



Rep. Jay Hoffman

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1 AMENDMENT TO HOUSE BILL 200

2 AMENDMENT NO. _____. Amend House Bill 200 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 2. The Illinois Insurance Code is amended by
4 changing Sections 456, 457, and 458 as follows:

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

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

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

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

24 (c) Risks may be grouped by classifications for the

1 establishment of rates and minimum premiums. Classification
2 rates may be modified to produce rates for individual risks in
3 accordance with rating plans which measure variation in hazards
4 or expense provisions, or both. Such rating plans may measure
5 any differences among risks that have a probable effect upon
6 losses or expenses;

7 (d) Rates shall not be excessive, inadequate or unfairly
8 discriminatory.

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

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

20 Unfair discrimination exists if, after allowing for
21 practical limitations, price differentials fail to reflect
22 equitably the differences in expected losses and expenses. A
23 rate is not unfairly discriminatory because different premiums
24 result for policyholders with like exposures but different
25 expenses, or like expenses but different loss exposures, so
26 long as the rate reflects the differences with reasonable

1 accuracy.

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

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

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

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

17 (215 ILCS 5/457) (from Ch. 73, par. 1065.4)

18 Sec. 457. Rate filings. (1) ~~Every Beginning January 1,~~
19 ~~1983, every~~ company shall prefile ~~file~~ with the Director every
20 manual of classifications, every manual of rules and rates,
21 every rating plan and every modification of the foregoing which
22 it intends to use. Such filings shall be made at least ~~not~~
23 ~~later than~~ 30 days before ~~after~~ they become effective. A
24 company may satisfy its obligation to make such filings by
25 adopting the filing of a licensed rating organization of which

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

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

1 than 30 days before such filings or modifications thereof are
2 to take effect. Every such filing shall state the proposed
3 effective date thereof and shall indicate the character and
4 extent of the coverage contemplated.

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

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

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

12 (215 ILCS 5/458) (from Ch. 73, par. 1065.5)

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

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

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

1 expiration of the period set forth in said order.

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

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

25 (4) Whenever an insurer has no legally effective rates as a
26 result of the Director's disapproval of rates or other act, the

1 Director shall on request of the insurer specify interim rates
2 for the insurer that are high enough to protect the interests
3 of all parties and may order that a specified portion of the
4 premiums be placed in an escrow account approved by him or her.
5 When new rates become legally effective, the Director shall
6 order the escrowed funds or any overcharge in the interim rates
7 to be distributed appropriately, except that refunds to
8 policyholders that are de minimis shall not be required.

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

10 (215 ILCS 5/460 rep.)

11 Section 3. The Illinois Insurance Code is amended by
12 repealing Section 460.

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

15 (720 ILCS 5/17-10.4 new)

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

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

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

22 (2) Intentionally make or cause to be made any false or
23 fraudulent material statement or material representation

1 for the purpose of obtaining or denying any workers'
2 compensation benefit.

3 (3) Intentionally make or cause to be made any false or
4 fraudulent statements with regard to entitlement to
5 workers' compensation benefits with the intent to prevent
6 an injured worker from making a legitimate claim for any
7 workers' compensation benefit.

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

11 (5) Intentionally make or cause to be made any false or
12 fraudulent material statement or material representation
13 for the purpose of obtaining workers' compensation
14 insurance at less than the proper amount for that
15 insurance.

16 (6) Intentionally make or cause to be made any false or
17 fraudulent material statement or material representation
18 on an initial or renewal self-insurance application or
19 accompanying financial statement for the purpose of
20 obtaining self-insurance status or reducing the amount of
21 security that may be required to be furnished pursuant to
22 Section 4 of the Workers' Compensation Act.

23 (7) Intentionally make or cause to be made any false or
24 fraudulent material statement to the Department of
25 Insurance's fraud and insurance non-compliance unit in the
26 course of an investigation of fraud or insurance

1 non-compliance.

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

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

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

12 (b) Sentence.

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

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

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

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

25 (5) A violation of paragraph (a)(1), (a)(2), (a)(5),
26 (a)(6), or (a)(8) in which the value of the property

1 obtained or attempted to be obtained is more than \$10,000
2 but not more than \$100,000 is a Class 2 felony.

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

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

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

21 For a violation of paragraph (a) (1) or (a) (2), the value of
22 the property obtained or attempted to be obtained includes
23 payments pursuant to the provisions of the Workers'
24 Compensation Act as well as the amount paid for medical
25 expenses. For a violation of paragraph (a) (5), the value of the
26 property obtained or attempted to be obtained is the difference

1 between the proper amount for the coverage sought or provided
2 and the actual amount billed for workers' compensation
3 insurance. For a violation of paragraph (a)(6), the value of
4 the property obtained or attempted to be obtained is the
5 difference between the proper amount of security required
6 pursuant to Section 4 of the Workers' Compensation Act and the
7 amount furnished pursuant to the false or fraudulent statements
8 or representations. Notwithstanding the foregoing, an
9 insurance company, self-insured entity, or any other person
10 suffering financial loss sustained as a result of violation of
11 this Section may seek restitution, including court costs and
12 attorney's fees, in a civil action in a court of competent
13 jurisdiction.

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

17 (820 ILCS 305/1) (from Ch. 48, par. 138.1)

18 Sec. 1. This Act may be cited as the Workers' Compensation
19 Act.

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

21 1. The State and each county, city, town, township,
22 incorporated village, school district, body politic, or
23 municipal corporation therein.

24 2. Every person, firm, public or private corporation,

1 including hospitals, public service, eleemosynary, religious
2 or charitable corporations or associations who has any person
3 in service or under any contract for hire, express or implied,
4 oral or written, and who is engaged in any of the enterprises
5 or businesses enumerated in Section 3 of this Act, or who at or
6 prior to the time of the accident to the employee for which
7 compensation under this Act may be claimed, has in the manner
8 provided in this Act elected to become subject to the
9 provisions of this Act, and who has not, prior to such
10 accident, effected a withdrawal of such election in the manner
11 provided in this Act.

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

1 shall be deemed to be a timely filing with respect to all
2 persons upon whom liability is imposed by this paragraph.

3 In the event any such person pays compensation under this
4 subsection he may recover the amount thereof from the
5 contractor or sub-contractor, if any, and in the event the
6 contractor pays compensation under this subsection he may
7 recover the amount thereof from the sub-contractor, if any.

8 This subsection does not apply in any case where the
9 accident occurs elsewhere than on, in or about the immediate
10 premises on which the principal has contracted that the work be
11 done.

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

1 secure such reimbursement. Where any benefit is provided or
2 paid by such loaning employer the employee has the duty of
3 rendering reasonable cooperation in any hearings, trials or
4 proceedings in the case, including such proceedings for
5 reimbursement.

6 Where an employee files an Application for Adjustment of
7 Claim with the Illinois Workers' Compensation Commission
8 alleging that his claim is covered by the provisions of the
9 preceding paragraph, and joining both the alleged loaning and
10 borrowing employers, they and each of them, upon written demand
11 by the employee and within 7 days after receipt of such demand,
12 shall have the duty of filing with the Illinois Workers'
13 Compensation Commission a written admission or denial of the
14 allegation that the claim is covered by the provisions of the
15 preceding paragraph and in default of such filing or if any
16 such denial be ultimately determined not to have been bona fide
17 then the provisions of Paragraph K of Section 19 of this Act
18 shall apply.

19 An employer whose business or enterprise or a substantial
20 part thereof consists of hiring, procuring or furnishing
21 employees to or for other employers operating under and subject
22 to the provisions of this Act for the performance of the work
23 of such other employers and who pays such employees their
24 salary or wages notwithstanding that they are doing the work of
25 such other employers shall be deemed a loaning employer within
26 the meaning and provisions of this Section.

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

2 1. Every person in the service of the State, including
3 members of the General Assembly, members of the Commerce
4 Commission, members of the Illinois Workers' Compensation
5 Commission, and all persons in the service of the University of
6 Illinois, county, including deputy sheriffs and assistant
7 state's attorneys, city, town, township, incorporated village
8 or school district, body politic, or municipal corporation
9 therein, whether by election, under appointment or contract of
10 hire, express or implied, oral or written, including all
11 members of the Illinois National Guard while on active duty in
12 the service of the State, and all probation personnel of the
13 Juvenile Court appointed pursuant to Article VI of the Juvenile
14 Court Act of 1987, and including any official of the State, any
15 county, city, town, township, incorporated village, school
16 district, body politic or municipal corporation therein except
17 any duly appointed member of a police department in any city
18 whose population exceeds 500,000 according to the last Federal
19 or State census, and except any member of a fire insurance
20 patrol maintained by a board of underwriters in this State. A
21 duly appointed member of a fire department in any city, the
22 population of which exceeds 500,000 according to the last
23 federal or State census, is an employee under this Act only
24 with respect to claims brought under paragraph (c) of Section
25 8.

26 One employed by a contractor who has contracted with the

1 State, or a county, city, town, township, incorporated village,
2 school district, body politic or municipal corporation
3 therein, through its representatives, is not considered as an
4 employee of the State, county, city, town, township,
5 incorporated village, school district, body politic or
6 municipal corporation which made the contract.

7 2. Every person in the service of another under any
8 contract of hire, express or implied, oral or written,
9 including persons whose employment is outside of the State of
10 Illinois where the contract of hire is made within the State of
11 Illinois, persons whose employment results in fatal or
12 non-fatal injuries within the State of Illinois where the
13 contract of hire is made outside of the State of Illinois, and
14 persons whose employment is principally localized within the
15 State of Illinois, regardless of the place of the accident or
16 the place where the contract of hire was made, and including
17 aliens, and minors who, for the purpose of this Act are
18 considered the same and have the same power to contract,
19 receive payments and give quittances therefor, as adult
20 employees.

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

23 An employee or his dependents under this Act who shall have
24 a cause of action by reason of any injury, disablement or death
25 arising out of and in the course of his employment may elect to
26 pursue his remedy in the State where injured or disabled, or in

1 the State where the contract of hire is made, or in the State
2 where the employment is principally localized.

3 However, any employer may elect to provide and pay
4 compensation to any employee other than those engaged in the
5 usual course of the trade, business, profession or occupation
6 of the employer by complying with Sections 2 and 4 of this Act.
7 Employees are not included within the provisions of this Act
8 when excluded by the laws of the United States relating to
9 liability of employers to their employees for personal injuries
10 where such laws are held to be exclusive.

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

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

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

22 (e) Where an employee is required to travel away from his
23 or her employer's premises in order to perform his or her job,
24 the traveling employee's accidental injuries arise out of his
25 or her employment, and are in the course of his or her
26 employment, when the conduct in which he or she was engaged at

1 the time of the injury is reasonable and when that conduct
2 might have been anticipated or foreseen by the employer.
3 Accidental injuries while traveling do not occur in the course
4 of employment if the accident occurs during a purely personal
5 deviation or personal errand unless such deviation or errand is
6 insubstantial.

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

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

24 (820 ILCS 305/8) (from Ch. 48, par. 138.8)

25 Sec. 8. The amount of compensation which shall be paid to

1 the employee for an accidental injury not resulting in death
2 is:

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

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

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

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

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

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

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

26 Every hospital, physician, surgeon or other person

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

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

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

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

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

25 Thereafter the employer shall select and pay for all
26 necessary medical, surgical and hospital treatment and the

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

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

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

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

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

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

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

1 artificial member.

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

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

8 (b) If the period of temporary total incapacity for work
9 lasts more than 3 working days, weekly compensation as
10 hereinafter provided shall be paid beginning on the 4th day of
11 such temporary total incapacity and continuing as long as the
12 total temporary incapacity lasts. The foregoing
13 notwithstanding, in the case of an employee who is employed as
14 a volunteer, paid-on-call, or part-time firefighter, emergency
15 medical technician, or paramedic or in ~~in~~ cases where the
16 temporary total incapacity for work continues for a period of
17 14 days or more from the day of the accident compensation shall
18 commence on the day after the accident.

19 1. The compensation rate for temporary total
20 incapacity under this paragraph (b) of this Section shall
21 be equal to 66 2/3% of the employee's average weekly wage
22 computed in accordance with Section 10, provided that it
23 shall be not less than 66 2/3% of the sum of the Federal
24 minimum wage under the Fair Labor Standards Act, or the
25 Illinois minimum wage under the Minimum Wage Law, whichever
26 is more, multiplied by 40 hours. This percentage rate shall

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

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

22 2.1. The compensation rate in all cases of serious and
23 permanent disfigurement under paragraph (c) and of
24 permanent partial disability under subparagraph (2) of
25 paragraph (d) or under paragraph (e) of this Section shall
26 be equal to 60% of the employee's average weekly wage

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

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

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

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

26 The maximum weekly compensation rate, for the period

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

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

1 industries under the Unemployment Insurance Act during
2 such period.

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

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

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

25 4.2. Any provision to the contrary notwithstanding,
26 the total compensation payable under Section 7 shall not

1 exceed the greater of \$500,000 or 25 years.

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

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

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

1 compensation.

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

14 No compensation is payable under this paragraph where
15 compensation is payable under paragraphs (d), (e) or (f) of
16 this Section.

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

22 (d) 1. If, after the accidental injury has been sustained,
23 the employee as a result thereof becomes partially
24 incapacitated from pursuing his usual and customary line of
25 employment, he shall, except in cases compensated under the
26 specific schedule set forth in paragraph (e) of this Section,

1 receive compensation for the duration of his disability,
2 subject to the limitations as to maximum amounts fixed in
3 paragraph (b) of this Section, equal to 66-2/3% of the
4 difference between the average amount which he would be able to
5 earn in the full performance of his duties in the occupation in
6 which he was engaged at the time of the accident and the
7 average amount which he is earning or is able to earn in some
8 suitable employment or business after the accident. For
9 accidental injuries that occur on or after September 1, 2011,
10 an award for wage differential under this subsection shall be
11 effective only until the employee reaches the age of 67 or 5
12 years from the date the award becomes final, whichever is
13 later.

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

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

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

11 1. Thumb-

12 70 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 76 weeks if the accidental injury occurs on or
16 after February 1, 2006.

17 2. First, or index finger-

18 40 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 43 weeks if the accidental injury occurs on or
22 after February 1, 2006.

23 3. Second, or middle finger-

24 35 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 38 weeks if the accidental injury occurs on or
2 after February 1, 2006.

3 4. Third, or ring finger-

4 25 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 27 weeks if the accidental injury occurs on or
8 after February 1, 2006.

9 5. Fourth, or little finger-

10 20 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 22 weeks if the accidental injury occurs on or
14 after February 1, 2006.

15 6. Great toe-

16 35 weeks if the accidental injury occurs on or
17 after the effective date of this amendatory Act of the
18 94th General Assembly but before February 1, 2006.

19 38 weeks if the accidental injury occurs on or
20 after February 1, 2006.

21 7. Each toe other than great toe-

22 12 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 13 weeks if the accidental injury occurs on or
26 after February 1, 2006.

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.

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

25 The loss of 2 or more digits, or one or more phalanges
26 of 2 or more digits, of a hand may be compensated on the

1 basis of partial loss of use of a hand, provided, further,
2 that the loss of 4 digits, or the loss of use of 4 digits,
3 in the same hand shall constitute the complete loss of a
4 hand.

5 10. Arm-

6 235 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.

9 253 weeks if the accidental injury occurs on or
10 after February 1, 2006.

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

1 February 1, 2006) or an additional 70 weeks (if the
2 accidental injury occurs on or after February 1, 2006)
3 shall be paid.

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

7 11. Foot-

8 155 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.

11 167 weeks if the accidental injury occurs on or
12 after February 1, 2006.

13 12. Leg-

14 200 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.

17 215 weeks if the accidental injury occurs on or
18 after February 1, 2006.

19 Where an accidental injury results in the amputation of
20 a leg below the knee, such injury shall be compensated as
21 loss of a leg. Where an accidental injury results in the
22 amputation of a leg above the knee, compensation for an
23 additional 25 weeks (if the accidental injury occurs on or
24 after the effective date of this amendatory Act of the 94th
25 General Assembly but before February 1, 2006) or an
26 additional 27 weeks (if the accidental injury occurs on or

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

11 For purposes of awards under this subdivision (e),
12 injuries to the hip shall be considered injuries to part of
13 the leg.

14 13. Eye-

15 150 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.

18 162 weeks if the accidental injury occurs on or
19 after February 1, 2006.

20 Where an accidental injury results in the enucleation
21 of an eye, compensation for an additional 10 weeks (if the
22 accidental injury occurs on or after the effective date of
23 this amendatory Act of the 94th General Assembly but before
24 February 1, 2006) or an additional 11 weeks (if the
25 accidental injury occurs on or after February 1, 2006)
26 shall be paid.

1 14. Loss of hearing of one ear-

2 50 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 54 weeks if the accidental injury occurs on or
6 after February 1, 2006.

7 Total and permanent loss of hearing of both ears-

8 200 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.

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

13 15. Testicle-

14 50 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 54 weeks if the accidental injury occurs on or
18 after February 1, 2006.

19 Both testicles-

20 150 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.

23 162 weeks if the accidental injury occurs on or
24 after February 1, 2006.

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

23	Slow Response	Hours Per Day
24	90	8
25	92	6
26	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, or loss under Section
15 8(d)2 due to accidental injuries to the same part of the
16 spine, such loss or partial loss of any such member or loss
17 under Section 8(d)2 due to accidental injuries to the same
18 part of the spine shall be deducted from any award made for
19 the subsequent injury. For the permanent loss of use or the
20 permanent partial loss of use of any such member or the
21 partial loss of sight of an eye or loss under Section 8(d)2
22 due to accidental injuries to the same part of the spine,
23 for which compensation has been paid, then such loss shall
24 be taken into consideration and deducted from any award for
25 the subsequent injury. For purposes of this subdivision
26 (e)17 only, "same part of the spine" means: (1) cervical

1 spine and thoracic spine from vertebra C1 through T12 and
2 (2) lumbar and sacral spine and coccyx from vertebra L1
3 through S5.

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

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

1 dependency.

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

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

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

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

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

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

1 of determining whether any disability exists as a result of the
2 original accidental injury and the extent thereof.

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

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

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

25 In its award the Commission or the Arbitrator shall
26 specifically find the amount the injured employee shall be

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

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

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

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

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

20 For every accident occurring on or after July 20, 2005 but
21 before the effective date of this amendatory Act of the 94th
22 General Assembly (Senate Bill 1283 of the 94th General
23 Assembly), the annual adjustments to the compensation rate in
24 awards for death benefits or permanent total disability, as
25 provided in this Act, shall be paid by the employer. The
26 adjustment shall be made by the employer on July 15 of the

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

23 The annual adjustments for every award of death benefits or
24 permanent total disability involving accidents occurring
25 before July 20, 2005 and accidents occurring on or after the
26 effective date of this amendatory Act of the 94th General

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

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

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

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

26 However, where an employer has on file an employment

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

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

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

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

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

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

24 3. The extension of time for the filing of an Application
25 for Adjustment of Claim as provided in paragraph 1 above shall
26 not apply to those cases where the time for such filing had

1 expired prior to the date on which payments or benefits
2 enumerated herein have been initiated or resumed. Provided
3 however that this paragraph 3 shall apply only to cases wherein
4 the payments or benefits hereinabove enumerated shall be
5 received after July 1, 1969.

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

8 (820 ILCS 305/8.1b)

9 Sec. 8.1b. Determination of permanent partial disability.
10 For accidental injuries that occur on or after September 1,
11 2011, permanent partial disability shall be established using
12 the following criteria:

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

25 (b) In determining the level of permanent partial

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

16 (c) A report of impairment prepared pursuant to subsection
17 (a) is not required for an arbitrator or the Commission to make
18 an award for permanent partial disability or permanent total
19 disability benefits or any award for benefits under subsection
20 (c) of Section 8 or subsection (d) of Section 8 of this Act or
21 to approve a Settlement Contract Lump Sum Petition.

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

23 (820 ILCS 305/8.2)

24 Sec. 8.2. Fee schedule.

25 (a) Except as provided for in subsection (c), for

1 procedures, treatments, or services covered under this Act and
2 rendered or to be rendered on and after February 1, 2006, the
3 maximum allowable payment shall be 90% of the 80th percentile
4 of charges and fees as determined by the Commission utilizing
5 information provided by employers' and insurers' national
6 databases, with a minimum of 12,000,000 Illinois line item
7 charges and fees comprised of health care provider and hospital
8 charges and fees as of August 1, 2004 but not earlier than
9 August 1, 2002. These charges and fees are provider billed
10 amounts and shall not include discounted charges. The 80th
11 percentile is the point on an ordered data set from low to high
12 such that 80% of the cases are below or equal to that point and
13 at most 20% are above or equal to that point. The Commission
14 shall adjust these historical charges and fees as of August 1,
15 2004 by the Consumer Price Index-U for the period August 1,
16 2004 through September 30, 2005. The Commission shall establish
17 fee schedules for procedures, treatments, or services for
18 hospital inpatient, hospital outpatient, emergency room and
19 trauma, ambulatory surgical treatment centers, and
20 professional services. These charges and fees shall be
21 designated by geozip or any smaller geographic unit. The data
22 shall in no way identify or tend to identify any patient,
23 employer, or health care provider. As used in this Section,
24 "geozip" means a three-digit zip code based on data
25 similarities, geographical similarities, and frequencies. A
26 geozip does not cross state boundaries. As used in this

1 Section, "three-digit zip code" means a geographic area in
2 which all zip codes have the same first 3 digits. If a geozip
3 does not have the necessary number of charges and fees to
4 calculate a valid percentile for a specific procedure,
5 treatment, or service, the Commission may combine data from the
6 geozip with up to 4 other geozips that are demographically and
7 economically similar and exhibit similarities in data and
8 frequencies until the Commission reaches 9 charges or fees for
9 that specific procedure, treatment, or service. In cases where
10 the compiled data contains less than 9 charges or fees for a
11 procedure, treatment, or service, reimbursement shall occur at
12 76% of charges and fees as determined by the Commission in a
13 manner consistent with the provisions of this paragraph.
14 Providers of out-of-state procedures, treatments, services,
15 products, or supplies shall be reimbursed at the lesser of that
16 state's fee schedule amount or the fee schedule amount for the
17 region in which the employee resides. If no fee schedule exists
18 in that state, the provider shall be reimbursed at the lesser
19 of the actual charge or the fee schedule amount for the region
20 in which the employee resides. Not later than September 30 in
21 2006 and each year thereafter, the Commission shall
22 automatically increase or decrease the maximum allowable
23 payment for a procedure, treatment, or service established and
24 in effect on January 1 of that year by the percentage change in
25 the Consumer Price Index-U for the 12 month period ending
26 August 31 of that year. The increase or decrease shall become

1 effective on January 1 of the following year. As used in this
2 Section, "Consumer Price Index-U" means the index published by
3 the Bureau of Labor Statistics of the U.S. Department of Labor,
4 that measures the average change in prices of all goods and
5 services purchased by all urban consumers, U.S. city average,
6 all items, 1982-84=100.

7 (a-1) Notwithstanding the provisions of subsection (a) and
8 unless otherwise indicated, the following provisions shall
9 apply to the medical fee schedule starting on September 1,
10 2011:

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

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

25 (i) Cook County;

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

1 (iii) Bond, Calhoun, Clinton, Jersey,
2 Macoupin, Madison, Monroe, Montgomery, Randolph,
3 St. Clair, and Washington Counties; and

4 (iv) All other counties of the State.

5 (B) Fourteen regions for hospital fee schedule
6 amounts shall be utilized:

7 (i) Cook, DuPage, Will, Kane, McHenry, DeKalb,
8 Kendall, and Grundy Counties;

9 (ii) Kankakee County;

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

12 (iv) Winnebago and Boone Counties;

13 (v) Peoria, Tazewell, Woodford, Marshall, and
14 Stark Counties;

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

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

17 (viii) Sangamon and Menard Counties;

18 (ix) McLean County;

19 (x) Lake County;

20 (xi) Macon County;

21 (xii) Vermilion County;

22 (xiii) Alexander County; and

23 (xiv) All other counties of the State.

24 (2) If a geozip, as defined in subsection (a) of this
25 Section, overlaps into one or more of the regions set forth
26 in this Section, then the Commission shall average or

1 repeat the charges and fees in a geozip in order to
2 designate charges and fees for each region.

3 (3) In cases where the compiled data contains less than
4 9 charges or fees for a procedure, treatment, product,
5 supply, or service or where the fee schedule amount cannot
6 be determined by the non-discounted charge data,
7 non-Medicare relative values and conversion factors
8 derived from established fee schedule amounts, coding
9 crosswalks, or other data as determined by the Commission,
10 reimbursement shall occur at 76% of charges and fees until
11 September 1, 2011 and 53.2% of charges and fees thereafter
12 as determined by the Commission in a manner consistent with
13 the provisions of this paragraph.

14 (4) To establish additional fee schedule amounts, the
15 Commission shall utilize provider non-discounted charge
16 data, non-Medicare relative values and conversion factors
17 derived from established fee schedule amounts, and coding
18 crosswalks. The Commission may establish additional fee
19 schedule amounts based on either the charge or cost of the
20 procedure, treatment, product, supply, or service.

21 (5) Implants shall be reimbursed at 25% above the net
22 manufacturer's invoice price less rebates, plus actual
23 reasonable and customary shipping charges whether or not
24 the implant charge is submitted by a provider in
25 conjunction with a bill for all other services associated
26 with the implant, submitted by a provider on a separate

1 claim form, submitted by a distributor, or submitted by the
2 manufacturer of the implant. "Implants" include the
3 following codes or any substantially similar updated code
4 as determined by the Commission: 0274
5 (prosthetics/orthotics); 0275 (pacemaker); 0276 (lens
6 implant); 0278 (implants); 0540 and 0545 (ambulance); 0624
7 (investigational devices); and 0636 (drugs requiring
8 detailed coding). Non-implantable devices or supplies
9 within these codes shall be reimbursed at 65% of actual
10 charge, which is the provider's normal rates under its
11 standard chargemaster. A standard chargemaster is the
12 provider's list of charges for procedures, treatments,
13 products, supplies, or services used to bill payers in a
14 consistent manner.

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

18 (a-2) For procedures, treatments, services, or supplies
19 covered under this Act and rendered or to be rendered on or
20 after September 1, 2011, the maximum allowable payment shall be
21 70% of the fee schedule amounts, which shall be adjusted yearly
22 by the Consumer Price Index-U, as described in subsection (a)
23 of this Section.

24 (a-3) Prescriptions filled and dispensed outside of a
25 licensed pharmacy shall be subject to a fee schedule that shall
26 not exceed the Average Wholesale Price (AWP) plus a dispensing

1 fee of \$4.18. AWP or its equivalent as registered by the
2 National Drug Code shall be set forth for that drug on that
3 date as published in Medispan.

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

10 A request for a prescription that is not on the closed
11 formulary shall be reviewed pursuant to Section 8.7 of this
12 Act.

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

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

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

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

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

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

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

1 notification, explaining the basis for the denial and
2 describing any additional necessary data elements, to the
3 provider within 30 days of receipt of the bill.

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

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

1 shall not bill or otherwise attempt to recover from the
2 employee the difference between the provider's charge and the
3 amount paid by the employer or the insurer on a compensable
4 injury, or for medical services or treatment determined by the
5 Commission to be excessive or unnecessary.

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

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

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

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

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

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

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

1 under this Act different from those provided in this Section.

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

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

8 (820 ILCS 305/8.2a)

9 Sec. 8.2a. Electronic claims.

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

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

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

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

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

24 (5) Ensure that health care providers are responsible
25 for supplying only those medical records pertaining to the

1 provider's own claims that are minimally necessary under
2 the federal Health Insurance Portability and
3 Accountability Act of 1996.

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

9 (7) Provide that the Department of Insurance shall
10 impose an administrative fine if it determines that an
11 employer or insurer has failed to comply with the
12 electronic claims acceptance and response process. The
13 amount of the administrative fine shall be no greater than
14 \$1,000 per each violation, but shall not exceed \$10,000 for
15 identical violations during a calendar year.

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

21 (c) The rules requiring employers and insurers to accept
22 electronic claims for payment of medical services shall be
23 proposed on or before January 1, 2012, and shall require all
24 employers and insurers to accept electronic claims for payment
25 of medical services on or before June 30, 2012. The Director of
26 Insurance shall adopt rules by July 1, 2018 to implement the

1 changes to this Section made by this amendatory Act of the
2 100th General Assembly. The Commission, with assistance from
3 the Department and the Medical Fee Advisory Board, shall
4 publish on its Internet website a companion guide to assist
5 with compliance with electronic claims rules. The Medical Fee
6 Advisory Board shall periodically review the companion guide.

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

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

12 (820 ILCS 305/14) (from Ch. 48, par. 138.14)

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

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

22 A formal training program for newly-hired arbitrators
23 shall be implemented. The training program shall include the
24 following:

25 (a) substantive and procedural aspects of the

1 arbitrator position;

2 (b) current issues in workers' compensation law and
3 practice;

4 (c) medical lectures by specialists in areas such as
5 orthopedics, ophthalmology, psychiatry, rehabilitation
6 counseling;

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

9 (e) observation of experienced arbitrators conducting
10 hearings of cases, combined with the opportunity to discuss
11 evidence presented and rulings made;

12 (f) the use of hypothetical cases requiring the trainee
13 to issue judgments as a means to evaluating knowledge and
14 writing ability;

15 (g) writing skills;

16 (h) professional and ethical standards pursuant to
17 Section 1.1 of this Act;

18 (i) detection of workers' compensation fraud and
19 reporting obligations of Commission employees and
20 appointees;

21 (j) standards of evidence-based medical treatment and
22 best practices for measuring and improving quality and
23 health care outcomes in the workers' compensation system,
24 including but not limited to the use of the American
25 Medical Association's "Guides to the Evaluation of
26 Permanent Impairment" and the practice of utilization

1 review; and

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

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

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

25 Notwithstanding any other provision of this Section, the
26 term of all arbitrators serving on June 28, 2011 (the effective

1 date of Public Act 97-18), including any arbitrators on
2 administrative leave, shall terminate at the close of business
3 on July 1, 2011, but the incumbents shall continue to exercise
4 all of their duties until they are reappointed or their
5 successors are appointed.

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

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

11 (2) For their initial appointments, 12 arbitrators
12 shall be appointed to terms expiring July 1, 2012; 12
13 arbitrators shall be appointed to terms expiring July 1,
14 2013; and all additional arbitrators shall be appointed to
15 terms expiring July 1, 2014. Thereafter, all arbitrators
16 shall be appointed to 3-year terms.

17 Upon the expiration of a term, the Chairman shall evaluate
18 the performance of the arbitrator and may recommend to the
19 Governor that he or she be reappointed to a second or
20 subsequent term by the Governor with the advice and consent of
21 the Senate.

22 Each arbitrator appointed on or after June 28, 2011 (the
23 effective date of Public Act 97-18) and who has not previously
24 served as an arbitrator for the Commission shall be required to
25 be authorized to practice law in this State by the Supreme
26 Court, and to maintain this authorization throughout his or her

1 term of employment.

2 The performance of all arbitrators shall be reviewed by the
3 Chairman on an annual basis. The Chairman shall allow input
4 from the Commissioners in all such reviews.

5 The Commission shall assign no fewer than 3 arbitrators to
6 each hearing site. The Commission shall establish a procedure
7 to ensure that the arbitrators assigned to each hearing site
8 are assigned cases on a random basis. The Chairman of the
9 Workers' Compensation Commission shall have discretion to
10 assign and reassign arbitrators to each hearing site as needed.
11 ~~No arbitrator shall hear cases in any county, other than Cook~~
12 ~~County, for more than 2 years in each 3 year term.~~

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

17 The members of the Commission, Arbitrators and other
18 employees whose duties require them to travel, shall have
19 reimbursed to them their actual traveling expenses and
20 disbursements made or incurred by them in the discharge of
21 their official duties while away from their place of residence
22 in the performance of their duties.

23 The Commission shall provide itself with a seal for the
24 authentication of its orders, awards and proceedings upon which
25 shall be inscribed the name of the Commission and the words
26 "Illinois--Seal".

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

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

17 (820 ILCS 305/19) (from Ch. 48, par. 138.19)

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

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

23 1. Whenever any claimant misconceives his remedy and
24 files an application for adjustment of claim under this Act
25 and it is subsequently discovered, at any time before final

1 disposition of such cause, that the claim for disability or
2 death which was the basis for such application should
3 properly have been made under the Workers' Occupational
4 Diseases Act, then the provisions of Section 19, paragraph
5 (a-1) of the Workers' Occupational Diseases Act having
6 reference to such application shall apply.

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

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

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

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

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

24 The decision of the Arbitrator shall be filed with the
25 Commission which Commission shall immediately send to each
26 party or his attorney a copy of such decision, together with a

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

1 authenticated by the signature of the Arbitrator designated by
2 the Commission.

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

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

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

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

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

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

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

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

20 (ii) the approximate location of the accident;

21 (iii) a description of the accident;

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

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

26 (vi) the name and title of the person, if known,

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

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

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

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

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

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

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

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

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

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

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

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

24 Any employer who does not timely file and serve a written
25 response without good cause may not introduce any evidence to
26 dispute any claim of the employee but may cross examine the

1 employee or any witness brought by the employee and otherwise
2 be heard.

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

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

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

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

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

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

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

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

26 (5) The examination shall be made, and the physician or

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

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

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

24 (e) This paragraph shall apply to all hearings before the
25 Commission. Such hearings may be held in its office or
26 elsewhere as the Commission may deem advisable. The taking of

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

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

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

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

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

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

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

26 At the request of either party or on its own motion, the

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

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

25 (f) The decision of the Commission acting within its
26 powers, according to the provisions of paragraph (e) of this

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

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

23 A proceeding for review shall be commenced within 20
24 days of the receipt of notice of the decision of the
25 Commission. The summons shall be issued by the clerk of
26 such court upon written request returnable on a designated

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

24 The Commission shall not be required to certify the
25 record of their proceedings to the Circuit Court, unless
26 the party commencing the proceedings for review in the

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

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

22 (2) No such summons shall issue unless the one against
23 whom the Commission shall have rendered an award for the
24 payment of money shall upon the filing of his written
25 request for such summons file with the clerk of the court a
26 bond conditioned that if he shall not successfully

1 prosecute the review, he will pay the award and the costs
2 of the proceedings in the courts. The amount of the bond
3 shall be fixed by any member of the Commission and the
4 surety or sureties of the bond shall be approved by the
5 clerk of the court. The acceptance of the bond by the clerk
6 of the court shall constitute evidence of his approval of
7 the bond.

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

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

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

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

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

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

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

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

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

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

1 Commission at the request of either the employer or the
2 employee on the ground that the disability of the employee has
3 subsequently recurred, increased, diminished or ended.

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

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

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

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

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

16 (k) In a case where there has been any unreasonable or
17 vexatious delay of payment or intentional underpayment of
18 compensation, or proceedings have been instituted or carried on
19 by the one liable to pay the compensation, which do not present
20 a real controversy, but are merely frivolous or for delay, then
21 the Commission may award compensation additional to that
22 otherwise payable under this Act equal to 50% of the amount
23 payable at the time of such award. Failure to pay compensation
24 in accordance with the provisions of Section 8, paragraph (b)
25 of this Act, shall be considered unreasonable 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 (k-1) In a case where there has been unreasonable or
5 vexatious delay of authorization of medical treatment, the
6 Commission may award compensation additional to that otherwise
7 payable under this Act in the sum of \$30 per day for each day
8 that the benefits under Section 8(a) have been so withheld or
9 refused, not to exceed \$10,000 or the total amount due per
10 Section 8.2 for treatment to be rendered whichever is less.

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

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

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

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

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

23 (n) After June 30, 1984, decisions of the Illinois Workers'
24 Compensation Commission reviewing an award of an arbitrator of
25 the Commission shall draw interest at a rate equal to the yield
26 on indebtedness issued by the United States Government with a

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

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

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

24 The insured employer may challenge, in proceeding before
25 the Commission, payments made by the insurer without
26 arbitration and payments made after a case is determined to be

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

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

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

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

3 (820 ILCS 305/25.5)

4 Sec. 25.5. Unlawful acts; penalties.

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

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

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

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

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

22 (5) Intentionally make or cause to be made any false or
23 fraudulent material statement or material representation
24 for the purpose of obtaining workers' compensation
25 insurance at less than the proper amount ~~rate~~ for that

1 insurance.

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

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

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

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

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

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

26 (1) A violation of paragraph (a)(3) is a Class 4

1 felony.

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

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

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

12 (5) 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 more than \$10,000
15 but not more than \$100,000 is a Class 2 felony.

16 (6) 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 \$100,000
19 is a Class 1 felony.

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

25 ~~(1) A violation in which the value of the property~~
26 ~~obtained or attempted to be obtained is \$300 or less is a~~

1 ~~Class A misdemeanor.~~

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

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

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

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

20 For a violation of paragraph (a) (1) or (a) (2), the value of
21 the property obtained or attempted to be obtained shall include
22 payments pursuant to the provisions of this Act as well as the
23 amount paid for medical expenses. For a violation of paragraph
24 (a) (5), the value of the property obtained or attempted to be
25 obtained shall be the difference between the proper amount for
26 the coverage sought or provided and the actual amount billed

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

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

1 fraud and insurance non-compliance provisions of this Section.
2 The fraud and insurance non-compliance unit shall report
3 violations of the fraud and insurance non-compliance
4 provisions of this Section to the Special Prosecutions Bureau
5 of the Criminal Division of the Office of the Attorney General
6 or to the State's Attorney of the county in which the offense
7 allegedly occurred, either of whom has the authority to
8 prosecute violations under this Section.

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

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

1 reveals that the conduct reported may be in violation of other
2 laws or regulations of the State of Illinois, the unit may
3 report such conduct to the appropriate governmental agency
4 charged with administering such laws and regulations. Any
5 person who intentionally makes a false report under this
6 Section to the fraud and insurance non-compliance unit is
7 guilty of a Class A misdemeanor.

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

1 against an employee because of the exercise by the employee of
2 the rights and remedies granted to the employee by this Act.

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

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

23 (e-5) The fraud and insurance non-compliance unit shall
24 procure and implement a system utilizing advanced analytics
25 inclusive of predictive modeling, data mining, social network
26 analysis, and scoring algorithms for the detection and

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

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

18 (f) Any person convicted of fraud related to workers'
19 compensation pursuant to this Section shall be subject to the
20 penalties prescribed in the Criminal Code of 2012 and shall be
21 ineligible to receive or retain any compensation, disability,
22 or medical benefits as defined in this Act if the compensation,
23 disability, or medical benefits were owed or received as a
24 result of fraud for which the recipient of the compensation,
25 disability, or medical benefit was convicted. This subsection
26 applies to accidental injuries or diseases that occur on or

1 after the effective date of this amendatory Act of the 94th
2 General Assembly.

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

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

23 (1) The number of allegations of insurance
24 non-compliance and fraud reported to the fraud and
25 insurance non-compliance unit.

26 (2) The source of the reported allegations

1 (individual, employer, or other).

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

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

7 (5) All proceedings under this Section.

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

9 (820 ILCS 305/29.2)

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

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

24 (1) Gross premiums collected by workers' compensation
25 carriers in Illinois and the national rank of Illinois

1 based on premium volume.

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

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

12 (4) The advisory organization premium rate for
13 workers' compensation insurance in Illinois for the
14 previous year.

15 (5) The advisory organization prescribed assigned risk
16 pool premium rate.

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

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

23 (8) The gross profitability of workers' compensation
24 insurers in Illinois, and the national rank of Illinois
25 based on profitability of workers' compensation insurers.

26 (9) The loss ratio of workers' compensation insurers in

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

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

11 (11) The number of injured workers receiving wage loss
12 differential awards and the average wage loss differential
13 award payout.

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

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

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

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

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

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

25 (14) The aggregate growth of medical utilization for
26 the top 10 most common injuries to specific body parts by

1 non-hospital providers and hospitals.

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

4 (16) The total amount paid by injured workers for
5 attorney representation.

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

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

20 (2) The total number of employees covered by
21 self-insurance.

22 (3) The total amount of indemnity payments made by
23 self-insureds.

24 (4) The total amount of medical payments made by
25 self-insureds.

26 (5) The growth of total paid indemnity benefits by

1 temporary total disability, scheduled and non-scheduled
2 permanent partial disability, and total disability.

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

4 (i) the maximum and minimum temporary total
5 disability benefit levels;

6 (ii) the maximum and minimum scheduled and
7 non-scheduled permanent partial disability benefit
8 levels;

9 (iii) the maximum and minimum total disability
10 benefit levels; and

11 (iv) the maximum and minimum death benefit levels.

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

14 Any information collected by the Commission from
15 self-insureds shall be exempt from public inspection and
16 disclosure under the Freedom of Information Act.

17 (b) The Director of Insurance shall promulgate rules
18 requiring each insurer licensed to write workers' compensation
19 coverage in the State to record and report the following
20 information on an aggregate basis to the Department of
21 Insurance before March 1 of each year, relating to claims in
22 the State opened within the prior calendar year:

23 (1) The number of claims opened.

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

25 (3) The number of contested claims.

26 (4) The number of claims for which the employee has

1 attorney representation.

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

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

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

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

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

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

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

20 (12) The total amount billed to employers for fee
21 schedule savings.

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

24 (14) The number of claims involving in-house medical
25 nurse case management, and the total amount spent on
26 in-house medical nurse case management.

1 (15) The number of claims involving outside medical
2 nurse case management, and the total amount paid for
3 outside medical nurse case management.

4 (16) The total amount paid for Independent Medical
5 exams.

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

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

10 The Department shall make the submitted information
11 publicly available on the Department's Internet website or such
12 other media as appropriate in a form useful for consumers.
13 (Source: P.A. 97-18, eff. 6-28-11.)".