



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB3526

by Rep. Grant Wehrli

SYNOPSIS AS INTRODUCED:

820 ILCS 305/6	from Ch. 48, par. 138.6
820 ILCS 305/8	from Ch. 48, par. 138.8
820 ILCS 305/8.1b	
820 ILCS 305/8.2	

Amends the Workers' Compensation Act. Provides that the 500 week limit on compensation includes weeks paid for certain prior injuries. Eliminates certain rebuttable presumptions applicable to emergency personnel. Reduces compensation for injuries to specific parts of the body. Requires Commission decisions to be based upon the guidelines provided in the most current edition of the American Medical Association guidelines. In fee schedule requirements, changes limits to apply to maximum amount billed rather than maximum allowable payments. Effective immediately.

LRB100 10567 JLS 20784 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning employment.

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

4 Section 5. The Workers' Compensation Act is amended by
5 changing Sections 6, 8, 8.1b, and 8.2 as follows:

6 (820 ILCS 305/6) (from Ch. 48, par. 138.6)

7 Sec. 6. (a) Every employer within the provisions of this
8 Act, shall, under the rules and regulations prescribed by the
9 Commission, post printed notices in their respective places of
10 employment in such number and at such places as may be
11 determined by the Commission, containing such information
12 relative to this Act as in the judgment of the Commission may
13 be necessary to aid employees to safeguard their rights under
14 this Act in event of injury.

15 In addition thereto, the employer shall post in a
16 conspicuous place on the place of the employment a printed or
17 typewritten notice stating whether he is insured or whether he
18 has qualified and is operating as a self-insured employer. In
19 the event the employer is insured, the notice shall state the
20 name and address of his insurance carrier, the number of the
21 insurance policy, its effective date and the date of
22 termination. In the event of the termination of the policy for
23 any reason prior to the termination date stated, the posted

1 notice shall promptly be corrected accordingly. In the event
2 the employer is operating as a self-insured employer the notice
3 shall state the name and address of the company, if any,
4 servicing the compensation payments of the employer, and the
5 name and address of the person in charge of making compensation
6 payments.

7 (b) Every employer subject to this Act shall maintain
8 accurate records of work-related deaths, injuries and illness
9 other than minor injuries requiring only first aid treatment
10 and which do not involve medical treatment, loss of
11 consciousness, restriction of work or motion, or transfer to
12 another job and file with the Commission, in writing, a report
13 of all accidental deaths, injuries and illnesses arising out of
14 and in the course of the employment resulting in the loss of
15 more than 3 scheduled work days. In the case of death such
16 report shall be made no later than 2 working days following the
17 accidental death. In all other cases such report shall be made
18 between the 15th and 25th of each month unless required to be
19 made sooner by rule of the Commission. In case the injury
20 results in permanent disability, a further report shall be made
21 as soon as it is determined that such permanent disability has
22 resulted or will result from the injury. All reports shall
23 state the date of the injury, including the time of day or
24 night, the nature of the employer's business, the name,
25 address, age, sex, conjugal condition of the injured person,
26 the specific occupation of the injured person, the direct cause

1 of the injury and the nature of the accident, the character of
2 the injury, the length of disability, and in case of death the
3 length of disability before death, the wages of the injured
4 person, whether compensation has been paid to the injured
5 person, or to his or her legal representative or his heirs or
6 next of kin, the amount of compensation paid, the amount paid
7 for physicians', surgeons' and hospital bills, and by whom
8 paid, and the amount paid for funeral or burial expenses if
9 known. The reports shall be made on forms and in the manner as
10 prescribed by the Commission and shall contain such further
11 information as the Commission shall deem necessary and require.
12 The making of these reports releases the employer from making
13 such reports to any other officer of the State and shall
14 satisfy the reporting provisions as contained in the Safety
15 Inspection and Education Act, the Health and Safety Act, and
16 the Occupational Safety and Health Act. The reports filed with
17 the Commission pursuant to this Section shall be made available
18 by the Commission to the Director of Labor or his
19 representatives and to all other departments of the State of
20 Illinois which shall require such information for the proper
21 discharge of their official duties. Failure to file with the
22 Commission any of the reports required in this Section is a
23 petty offense.

24 Except as provided in this paragraph, all reports filed
25 hereunder shall be confidential and any person having access to
26 such records filed with the Illinois Workers' Compensation

1 Commission as herein required, who shall release any
2 information therein contained including the names or otherwise
3 identify any persons sustaining injuries or disabilities, or
4 give access to such information to any unauthorized person,
5 shall be subject to discipline or discharge, and in addition
6 shall be guilty of a Class B misdemeanor. The Commission shall
7 compile and distribute to interested persons aggregate
8 statistics, taken from the reports filed hereunder. The
9 aggregate statistics shall not give the names or otherwise
10 identify persons sustaining injuries or disabilities or the
11 employer of any injured person or person with a disability.

12 (c) Notice of the accident shall be given to the employer
13 as soon as practicable, but not later than 45 days after the
14 accident. Provided:

15 (1) In case of the legal disability of the employee or
16 any dependent of a deceased employee who may be entitled to
17 compensation under the provisions of this Act, the
18 limitations of time by this Act provided do not begin to
19 run against such person under legal disability until a
20 guardian has been appointed.

21 (2) In cases of injuries sustained by exposure to
22 radiological materials or equipment, notice shall be given
23 to the employer within 90 days subsequent to the time that
24 the employee knows or suspects that he has received an
25 excessive dose of radiation.

26 No defect or inaccuracy of such notice shall be a bar to

1 the maintenance of proceedings on arbitration or otherwise by
2 the employee unless the employer proves that he is unduly
3 prejudiced in such proceedings by such defect or inaccuracy.

4 Notice of the accident shall give the approximate date and
5 place of the accident, if known, and may be given orally or in
6 writing.

7 (d) Every employer shall notify each injured employee who
8 has been granted compensation under the provisions of Section 8
9 of this Act of his rights to rehabilitation services and advise
10 him of the locations of available public rehabilitation centers
11 and any other such services of which the employer has
12 knowledge.

13 In any case, other than one where the injury was caused by
14 exposure to radiological materials or equipment or asbestos
15 unless the application for compensation is filed with the
16 Commission within 3 years after the date of the accident, where
17 no compensation has been paid, or within 2 years after the date
18 of the last payment of compensation, where any has been paid,
19 whichever shall be later, the right to file such application
20 shall be barred.

21 In any case of injury caused by exposure to radiological
22 materials or equipment or asbestos, unless application for
23 compensation is filed with the Commission within 25 years after
24 the last day that the employee was employed in an environment
25 of hazardous radiological activity or asbestos, the right to
26 file such application shall be barred.

1 If in any case except one where the injury was caused by
2 exposure to radiological materials or equipment or asbestos,
3 the accidental injury results in death application for
4 compensation for death may be filed with the Commission within
5 3 years after the date of death where no compensation has been
6 paid or within 2 years after the date of the last payment of
7 compensation where any has been paid, whichever shall be later,
8 but not thereafter.

9 If an accidental injury caused by exposure to radiological
10 material or equipment or asbestos results in death within 25
11 years after the last day that the employee was so exposed
12 application for compensation for death may be filed with the
13 Commission within 3 years after the date of death, where no
14 compensation has been paid, or within 2 years after the date of
15 the last payment of compensation where any has been paid,
16 whichever shall be later, but not thereafter.

17 (e) Any contract or agreement made by any employer or his
18 agent or attorney with any employee or any other beneficiary of
19 any claim under the provisions of this Act within 7 days after
20 the injury shall be presumed to be fraudulent.

21 (f) (Blank). ~~Any condition or impairment of health of an~~
22 ~~employee employed as a firefighter, emergency medical~~
23 ~~technician (EMT), emergency medical technician intermediate~~
24 ~~(EMT-I), advanced emergency medical technician (A-EMT), or~~
25 ~~paramedic which results directly or indirectly from any~~
26 ~~bloodborne pathogen, lung or respiratory disease or condition,~~

1 ~~heart or vascular disease or condition, hypertension,~~
2 ~~tuberculosis, or cancer resulting in any disability~~
3 ~~(temporary, permanent, total, or partial) to the employee shall~~
4 ~~be rebuttably presumed to arise out of and in the course of the~~
5 ~~employee's firefighting, EMT, or paramedic employment and,~~
6 ~~further, shall be rebuttably presumed to be causally connected~~
7 ~~to the hazards or exposures of the employment. This presumption~~
8 ~~shall also apply to any hernia or hearing loss suffered by an~~
9 ~~employee employed as a firefighter, EMT, EMT I, A EMT, or~~
10 ~~paramedic. However, this presumption shall not apply to any~~
11 ~~employee who has been employed as a firefighter, EMT, or~~
12 ~~paramedic for less than 5 years at the time he or she files an~~
13 ~~Application for Adjustment of Claim concerning this condition~~
14 ~~or impairment with the Illinois Workers' Compensation~~
15 ~~Commission. The rebuttable presumption established under this~~
16 ~~subsection, however, does not apply to an emergency medical~~
17 ~~technician (EMT), emergency medical technician intermediate~~
18 ~~(EMT I), advanced emergency medical technician (A EMT), or~~
19 ~~paramedic employed by a private employer if the employee spends~~
20 ~~the preponderance of his or her work time for that employer~~
21 ~~engaged in medical transfers between medical care facilities or~~
22 ~~non-emergency medical transfers to or from medical care~~
23 ~~facilities. The changes made to this subsection by Public Act~~
24 ~~98-291 shall be narrowly construed. The Finding and Decision of~~
25 ~~the Illinois Workers' Compensation Commission under only the~~
26 ~~rebuttable presumption provision of this subsection shall not~~

1 ~~be admissible or be deemed res judicata in any disability claim~~
2 ~~under the Illinois Pension Code arising out of the same medical~~
3 ~~condition; however, this sentence makes no change to the law~~
4 ~~set forth in Krohe v. City of Bloomington, 204 Ill.2d 392.~~

5 (Source: P.A. 98-291, eff. 1-1-14; 98-874, eff. 1-1-15; 98-973,
6 eff. 8-15-14; 99-78, eff. 7-20-15; 99-143, eff. 7-27-15.)

7 (820 ILCS 305/8) (from Ch. 48, par. 138.8)

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

11 (a) The employer shall provide and pay the negotiated rate,
12 if applicable, or the lesser of the health care provider's
13 actual charges or according to a fee schedule, subject to
14 Section 8.2, in effect at the time the service was rendered for
15 all the necessary first aid, medical and surgical services, and
16 all necessary medical, surgical and hospital services
17 thereafter incurred, limited, however, to that which is
18 reasonably required to cure or relieve from the effects of the
19 accidental injury, even if a health care provider sells,
20 transfers, or otherwise assigns an account receivable for
21 procedures, treatments, or services covered under this Act. If
22 the employer does not dispute payment of first aid, medical,
23 surgical, and hospital services, the employer shall make such
24 payment to the provider on behalf of the employee. The employer
25 shall also pay for treatment, instruction and training

1 necessary for the physical, mental and vocational
2 rehabilitation of the employee, including all maintenance
3 costs and expenses incidental thereto. If as a result of the
4 injury the employee is unable to be self-sufficient the
5 employer shall further pay for such maintenance or
6 institutional care as shall be required.

7 The employee may at any time elect to secure his own
8 physician, surgeon and hospital services at the employer's
9 expense, or,

10 Upon agreement between the employer and the employees, or
11 the employees' exclusive representative, and subject to the
12 approval of the Illinois Workers' Compensation Commission, the
13 employer shall maintain a list of physicians, to be known as a
14 Panel of Physicians, who are accessible to the employees. The
15 employer shall post this list in a place or places easily
16 accessible to his employees. The employee shall have the right
17 to make an alternative choice of physician from such Panel if
18 he is not satisfied with the physician first selected. If, due
19 to the nature of the injury or its occurrence away from the
20 employer's place of business, the employee is unable to make a
21 selection from the Panel, the selection process from the Panel
22 shall not apply. The physician selected from the Panel may
23 arrange for any consultation, referral or other specialized
24 medical services outside the Panel at the employer's expense.
25 Provided that, in the event the Commission shall find that a
26 doctor selected by the employee is rendering improper or

1 inadequate care, the Commission may order the employee to
2 select another doctor certified or qualified in the medical
3 field for which treatment is required. If the employee refuses
4 to make such change the Commission may relieve the employer of
5 his obligation to pay the doctor's charges from the date of
6 refusal to the date of compliance.

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

19 The maintenance benefit shall not be less than the
20 temporary total disability rate determined for the employee. In
21 addition, maintenance shall include costs and expenses
22 incidental to the vocational rehabilitation program.

23 When the employee is working light duty on a part-time
24 basis or full-time basis and earns less than he or she would be
25 earning if employed in the full capacity of the job or jobs,
26 then the employee shall be entitled to temporary partial

1 disability benefits. Temporary partial disability benefits
2 shall be equal to two-thirds of the difference between the
3 average amount that the employee would be able to earn in the
4 full performance of his or her duties in the occupation in
5 which he or she was engaged at the time of accident and the
6 gross amount which he or she is earning in the modified job
7 provided to the employee by the employer or in any other job
8 that the employee is working.

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

16 Notwithstanding the foregoing, the employer's liability to
17 pay for such medical services selected by the employee shall be
18 limited to:

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

20 (2) all medical, surgical and hospital services
21 provided by the physician, surgeon or hospital initially
22 chosen by the employee or by any other physician,
23 consultant, expert, institution or other provider of
24 services recommended by said initial service provider or
25 any subsequent provider of medical services in the chain of
26 referrals from said initial service provider; plus

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

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

21 (A) The employer shall, in writing, on a form
22 promulgated by the Commission, inform the employee of
23 the preferred provider program;

24 (B) Subsequent to the report of an injury by an
25 employee, the employee may choose in writing at any
26 time to decline the preferred provider program, in

1 which case that would constitute one of the two choices
2 of medical providers to which the employee is entitled
3 under subsection (a) (2) or (a) (3); and

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

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

22 Where the accidental injury results in the amputation of an
23 arm, hand, leg or foot, or the enucleation of an eye, or the
24 loss of any of the natural teeth, the employer shall furnish an
25 artificial of any such members lost or damaged in accidental
26 injury arising out of and in the course of employment, and

1 shall also furnish the necessary braces in all proper and
2 necessary cases. In cases of the loss of a member or members by
3 amputation, the employer shall, whenever necessary, maintain
4 in good repair, refit or replace the artificial limbs during
5 the lifetime of the employee. Where the accidental injury
6 accompanied by physical injury results in damage to a denture,
7 eye glasses or contact eye lenses, or where the accidental
8 injury results in damage to an artificial member, the employer
9 shall replace or repair such denture, glasses, lenses, or
10 artificial member.

11 The furnishing by the employer of any such services or
12 appliances is not an admission of liability on the part of the
13 employer to pay compensation.

14 The furnishing of any such services or appliances or the
15 servicing thereof by the employer is not the payment of
16 compensation.

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

25 1. The compensation rate for temporary total
26 incapacity under this paragraph (b) of this Section shall

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

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

1 the provisions of Section 10, whichever is less.

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

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

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

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

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

19 The maximum weekly compensation rate, for the period
20 January 1, 1981 through December 31, 1983, except as
21 hereinafter provided, shall be 100% of the State's average
22 weekly wage in covered industries under the Unemployment
23 Insurance Act in effect on January 1, 1981. Effective
24 January 1, 1984 and on January 1, of each year thereafter
25 the maximum weekly compensation rate, except as
26 hereinafter provided, shall be determined as follows: if

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

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

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

22 4.1. Any provision herein to the contrary
23 notwithstanding, the weekly compensation rate for
24 compensation payments under subparagraph 18 of paragraph
25 (e) of this Section and under paragraph (f) of this Section
26 and under paragraph (a) of Section 7 and for amputation of

1 a member or enucleation of an eye under paragraph (e) of
2 this Section, shall in no event be less than 50% of the
3 State's average weekly wage in covered industries under the
4 Unemployment Insurance Act.

5 4.2. Any provision to the contrary notwithstanding,
6 the total compensation payable under Section 7 shall not
7 exceed the greater of \$500,000 or 25 years.

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

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

1 conclusive and shall be applicable as the basis of
2 computation of compensation rates until the next posting
3 and publication as aforesaid.

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

8 (c) For any serious and permanent disfigurement to the
9 hand, head, face, neck, arm, leg below the knee or the chest
10 above the axillary line, the employee is entitled to
11 compensation for such disfigurement, the amount determined by
12 agreement at any time or by arbitration under this Act, at a
13 hearing not less than 6 months after the date of the accidental
14 injury, which amount shall not exceed 150 weeks (if the
15 accidental injury occurs on or after the effective date of this
16 amendatory Act of the 94th General Assembly but before February
17 1, 2006) or 162 weeks (if the accidental injury occurs on or
18 after February 1, 2006 but before January 1, 2018) or 150 weeks
19 (if the accidental injury occurs on or after January 1, 2018)
20 at the applicable rate provided in subparagraph 2.1 of
21 paragraph (b) of this Section.

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

25 A duly appointed member of a fire department in a city, the
26 population of which exceeds 500,000 according to the last

1 federal or State census, is eligible for compensation under
2 this paragraph only where such serious and permanent
3 disfigurement results from burns.

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

22 2. If, as a result of the accident, the employee sustains
23 serious and permanent injuries not covered by paragraphs (c)
24 and (e) of this Section or having sustained injuries covered by
25 the aforesaid paragraphs (c) and (e), he shall have sustained
26 in addition thereto other injuries which injuries do not

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

1 kidney, spleen or lung, the amount of compensation allowed
2 under this Section shall be not less than 10 weeks for each
3 such organ. Compensation awarded under this subparagraph 2
4 shall not take into consideration injuries covered under
5 paragraphs (c) and (e) of this Section and the compensation
6 provided in this paragraph shall not affect the employee's
7 right to compensation payable under paragraphs (b), (c) and (e)
8 of this Section for the disabilities therein covered, except
9 that in no case shall total compensation for all injuries to an
10 individual employee be greater than 500 weeks, and any
11 compensation for prior injuries shall be considered in
12 determining this 500 week limit on total compensation.

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

23 1. Thumb-

24 70 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 76 weeks if the accidental injury occurs on or
2 after February 1, 2006 but before January 1, 2018.

3 70 weeks if the accidental injury occurs on or
4 after January 1, 2018.

5 2. First, or index finger-

6 40 weeks if the accidental injury occurs on or
7 after the effective date of this amendatory Act of the
8 94th General Assembly but before February 1, 2006.

9 43 weeks if the accidental injury occurs on or
10 after February 1, 2006 but before January 1, 2018.

11 40 weeks if the accidental injury occurs on or
12 after January 1, 2018.

13 3. Second, or middle finger-

14 35 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 38 weeks if the accidental injury occurs on or
18 after February 1, 2006 but before January 1, 2018.

19 35 weeks if the accidental injury occurs on or
20 after January 1, 2018.

21 4. Third, or ring finger-

22 25 weeks if the accidental injury occurs on or
23 after the effective date of this amendatory Act of the
24 94th General Assembly but before February 1, 2006.

25 27 weeks if the accidental injury occurs on or
26 after February 1, 2006 but before January 1, 2018.

1 25 weeks if the accidental injury occurs on or
2 after January 1, 2018.

3 5. Fourth, or little finger-

4 20 weeks if the accidental injury occurs on or
5 after the effective date of this amendatory Act of the
6 94th General Assembly but before February 1, 2006.

7 22 weeks if the accidental injury occurs on or
8 after February 1, 2006 but before January 1, 2018.

9 20 weeks if the accidental injury occurs on or
10 after January 1, 2018.

11 6. Great toe-

12 35 weeks if the accidental injury occurs on or
13 after the effective date of this amendatory Act of the
14 94th General Assembly but before February 1, 2006.

15 38 weeks if the accidental injury occurs on or
16 after February 1, 2006 but before January 1, 2018.

17 35 weeks if the accidental injury occurs on or
18 after January 1, 2018.

19 7. Each toe other than great toe-

20 12 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 13 weeks if the accidental injury occurs on or
24 after February 1, 2006 but before January 1, 2018.

25 12 weeks if the accidental injury occurs on or
26 after January 1, 2018.

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

10 9. Hand-

11 190 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.

14 205 weeks if the accidental injury occurs on or
15 after February 1, 2006 but before January 1, 2018.

16 190 weeks if the accidental injury occurs on or
17 after January 1, 2018.

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

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

7 10. Arm-

8 235 weeks if the accidental injury occurs on or
9 after the effective date of this amendatory Act of the
10 94th General Assembly but before February 1, 2006.

11 253 weeks if the accidental injury occurs on or
12 after February 1, 2006 but before January 1, 2018.

13 235 weeks if the accidental injury occurs on or
14 after January 1, 2018.

15 Where an accidental injury results in the amputation of
16 an arm below the elbow, such injury shall be compensated as
17 a loss of an arm. Where an accidental injury results in the
18 amputation of an arm above the elbow, compensation for an
19 additional 15 weeks (if the accidental injury occurs on or
20 after the effective date of this amendatory Act of the 94th
21 General Assembly but before February 1, 2006) or an
22 additional 17 weeks (if the accidental injury occurs on or
23 after February 1, 2006, but before January 1, 2018) or an
24 additional 15 weeks (if the accidental injury occurs on or
25 after January 1, 2018) shall be paid, except where the
26 accidental injury results in the amputation of an arm at

1 the shoulder joint, or so close to shoulder joint that an
2 artificial arm cannot be used, or results in the
3 disarticulation of an arm at the shoulder joint, in which
4 case compensation for an additional 65 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 70 weeks (if the
8 accidental injury occurs on or after February 1, 2006 but
9 before January 1, 2018) or an additional 65 weeks (if the
10 accidental injury occurs on or after January 1, 2018) shall
11 be paid.

12 (10.5) Shoulder-

13 253 weeks if the accidental injury occurs on or
14 after the effective date of this amendatory Act of the
15 100th General Assembly.

16 11. Foot-

17 155 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.

20 167 weeks if the accidental injury occurs on or
21 after February 1, 2006 but before January 1, 2018.

22 155 weeks if the accidental injury occurs on or
23 after January 1, 2018.

24 12. Leg-

25 200 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.

2 215 weeks if the accidental injury occurs on or
3 after February 1, 2006 but before January 1, 2018.

4 200 weeks if the accidental injury occurs on or
5 after January 1, 2018.

6 Where an accidental injury results in the amputation of
7 a leg below the knee, such injury shall be compensated as
8 loss of a leg. Where an accidental injury results in the
9 amputation of a leg above the knee, compensation for an
10 additional 25 weeks (if the accidental injury occurs on or
11 after the effective date of this amendatory Act of the 94th
12 General Assembly but before February 1, 2006) or an
13 additional 27 weeks (if the accidental injury occurs on or
14 after February 1, 2006 but before January 1, 2018) or an
15 additional 25 weeks (if the accidental injury occurs on or
16 after January 1, 2018) shall be paid, except where the
17 accidental injury results in the amputation of a leg at the
18 hip joint, or so close to the hip joint that an artificial
19 leg cannot be used, or results in the disarticulation of a
20 leg at the hip joint, in which case compensation for an
21 additional 75 weeks (if the accidental injury occurs on or
22 after the effective date of this amendatory Act of the 94th
23 General Assembly but before February 1, 2006) or an
24 additional 81 weeks (if the accidental injury occurs on or
25 after February 1, 2006 but before January 1, 2018) or an
26 additional 75 weeks (if the accidental injury occurs on or

1 after January 1, 2018) shall be paid.

2 13. Eye-

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 but before January 1, 2018.

8 150 weeks if the accidental injury occurs on or
9 after January 1, 2018.

10 Where an accidental injury results in the enucleation
11 of an eye, compensation for an additional 10 weeks (if the
12 accidental injury occurs on or after the effective date of
13 this amendatory Act of the 94th General Assembly but before
14 February 1, 2006) or an additional 11 weeks (if the
15 accidental injury occurs on or after February 1, 2006 but
16 before January 1, 2018) or an additional 10 weeks (if the
17 accidental injury occurs on or after January 1, 2018) shall
18 be paid.

19 14. Loss of hearing of one ear-

20 50 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 54 weeks if the accidental injury occurs on or
24 after February 1, 2006 but before January 1, 2018.

25 50 weeks if the accidental injury occurs on or
26 after January 1, 2018.

1 Total and permanent loss of hearing of both ears-

2 200 weeks if the accidental injury occurs on or
3 after the effective date of this amendatory Act of the
4 94th General Assembly but before February 1, 2006.

5 215 weeks if the accidental injury occurs on or
6 after February 1, 2006 but before January 1, 2018.

7 200 weeks if the accidental injury occurs on or
8 after January 1, 2018.

9 15. Testicle-

10 50 weeks if the accidental injury occurs on or
11 after the effective date of this amendatory Act of the
12 94th General Assembly but before February 1, 2006.

13 54 weeks if the accidental injury occurs on or
14 after February 1, 2006 but before January 1, 2018.

15 50 weeks if the accidental injury occurs on or
16 after January 1, 2018.

17 Both testicles-

18 150 weeks if the accidental injury occurs on or
19 after the effective date of this amendatory Act of the
20 94th General Assembly but before February 1, 2006.

21 162 weeks if the accidental injury occurs on or
22 after February 1, 2006 but before January 1, 2018.

23 150 weeks if the accidental injury occurs on or
24 after January 1, 2018.

25 16. For the permanent partial loss of use of a member
26 or sight of an eye, or hearing of an ear, compensation

1 during that proportion of the number of weeks in the
2 foregoing schedule provided for the loss of such member or
3 sight of an eye, or hearing of an ear, which the partial
4 loss of use thereof bears to the total loss of use of such
5 member, or sight of eye, or hearing of an ear.

6 (a) Loss of hearing for compensation purposes
7 shall be confined to the frequencies of 1,000, 2,000
8 and 3,000 cycles per second. Loss of hearing ability
9 for frequency tones above 3,000 cycles per second are
10 not to be considered as constituting disability for
11 hearing.

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

1 (c) In measuring hearing impairment, the lowest
 2 measured losses in each of the 3 frequencies shall be
 3 added together and divided by 3 to determine the
 4 average decibel loss. For every decibel of loss
 5 exceeding 30 decibels an allowance of 1.82% shall be
 6 made up to the maximum of 100% which is reached at 85
 7 decibels.

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

13 (e) No consideration shall be given to the question
 14 of whether or not the ability of an employee to
 15 understand speech is improved by the use of a hearing
 16 aid.

17 (f) No claim for loss of hearing due to industrial
 18 noise shall be brought against an employer or allowed
 19 unless the employee has been exposed for a period of
 20 time sufficient to cause permanent impairment to noise
 21 levels in excess of the following:

22 Sound Level DBA

Slow Response	Hours Per Day
90	8
92	6
95	4

1	97	3
2	100	2
3	102	1-1/2
4	105	1
5	110	1/2
6	115	1/4

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

9 17. In computing the compensation to be paid to any
10 employee who, before the accident for which he claims
11 compensation, had before that time sustained an injury
12 resulting in the loss by amputation or partial loss by
13 amputation of any member, including hand, arm, thumb or
14 fingers, leg, foot or any toes, such loss or partial loss
15 of any such member shall be deducted from any award made
16 for the subsequent injury. For the permanent loss of use or
17 the permanent partial loss of use of any such member or the
18 partial loss of sight of an eye, for which compensation has
19 been paid, then such loss shall be taken into consideration
20 and deducted from any award for the subsequent injury.

21 18. The specific case of loss of both hands, both arms,
22 or both feet, or both legs, or both eyes, or of any two
23 thereof, or the permanent and complete loss of the use
24 thereof, constitutes total and permanent disability, to be
25 compensated according to the compensation fixed by
26 paragraph (f) of this Section. These specific cases of

1 total and permanent disability do not exclude other cases.

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

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

19 Beginning July 1, 1980, and every 6 months thereafter, the
20 Commission shall examine the Second Injury Fund and when, after
21 deducting all advances or loans made to such Fund, the amount
22 therein is \$500,000 then the amount required to be paid by
23 employers pursuant to paragraph (f) of Section 7 shall be
24 reduced by one-half. When the Second Injury Fund reaches the
25 sum of \$600,000 then the payments shall cease entirely.
26 However, when the Second Injury Fund has been reduced to

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

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

22 (f) In case of complete disability, which renders the
23 employee wholly and permanently incapable of work, or in the
24 specific case of total and permanent disability as provided in
25 subparagraph 18 of paragraph (e) of this Section, compensation
26 shall be payable at the rate provided in subparagraph 2 of

1 paragraph (b) of this Section for life.

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

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

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

22 If an employee who had previously incurred loss or the
23 permanent and complete loss of use of one member, through the
24 loss or the permanent and complete loss of the use of one hand,
25 one arm, one foot, one leg, or one eye, incurs permanent and
26 complete disability through the loss or the permanent and

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

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

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

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

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

18 (g) Every award for permanent total disability entered by
19 the Commission on and after July 1, 1965 under which
20 compensation payments shall become due and payable after the
21 effective date of this amendatory Act, and every award for
22 death benefits or permanent total disability entered by the
23 Commission on and after the effective date of this amendatory
24 Act shall be subject to annual adjustments as to the amount of
25 the compensation rate therein provided. Such adjustments shall
26 first be made on July 15, 1977, and all awards made and entered

1 prior to July 1, 1975 and on July 15 of each year thereafter.
2 In all other cases such adjustment shall be made on July 15 of
3 the second year next following the date of the entry of the
4 award and shall further be made on July 15 annually thereafter.
5 If during the intervening period from the date of the entry of
6 the award, or the last periodic adjustment, there shall have
7 been an increase in the State's average weekly wage in covered
8 industries under the Unemployment Insurance Act, the weekly
9 compensation rate shall be proportionately increased by the
10 same percentage as the percentage of increase in the State's
11 average weekly wage in covered industries under the
12 Unemployment Insurance Act. The increase in the compensation
13 rate under this paragraph shall in no event bring the total
14 compensation rate to an amount greater than the prevailing
15 maximum rate at the time that the annual adjustment is made.
16 Such increase shall be paid in the same manner as herein
17 provided for payments under the Second Injury Fund to the
18 injured employee, or his dependents, as the case may be, out of
19 the Rate Adjustment Fund provided in paragraph (f) of Section 7
20 of this Act. Payments shall be made at the same intervals as
21 provided in the award or, at the option of the Commission, may
22 be made in quarterly payment on the 15th day of January, April,
23 July and October of each year. In the event of a decrease in
24 such average weekly wage there shall be no change in the then
25 existing compensation rate. The within paragraph shall not
26 apply to cases where there is disputed liability and in which a

1 compromise lump sum settlement between the employer and the
2 injured employee, or his dependents, as the case may be, has
3 been duly approved by the Illinois Workers' Compensation
4 Commission.

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

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

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

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

21 (h) In case death occurs from any cause before the total
22 compensation to which the employee would have been entitled has
23 been paid, then in case the employee leaves any widow, widower,
24 child, parent (or any grandchild, grandparent or other lineal
25 heir or any collateral heir dependent at the time of the
26 accident upon the earnings of the employee to the extent of 50%

1 or more of total dependency) such compensation shall be paid to
2 the beneficiaries of the deceased employee and distributed as
3 provided in paragraph (g) of Section 7.

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

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

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

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

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

21 Any excess benefits paid to or on behalf of a State
22 employee by the State Employees' Retirement System under
23 Article 14 of the Illinois Pension Code on a death claim or
24 disputed disability claim shall be credited against any
25 payments made or to be made by the State of Illinois to or on
26 behalf of such employee under this Act, except for payments for

1 medical expenses which have already been incurred at the time
2 of the award. The State of Illinois shall directly reimburse
3 the State Employees' Retirement System to the extent of such
4 credit.

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

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

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

25 (820 ILCS 305/8.1b)

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

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

17 (b) In determining the level of permanent partial
18 disability, the Commission shall base its determination on the
19 guidelines provided in the most current edition of the American
20 Medical Association's "Guides to the Evaluation of Permanent
21 Impairment". ~~following factors: (i) the reported level of~~
22 ~~impairment pursuant to subsection (a); (ii) the occupation of~~
23 ~~the injured employee; (iii) the age of the employee at the time~~
24 ~~of the injury; (iv) the employee's future earning capacity; and~~
25 ~~(v) evidence of disability corroborated by the treating medical~~
26 ~~records. No single enumerated factor shall be the sole~~

1 ~~determinant of disability. In determining the level of~~
2 ~~disability, the relevance and weight of any factors used in~~
3 ~~addition to the level of impairment as reported by the~~
4 ~~physician must be explained in a written order.~~

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

6 (820 ILCS 305/8.2)

7 Sec. 8.2. Fee schedule.

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

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

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

16 (a-1) Notwithstanding the provisions of subsection (a) and
17 unless otherwise indicated, the following provisions shall
18 apply to the medical fee schedule starting on September 1,
19 2011:

20 (1) The Commission shall establish and maintain fee
21 schedules for the maximum amount changed for procedures,
22 treatments, products, services, or supplies for hospital
23 inpatient, hospital outpatient, emergency room, ambulatory
24 surgical treatment centers, accredited ambulatory surgical
25 treatment facilities, prescriptions filled and dispensed
26 outside of a licensed pharmacy, dental services, and

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

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

9 (i) Cook County;

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

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

14 (iv) All other counties of the State.

15 (B) Fourteen regions for hospital fee schedule
16 amounts shall be utilized:

17 (i) Cook, DuPage, Will, Kane, McHenry, DeKalb,
18 Kendall, and Grundy Counties;

19 (ii) Kankakee County;

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

22 (iv) Winnebago and Boone Counties;

23 (v) Peoria, Tazewell, Woodford, Marshall, and
24 Stark Counties;

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

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

- 1 (viii) Sangamon and Menard Counties;
2 (ix) McLean County;
3 (x) Lake County;
4 (xi) Macon County;
5 (xii) Vermilion County;
6 (xiii) Alexander County; and
7 (xiv) All other counties of the State.

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

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

24 (4) To establish additional fee schedule amounts, the
25 Commission shall utilize provider non-discounted charge
26 data, non-Medicare relative values and conversion factors

1 derived from established fee schedule amounts, and coding
2 crosswalks. The Commission may establish additional fee
3 schedule amounts based on either the charge or cost of the
4 procedure, treatment, product, supply, or service.

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

25 (6) The Commission shall automatically update all
26 codes and associated rules with the version of the codes

1 and rules valid on January 1 of that year.

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

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

22 (c) The Commission shall establish by rule a process to
23 review those medical cases or outliers that involve
24 extra-ordinary treatment to determine whether to make an
25 additional adjustment to the maximum charge ~~payment~~ within a
26 fee schedule for a procedure, treatment, or service.

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

8 (1) All payments to providers for treatment provided
9 pursuant to this Act shall be made within 30 days of
10 receipt of the bills as long as the claim contains
11 substantially all the required data elements necessary to
12 adjudicate the bills and the correct fee schedule amount is
13 charged for medical services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 Section 99. Effective date. This Act takes effect upon
2 becoming law.