from the
17 effects of the first injury, the employer's responsibility
18 to pay compensation to the employee or his or her
19 dependents shall not be increased due to the effects or
20 disability resulting from the subsequent injury.

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

23 (820 ILCS 305/8) (from Ch. 48, par. 138.8)

24 Sec. 8. The amount of compensation which shall be paid to
25 the employee for an accidental injury not resulting in death

1 is:

2 (a) The employer shall provide and pay the negotiated rate,
3 if applicable, or the lesser of the health care provider's
4 actual charges or according to a fee schedule, subject to
5 Section 8.2, in effect at the time the service was rendered for
6 all the necessary first aid, medical and surgical services, and
7 all necessary medical, surgical and hospital services
8 thereafter incurred, limited, however, to that which is
9 reasonably required to cure or relieve from the effects of the
10 accidental injury, even if a health care provider sells,
11 transfers, or otherwise assigns an account receivable for
12 procedures, treatments, or services covered under this Act. If
13 the employer does not dispute payment of first aid, medical,
14 surgical, and hospital services, the employer shall make such
15 payment to the provider on behalf of the employee. The employer
16 shall also pay for treatment, instruction and training
17 necessary for the physical, mental and vocational
18 rehabilitation of the employee, including all maintenance
19 costs and expenses incidental thereto. If as a result of the
20 injury the employee is unable to be self-sufficient the
21 employer shall further pay for such maintenance or
22 institutional care as shall be required.

23 The employee may at any time elect to secure his own
24 physician, surgeon and hospital services at the employer's
25 expense, or,

26 Upon agreement between the employer and the employees, or

1 the employees' exclusive representative, and subject to the
2 approval of the Illinois Workers' Compensation Commission, the
3 employer shall maintain a list of physicians, to be known as a
4 Panel of Physicians, who are accessible to the employees. The
5 employer shall post this list in a place or places easily
6 accessible to his employees. The employee shall have the right
7 to make an alternative choice of physician from such Panel if
8 he is not satisfied with the physician first selected. If, due
9 to the nature of the injury or its occurrence away from the
10 employer's place of business, the employee is unable to make a
11 selection from the Panel, the selection process from the Panel
12 shall not apply. The physician selected from the Panel may
13 arrange for any consultation, referral or other specialized
14 medical services outside the Panel at the employer's expense.
15 Provided that, in the event the Commission shall find that a
16 doctor selected by the employee is rendering improper or
17 inadequate care, the Commission may order the employee to
18 select another doctor certified or qualified in the medical
19 field for which treatment is required. If the employee refuses
20 to make such change the Commission may relieve the employer of
21 his obligation to pay the doctor's charges from the date of
22 refusal to the date of compliance.

23 Any vocational rehabilitation counselors who provide
24 service under this Act shall have appropriate certifications
25 which designate the counselor as qualified to render opinions
26 relating to vocational rehabilitation. Vocational

1 rehabilitation may include, but is not limited to, counseling
2 for job searches, supervising a job search program, and
3 vocational retraining including education at an accredited
4 learning institution. The employee or employer may petition to
5 the Commission to decide disputes relating to vocational
6 rehabilitation and the Commission shall resolve any such
7 dispute, including payment of the vocational rehabilitation
8 program by the employer.

9 The maintenance benefit shall not be less than the
10 temporary total disability rate determined for the employee. In
11 addition, maintenance shall include costs and expenses
12 incidental to the vocational rehabilitation program.

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

25 Every hospital, physician, surgeon or other person
26 rendering treatment or services in accordance with the

1 provisions of this Section shall upon written request furnish
2 full and complete reports thereof to, and permit their records
3 to be copied by, the employer, the employee or his dependents,
4 as the case may be, or any other party to any proceeding for
5 compensation before the Commission, or their attorneys.

6 Notwithstanding the foregoing, the employer's liability to
7 pay for such medical services selected by the employee shall be
8 limited to:

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

10 (2) all medical, surgical and hospital services
11 provided by the physician, surgeon or hospital initially
12 chosen by the employee or by any other physician,
13 consultant, expert, institution or other provider of
14 services recommended by said initial service provider or
15 any subsequent provider of medical services in the chain of
16 referrals from said initial service provider; plus

17 (3) all medical, surgical and hospital services
18 provided by any second physician, surgeon or hospital
19 subsequently chosen by the employee or by any other
20 physician, consultant, expert, institution or other
21 provider of services recommended by said second service
22 provider or any subsequent provider of medical services in
23 the chain of referrals from said second service provider.

24 Thereafter the employer shall select and pay for all
25 necessary medical, surgical and hospital treatment and the
26 employee may not select a provider of medical services at

1 the employer's expense unless the employer agrees to such
2 selection. At any time the employee may obtain any medical
3 treatment he desires at his own expense. This paragraph
4 shall not affect the duty to pay for rehabilitation
5 referred to above.

6 (4) The following shall apply for injuries occurring on
7 or after June 28, 2011 (the effective date of Public Act
8 97-18) and only when an employer has an approved preferred
9 provider program pursuant to Section 8.1a on the date the
10 employee sustained his or her accidental injuries:

11 (A) The employer shall, in writing, on a form
12 promulgated by the Commission, inform the employee of
13 the preferred provider program;

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

20 (C) Prior to the report of an injury by an
21 employee, when an employee chooses non-emergency
22 treatment from a provider not within the preferred
23 provider program, that would constitute the employee's
24 one choice of medical providers to which the employee
25 is entitled under subsection (a) (2) or (a) (3).

26 When an employer and employee so agree in writing, nothing

1 in this Act prevents an employee whose injury or disability has
2 been established under this Act, from relying in good faith, on
3 treatment by prayer or spiritual means alone, in accordance
4 with the tenets and practice of a recognized church or
5 religious denomination, by a duly accredited practitioner
6 thereof, and having nursing services appropriate therewith,
7 without suffering loss or diminution of the compensation
8 benefits under this Act. However, the employee shall submit to
9 all physical examinations required by this Act. The cost of
10 such treatment and nursing care shall be paid by the employee
11 unless the employer agrees to make such payment.

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

1 The furnishing by the employer of any such services or
2 appliances is not an admission of liability on the part of the
3 employer to pay compensation.

4 The furnishing of any such services or appliances or the
5 servicing thereof by the employer is not the payment of
6 compensation.

7 (b) If the period of temporary total incapacity for work
8 lasts more than 5 ~~3~~ working days, weekly compensation as
9 hereinafter provided shall be paid beginning on the 6th ~~4th~~ day
10 of such temporary total incapacity and continuing as long as
11 the total temporary incapacity lasts. In cases where the
12 temporary total incapacity for work continues for a period of
13 14 days or more from the day of the accident compensation shall
14 commence on the day after the accident.

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

1 less.

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

18 2.1. The compensation rate in all cases of serious and
19 permanent disfigurement under paragraph (c) and of
20 permanent partial disability under subparagraph (2) of
21 paragraph (d) or under paragraph (e) of this Section shall
22 be equal to 60% of the employee's average weekly wage
23 computed in accordance with the provisions of Section 10,
24 provided that it shall be not less than 66 2/3% of the sum
25 of the Federal minimum wage under the Fair Labor Standards
26 Act, or the Illinois minimum wage under the Minimum Wage

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

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

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

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

22 The maximum weekly compensation rate, for the period
23 July 1, 1984, through June 30, 1987, except as hereinafter
24 provided, shall be \$293.61. Effective July 1, 1987 and on
25 July 1 of each year thereafter the maximum weekly
26 compensation rate, except as hereinafter provided, shall

1 be determined as follows: if during the preceding 12 month
2 period there shall have been an increase in the State's
3 average weekly wage in covered industries under the
4 Unemployment Insurance Act, the weekly compensation rate
5 shall be proportionately increased by the same percentage
6 as the percentage of increase in the State's average weekly
7 wage in covered industries under the Unemployment
8 Insurance Act during such period.

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

25 The maximum compensation rate for the period July 1,
26 2017 through June 30, 2021, except as hereinafter provided,

1 shall be \$755.22. Effective July 1, 2021 and on July 1 of
2 each year thereafter the maximum weekly compensation rate,
3 except as hereinafter provided, shall be determined as
4 follows: if during the preceding 12-month period there
5 shall have been an increase in the State's average weekly
6 wage in covered industries under the Unemployment
7 Insurance Act, the weekly compensation rate shall be
8 proportionately increased by the same percentage as the
9 percentage of increase in the State's average weekly wage
10 in covered industries under the Unemployment Insurance Act
11 during such period.

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

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

25 4.1. Any provision herein to the contrary
26 notwithstanding, the weekly compensation rate for

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

8 4.2. Any provision to the contrary notwithstanding,
9 the total compensation payable under Section 7 shall not
10 exceed the greater of \$500,000 or 25 years.

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

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

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

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

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

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

26 A duly appointed member of a fire department in a city, the

1 population of which exceeds 500,000 according to the last
2 federal or State census, is eligible for compensation under
3 this paragraph only where such serious and permanent
4 disfigurement results from burns.

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

23 For accidental injuries involving professional athletes
24 that occur on or after the effective date of this amendatory
25 Act of the 99th General Assembly, an award for wage
26 differential under this subsection shall be effective for the

1 expected remaining duration of the employee's professional
2 sports athletic career. As used in this paragraph (d)1,
3 "professional athlete" means an individual whose employer is a
4 professional athletic team that is based in Illinois,
5 including, but not limited to, any professional baseball,
6 basketball, football, soccer, or hockey team based in Illinois
7 and who derives the majority of his or her income from playing
8 athletics for the professional athletic team. The expected
9 remaining duration of an employee's professional sports
10 athletic career shall continue until the employee reaches the
11 age of 35 or for a period of 5 years from the date of the
12 injury, whichever is later, unless the employer or employee is
13 able to successfully prove, by a preponderance of the evidence,
14 that the expected remaining duration of such employee's
15 professional sports athletic career has a shorter or longer
16 duration.

17 2. If, as a result of the accident, the employee sustains
18 serious and permanent injuries not covered by paragraphs (c)
19 and (e) of this Section or having sustained injuries covered by
20 the aforesaid paragraphs (c) and (e), he shall have sustained
21 in addition thereto other injuries which injuries do not
22 incapacitate him from pursuing the duties of his employment but
23 which would disable him from pursuing other suitable
24 occupations, or which have otherwise resulted in physical
25 impairment; or if such injuries partially incapacitate him from
26 pursuing the duties of his usual and customary line of

1 employment but do not result in an impairment of earning
2 capacity, or having resulted in an impairment of earning
3 capacity, the employee elects to waive his right to recover
4 under the foregoing subparagraph 1 of paragraph (d) of this
5 Section then in any of the foregoing events, he shall receive
6 in addition to compensation for temporary total disability
7 under paragraph (b) of this Section, compensation at the rate
8 provided in subparagraph 2.1 of paragraph (b) of this Section
9 for that percentage of 500 weeks that the partial disability
10 resulting from the injuries covered by this paragraph bears to
11 total disability. If the employee shall have sustained a
12 fracture of one or more vertebra or fracture of the skull, the
13 amount of compensation allowed under this Section shall be not
14 less than 6 weeks for a fractured skull and 6 weeks for each
15 fractured vertebra, and in the event the employee shall have
16 sustained a fracture of any of the following facial bones:
17 nasal, lachrymal, vomer, zygoma, maxilla, palatine or
18 mandible, the amount of compensation allowed under this Section
19 shall be not less than 2 weeks for each such fractured bone,
20 and for a fracture of each transverse process not less than 3
21 weeks. In the event such injuries shall result in the loss of a
22 kidney, spleen or lung, the amount of compensation allowed
23 under this Section shall be not less than 10 weeks for each
24 such organ. Compensation awarded under this subparagraph 2
25 shall not take into consideration injuries covered under
26 paragraphs (c) and (e) of this Section and the compensation

1 provided in this paragraph shall not affect the employee's
2 right to compensation payable under paragraphs (b), (c) and (e)
3 of this Section for the disabilities therein covered.

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

14 1. Thumb-

15 70 weeks if the accidental injury occurs on or
16 after the effective date of this amendatory Act of the
17 94th General Assembly but before February 1, 2006.

18 76 weeks if the accidental injury occurs on or
19 after February 1, 2006.

20 2. First, or index finger-

21 40 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 43 weeks if the accidental injury occurs on or
25 after February 1, 2006.

26 3. Second, or middle finger-

1 35 weeks if the accidental injury occurs on or
2 after the effective date of this amendatory Act of the
3 94th General Assembly but before February 1, 2006.

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

6 4. Third, or ring finger-

7 25 weeks if the accidental injury occurs on or
8 after the effective date of this amendatory Act of the
9 94th General Assembly but before February 1, 2006.

10 27 weeks if the accidental injury occurs on or
11 after February 1, 2006.

12 5. Fourth, or little finger-

13 20 weeks if the accidental injury occurs on or
14 after the effective date of this amendatory Act of the
15 94th General Assembly but before February 1, 2006.

16 22 weeks if the accidental injury occurs on or
17 after February 1, 2006.

18 6. Great toe-

19 35 weeks if the accidental injury occurs on or
20 after the effective date of this amendatory Act of the
21 94th General Assembly but before February 1, 2006.

22 38 weeks if the accidental injury occurs on or
23 after February 1, 2006.

24 7. Each toe other than great toe-

25 12 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 13 weeks if the accidental injury occurs on or
3 after February 1, 2006.

4 8. The loss of the first or distal phalanx of the thumb
5 or of any finger or toe shall be considered to be equal to
6 the loss of one-half of such thumb, finger or toe and the
7 compensation payable shall be one-half of the amount above
8 specified. The loss of more than one phalanx shall be
9 considered as the loss of the entire thumb, finger or toe.
10 In no case shall the amount received for more than one
11 finger exceed the amount provided in this schedule for the
12 loss of a hand.

13 9. Hand-

14 190 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.

17 205 weeks if the accidental injury occurs on or
18 after February 1, 2006.

19 190 weeks if the accidental injury occurs on or
20 after June 28, 2011 (the effective date of Public Act
21 97-18) and if the accidental injury involves carpal
22 tunnel syndrome due to repetitive or cumulative
23 trauma, in which case the permanent partial disability
24 shall not exceed 15% loss of use of the hand, except
25 for cause shown by clear and convincing evidence and in
26 which case the award shall not exceed 30% loss of use

1 of the hand.

2 The loss of 2 or more digits, or one or more phalanges
3 of 2 or more digits, of a hand may be compensated on the
4 basis of partial loss of use of a hand, provided, further,
5 that the loss of 4 digits, or the loss of use of 4 digits,
6 in the same hand shall constitute the complete loss of a
7 hand.

8 10. Arm-

9 235 weeks if the accidental injury occurs on or
10 after the effective date of this amendatory Act of the
11 94th General Assembly but before February 1, 2006.

12 253 weeks if the accidental injury occurs on or
13 after February 1, 2006.

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

1 case compensation for an additional 65 weeks (if the
2 accidental injury occurs on or after the effective date of
3 this amendatory Act of the 94th General Assembly but before
4 February 1, 2006) or an additional 70 weeks (if the
5 accidental injury occurs on or after February 1, 2006)
6 shall be paid.

7 For purposes of awards under this subdivision (e),
8 injuries to the shoulder shall be considered injuries to
9 part of the arm. The foregoing change made by this
10 amendatory Act of the 99th General Assembly to this
11 subdivision (e)10 of this Section 8 is declarative of
12 existing law and is not a new enactment.

13 11. Foot-

14 155 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.

17 167 weeks if the accidental injury occurs on or
18 after February 1, 2006.

19 12. Leg-

20 200 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.

23 215 weeks if the accidental injury occurs on or
24 after February 1, 2006.

25 Where an accidental injury results in the amputation of
26 a leg below the knee, such injury shall be compensated as

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

17 For purposes of awards under this subdivision (e),
18 injuries to the hip shall be considered injuries to part of
19 the leg. The foregoing change made by this amendatory Act
20 of the 99th General Assembly to this subdivision (e)12 of
21 this Section 8 is declarative of existing law and is not a
22 new enactment.

23 13. Eye-

24 150 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.

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

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

10 14. Loss of hearing of one ear-

11 50 weeks if the accidental injury occurs on or
12 after the effective date of this amendatory Act of the
13 94th General Assembly but before February 1, 2006.

14 54 weeks if the accidental injury occurs on or
15 after February 1, 2006.

16 Total and permanent loss of hearing of both ears-

17 200 weeks if the accidental injury occurs on or
18 after the effective date of this amendatory Act of the
19 94th General Assembly but before February 1, 2006.

20 215 weeks if the accidental injury occurs on or
21 after February 1, 2006.

22 15. Testicle-

23 50 weeks if the accidental injury occurs on or
24 after the effective date of this amendatory Act of the
25 94th General Assembly but before February 1, 2006.

26 54 weeks if the accidental injury occurs on or

1 after February 1, 2006.

2 Both testicles-

3 150 weeks if the accidental injury occurs on or
4 after the effective date of this amendatory Act of the
5 94th General Assembly but before February 1, 2006.

6 162 weeks if the accidental injury occurs on or
7 after February 1, 2006.

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

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

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

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

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

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

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

26 (f) No claim for loss of hearing due to industrial

1 noise shall be brought against an employer or allowed
2 unless the employee has been exposed for a period of
3 time sufficient to cause permanent impairment to noise
4 levels in excess of the following:

5 Sound Level DBA

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

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

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

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

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

11 Any employee who has previously suffered the loss or
12 permanent and complete loss of the use of any of such
13 members or loss under Section 8(d)2 due to accidental
14 injuries to the same part of the spine, and in a subsequent
15 independent accident loses another or suffers the
16 permanent and complete loss of the use of any one of such
17 members or loss under Section 8(d)2 due to accidental
18 injuries to the same part of the spine the employer for
19 whom the injured employee is working at the time of the
20 last independent accident is liable to pay compensation
21 only for the loss or permanent and complete loss of the use
22 of the member or loss under Section 8(d)2 due to accidental
23 injuries to the same part of the spine occasioned by the
24 last independent accident. For purposes of this
25 subdivision (e)18 only, "same part of the spine" means: (1)
26 cervical spine and thoracic spine from vertebra C1 through

1 T12; and (2) lumbar and sacral spine and coccyx from
2 vertebra L1 through S5.

3 19. In a case of specific loss and the subsequent death
4 of such injured employee from other causes than such injury
5 leaving a widow, widower, or dependents surviving before
6 payment or payment in full for such injury, then the amount
7 due for such injury is payable to the widow or widower and,
8 if there be no widow or widower, then to such dependents,
9 in the proportion which such dependency bears to total
10 dependency.

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

1 Commission thereafter either by settlement agreement or final
2 order, irrespective of the date of the accidental injury.

3 On August 1, 1996 and on February 1 and August 1 of each
4 subsequent year, the Commission shall examine the special fund
5 designated as the "Rate Adjustment Fund" and when, after
6 deducting all advances or loans made to said fund, the amount
7 therein is \$4,000,000, the amount required to be paid by
8 employers pursuant to paragraph (f) of Section 7 shall be
9 reduced by one-half. When the Rate Adjustment Fund reaches the
10 sum of \$5,000,000 the payment therein shall cease entirely.
11 However, when said Rate Adjustment Fund has been reduced to
12 \$3,000,000 the amounts required by paragraph (f) of Section 7
13 shall be resumed in the manner herein provided.

14 (f) In case of complete disability, which renders the
15 employee wholly and permanently incapable of work, or in the
16 specific case of total and permanent disability as provided in
17 subparagraph 18 of paragraph (e) of this Section, compensation
18 shall be payable at the rate provided in subparagraph 2 of
19 paragraph (b) of this Section for life.

20 An employee entitled to benefits under paragraph (f) of
21 this Section shall also be entitled to receive from the Rate
22 Adjustment Fund provided in paragraph (f) of Section 7 of the
23 supplementary benefits provided in paragraph (g) of this
24 Section 8.

25 If any employee who receives an award under this paragraph
26 afterwards returns to work or is able to do so, and earns or is

1 able to earn as much as before the accident, payments under
2 such award shall cease. If such employee returns to work, or is
3 able to do so, and earns or is able to earn part but not as much
4 as before the accident, such award shall be modified so as to
5 conform to an award under paragraph (d) of this Section. If
6 such award is terminated or reduced under the provisions of
7 this paragraph, such employees have the right at any time
8 within 30 months after the date of such termination or
9 reduction to file petition with the Commission for the purpose
10 of determining whether any disability exists as a result of the
11 original accidental injury and the extent thereof.

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

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

1 Section.

2 The custodian of the Second Injury Fund provided for in
3 paragraph (f) of Section 7 shall be joined with the employer as
4 a party respondent in the application for adjustment of claim.
5 The application for adjustment of claim shall state briefly and
6 in general terms the approximate time and place and manner of
7 the loss of the first member.

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

1 Injury Fund is appropriated for the purpose of making payments
2 according to the terms of the awards.

3 As of July 1, 1980 to July 1, 1982, all claims against and
4 obligations of the Second Injury Fund shall become claims
5 against and obligations of the Rate Adjustment Fund to the
6 extent there is insufficient money in the Second Injury Fund to
7 pay such claims and obligations. In that case, all references
8 to "Second Injury Fund" in this Section shall also include the
9 Rate Adjustment Fund.

10 (g) Every award for permanent total disability entered by
11 the Commission on and after July 1, 1965 under which
12 compensation payments shall become due and payable after the
13 effective date of this amendatory Act, and every award for
14 death benefits or permanent total disability entered by the
15 Commission on and after the effective date of this amendatory
16 Act shall be subject to annual adjustments as to the amount of
17 the compensation rate therein provided. Such adjustments shall
18 first be made on July 15, 1977, and all awards made and entered
19 prior to July 1, 1975 and on July 15 of each year thereafter.
20 In all other cases such adjustment shall be made on July 15 of
21 the second year next following the date of the entry of the
22 award and shall further be made on July 15 annually thereafter.
23 If during the intervening period from the date of the entry of
24 the award, or the last periodic adjustment, there shall have
25 been an increase in the State's average weekly wage in covered
26 industries under the Unemployment Insurance Act, the weekly

1 compensation rate shall be proportionately increased by the
2 same percentage as the percentage of increase in the State's
3 average weekly wage in covered industries under the
4 Unemployment Insurance Act. The increase in the compensation
5 rate under this paragraph shall in no event bring the total
6 compensation rate to an amount greater than the prevailing
7 maximum rate at the time that the annual adjustment is made.
8 Such increase shall be paid in the same manner as herein
9 provided for payments under the Second Injury Fund to the
10 injured employee, or his dependents, as the case may be, out of
11 the Rate Adjustment Fund provided in paragraph (f) of Section 7
12 of this Act. Payments shall be made at the same intervals as
13 provided in the award or, at the option of the Commission, may
14 be made in quarterly payment on the 15th day of January, April,
15 July and October of each year. In the event of a decrease in
16 such average weekly wage there shall be no change in the then
17 existing compensation rate. The within paragraph shall not
18 apply to cases where there is disputed liability and in which a
19 compromise lump sum settlement between the employer and the
20 injured employee, or his dependents, as the case may be, has
21 been duly approved by the Illinois Workers' Compensation
22 Commission.

23 Provided, that in cases of awards entered by the Commission
24 for injuries occurring before July 1, 1975, the increases in
25 the compensation rate adjusted under the foregoing provision of
26 this paragraph (g) shall be limited to increases in the State's

1 average weekly wage in covered industries under the
2 Unemployment Insurance Act occurring after July 1, 1975.

3 For every accident occurring on or after July 20, 2005 but
4 before the effective date of this amendatory Act of the 94th
5 General Assembly (Senate Bill 1283 of the 94th General
6 Assembly), the annual adjustments to the compensation rate in
7 awards for death benefits or permanent total disability, as
8 provided in this Act, shall be paid by the employer. The
9 adjustment shall be made by the employer on July 15 of the
10 second year next following the date of the entry of the award
11 and shall further be made on July 15 annually thereafter. If
12 during the intervening period from the date of the entry of the
13 award, or the last periodic adjustment, there shall have been
14 an increase in the State's average weekly wage in covered
15 industries under the Unemployment Insurance Act, the employer
16 shall increase the weekly compensation rate proportionately by
17 the same percentage as the percentage of increase in the
18 State's average weekly wage in covered industries under the
19 Unemployment Insurance Act. The increase in the compensation
20 rate under this paragraph shall in no event bring the total
21 compensation rate to an amount greater than the prevailing
22 maximum rate at the time that the annual adjustment is made. In
23 the event of a decrease in such average weekly wage there shall
24 be no change in the then existing compensation rate. Such
25 increase shall be paid by the employer in the same manner and
26 at the same intervals as the payment of compensation in the

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

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

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

22 (h-1) In case an injured employee is under legal disability
23 at the time when any right or privilege accrues to him or her
24 under this Act, a guardian may be appointed pursuant to law,
25 and may, on behalf of such person under legal disability, claim
26 and exercise any such right or privilege with the same effect

1 as if the employee himself or herself had claimed or exercised
2 the right or privilege. No limitations of time provided by this
3 Act run so long as the employee who is under legal disability
4 is without a conservator or guardian.

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

9 However, where an employer has on file an employment
10 certificate issued pursuant to the Child Labor Law or work
11 permit issued pursuant to the Federal Fair Labor Standards Act,
12 as amended, or a birth certificate properly and duly issued,
13 such certificate, permit or birth certificate is conclusive
14 evidence as to the age of the injured minor employee for the
15 purposes of this Section.

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

19 (j) 1. In the event the injured employee receives benefits,
20 including medical, surgical or hospital benefits under any
21 group plan covering non-occupational disabilities contributed
22 to wholly or partially by the employer, which benefits should
23 not have been payable if any rights of recovery existed under
24 this Act, then such amounts so paid to the employee from any
25 such group plan as shall be consistent with, and limited to,
26 the provisions of paragraph 2 hereof, shall be credited to or

1 against any compensation payment for temporary total
2 incapacity for work or any medical, surgical or hospital
3 benefits made or to be made under this Act. In such event, the
4 period of time for giving notice of accidental injury and
5 filing application for adjustment of claim does not commence to
6 run until the termination of such payments. This paragraph does
7 not apply to payments made under any group plan which would
8 have been payable irrespective of an accidental injury under
9 this Act. Any employer receiving such credit shall keep such
10 employee safe and harmless from any and all claims or
11 liabilities that may be made against him by reason of having
12 received such payments only to the extent of such credit.

13 Any excess benefits paid to or on behalf of a State
14 employee by the State Employees' Retirement System under
15 Article 14 of the Illinois Pension Code on a death claim or
16 disputed disability claim shall be credited against any
17 payments made or to be made by the State of Illinois to or on
18 behalf of such employee under this Act, except for payments for
19 medical expenses which have already been incurred at the time
20 of the award. The State of Illinois shall directly reimburse
21 the State Employees' Retirement System to the extent of such
22 credit.

23 2. Nothing contained in this Act shall be construed to give
24 the employer or the insurance carrier the right to credit for
25 any benefits or payments received by the employee other than
26 compensation payments provided by this Act, and where the

1 employee receives payments other than compensation payments,
2 whether as full or partial salary, group insurance benefits,
3 bonuses, annuities or any other payments, the employer or
4 insurance carrier shall receive credit for each such payment
5 only to the extent of the compensation that would have been
6 payable during the period covered by such payment.

7 3. The extension of time for the filing of an Application
8 for Adjustment of Claim as provided in paragraph 1 above shall
9 not apply to those cases where the time for such filing had
10 expired prior to the date on which payments or benefits
11 enumerated herein have been initiated or resumed. Provided
12 however that this paragraph 3 shall apply only to cases wherein
13 the payments or benefits hereinabove enumerated shall be
14 received after July 1, 1969.

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

17 (820 ILCS 305/8.1b)

18 Sec. 8.1b. Determination of permanent partial disability.
19 For accidental injuries that occur on or after September 1,
20 2011, permanent partial disability shall be established using
21 the following criteria:

22 (a) A physician licensed to practice medicine in all of its
23 branches preparing a permanent partial disability impairment
24 report shall report the level of impairment in writing. The
25 report shall include an evaluation of medically defined and

1 professionally appropriate measurements of impairment that
2 include, but are not limited to: loss of range of motion; loss
3 of strength; measured atrophy of tissue mass consistent with
4 the injury; and any other measurements that establish the
5 nature and extent of the impairment. The most current edition
6 of the American Medical Association's "Guides to the Evaluation
7 of Permanent Impairment" shall be used by the physician in
8 determining the level of impairment.

9 (b) In determining the level of permanent partial
10 disability, the Commission shall base its determination on the
11 following factors: (i) the reported level of impairment
12 pursuant to subsection (a), if such a report exists; (ii) the
13 occupation of the injured employee; (iii) the age of the
14 employee at the time of the injury; (iv) the employee's future
15 earning capacity; and (v) evidence of disability corroborated
16 by the treating medical records or examination under Section 12
17 of this Act. No single enumerated factor shall be the sole
18 determinant of disability. Where an impairment report exists,
19 it must be considered by the Commission in its determination.
20 In determining the level of disability, the relevance and
21 weight of any factors used in addition to the level of
22 impairment as reported by the physician must be explained in a
23 written order.

24 (c) A report of impairment prepared pursuant to subsection
25 (a) is not required for an arbitrator or the Commission to make
26 an award for permanent partial disability or permanent total

1 disability benefits or any award for benefits under subsection
2 (c) of Section 8 or subsection (d) of Section 8 of this Act or
3 to approve a Settlement Contract Lump Sum Petition.

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

5 (820 ILCS 305/8.2)

6 Sec. 8.2. Fee schedule.

7 (a) Except as provided for in subsection (c), for
8 procedures, treatments, or services covered under this Act and
9 rendered or to be rendered on and after February 1, 2006, the
10 maximum allowable payment shall be 90% of the 80th percentile
11 of charges and fees as determined by the Commission utilizing
12 information provided by employers' and insurers' national
13 databases, with a minimum of 12,000,000 Illinois line item
14 charges and fees comprised of health care provider and hospital
15 charges and fees as of August 1, 2004 but not earlier than
16 August 1, 2002. These charges and fees are provider billed
17 amounts and shall not include discounted charges. The 80th
18 percentile is the point on an ordered data set from low to high
19 such that 80% of the cases are below or equal to that point and
20 at most 20% are above or equal to that point. The Commission
21 shall adjust these historical charges and fees as of August 1,
22 2004 by the Consumer Price Index-U for the period August 1,
23 2004 through September 30, 2005. The Commission shall establish
24 fee schedules for procedures, treatments, or services for
25 hospital inpatient, hospital outpatient, emergency room and

1 trauma, ambulatory surgical treatment centers, and
2 professional services. These charges and fees shall be
3 designated by geozip or any smaller geographic unit. The data
4 shall in no way identify or tend to identify any patient,
5 employer, or health care provider. As used in this Section,
6 "geozip" means a three-digit zip code based on data
7 similarities, geographical similarities, and frequencies. A
8 geozip does not cross state boundaries. As used in this
9 Section, "three-digit zip code" means a geographic area in
10 which all zip codes have the same first 3 digits. If a geozip
11 does not have the necessary number of charges and fees to
12 calculate a valid percentile for a specific procedure,
13 treatment, or service, the Commission may combine data from the
14 geozip with up to 4 other geozips that are demographically and
15 economically similar and exhibit similarities in data and
16 frequencies until the Commission reaches 9 charges or fees for
17 that specific procedure, treatment, or service. In cases where
18 the compiled data contains less than 9 charges or fees for a
19 procedure, treatment, or service, reimbursement shall occur at
20 76% of charges and fees as determined by the Commission in a
21 manner consistent with the provisions of this paragraph.
22 Providers of out-of-state procedures, treatments, services,
23 products, or supplies shall be reimbursed at the lesser of that
24 state's fee schedule amount or the fee schedule amount for the
25 region in which the employee resides. If no fee schedule exists
26 in that state, the provider shall be reimbursed at the lesser

1 of the actual charge or the fee schedule amount for the region
2 in which the employee resides. Not later than September 30 in
3 2006 and each year thereafter, the Commission shall
4 automatically increase or decrease the maximum allowable
5 payment for a procedure, treatment, or service established and
6 in effect on January 1 of that year by the percentage change in
7 the Consumer Price Index-U for the 12 month period ending
8 August 31 of that year. The increase or decrease shall become
9 effective on January 1 of the following year. As used in this
10 Section, "Consumer Price Index-U" means the index published by
11 the Bureau of Labor Statistics of the U.S. Department of Labor,
12 that measures the average change in prices of all goods and
13 services purchased by all urban consumers, U.S. city average,
14 all items, 1982-84=100.

15 (a-1) Notwithstanding the provisions of subsection (a) and
16 unless otherwise indicated, the following provisions shall
17 apply to the medical fee schedule starting on September 1,
18 2011:

19 (1) The Commission shall establish and maintain fee
20 schedules for procedures, treatments, products, services,
21 or supplies for hospital inpatient, hospital outpatient,
22 emergency room, ambulatory surgical treatment centers,
23 accredited ambulatory surgical treatment facilities,
24 prescriptions filled and dispensed outside of a licensed
25 pharmacy, dental services, and professional services. This
26 fee schedule shall be based on the fee schedule amounts

1 already established by the Commission pursuant to
2 subsection (a) of this Section. However, starting on
3 January 1, 2012, these fee schedule amounts shall be
4 grouped into geographic regions in the following manner:

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

7 (i) Cook County;

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

9 (iii) Bond, Calhoun, Clinton, Jersey,
10 Macoupin, Madison, Monroe, Montgomery, Randolph,
11 St. Clair, and Washington Counties; and

12 (iv) All other counties of the State.

13 (B) Fourteen regions for hospital fee schedule
14 amounts shall be utilized:

15 (i) Cook, DuPage, Will, Kane, McHenry, DeKalb,
16 Kendall, and Grundy Counties;

17 (ii) Kankakee County;

18 (iii) Madison, St. Clair, Macoupin, Clinton,
19 Monroe, Jersey, Bond, and Calhoun Counties;

20 (iv) Winnebago and Boone Counties;

21 (v) Peoria, Tazewell, Woodford, Marshall, and
22 Stark Counties;

23 (vi) Champaign, Piatt, and Ford Counties;

24 (vii) Rock Island, Henry, and Mercer Counties;

25 (viii) Sangamon and Menard Counties;

26 (ix) McLean County;

- 1 (x) Lake County;
- 2 (xi) Macon County;
- 3 (xii) Vermilion County;
- 4 (xiii) Alexander County; and
- 5 (xiv) All other counties of the State.

6 (2) If a geozip, as defined in subsection (a) of this
7 Section, overlaps into one or more of the regions set forth
8 in this Section, then the Commission shall average or
9 repeat the charges and fees in a geozip in order to
10 designate charges and fees for each region.

11 (3) In cases where the compiled data contains less than
12 9 charges or fees for a procedure, treatment, product,
13 supply, or service or where the fee schedule amount cannot
14 be determined by the non-discounted charge data,
15 non-Medicare relative values and conversion factors
16 derived from established fee schedule amounts, coding
17 crosswalks, or other data as determined by the Commission,
18 reimbursement shall occur at 76% of charges and fees until
19 September 1, 2011 and 53.2% of charges and fees thereafter
20 as determined by the Commission in a manner consistent with
21 the provisions of this paragraph.

22 (4) To establish additional fee schedule amounts, the
23 Commission shall utilize provider non-discounted charge
24 data, non-Medicare relative values and conversion factors
25 derived from established fee schedule amounts, and coding
26 crosswalks. The Commission may establish additional fee

1 schedule amounts based on either the charge or cost of the
2 procedure, treatment, product, supply, or service.

3 (5) Implants shall be reimbursed at 25% above the net
4 manufacturer's invoice price less rebates, plus actual
5 reasonable and customary shipping charges whether or not
6 the implant charge is submitted by a provider in
7 conjunction with a bill for all other services associated
8 with the implant, submitted by a provider on a separate
9 claim form, submitted by a distributor, or submitted by the
10 manufacturer of the implant. "Implants" include the
11 following codes or any substantially similar updated code
12 as determined by the Commission: 0274
13 (prosthetics/orthotics); 0275 (pacemaker); 0276 (lens
14 implant); 0278 (implants); 0540 and 0545 (ambulance); 0624
15 (investigational devices); and 0636 (drugs requiring
16 detailed coding). Non-implantable devices or supplies
17 within these codes shall be reimbursed at 65% of actual
18 charge, which is the provider's normal rates under its
19 standard chagemaster. A standard chagemaster is the
20 provider's list of charges for procedures, treatments,
21 products, supplies, or services used to bill payers in a
22 consistent manner.

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

26 (a-2) For procedures, treatments, services, or supplies

1 covered under this Act and rendered or to be rendered on or
2 after September 1, 2011, the maximum allowable payment shall be
3 70% of the fee schedule amounts, which shall be adjusted yearly
4 by the Consumer Price Index-U, as described in subsection (a)
5 of this Section.

6 (a-2.5) For procedures, treatments, services, or supplies
7 covered under this Act and rendered or to be rendered on or
8 after June 1, 2017, the maximum allowable payment for the
9 following service categories set forth in Title 50, Section
10 7110.90 of the Illinois Administrative Code shall be 85% of the
11 fee schedule amounts in effect on May 31, 2017, which shall be
12 adjusted yearly by the Consumer Price Index-U, as described in
13 subsection (a) of this Section:

14 (1) Section 1: Ambulatory Surgical Treatment Center
15 (ASTC) and Accredited Ambulatory Surgical Treatment
16 Facility (ASTF).

17 (2) Section 7(C): Hospital Outpatient -- Radiology.

18 (3) Section 7(D): Hospital Outpatient - Pathology and
19 Laboratory.

20 (4) Section 8(F): Professional Services - Pathology
21 and Laboratory.

22 (5) Section 8(G): Professional Services - Radiology.

23 (a-2.6) For procedures, treatments, services, or supplies
24 covered under this Act and rendered or to be rendered on or
25 after June 1, 2017, the maximum allowable payment for the
26 following service categories set forth in Title 50, Section

1 7110.90 of the Illinois Administrative Code shall be 90% of the
2 fee schedule amounts in effect on May 31, 2017, which shall be
3 adjusted yearly by the Consumer Price Index-U, as described in
4 subsection (a) of this Section:

5 (1) Section 7(F): Hospital Outpatient Surgical
6 Facility.

7 (2) Section 8(D): Professional Services - Surgery.

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

14 (a-4) The Commission, in consultation with the Workers'
15 Compensation Medical Fee Advisory Board, shall promulgate by
16 rule an evidence-based drug formulary and any rules necessary
17 for its administration. Prescriptions prescribed for workers'
18 compensation cases shall be limited to those prescription drugs
19 and doses on the closed formulary.

20 A request for a prescription that is not on the closed
21 formulary shall be reviewed pursuant to Section 8.7 of this
22 Act.

23 (b) Notwithstanding the provisions of subsection (a), if
24 the Commission finds that there is a significant limitation on
25 access to quality health care in either a specific field of
26 health care services or a specific geographic limitation on

1 access to health care, it may change the Consumer Price Index-U
2 increase or decrease for that specific field or specific
3 geographic limitation on access to health care to address that
4 limitation.

5 (c) The Commission shall establish by rule a process to
6 review those medical cases or outliers that involve
7 extra-ordinary treatment to determine whether to make an
8 additional adjustment to the maximum payment within a fee
9 schedule for a procedure, treatment, or service.

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

17 (1) All payments to providers for treatment provided
18 pursuant to this Act shall be made within 30 days of
19 receipt of the bills as long as the claim contains
20 substantially all the required data elements necessary to
21 adjudicate the bills.

22 (2) If the claim does not contain substantially all the
23 required data elements necessary to adjudicate the bill, or
24 the claim is denied for any other reason, in whole or in
25 part, the employer or insurer shall provide written
26 notification, explaining the basis for the denial and

1 describing any additional necessary data elements, to the
2 provider within 30 days of receipt of the bill.

3 (3) In the case of nonpayment to a provider within 30
4 days of receipt of the bill which contained substantially
5 all of the required data elements necessary to adjudicate
6 the bill or nonpayment to a provider of a portion of such a
7 bill up to the lesser of the actual charge or the payment
8 level set by the Commission in the fee schedule established
9 in this Section, the bill, or portion of the bill, shall
10 incur interest at a rate of 1% per month payable to the
11 provider. Any required interest payments shall be made
12 within 30 days after payment.

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

1 employee the difference between the provider's charge and the
2 amount paid by the employer or the insurer on a compensable
3 injury, or for medical services or treatment determined by the
4 Commission to be excessive or unnecessary.

5 (e-5) If an employer notifies a provider that the employer
6 does not consider the illness or injury to be compensable under
7 this Act, the provider may seek payment of the provider's
8 actual charges from the employee for any procedure, treatment,
9 or service rendered. Once an employee informs the provider that
10 there is an application filed with the Commission to resolve a
11 dispute over payment of such charges, the provider shall cease
12 any and all efforts to collect payment for the services that
13 are the subject of the dispute. Any statute of limitations or
14 statute of repose applicable to the provider's efforts to
15 collect payment from the employee shall be tolled from the date
16 that the employee files the application with the Commission
17 until the date that the provider is permitted to resume
18 collection efforts under the provisions of this Section.

19 (e-10) If an employer notifies a provider that the employer
20 will pay only a portion of a bill for any procedure, treatment,
21 or service rendered in connection with a compensable illness or
22 disease, the provider may seek payment from the employee for
23 the remainder of the amount of the bill up to the lesser of the
24 actual charge, negotiated rate, if applicable, or the payment
25 level set by the Commission in the fee schedule established in
26 this Section. Once an employee informs the provider that there

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

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

1 efforts to collect payment from the employee for the services
2 rendered to the employee and the employee shall be responsible
3 for payment of any outstanding bills for a procedure,
4 treatment, or service rendered by a provider.

5 (e-20) Upon a final award or judgment by an Arbitrator or
6 the Commission, or a settlement agreed to by the employer and
7 the employee, a provider may resume any and all efforts to
8 collect payment from the employee for the services rendered to
9 the employee and the employee shall be responsible for payment
10 of any outstanding bills for a procedure, treatment, or service
11 rendered by a provider as well as the interest awarded under
12 subsection (d) of this Section. In the case of a procedure,
13 treatment, or service deemed compensable, the provider shall
14 not require a payment rate, excluding the interest provisions
15 under subsection (d), greater than the lesser of the actual
16 charge or the payment level set by the Commission in the fee
17 schedule established in this Section. Payment for services
18 deemed not covered or not compensable under this Act is the
19 responsibility of the employee unless a provider and employee
20 have agreed otherwise in writing. Services not covered or not
21 compensable under this Act are not subject to the fee schedule
22 in this Section.

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

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

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

7 (820 ILCS 305/8.2a)

8 Sec. 8.2a. Electronic claims.

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

11 (1) Ensure that all health care providers and
12 facilities submit medical bills for payment on
13 standardized forms.

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

16 (3) Ensure confidentiality of medical information
17 submitted on electronic claims for payment of medical
18 services.

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

23 (5) Ensure that health care providers are responsible
24 for supplying only those medical records pertaining to the
25 provider's own claims that are minimally necessary.

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

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

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

18 (c) The rules requiring employers and insurers to accept
19 electronic claims for payment of medical services shall be
20 proposed on or before March 1, 2017 ~~January 1, 2012~~, and shall
21 require all employers and insurers to accept electronic claims
22 for payment of medical services on or before September 1, 2017
23 ~~June 30, 2012~~.

24 (d) The Director of Insurance shall by rule establish
25 criteria for granting exceptions to employers, insurance
26 carriers, and health care providers who are unable to submit or

1 accept medical bills electronically.

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

3 (820 ILCS 305/8.7)

4 Sec. 8.7. Utilization review programs.

5 (a) As used in this Section:

6 "Utilization review" means the evaluation of proposed or
7 provided health care services to determine the appropriateness
8 of both the level of health care services medically necessary
9 and the quality of health care services provided to a patient,
10 including evaluation of their efficiency, efficacy, and
11 appropriateness of treatment, hospitalization, or office
12 visits based on medically accepted standards. The evaluation
13 must be accomplished by means of a system that identifies the
14 utilization of health care services based on standards of care
15 of nationally recognized peer review guidelines as well as
16 nationally recognized treatment guidelines and evidence-based
17 medicine based upon standards as provided in this Act.
18 Utilization techniques may include prospective review, second
19 opinions, concurrent review, discharge planning, peer review,
20 independent medical examinations, and retrospective review
21 (for purposes of this sentence, retrospective review shall be
22 applicable to services rendered on or after July 20, 2005).
23 Nothing in this Section applies to prospective review of
24 necessary first aid or emergency treatment.

25 (b) No person may conduct a utilization review program for

1 workers' compensation services in this State unless once every
2 2 years the person registers the utilization review program
3 with the Department of Insurance and certifies compliance with
4 the Workers' Compensation Utilization Management standards or
5 Health Utilization Management Standards of URAC sufficient to
6 achieve URAC accreditation or submits evidence of
7 accreditation by URAC for its Workers' Compensation
8 Utilization Management Standards or Health Utilization
9 Management Standards. Nothing in this Act shall be construed to
10 require an employer or insurer or its subcontractors to become
11 URAC accredited.

12 (c) In addition, the Director of Insurance may certify
13 alternative utilization review standards of national
14 accreditation organizations or entities in order for plans to
15 comply with this Section. Any alternative utilization review
16 standards shall meet or exceed those standards required under
17 subsection (b).

18 (d) This registration shall include submission of all of
19 the following information regarding utilization review program
20 activities:

21 (1) The name, address, and telephone number of the
22 utilization review programs.

23 (2) The organization and governing structure of the
24 utilization review programs.

25 (3) The number of lives for which utilization review is
26 conducted by each utilization review program.

1 (4) Hours of operation of each utilization review
2 program.

3 (5) Description of the grievance process for each
4 utilization review program.

5 (6) Number of covered lives for which utilization
6 review was conducted for the previous calendar year for
7 each utilization review program.

8 (7) Written policies and procedures for protecting
9 confidential information according to applicable State and
10 federal laws for each utilization review program.

11 (e) A utilization review program shall have written
12 procedures to ensure that patient-specific information
13 obtained during the process of utilization review will be:

14 (1) kept confidential in accordance with applicable
15 State and federal laws; and

16 (2) shared only with the employee, the employee's
17 designee, and the employee's health care provider, and
18 those who are authorized by law to receive the information.
19 Summary data shall not be considered confidential if it
20 does not provide information to allow identification of
21 individual patients or health care providers.

22 Only a health care professional may make determinations
23 regarding the medical necessity of health care services during
24 the course of utilization review.

25 When making retrospective reviews, utilization review
26 programs shall base reviews solely on the medical information

1 available to the attending physician or ordering provider at
2 the time the health care services were provided.

3 (f) If the Department of Insurance finds that a utilization
4 review program is not in compliance with this Section, the
5 Department shall issue a corrective action plan and allow a
6 reasonable amount of time for compliance with the plan. If the
7 utilization review program does not come into compliance, the
8 Department may issue a cease and desist order. Before issuing a
9 cease and desist order under this Section, the Department shall
10 provide the utilization review program with a written notice of
11 the reasons for the order and allow a reasonable amount of time
12 to supply additional information demonstrating compliance with
13 the requirements of this Section and to request a hearing. The
14 hearing notice shall be sent by certified mail, return receipt
15 requested, and the hearing shall be conducted in accordance
16 with the Illinois Administrative Procedure Act.

17 (g) A utilization review program subject to a corrective
18 action may continue to conduct business until a final decision
19 has been issued by the Department.

20 (h) The Department of Insurance may by rule establish a
21 registration fee for each person conducting a utilization
22 review program.

23 (i) Upon receipt of written notice that the employer or the
24 employer's agent or insurer wishes to invoke the utilization
25 review process, the provider of medical, surgical, or hospital
26 services shall submit to the utilization review, following

1 accredited procedural guidelines.

2 (1) The provider shall make reasonable efforts to
3 provide timely and complete reports of clinical
4 information needed to support a request for treatment. If
5 the provider fails to make such reasonable efforts, the
6 charges for the treatment or service may not be compensable
7 nor collectible by the provider or claimant from the
8 employer, the employer's agent, or the employee. The
9 reporting obligations of providers shall not be
10 unreasonable or unduly burdensome.

11 (2) Written notice of utilization review decisions,
12 including the clinical rationale for certification or
13 non-certification and references to applicable standards
14 of care or evidence-based medical guidelines, shall be
15 furnished to the provider and employee.

16 (3) An employer may only deny payment of or refuse to
17 authorize payment of medical services rendered or proposed
18 to be rendered on the grounds that the extent and scope of
19 medical treatment is excessive and unnecessary in
20 compliance with an accredited utilization review program
21 under this Section.

22 (4) When a payment for medical services has been denied
23 or not authorized by an employer or when authorization for
24 medical services is denied pursuant to utilization review,
25 the employee has the burden of proof to show by a
26 preponderance of the evidence that a variance from the

1 standards of care used by the person or entity performing
2 the utilization review pursuant to subsection (a) is
3 reasonably required to cure or relieve the effects of his
4 or her injury.

5 (5) The medical professional responsible for review in
6 the final stage of utilization review or appeal must be
7 available in this State for interview or deposition; or
8 must be available for deposition by telephone, video
9 conference, or other remote electronic means. A medical
10 professional who works or resides in this State or outside
11 of this State may comply with this requirement by making
12 himself or herself available for an interview or deposition
13 in person or by making himself or herself available by
14 telephone, video conference, or other remote electronic
15 means. The remote interview or deposition shall be
16 conducted in a fair, open, and cost-effective manner. The
17 expense of interview and the deposition method shall be
18 paid by the employer. The deponent shall be in the presence
19 of the officer administering the oath and recording the
20 deposition, unless otherwise agreed by the parties. Any
21 exhibits or other demonstrative evidence to be presented to
22 the deponent by any party at the deposition shall be
23 provided to the officer administering the oath and all
24 other parties within a reasonable period of time prior to
25 the deposition. Nothing shall prohibit any party from being
26 with the deponent during the deposition, at that party's

1 expense; provided, however, that a party attending a
2 deposition shall give written notice of that party's
3 intention to appear at the deposition to all other parties
4 within a reasonable time prior to the deposition.

5 An admissible utilization review shall be considered by the
6 Commission, along with all other evidence and in the same
7 manner as all other evidence, and must be addressed along with
8 all other evidence in the determination of the reasonableness
9 and necessity of the medical bills or treatment. Nothing in
10 this Section shall be construed to diminish the rights of
11 employees to reasonable and necessary medical treatment or
12 employee choice of health care provider under Section 8(a) or
13 the rights of employers to medical examinations under Section
14 12.

15 (j) When an employer denies payment of or refuses to
16 authorize payment of first aid, medical, surgical, or hospital
17 services under Section 8(a) of this Act, if that denial or
18 refusal to authorize complies with a utilization review program
19 registered under this Section and complies with all other
20 requirements of this Section, then there shall be a rebuttable
21 presumption that the employer shall not be responsible for
22 payment of additional compensation pursuant to Section 19(k) of
23 this Act and if that denial or refusal to authorize does not
24 comply with a utilization review program registered under this
25 Section and does not comply with all other requirements of this
26 Section, then that will be considered by the Commission, along

1 with all other evidence and in the same manner as all other
2 evidence, in the determination of whether the employer may be
3 responsible for the payment of additional compensation
4 pursuant to Section 19(k) of this Act.

5 (k) For injuries occurring on or after January 1, 2018, an
6 employee shall be entitled to up to 24 chiropractic,
7 occupational therapy, or physical therapy visits per claim. If
8 an employee exceeds 24 chiropractic, occupational therapy, or
9 physical therapy visits per claim, an employer or insurer may
10 petition to the Commission to decide whether additional
11 treatment is warranted. An employer or insurer that files a
12 bona fide petition in good faith under this Section shall not
13 be subject to penalties under the Act. This Section does not
14 apply to visits for post-surgical rehabilitation services.

15 The changes to this Section made by this amendatory Act of
16 the 97th General Assembly apply only to health care services
17 provided or proposed to be provided on or after September 1,
18 2011.

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

20 (820 ILCS 305/14) (from Ch. 48, par. 138.14)

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

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

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

8 (a) substantive and procedural aspects of the
9 arbitrator position;

10 (b) current issues in workers' compensation law and
11 practice;

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

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

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

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

23 (g) writing skills;

24 (h) professional and ethical standards pursuant to
25 Section 1.1 of this Act;

26 (i) detection of workers' compensation fraud and

1 reporting obligations of Commission employees and
2 appointees;

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

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

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

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

1 Notwithstanding any other provision of this Act to the
2 contrary, an arbitrator who serves as an acting Commissioner in
3 accordance with the provisions of Section 13 of this Act shall
4 continue to serve in the capacity of Commissioner until a
5 decision is reached in every case heard by that arbitrator
6 while serving as an acting Commissioner.

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

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

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

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

25 Upon the expiration of a term, the Chairman shall evaluate
26 the performance of the arbitrator and may recommend to the

1 Governor that he or she be reappointed to a second or
2 subsequent term by the Governor with the advice and consent of
3 the Senate.

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

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

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

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

25 The members of the Commission, Arbitrators and other
26 employees whose duties require them to travel, shall have

1 reimbursed to them their actual traveling expenses and
2 disbursements made or incurred by them in the discharge of
3 their official duties while away from their place of residence
4 in the performance of their duties.

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

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

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

1 Sec. 14.3. Workers' Compensation Edit, Alignment, and
2 Reform Commission.

3 (a) There is created the Workers' Compensation Edit,
4 Alignment, and Reform Commission, which shall be known as the
5 WEAR Commission. The purpose of the WEAR Commission is to
6 develop a proposed recodification of the Workers' Compensation
7 Act that meets the following goals:

8 (1) to make this Act more accessible to laypeople
9 seeking benefits under this Act and employers seeking
10 insurance coverage for their responsibilities under this
11 Act;

12 (2) to aid the Commission, attorneys, and judges in
13 understanding and applying the provisions of this Act;

14 (3) to prevent disputes over interpretations of this
15 Act that can add additional costs to the function and
16 administration of the workers' compensation system;

17 (4) to reduce the size of each Section of this Act to
18 promote understanding, interpretation, and indexing of
19 this Act;

20 (5) to assist policymakers so that they can more easily
21 understand the implication of amendments to this Act that
22 may be proposed in the future;

23 (6) to replace outdated and obsolete language within
24 this Act;

25 (7) to limit the opportunity for lengthy and expensive
26 appeals due to confusion or contrary language within this

1 Act; and

2 (8) to meet the preceding objectives without changing
3 substantive law or disturbing established case law
4 precedent. Nothing in this Section 14.3 shall be construed
5 to allow or authorize the WEAR Commission to seek to or to
6 diminish, restrict, limit, expand, abrogate, alter, or
7 change in any way the current interpretation of any
8 substantive or procedural provision of this Act by the
9 Commission or any Court.

10 (b) The members of the WEAR Commission shall be as follows:

11 (1) one Senator appointed by the President of the
12 Senate;

13 (2) one Senator appointed by the Minority Leader of the
14 Senate;

15 (3) one Representative appointed by the Speaker of the
16 House of Representatives;

17 (4) one Representative appointed by the Minority
18 Leader of the House of Representatives;

19 (5) 4 attorneys representing petitioners, one each
20 appointed by the President of the Senate, Minority Leader
21 of the Senate, Speaker of the House of Representatives, and
22 Minority Leader of the House of Representatives; and

23 (6) 4 attorneys representing respondents, one each
24 appointed by the President of the Senate, Minority Leader
25 of the Senate, Speaker of the House of Representatives, and
26 Minority Leader of the House of Representatives.

1 The members of the WEAR Commission shall serve without
2 compensation. The Chairperson of the Illinois Workers'
3 Compensation Commission shall serve as the Chairperson of the
4 WEAR Commission.

5 (c) The Illinois Workers' Compensation Commission, the
6 Workers' Compensation Insurance Compliance Unit, and the
7 Legislative Reference Bureau shall provide administrative
8 support for the WEAR Commission.

9 (d) The WEAR Commission shall present a report to the
10 General Assembly no later than January 1, 2018. This report
11 shall include a draft of proposed legislation for the
12 reorganization of the Workers' Compensation Act that
13 accomplishes the goals set forth by this Section.

14 (e) This Section is repealed on January 1, 2018.

15 (820 ILCS 305/19) (from Ch. 48, par. 138.19)

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

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

21 1. Whenever any claimant misconceives his remedy and
22 files an application for adjustment of claim under this Act
23 and it is subsequently discovered, at any time before final
24 disposition of such cause, that the claim for disability or
25 death which was the basis for such application should

1 properly have been made under the Workers' Occupational
2 Diseases Act, then the provisions of Section 19, paragraph
3 (a-1) of the Workers' Occupational Diseases Act having
4 reference to such application shall apply.

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

25 3. When an Arbitrator conducts a status call of cases
26 that appear on the Arbitrator's docket in accordance with

1 the rules of the Commission, parties or their attorneys may
2 appear by telephone, video conference, or other remote
3 electronic means as prescribed by the Commission.

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

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

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

22 The decision of the Arbitrator shall be filed with the
23 Commission which Commission shall immediately send to each
24 party or his attorney a copy of such decision, together with a
25 notification of the time when it was filed. As of the effective
26 date of this amendatory Act of the 94th General Assembly, all

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

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

1 Arbitrator. Neither party shall be entitled to an expedited
2 hearing when the employee has returned to work and the sole
3 issue in dispute amounts to less than 12 weeks of unpaid
4 compensation pursuant to paragraph (b) of Section 8.

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

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

1 determined to be liable for coverage for the injury in issue
2 shall reimburse any insurance carrier, private self-insured,
3 or group workers' compensation pool that has paid benefits to
4 or on behalf of petitioner for the injury.

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

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

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

18 (ii) the approximate location of the accident;

19 (iii) a description of the accident;

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

21 (v) the identity of the person, if known, to whom the
22 accident was reported and the date on which it was
23 reported;

24 (vi) the name and title of the person, if known,
25 representing the employer with whom the employee conferred
26 in any effort to obtain compensation pursuant to paragraph

1 (b) of Section 8 of this Act or medical, surgical or
2 hospital services pursuant to paragraph (a) of Section 8 of
3 this Act and the date of such conference;

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

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

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

19 (x) a copy of a signed report by a medical
20 practitioner, relating to the employee's current inability
21 to return to work because of the injuries incurred as a
22 result of the accident or such other documents or
23 affidavits which show that the employee is entitled to
24 receive compensation pursuant to paragraph (b) of Section 8
25 of this Act or medical, surgical or hospital services
26 pursuant to paragraph (a) of Section 8 of this Act. Such

1 reports, documents or affidavits shall state, if possible,
2 the history of the accident given by the employee, and
3 describe the injury and medical diagnosis, the medical
4 services for such injury which the employee has received
5 and is receiving, the physical activities which the
6 employee cannot currently perform as a result of any
7 impairment or disability due to such injury, and the
8 prognosis for recovery;

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

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

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

20 Fifteen days after receipt by the employer of the petition
21 with the required information the employee may file said
22 petition and required information and shall serve notice of the
23 filing upon the employer. The employer may file a motion
24 addressed to the sufficiency of the petition. If an objection
25 has been filed to the sufficiency of the petition, the
26 arbitrator shall rule on the objection within 2 working days.

1 If such an objection is filed, the time for filing the final
2 decision of the Commission as provided in this paragraph shall
3 be tolled until the arbitrator has determined that the petition
4 is sufficient.

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

22 Any employer who does not timely file and serve a written
23 response without good cause may not introduce any evidence to
24 dispute any claim of the employee but may cross examine the
25 employee or any witness brought by the employee and otherwise
26 be heard.

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

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

19 All service required pursuant to this paragraph (b-1) must
20 be by personal service or by certified mail and with evidence
21 of receipt. In addition for the purposes of this paragraph, all
22 service on the employer must be at the premises where the
23 accident occurred if the premises are owned or operated by the
24 employer. Otherwise service must be at the employee's principal
25 place of employment by the employer. If service on the employer
26 is not possible at either of the above, then service shall be

1 at the employer's principal place of business. After initial
2 service in each case, service shall be made on the employer's
3 attorney or designated representative.

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

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

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

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

24 (5) The examination shall be made, and the physician or
25 physicians, if called, shall testify, without cost to the
26 parties. The Commission shall determine the compensation and

1 the pay of the physician or physicians. The compensation for
2 this service shall not exceed the usual and customary amount
3 for such service.

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

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

22 (e) This paragraph shall apply to all hearings before the
23 Commission. Such hearings may be held in its office or
24 elsewhere as the Commission may deem advisable. The taking of
25 testimony on such hearings may be had before any member of the
26 Commission. If a petition for review and agreed statement of

1 facts or transcript of evidence is filed, as provided herein,
2 the Commission shall promptly review the decision of the
3 Arbitrator and all questions of law or fact which appear from
4 the statement of facts or transcript of evidence.

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

18 In the event either party requests oral argument, such
19 argument shall be had before a panel of 3 members of the
20 Commission (or before all available members pursuant to the
21 determination of 7 members of the Commission that such argument
22 be held before all available members of the Commission)
23 pursuant to the rules and regulations of the Commission. A
24 panel of 3 members, which shall be comprised of not more than
25 one representative citizen of the employing class and not more
26 than one representative citizen of the employee class, shall

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

15 In any case the Commission in its decision may find
16 specially upon any question or questions of law or fact which
17 shall be submitted in writing by either party whether ultimate
18 or otherwise; provided that on issues other than nature and
19 extent of the disability, if any, the Commission in its
20 decision shall find specially upon any question or questions of
21 law or fact, whether ultimate or otherwise, which are submitted
22 in writing by either party; provided further that not more than
23 5 such questions may be submitted by either party. Any party
24 may, within 20 days after receipt of notice of the Commission's
25 decision, or within such further time, not exceeding 30 days,
26 as the Commission may grant, file with the Commission either an

1 agreed statement of the facts appearing upon the hearing, or,
2 if such party shall so elect, a correct transcript of evidence
3 of the additional proceedings presented before the Commission,
4 in which report the party may embody a correct statement of
5 such other proceedings in the case as such party may desire to
6 have reviewed, such statement of facts or transcript of
7 evidence to be authenticated by the signature of the parties or
8 their attorneys, and in the event that they do not agree, then
9 the authentication of such transcript of evidence shall be by
10 the signature of any member of the Commission.

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

24 At the request of either party or on its own motion, the
25 Commission shall set forth in writing the reasons for the
26 decision, including findings of fact and conclusions of law

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

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

23 (f) The decision of the Commission acting within its
24 powers, according to the provisions of paragraph (e) of this
25 Section shall, in the absence of fraud, be conclusive unless
26 reviewed as in this paragraph hereinafter provided. However,

1 the Arbitrator or the Commission may on his or its own motion,
2 or on the motion of either party, correct any clerical error or
3 errors in computation within 15 days after the date of receipt
4 of any award by such Arbitrator or any decision on review of
5 the Commission and shall have the power to recall the original
6 award on arbitration or decision on review, and issue in lieu
7 thereof such corrected award or decision. Where such correction
8 is made the time for review herein specified shall begin to run
9 from the date of the receipt of the corrected award or
10 decision.

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

21 A proceeding for review shall be commenced within 20
22 days of the receipt of notice of the decision of the
23 Commission. The summons shall be issued by the clerk of
24 such court upon written request returnable on a designated
25 return day, not less than 10 or more than 60 days from the
26 date of issuance thereof, and the written request shall

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

22 The Commission shall not be required to certify the
23 record of their proceedings to the Circuit Court, unless
24 the party commencing the proceedings for review in the
25 Circuit Court as above provided, shall file with the
26 Commission notice of intent to file for review in Circuit

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

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

20 (2) No such summons shall issue unless the one against
21 whom the Commission shall have rendered an award for the
22 payment of money shall upon the filing of his written
23 request for such summons file with the clerk of the court a
24 bond conditioned that if he shall not successfully
25 prosecute the review, he will pay the award and the costs
26 of the proceedings in the courts. The amount of the bond

1 shall be fixed by any member of the Commission and the
2 surety or sureties of the bond shall be approved by the
3 clerk of the court. The acceptance of the bond by the clerk
4 of the court shall constitute evidence of his approval of
5 the bond.

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

16 The court may confirm or set aside the decision of the
17 Commission. If the decision is set aside and the facts
18 found in the proceedings before the Commission are
19 sufficient, the court may enter such decision as is
20 justified by law, or may remand the cause to the Commission
21 for further proceedings and may state the questions
22 requiring further hearing, and give such other
23 instructions as may be proper. Appeals shall be taken to
24 the Appellate Court in accordance with Supreme Court Rules
25 22(g) and 303. Appeals shall be taken from the Appellate
26 Court to the Supreme Court in accordance with Supreme Court

1 Rule 315.

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

6 The decision of a majority of the members of the panel
7 of the Commission, shall be considered the decision of the
8 Commission.

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

1 effect, be entered and docketed. The Circuit Court shall have
2 power at any time upon application to make any such judgment
3 conform to any modification required by any subsequent decision
4 of the Supreme Court upon appeal, or as the result of any
5 subsequent proceedings for review, as provided in this Act.

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

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

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

1 subsequently recurred, increased, diminished or ended.

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

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

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

1 service of any notice may be had by filing such notice with the
2 Commission.

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

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

26 When determining whether this subsection (k) shall apply,

1 the Commission shall consider whether an Arbitrator has
2 determined that the claim is not compensable or whether the
3 employer has made payments under Section 8(j).

4 (l) If the employee has made written demand for payment of
5 benefits under Section 8(a) or Section 8(b), the employer shall
6 have 14 days after receipt of the demand to set forth in
7 writing the reason for the delay. In the case of demand for
8 payment of medical benefits under Section 8(a), the time for
9 the employer to respond shall not commence until the expiration
10 of the allotted 30 days specified under Section 8.2(d). In case
11 the employer or his or her insurance carrier shall without good
12 and just cause fail, neglect, refuse, or unreasonably delay the
13 payment of benefits under Section 8(a) or Section 8(b), the
14 Arbitrator or the Commission shall allow to the employee
15 additional compensation in the sum of \$30 per day for each day
16 that the benefits under Section 8(a) or Section 8(b) have been
17 so withheld or refused, not to exceed \$10,000. A delay in
18 payment of 14 days or more shall create a rebuttable
19 presumption of unreasonable delay.

20 (m) If the commission finds that an accidental injury was
21 directly and proximately caused by the employer's wilful
22 violation of a health and safety standard under the Health and
23 Safety Act or the Occupational Safety and Health Act in force
24 at the time of the accident, the arbitrator or the Commission
25 shall allow to the injured employee or his dependents, as the
26 case may be, additional compensation equal to 25% of the amount

1 which otherwise would be payable under the provisions of this
2 Act exclusive of this paragraph. The additional compensation
3 herein provided shall be allowed by an appropriate increase in
4 the applicable weekly compensation rate.

5 (n) After June 30, 1984, decisions of the Illinois Workers'
6 Compensation Commission reviewing an award of an arbitrator of
7 the Commission shall draw interest at a rate equal to the yield
8 on indebtedness issued by the United States Government with a
9 26-week maturity next previously auctioned on the day on which
10 the decision is filed. Said rate of interest shall be set forth
11 in the Arbitrator's Decision. Interest shall be drawn from the
12 date of the arbitrator's award on all accrued compensation due
13 the employee through the day prior to the date of payments.
14 However, when an employee appeals an award of an Arbitrator or
15 the Commission, and the appeal results in no change or a
16 decrease in the award, interest shall not further accrue from
17 the date of such appeal.

18 The employer or his insurance carrier may tender the
19 payments due under the award to stop the further accrual of
20 interest on such award notwithstanding the prosecution by
21 either party of review, certiorari, appeal to the Supreme Court
22 or other steps to reverse, vacate or modify the award.

23 (o) By the 15th day of each month each insurer providing
24 coverage for losses under this Act shall notify each insured
25 employer of any compensable claim incurred during the preceding
26 month and the amounts paid or reserved on the claim including a

1 summary of the claim and a brief statement of the reasons for
2 compensability. A cumulative report of all claims incurred
3 during a calendar year or continued from the previous year
4 shall be furnished to the insured employer by the insurer
5 within 30 days after the end of that calendar year.

6 The insured employer may challenge, in proceeding before
7 the Commission, payments made by the insurer without
8 arbitration and payments made after a case is determined to be
9 noncompensable. If the Commission finds that the case was not
10 compensable, the insurer shall purge its records as to that
11 employer of any loss or expense associated with the claim,
12 reimburse the employer for attorneys' fees arising from the
13 challenge and for any payment required of the employer to the
14 Rate Adjustment Fund or the Second Injury Fund, and may not
15 reflect the loss or expense for rate making purposes. The
16 employee shall not be required to refund the challenged
17 payment. The decision of the Commission may be reviewed in the
18 same manner as in arbitrated cases. No challenge may be
19 initiated under this paragraph more than 3 years after the
20 payment is made. An employer may waive the right of challenge
21 under this paragraph on a case by case basis.

22 (p) After filing an application for adjustment of claim but
23 prior to the hearing on arbitration the parties may voluntarily
24 agree to submit such application for adjustment of claim for
25 decision by an arbitrator under this subsection (p) where such
26 application for adjustment of claim raises only a dispute over

1 temporary total disability, permanent partial disability or
2 medical expenses. Such agreement shall be in writing in such
3 form as provided by the Commission. Applications for adjustment
4 of claim submitted for decision by an arbitrator under this
5 subsection (p) shall proceed according to rule as established
6 by the Commission. The Commission shall promulgate rules
7 including, but not limited to, rules to ensure that the parties
8 are adequately informed of their rights under this subsection
9 (p) and of the voluntary nature of proceedings under this
10 subsection (p). The findings of fact made by an arbitrator
11 acting within his or her powers under this subsection (p) in
12 the absence of fraud shall be conclusive. However, the
13 arbitrator may on his own motion, or the motion of either
14 party, correct any clerical errors or errors in computation
15 within 15 days after the date of receipt of such award of the
16 arbitrator and shall have the power to recall the original
17 award on arbitration, and issue in lieu thereof such corrected
18 award. The decision of the arbitrator under this subsection (p)
19 shall be considered the decision of the Commission and
20 proceedings for review of questions of law arising from the
21 decision may be commenced by either party pursuant to
22 subsection (f) of Section 19. The Advisory Board established
23 under Section 13.1 shall compile a list of certified Commission
24 arbitrators, each of whom shall be approved by at least 7
25 members of the Advisory Board. The chairman shall select 5
26 persons from such list to serve as arbitrators under this

1 subsection (p). By agreement, the parties shall select one
2 arbitrator from among the 5 persons selected by the chairman
3 except that if the parties do not agree on an arbitrator from
4 among the 5 persons, the parties may, by agreement, select an
5 arbitrator of the American Arbitration Association, whose fee
6 shall be paid by the State in accordance with rules promulgated
7 by the Commission. Arbitration under this subsection (p) shall
8 be voluntary.

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

11 (820 ILCS 305/25.5)

12 Sec. 25.5. Unlawful acts; penalties.

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

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

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

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

1 workers' compensation benefits.

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

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

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

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

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

26 (9) Intentionally present a bill or statement for the

1 payment for medical services that were not provided.

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

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

8 (1) A violation of paragraph (a)(3) is a Class 4
9 felony.

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

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

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

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

24 (6) A violation of paragraph (a)(1), (a)(2), (a)(5),
25 (a)(6), or (a)(9) in which the value of the property
26 obtained or attempted to be obtained is more than \$100,000

1 is a Class 1 felony.

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

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

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

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

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

19 (8) ~~(5)~~ A person convicted under this Section shall be
20 ordered to pay monetary restitution to the insurance
21 company or self-insured entity or any other person for any
22 financial loss sustained as a result of a violation of this
23 Section, including any court costs and attorney fees. An
24 order of restitution also includes expenses incurred and
25 paid by the State of Illinois or an insurance company or
26 self-insured entity in connection with any medical

1 evaluation or treatment services.

2 For a violation of paragraph (a) (1) or (a) (2), the value of
3 the property obtained or attempted to be obtained shall include
4 payments pursuant to the provisions of this Act as well as the
5 amount paid for medical expenses. For a violation of paragraph
6 (a) (5), the value of the property obtained or attempted to be
7 obtained shall be the difference between the proper amount for
8 the coverage sought or provided and the actual amount billed
9 for workers' compensation insurance. For a violation of
10 paragraph (a) (6), the value of the property obtained or
11 attempted to be obtained shall be the difference between the
12 proper amount of security required pursuant to Section 4 of
13 this Act and the amount furnished pursuant the false or
14 fraudulent statements or representations. For the purposes of
15 this Section, where the exact value of property obtained or
16 attempted to be obtained is either not alleged or is not
17 specifically set by the terms of a policy of insurance, the
18 value of the property shall be the fair market replacement
19 value of the property claimed to be lost, the reasonable costs
20 of reimbursing a vendor or other claimant for services to be
21 rendered, or both. Notwithstanding the foregoing, an insurance
22 company, self-insured entity, or any other person suffering
23 financial loss sustained as a result of violation of this
24 Section may seek restitution, including court costs and
25 attorney's fees in a civil action in a court of competent
26 jurisdiction.

1 (c) The Department of Insurance shall establish a fraud and
2 insurance non-compliance unit responsible for investigating
3 incidences of fraud and insurance non-compliance pursuant to
4 this Section. The size of the staff of the unit shall be
5 subject to appropriation by the General Assembly. It shall be
6 the duty of the fraud and insurance non-compliance unit to
7 determine the identity of insurance carriers, employers,
8 employees, or other persons or entities who have violated the
9 fraud and insurance non-compliance provisions of this Section.
10 The fraud and insurance non-compliance unit shall report
11 violations of the fraud and insurance non-compliance
12 provisions of this Section to the Special Prosecutions Bureau
13 of the Criminal Division of the Office of the Attorney General
14 or to the State's Attorney of the county in which the offense
15 allegedly occurred, either of whom has the authority to
16 prosecute violations under this Section.

17 With respect to the subject of any investigation being
18 conducted, the fraud and insurance non-compliance unit shall
19 have the general power of subpoena of the Department of
20 Insurance, including the authority to issue a subpoena to a
21 medical provider, pursuant to Section 8-802 of the Code of
22 Civil Procedure.

23 (d) Any person may report allegations of insurance
24 non-compliance and fraud pursuant to this Section to the
25 Department of Insurance's fraud and insurance non-compliance
26 unit whose duty it shall be to investigate the report. The unit

1 shall notify the Commission of reports of insurance
2 non-compliance. Any person reporting an allegation of
3 insurance non-compliance or fraud against either an employee or
4 employer under this Section must identify himself. Except as
5 provided in this subsection and in subsection (e), all reports
6 shall remain confidential except to refer an investigation to
7 the Attorney General or State's Attorney for prosecution or if
8 the fraud and insurance non-compliance unit's investigation
9 reveals that the conduct reported may be in violation of other
10 laws or regulations of the State of Illinois, the unit may
11 report such conduct to the appropriate governmental agency
12 charged with administering such laws and regulations. Any
13 person who intentionally makes a false report under this
14 Section to the fraud and insurance non-compliance unit is
15 guilty of a Class A misdemeanor.

16 (e) In order for the fraud and insurance non-compliance
17 unit to investigate a report of fraud related to an employee's
18 claim, (i) the employee must have filed with the Commission an
19 Application for Adjustment of Claim and the employee must have
20 either received or attempted to receive benefits under this Act
21 that are related to the reported fraud or (ii) the employee
22 must have made a written demand for the payment of benefits
23 that are related to the reported fraud. There shall be no
24 immunity, under this Act or otherwise, for any person who files
25 a false report or who files a report without good and just
26 cause. Confidentiality of medical information shall be

1 strictly maintained. Investigations that are not referred for
2 prosecution shall be destroyed upon the expiration of the
3 statute of limitations for the acts under investigation and
4 shall not be disclosed except that the person making the report
5 shall be notified that the investigation is being closed. It is
6 unlawful for any employer, insurance carrier, service
7 adjustment company, third party administrator, self-insured,
8 or similar entity to file or threaten to file a report of fraud
9 against an employee because of the exercise by the employee of
10 the rights and remedies granted to the employee by this Act.

11 The Department of Insurance's papers, documents, reports,
12 or evidence relevant to the subject of an investigation under
13 this Section shall be confidential and not subject to subpoena,
14 public inspection, or to disclosure under the Freedom of
15 Information Act for so long as the Director deems reasonably
16 necessary to complete the investigation, to protect the person
17 investigated from unwarranted injury, or to be in the public
18 interest. No officer, agent, or employee of the Department is
19 subject to subpoena in any civil or administrative action to
20 testify concerning a matter of which they have knowledge under
21 a pending fraud or insurance non-compliance investigation by
22 the Department.

23 No cause of action exists and no liability may be imposed,
24 either civil or criminal, against the State, the Director of
25 Insurance, any officer, agent, or employee of the Department of
26 Insurance, or individuals employed or retained by the Director

1 of Insurance, for an act or omission by them in the performance
2 of a power or duty authorized by this Section, unless the act
3 or omission was performed in bad faith and with intent to
4 injure a particular person.

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

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

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

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

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

1 (1) The number of allegations of insurance
2 non-compliance and fraud reported to the fraud and
3 insurance non-compliance unit.

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

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

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

11 (5) All proceedings under this Section.

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

13 (820 ILCS 305/29.2)

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

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

1 shall be for the preceding calendar year. The report shall
2 include, at a minimum, the following:

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

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

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

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

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

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

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

1 (8) The gross profitability of workers' compensation
2 insurers in Illinois, and the national rank of Illinois
3 based on profitability of workers' compensation insurers.

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

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

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

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

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

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

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

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

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

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

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

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

10 (a-5) The Commission shall annually submit to the Governor
11 and the General Assembly a written report that details the
12 state of self-insurance for workers' compensation in Illinois.
13 The report shall be based on information currently collected by
14 the Commission or the Department of Insurance from
15 self-insurers, as of the effective date of this amendatory Act
16 of the 99th General Assembly. The report shall be completed by
17 April 1 of each year, beginning in 2017. The report shall be
18 posted on the Commission's Internet website. Information to be
19 included in the report shall be for the preceding calendar
20 year. The report shall include, at a minimum, the following in
21 the aggregate:

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

24 (2) The total number of employees covered by
25 self-insurance.

26 (3) The total amount of indemnity payments made by

1 self-insureds.

2 (4) The total amount of medical payments made by
3 self-insureds.

4 (5) The median of the injured workers' weekly wage of
5 self-insureds' employees.

6 (6) The growth of total paid indemnity benefits by
7 temporary total disability, scheduled and non-scheduled
8 permanent partial disability, and total disability.

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

10 (i) the maximum and minimum temporary total
11 disability benefit levels;

12 (ii) the maximum and minimum scheduled and
13 non-scheduled permanent partial disability benefit
14 levels; and

15 (iii) the maximum and minimum total disability
16 benefit levels.

17 (iv) the maximum and minimum death benefit levels;
18 and

19 (8) The aggregate growth of medical benefit payouts by
20 non-hospital providers and hospitals.

21 Any information collected by the Commission from
22 self-insureds shall be exempt from public inspection and
23 disclosure under the Freedom of Information Act.

24 (b) The Director of Insurance shall promulgate rules
25 requiring each insurer licensed to write workers' compensation
26 coverage in the State to record and report the following

1 information on an aggregate basis to the Department of
2 Insurance before March 1 of each year, relating to claims in
3 the State opened within the prior calendar year:

4 (1) The number of claims opened.

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

6 (3) The number of contested claims.

7 (4) The number of claims for which the employee has
8 attorney representation.

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

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

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

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

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

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

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

1 (12) The total amount billed to employers for fee
2 schedule savings.

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

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

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

11 (16) The total amount paid for Independent Medical
12 exams.

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

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

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

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

21 Section 99. Effective date. If and only if all of the
22 following bills of the 99th General Assembly become law: Senate
23 Bills 17, 263, 284, 305, 390, 393, 432, 523, 584, 951 and 1110,
24 then this Act takes effect upon becoming law; however, this Act
25 does not take effect at all unless all of the following bills

1 of the 99th General Assembly become law: Senate Bills 17, 263,
2 284, 305, 390, 393, 432, 523, 584, 951 and 1110.".