



## 100TH GENERAL ASSEMBLY

### State of Illinois

2017 and 2018

HB4068

by Rep. Jim Durkin

#### SYNOPSIS AS INTRODUCED:

See Index

Amends the Freedom of Information Act. Exempts from public inspection certain information collected by the Illinois Workers' Compensation Commission from self-insureds and papers, documents, reports, or evidence relevant to a workers' compensation fraud investigation conducted by the Department of Insurance. Amends the Criminal Code of 2012 regarding workers' compensation fraud penalties. Amends the Workers' Compensation Act. Makes changes concerning: when an accidental injury shall not be considered to be "arising out of and in the course of employment" if the accidental injury or medical condition occurred while the claimant was traveling away from the employer's premises; the maximum compensation rate for a period of temporary total incapacity; compensation awards for injuries to the shoulder and hip; the maximum allowable payment for certain service categories; the assignment and reassignment of arbitrators to hearing sites; the creation of an evidence based drug formulary; annual reports on the state of self-insurance for workers' compensation in Illinois; and other matters. Effective immediately.

LRB100 13139 KTG 27545 b

CORRECTIONAL  
BUDGET AND  
IMPACT NOTE ACT  
MAY APPLY

FISCAL NOTE ACT  
MAY APPLY

1 AN ACT concerning employment.

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

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

6 (5 ILCS 140/7.5)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 Act.

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

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

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

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

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

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

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

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

24 (720 ILCS 5/17-10.4 new)

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

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

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

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

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

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

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

24           (6) Intentionally make or cause to be made any false or  
25 fraudulent material statement or material representation  
26 on an initial or renewal self-insurance application or



1 accompanying financial statement for the purpose of  
2 obtaining self-insurance status or reducing the amount of  
3 security that may be required to be furnished pursuant to  
4 Section 4 of the Workers' Compensation Act.

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

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

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

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

20 (b) Sentence.

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

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

25 (3) 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 \$500 or less is a  
2       Class A misdemeanor.

3           (4) 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 \$500 but  
6           not more than \$10,000 is a Class 3 felony.

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

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

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

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

1 self-insured entity in connection with any medical  
2 evaluation or treatment services.

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

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

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

2 Sec. 1. This Act may be cited as the Workers' Compensation  
3 Act.

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

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

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

20 3. Any one engaging in any business or enterprise referred  
21 to in subsections 1 and 2 of Section 3 of this Act who  
22 undertakes to do any work enumerated therein, is liable to pay  
23 compensation to his own immediate employees in accordance with  
24 the provisions of this Act, and in addition thereto if he  
25 directly or indirectly engages any contractor whether  
26 principal or sub-contractor to do any such work, he is liable

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

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

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

20 4. Where an employer operating under and subject to the  
21 provisions of this Act loans an employee to another such  
22 employer and such loaned employee sustains a compensable  
23 accidental injury in the employment of such borrowing employer  
24 and where such borrowing employer does not provide or pay the  
25 benefits or payments due such injured employee, such loaning  
26 employer is liable to provide or pay all benefits or payments

1 due such employee under this Act and as to such employee the  
2 liability of such loaning and borrowing employers is joint and  
3 several, provided that such loaning employer is in the absence  
4 of agreement to the contrary entitled to receive from such  
5 borrowing employer full reimbursement for all sums paid or  
6 incurred pursuant to this paragraph together with reasonable  
7 attorneys' fees and expenses in any hearings before the  
8 Illinois Workers' Compensation Commission or in any action to  
9 secure such reimbursement. Where any benefit is provided or  
10 paid by such loaning employer the employee has the duty of  
11 rendering reasonable cooperation in any hearings, trials or  
12 proceedings in the case, including such proceedings for  
13 reimbursement.

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

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

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

10          1. Every person in the service of the State, including  
11 members of the General Assembly, members of the Commerce  
12 Commission, members of the Illinois Workers' Compensation  
13 Commission, and all persons in the service of the University of  
14 Illinois, county, including deputy sheriffs and assistant  
15 state's attorneys, city, town, township, incorporated village  
16 or school district, body politic, or municipal corporation  
17 therein, whether by election, under appointment or contract of  
18 hire, express or implied, oral or written, including all  
19 members of the Illinois National Guard while on active duty in  
20 the service of the State, and all probation personnel of the  
21 Juvenile Court appointed pursuant to Article VI of the Juvenile  
22 Court Act of 1987, and including any official of the State, any  
23 county, city, town, township, incorporated village, school  
24 district, body politic or municipal corporation therein except  
25 any duly appointed member of a police department in any city  
26 whose population exceeds 500,000 according to the last Federal

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

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

15 2. Every person in the service of another under any  
16 contract of hire, express or implied, oral or written,  
17 including persons whose employment is outside of the State of  
18 Illinois where the contract of hire is made within the State of  
19 Illinois, persons whose employment results in fatal or  
20 non-fatal injuries within the State of Illinois where the  
21 contract of hire is made outside of the State of Illinois, and  
22 persons whose employment is principally localized within the  
23 State of Illinois, regardless of the place of the accident or  
24 the place where the contract of hire was made, and including  
25 aliens, and minors who, for the purpose of this Act are  
26 considered the same and have the same power to contract,



1 receive payments and give quittances therefor, as adult  
2 employees.

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

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

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

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

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

26 (d) To obtain compensation under this Act, an employee

1 bears the burden of showing, by a preponderance of the  
2 evidence, that he or she has sustained accidental injuries  
3 arising out of and in the course of the employment.

4 (e) The provisions of this subsection (e) apply only to  
5 traveling employees.

6 (1) Without limitation, an accidental injury shall not  
7 be considered to be "arising out of and in the course of  
8 employment" if the accidental injury or medical condition  
9 for which compensation is sought occurred while the  
10 claimant was traveling away from the employer's premises  
11 and the travel was not required for the performance of job  
12 duties.

13 (2) In determining whether an employee is required to  
14 travel for the performance of job duties, the following  
15 factors shall be considered: whether the employer had  
16 knowledge that the employee may be required to travel to  
17 perform the job; whether the employer furnished any mode of  
18 transportation to or from the employee; whether the  
19 employee received, or the employer paid or agreed to pay,  
20 any remuneration or reimbursement for costs or expenses of  
21 any form of travel; whether the employer in any way  
22 directed the course or method of travel; whether the  
23 employer in any way assisted the employee in making any  
24 travel arrangements; whether the employer furnished  
25 lodging or in any way reimbursed the employee for lodging;  
26 and whether the employer received any benefit from the

1           employee traveling.

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

4           (820 ILCS 305/8) (from Ch. 48, par. 138.8)

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

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

1 injury the employee is unable to be self-sufficient the  
2 employer shall further pay for such maintenance or  
3 institutional care as shall be required.

4 The employee may at any time elect to secure his own  
5 physician, surgeon and hospital services at the employer's  
6 expense, or,

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

1 to make such change the Commission may relieve the employer of  
2 his obligation to pay the doctor's charges from the date of  
3 refusal to the date of compliance.

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

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

20 When the employee is working light duty on a part-time  
21 basis or full-time basis and earns less than he or she would be  
22 earning if employed in the full capacity of the job or jobs,  
23 then the employee shall be entitled to temporary partial  
24 disability benefits. Temporary partial disability benefits  
25 shall be equal to two-thirds of the difference between the  
26 average amount that the employee would be able to earn in the

1 full performance of his or her duties in the occupation in  
2 which he or she was engaged at the time of accident and the  
3 gross amount which he or she is earning in the modified job  
4 provided to the employee by the employer or in any other job  
5 that the employee is working.

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

13 Notwithstanding the foregoing, the employer's liability to  
14 pay for such medical services selected by the employee shall be  
15 limited to:

- 16 (1) all first aid and emergency treatment; plus  
17 (2) all medical, surgical and hospital services  
18 provided by the physician, surgeon or hospital initially  
19 chosen by the employee or by any other physician,  
20 consultant, expert, institution or other provider of  
21 services recommended by said initial service provider or  
22 any subsequent provider of medical services in the chain of  
23 referrals from said initial service provider; plus  
24 (3) all medical, surgical and hospital services  
25 provided by any second physician, surgeon or hospital  
26 subsequently chosen by the employee or by any other

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

13 (4) The following shall apply for injuries occurring on  
14 or after June 28, 2011 (the effective date of Public Act  
15 97-18) and only when an employer has an approved preferred  
16 provider program pursuant to Section 8.1a on the date the  
17 employee sustained his or her accidental injuries:

18 (A) The employer shall, in writing, on a form  
19 promulgated by the Commission, inform the employee of  
20 the preferred provider program;

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

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

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

19          Where the accidental injury results in the amputation of an  
20          arm, hand, leg or foot, or the enucleation of an eye, or the  
21          loss of any of the natural teeth, the employer shall furnish an  
22          artificial of any such members lost or damaged in accidental  
23          injury arising out of and in the course of employment, and  
24          shall also furnish the necessary braces in all proper and  
25          necessary cases. In cases of the loss of a member or members by  
26          amputation, the employer shall, whenever necessary, maintain



1 in good repair, refit or replace the artificial limbs during  
2 the lifetime of the employee. Where the accidental injury  
3 accompanied by physical injury results in damage to a denture,  
4 eye glasses or contact eye lenses, or where the accidental  
5 injury results in damage to an artificial member, the employer  
6 shall replace or repair such denture, glasses, lenses, or  
7 artificial member.

8 The furnishing by the employer of any such services or  
9 appliances is not an admission of liability on the part of the  
10 employer to pay compensation.

11 The furnishing of any such services or appliances or the  
12 servicing thereof by the employer is not the payment of  
13 compensation.

14 (b) If the period of temporary total incapacity for work  
15 lasts more than 5 scheduled ~~3~~ working days for the claimant,  
16 weekly compensation as hereinafter provided shall be paid  
17 beginning on the 6th ~~4th~~ day of such temporary total incapacity  
18 and continuing as long as the total temporary incapacity lasts.  
19 In cases where the temporary total incapacity for work  
20 continues for a period of 14 days or more from the day of the  
21 accident compensation shall commence on the day after the  
22 accident.

23 1. The compensation rate for temporary total  
24 incapacity under this paragraph (b) of this Section shall  
25 be equal to 66 2/3% of the employee's average weekly wage  
26 computed in accordance with Section 10, provided that it

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

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

26 2.1. The compensation rate in all cases of serious and

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

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

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

25 The maximum weekly compensation rate from July 1, 1975,  
26 except as hereinafter provided, shall be 100% of the

1 State's average weekly wage in covered industries under the  
2 Unemployment Insurance Act, that being the wage that most  
3 closely approximates the State's average weekly wage.

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

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

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

7 The maximum compensation rate for the period July 1,  
8 2017 through June 30, 2021, except as hereinafter provided,  
9 shall be \$775.18. Effective July 1, 2021 and on July 1 of  
10 each year thereafter the maximum weekly compensation rate,  
11 except as hereinafter provided, shall be determined as  
12 follows: if during the preceding 12-month period there  
13 shall have been an increase in the State's average weekly  
14 wage in covered industries under the Unemployment  
15 Insurance Act, the weekly compensation rate shall be  
16 proportionately increased by the same percentage as the  
17 percentage of increase in the State's average weekly wage  
18 in covered industries under the Unemployment Insurance Act  
19 during such period.

20 From July 1, 1977 and thereafter such maximum weekly  
21 compensation rate in death cases under Section 7, and  
22 permanent total disability cases under paragraph (f) or  
23 subparagraph 18 of paragraph (3) of this Section and for  
24 temporary total disability under paragraph (b) of this  
25 Section and for amputation of a member or enucleation of an  
26 eye under paragraph (e) of this Section shall be increased

1 to 133-1/3% of the State's average weekly wage in covered  
2 industries under the Unemployment Insurance Act.

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

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

16 4.2. Any provision to the contrary notwithstanding,  
17 the total compensation payable under Section 7 shall not  
18 exceed the greater of \$500,000 or 25 years.

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

25 6. The Department of Employment Security of the State  
26 shall on or before the first day of December, 1977, and on

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

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

19 (c) For any serious and permanent disfigurement to the  
20 hand, head, face, neck, arm, leg below the knee or the chest  
21 above the axillary line, the employee is entitled to  
22 compensation for such disfigurement, the amount determined by  
23 agreement at any time or by arbitration under this Act, at a  
24 hearing not less than 6 months after the date of the accidental  
25 injury, which amount shall not exceed 150 weeks (if the  
26 accidental injury occurs on or after the effective date of this

1 amendatory Act of the 94th General Assembly but before February  
2 1, 2006) or 162 weeks (if the accidental injury occurs on or  
3 after February 1, 2006) at the applicable rate provided in  
4 subparagraph 2.1 of paragraph (b) of this Section.

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

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

13 (d) 1. If, after the accidental injury has been sustained,  
14 the employee as a result thereof becomes partially  
15 incapacitated from pursuing his usual and customary line of  
16 employment, he shall, except in cases compensated under the  
17 specific schedule set forth in paragraph (e) of this Section,  
18 receive compensation for the duration of his disability,  
19 subject to the limitations as to maximum amounts fixed in  
20 paragraph (b) of this Section, equal to 66-2/3% of the  
21 difference between the average amount which he would be able to  
22 earn in the full performance of his duties in the occupation in  
23 which he was engaged at the time of the accident and the  
24 average amount which he is earning or is able to earn in some  
25 suitable employment or business after the accident. For  
26 accidental injuries that occur on or after September 1, 2011,



1 an award for wage differential under this subsection shall be  
2 effective only until the employee reaches the age of 67 or 5  
3 years from the date the award becomes final, whichever is  
4 later.

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

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

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

1 specified, such compensation for the length of time as follows:

2 1. Thumb-

3 70 weeks if the accidental injury occurs on or  
4 after the effective date of this amendatory Act of the  
5 94th General Assembly but before February 1, 2006.

6 76 weeks if the accidental injury occurs on or  
7 after February 1, 2006.

8 2. First, or index finger-

9 40 weeks if the accidental injury occurs on or  
10 after the effective date of this amendatory Act of the  
11 94th General Assembly but before February 1, 2006.

12 43 weeks if the accidental injury occurs on or  
13 after February 1, 2006.

14 3. Second, or middle finger-

15 35 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 38 weeks if the accidental injury occurs on or  
19 after February 1, 2006.

20 4. Third, or ring finger-

21 25 weeks if the accidental injury occurs on or  
22 after the effective date of this amendatory Act of the  
23 94th General Assembly but before February 1, 2006.

24 27 weeks if the accidental injury occurs on or  
25 after February 1, 2006.

26 5. Fourth, or little finger-

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

4           22 weeks if the accidental injury occurs on or  
5 after February 1, 2006.

6 6. Great toe-

7           35 weeks if the accidental injury occurs on or  
8 after the effective date of this amendatory Act of the  
9 94th General Assembly but before February 1, 2006.

10          38 weeks if the accidental injury occurs on or  
11 after February 1, 2006.

12 7. Each toe other than great toe-

13          12 weeks if the accidental injury occurs on or  
14 after the effective date of this amendatory Act of the  
15 94th General Assembly but before February 1, 2006.

16          13 weeks if the accidental injury occurs on or  
17 after February 1, 2006.

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

## 1 9. Hand-

2 190 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.

5 205 weeks if the accidental injury occurs on or  
6 after February 1, 2006.

7 190 weeks if the accidental injury occurs on or  
8 after June 28, 2011 (the effective date of Public Act  
9 97-18) and if the accidental injury involves carpal  
10 tunnel syndrome due to repetitive or cumulative  
11 trauma, in which case the permanent partial disability  
12 shall not exceed 15% loss of use of the hand, except  
13 for cause shown by clear and convincing evidence and in  
14 which case the award shall not exceed 30% loss of use  
15 of the hand.

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

## 22 10. Arm-

23 235 weeks if the accidental injury occurs on or  
24 after the effective date of this amendatory Act of the  
25 94th General Assembly but before February 1, 2006.

26 253 weeks if the accidental injury occurs on or

1 after February 1, 2006.

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

21 For purposes of awards under this subdivision (e),  
22 injuries to the shoulder shall be considered injuries to  
23 part of the arm. The foregoing change made by this  
24 amendatory Act of the 100th General Assembly to this  
25 subdivision (e)10 of this Section 8 is declarative of  
26 existing law and is not a new enactment.

1           11. Foot-

2                   155 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                   167 weeks if the accidental injury occurs on or  
6           after February 1, 2006.

7           12. Leg-

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

1 after the effective date of this amendatory Act of the 94th  
2 General Assembly but before February 1, 2006) or an  
3 additional 81 weeks (if the accidental injury occurs on or  
4 after February 1, 2006) shall be paid.

5 For purposes of awards under this subdivision (e),  
6 injuries to the hip shall be considered injuries to part of  
7 the leg. The foregoing change made by this amendatory Act  
8 of the 100th General Assembly to this subdivision (e)12 of  
9 this Section 8 is declarative of existing law and is not a  
10 new enactment.

11 13. Eye-

12 150 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.

15 162 weeks if the accidental injury occurs on or  
16 after February 1, 2006.

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

24 14. Loss of hearing of one ear-

25 50 weeks if the accidental injury occurs on or  
26 after the effective date of this amendatory Act of the



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

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

4 Total and permanent loss of hearing of both ears-

5 200 weeks if the accidental injury occurs on or  
6 after the effective date of this amendatory Act of the  
7 94th General Assembly but before February 1, 2006.

8 215 weeks if the accidental injury occurs on or  
9 after February 1, 2006.

10 15. Testicle-

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

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

16 Both testicles-

17 150 weeks if the accidental injury occurs on or  
18 after the effective date of this amendatory Act of the  
19 94th General Assembly but before February 1, 2006.

20 162 weeks if the accidental injury occurs on or  
21 after February 1, 2006.

22 16. For the permanent partial loss of use of a member  
23 or sight of an eye, or hearing of an ear, compensation  
24 during that proportion of the number of weeks in the  
25 foregoing schedule provided for the loss of such member or  
26 sight of an eye, or hearing of an ear, which the partial

1           loss of use thereof bears to the total loss of use of such  
2           member, or sight of eye, or hearing of an ear.

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

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

24          (c) In measuring hearing impairment, the lowest  
25          measured losses in each of the 3 frequencies shall be  
26          added together and divided by 3 to determine the

1 average decibel loss. For every decibel of loss  
 2 exceeding 30 decibels an allowance of 1.82% shall be  
 3 made up to the maximum of 100% which is reached at 85  
 4 decibels.

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

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

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

19 Sound Level DBA

20	Slow Response	Hours Per Day
21	90	8
22	92	6
23	95	4
24	97	3
25	100	2
26	102	1-1/2

1	105	1
2	110	1/2
3	115	1/4

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

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

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

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

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

25          Beginning July 1, 1980, and every 6 months thereafter, the  
26          Commission shall examine the Second Injury Fund and when, after

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

17 On August 1, 1996 and on February 1 and August 1 of each  
18 subsequent year, the Commission shall examine the special fund  
19 designated as the "Rate Adjustment Fund" and when, after  
20 deducting all advances or loans made to said fund, the amount  
21 therein is \$4,000,000, the amount required to be paid by  
22 employers pursuant to paragraph (f) of Section 7 shall be  
23 reduced by one-half. When the Rate Adjustment Fund reaches the  
24 sum of \$5,000,000 the payment therein shall cease entirely.  
25 However, when said Rate Adjustment Fund has been reduced to  
26 \$3,000,000 the amounts required by paragraph (f) of Section 7

1 shall be resumed in the manner herein provided.

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

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

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

26 Disability as enumerated in subdivision 18, paragraph (e)

1 of this Section is considered complete disability.

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

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

22 In its award the Commission or the Arbitrator shall  
23 specifically find the amount the injured employee shall be  
24 weekly paid, the number of weeks compensation which shall be  
25 paid by the employer, the date upon which payments begin out of  
26 the Second Injury Fund provided for in paragraph (f) of Section



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

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

24 (g) Every award for permanent total disability entered by  
25 the Commission on and after July 1, 1965 under which  
26 compensation payments shall become due and payable after the

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

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

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

17 For every accident occurring on or after July 20, 2005 but  
18 before the effective date of this amendatory Act of the 94th  
19 General Assembly (Senate Bill 1283 of the 94th General  
20 Assembly), the annual adjustments to the compensation rate in  
21 awards for death benefits or permanent total disability, as  
22 provided in this Act, shall be paid by the employer. The  
23 adjustment shall be made by the employer on July 15 of the  
24 second year next following the date of the entry of the award  
25 and shall further be made on July 15 annually thereafter. If  
26 during the intervening period from the date of the entry of the

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

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

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

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

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

23          However, where an employer has on file an employment  
24 certificate issued pursuant to the Child Labor Law or work  
25 permit issued pursuant to the Federal Fair Labor Standards Act,  
26 as amended, or a birth certificate properly and duly issued,

1 such certificate, permit or birth certificate is conclusive  
2 evidence as to the age of the injured minor employee for the  
3 purposes of this Section.

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

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

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

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

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

1 the payments or benefits hereinabove enumerated shall be  
2 received after July 1, 1969.

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

5 (820 ILCS 305/8.1b)

6 Sec. 8.1b. Determination of permanent partial disability.  
7 For accidental injuries that occur on or after September 1,  
8 2011, permanent partial disability shall be established using  
9 the following criteria:

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

22 (b) Where an impairment report pursuant to subsection (a)  
23 exists, it must be considered by the Commission in its  
24 determination of the level of permanent partial disability.

25 In determining the level of permanent partial disability,



1 the Commission shall base its determination on the reported  
2 level of impairment pursuant to subsection (a). In addition to  
3 any impairment report submitted, the Commission shall, by a  
4 preponderance of credible evidence, consider the following  
5 additional factors to determine disability: (i) the occupation  
6 of the injured employee; (ii) the age of the employee at the  
7 time of the injury; (iii) the employee's future earning  
8 capacity; and (iv) evidence of disability at maximum medical  
9 improvement corroborated by findings in the treating medical  
10 records and independent medical exams. In determining the level  
11 of permanent partial disability, the Commission shall base its  
12 determination on a report of impairment, after considering by a  
13 preponderance of credible evidence, the additional factors to  
14 determine disability. No single enumerated factor shall be the  
15 sole determinant of disability. In determining the level of  
16 disability, the relevance and weight of any factors used in  
17 addition to the level of impairment as reported by the  
18 physician must be explained in a written order.

19 (c) A report of impairment prepared pursuant to subsection  
20 (a) is not required for the arbitrator or Commission to approve  
21 a Settlement Contract Lump Sum Petition.

22 ~~(b) In determining the level of permanent partial~~  
23 ~~disability, the Commission shall base its determination on the~~  
24 ~~following factors: (i) the reported level of impairment~~  
25 ~~pursuant to subsection (a); (ii) the occupation of the injured~~  
26 ~~employee; (iii) the age of the employee at the time of the~~

1 ~~injury; (iv) the employee's future earning capacity; and (v)~~  
2 ~~evidence of disability corroborated by the treating medical~~  
3 ~~records. No single enumerated factor shall be the sole~~  
4 ~~determinant of disability. In determining the level of~~  
5 ~~disability, the relevance and weight of any factors used in~~  
6 ~~addition to the level of impairment as reported by the~~  
7 ~~physician must be explained in a written order.~~

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

9 (820 ILCS 305/8.2)

10 Sec. 8.2. Fee schedule.

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

1 2004 by the Consumer Price Index-U for the period August 1,  
2 2004 through September 30, 2005. The Commission shall establish  
3 fee schedules for procedures, treatments, or services for  
4 hospital inpatient, hospital outpatient, emergency room and  
5 trauma, ambulatory surgical treatment centers, and  
6 professional services. These charges and fees shall be  
7 designated by geozip or any smaller geographic unit. The data  
8 shall in no way identify or tend to identify any patient,  
9 employer, or health care provider. As used in this Section,  
10 "geozip" means a three-digit zip code based on data  
11 similarities, geographical similarities, and frequencies. A  
12 geozip does not cross state boundaries. As used in this  
13 Section, "three-digit zip code" means a geographic area in  
14 which all zip codes have the same first 3 digits. If a geozip  
15 does not have the necessary number of charges and fees to  
16 calculate a valid percentile for a specific procedure,  
17 treatment, or service, the Commission may combine data from the  
18 geozip with up to 4 other geozips that are demographically and  
19 economically similar and exhibit similarities in data and  
20 frequencies until the Commission reaches 9 charges or fees for  
21 that specific procedure, treatment, or service. In cases where  
22 the compiled data contains less than 9 charges or fees for a  
23 procedure, treatment, or service, reimbursement shall occur at  
24 76% of charges and fees as determined by the Commission in a  
25 manner consistent with the provisions of this paragraph.  
26 Providers of out-of-state procedures, treatments, services,

1 products, or supplies shall be reimbursed at the lesser of that  
2 state's fee schedule amount or the fee schedule amount for the  
3 region in which the employee resides. If no fee schedule exists  
4 in that state, the provider shall be reimbursed at the lesser  
5 of the actual charge or the fee schedule amount for the region  
6 in which the employee resides. Not later than September 30 in  
7 2006 and each year thereafter, the Commission shall  
8 automatically increase or decrease the maximum allowable  
9 payment for a procedure, treatment, or service established and  
10 in effect on January 1 of that year by the percentage change in  
11 the Consumer Price Index-U for the 12 month period ending  
12 August 31 of that year. The increase or decrease shall become  
13 effective on January 1 of the following year. As used in this  
14 Section, "Consumer Price Index-U" means the index published by  
15 the Bureau of Labor Statistics of the U.S. Department of Labor,  
16 that measures the average change in prices of all goods and  
17 services purchased by all urban consumers, U.S. city average,  
18 all items, 1982-84=100.

19 The provisions of this subsection (a), other than this  
20 sentence, are inoperative after August 31, 2017.

21 (a-1) Notwithstanding the provisions of subsection (a) and  
22 unless otherwise indicated, the following provisions shall  
23 apply to the medical fee schedule starting on September 1,  
24 2011:

25 (1) The Commission shall establish and maintain fee  
26 schedules for procedures, treatments, products, services,

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

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

13 (i) Cook County;

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

15 (iii) Bond, Calhoun, Clinton, Jersey,  
16 Macoupin, Madison, Monroe, Montgomery, Randolph,  
17 St. Clair, and Washington Counties; and

18 (iv) All other counties of the State.

19 (B) Fourteen regions for hospital fee schedule  
20 amounts shall be utilized:

21 (i) Cook, DuPage, Will, Kane, McHenry, DeKalb,  
22 Kendall, and Grundy Counties;

23 (ii) Kankakee County;

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

26 (iv) Winnebago and Boone Counties;

- 1 (v) Peoria, Tazewell, Woodford, Marshall, and  
2 Stark Counties;
- 3 (vi) Champaign, Piatt, and Ford Counties;
- 4 (vii) Rock Island, Henry, and Mercer Counties;
- 5 (viii) Sangamon and Menard Counties;
- 6 (ix) McLean County;
- 7 (x) Lake County;
- 8 (xi) Macon County;
- 9 (xii) Vermilion County;
- 10 (xiii) Alexander County; and
- 11 (xiv) All other counties of the State.

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

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

1 the provisions of this paragraph.

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

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

1 products, supplies, or services used to bill payers in a  
2 consistent manner.

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

6 The provisions of this subsection (a-1), other than this  
7 sentence, are inoperative after August 31, 2017.

8 (a-1.5) The following provisions apply to procedures,  
9 treatments, services, products, and supplies covered under  
10 this Act and rendered or to be rendered on or after September  
11 1, 2017:

12 (1) In this Section:

13 "CPT code" means each Current Procedural Terminology  
14 code, for each geographic region specified in subsection  
15 (b) of this Section, included on the most recent medical  
16 fee schedule established by the Commission pursuant to this  
17 Section.

18 "DRG code" means each current diagnosis related group  
19 code, for each geographic region specified in subsection  
20 (b) of this Section, included on the most recent medical  
21 fee schedule established by the Commission pursuant to this  
22 Section.

23 "Geozip" means a three-digit zip code based on data  
24 similarities, geographical similarities, and frequencies.

25 "Health care services" means those CPT and DRG codes  
26 for procedures, treatments, products, services or supplies



1 for hospital inpatient, hospital outpatient, emergency  
2 room, ambulatory surgical treatment centers, accredited  
3 ambulatory surgical treatment facilities, and professional  
4 services. It does not include codes classified as  
5 healthcare common procedure coding systems or dental.

6 "Medicare maximum fee" means, for each CPT and DRG  
7 code, the current maximum fee for that CPT or DRG code  
8 allowed to be charged by the Centers for Medicare and  
9 Medicaid Services for Medicare patients in that geographic  
10 region. The Medicare maximum fee shall be the greater of  
11 (i) the current maximum fee allowed to be charged by the  
12 Centers for Medicare and Medicaid Services for Medicare  
13 patients in the geographic region or (ii) the maximum fee  
14 charged by the Centers for Medicare and Medicaid Services  
15 for Medicare patients in the geographic region on January  
16 1, 2017.

17 "Medicare percentage amount" means, for each CPT and  
18 DRG code, the workers' compensation maximum fee as a  
19 percentage of the Medicare maximum fee.

20 "Workers' compensation maximum fee" means, for each  
21 CPT and DRG code, the current maximum fee allowed to be  
22 charged under the medical fee schedule established by the  
23 Commission for that CPT or DRG code in that geographic  
24 region.

25 (2) The Commission shall establish and maintain fee  
26 schedules for procedures, treatments, products, services,

1 or supplies for hospital inpatient, hospital outpatient,  
2 emergency room, ambulatory surgical treatment centers,  
3 accredited ambulatory surgical treatment facilities,  
4 prescriptions filled and dispensed outside of a licensed  
5 pharmacy, dental services, and professional services.  
6 These fee schedule amounts shall be grouped into geographic  
7 regions in the following manner:

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

10 (i) Cook County;

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

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

15 (iv) All other counties of the State.

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

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

20 (ii) Kankakee County;

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

23 (iv) Winnebago and Boone Counties;

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

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

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

2 (viii) Sangamon and Menard Counties;

3 (ix) McLean County;

4 (x) Lake County;

5 (xi) Macon County;

6 (xii) Vermilion County;

7 (xiii) Alexander County; and

8 (xiv) All other counties of the State.

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

13 (3) The initial workers' compensation maximum fee for  
14 each CPT and DRG code as of September 1, 2017 shall be  
15 determined as follows:

16 (A) Within 45 days after the effective date of this  
17 amendatory Act of the 100th General Assembly, the  
18 Commission shall determine the Medicare percentage  
19 amount for each CPT and DRG code using the most recent  
20 data available.

21 CPT or DRG codes which have a value, but are not  
22 covered expenses under Medicare, are still compensable  
23 under the medical fee schedule according to the rate  
24 described in Section (B).

25 (B) Within 30 days after the Commission makes the  
26 determinations required by subdivision (3)(A) of this

1 subsection (a-1.5), the Commission shall determine an  
2 adjustment to be made to the workers' compensation  
3 maximum fee for each CPT and DRG code as follows:

4 (i) If the Medicare percentage amount for that  
5 CPT or DRG code is equal to or less than 125%, then  
6 the workers' compensation maximum fee for that CPT  
7 or DRG code shall be adjusted so that it equals  
8 125% of the most recent Medicare maximum fee for  
9 that CPT or DRG code.

10 (ii) If the Medicare percentage amount for  
11 that CPT or DRG code is greater than 125% but less  
12 than 150%, then the workers' compensation maximum  
13 fee for that CPT or DRG code shall not be adjusted.

14 (iii) If the Medicare percentage amount for  
15 that CPT or DRG code is greater than 150% but less  
16 than or equal to 225%, then the workers'  
17 compensation maximum fee for that CPT or DRG code  
18 shall be adjusted so that it equals the greater of  
19 (I) 150% of the most recent Medicare maximum fee  
20 for that CPT or DRG code or (II) 85% of the most  
21 recent workers' compensation maximum amount for  
22 that CPT or DRG code.

23 (iv) If the Medicare percentage amount for  
24 that CPT or DRG code is greater than 225% but less  
25 than or equal to 428.57%, then the workers'  
26 compensation maximum fee for that CPT or DRG code

1 shall be adjusted so that it equals the greater of  
2 (I) 191.25% of the most recent Medicare maximum fee  
3 for that CPT or DRG code or (II) 70% of the most  
4 recent workers' compensation maximum amount for  
5 that CPT or DRG code.

6 (v) If the Medicare percentage amount for that  
7 CPT or DRG code is greater than 428.57%, then the  
8 workers' compensation maximum fee for that CPT or  
9 DRG code shall be adjusted so that it equals 300%  
10 of the most recent Medicare maximum fee for that  
11 CPT or DRG code.

12 The Commission shall promptly publish the  
13 adjustments determined pursuant to this subdivision  
14 (3) (B) on its website.

15 (C) The initial workers' compensation maximum fee  
16 for each CPT and DRG code as of September 1, 2017 shall  
17 be equal to the workers' compensation maximum fee for  
18 that code as determined and adjusted pursuant to  
19 subdivision (3) (B) of this subsection, subject to any  
20 further adjustments pursuant to subdivision (5) of  
21 this subsection.

22 (4) The Commission, as of September 1, 2018 and  
23 September 1 of each year thereafter, shall adjust the  
24 workers' compensation maximum fee for each CPT or DRG code  
25 to exactly half of the most recent annual increase in the  
26 Consumer Price Index-U.

1           (5) A person who believes that the workers'  
2           compensation maximum fee for a CPT or DRG code, as  
3           otherwise determined pursuant to this subsection, creates  
4           or would create upon implementation a significant  
5           limitation on access to quality health care in either a  
6           specific field of health care services or a specific  
7           geographic limitation on access to health care may petition  
8           the Commission to modify the workers' compensation maximum  
9           fee for that CPT or DRG code so as to not create that  
10           significant limitation.

11           The petitioner bears the burden of demonstrating, by a  
12           preponderance of the credible evidence, that the workers'  
13           compensation maximum fee that would otherwise apply would  
14           create a significant limitation on access to quality health  
15           care in either a specific field of health care services or  
16           a specific geographic limitation on access to health care.  
17           Petitions shall be made publicly available. Such credible  
18           evidence shall include empirical data demonstrating a  
19           significant limitation on access to quality health care.  
20           Other interested persons may file comments or responses to  
21           a petition within 30 days of the filing of a petition.

22           The Commission shall take final action on each petition  
23           within 180 days of filing. The Commission may, but is not  
24           required to, seek the recommendation of the Medical Fee  
25           Advisory Board to assist with this determination. If the  
26           Commission grants the petition, the Commission shall

1       further increase the workers' compensation maximum fee for  
2       that CPT or DRG code by the amount minimally necessary to  
3       avoid creating a significant limitation on access to  
4       quality health care in either a specific field of health  
5       care services or a specific geographic limitation on access  
6       to health care. The increased workers' compensation  
7       maximum fee shall take effect upon entry of the  
8       Commission's final action.

9       (a-2) For procedures, treatments, services, or supplies  
10      covered under this Act and rendered or to be rendered on or  
11      after September 1, 2011, the maximum allowable payment shall be  
12      70% of the fee schedule amounts, which shall be adjusted yearly  
13      by the Consumer Price Index-U, as described in subsection (a)  
14      of this Section. The provisions of this subsection (a-2), other  
15      than this sentence, are inoperative after August 31, 2017.

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

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

1 and doses on the closed formulary.

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

5 (b) Notwithstanding the provisions of subsection (a), if  
6 the Commission finds that there is a significant limitation on  
7 access to quality health care in either a specific field of  
8 health care services or a specific geographic limitation on  
9 access to health care, it may change the Consumer Price Index-U  
10 increase or decrease for that specific field or specific  
11 geographic limitation on access to health care to address that  
12 limitation.

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

18 (d) When a patient notifies a provider that the treatment,  
19 procedure, or service being sought is for a work-related  
20 illness or injury and furnishes the provider the name and  
21 address of the responsible employer, the provider shall bill  
22 the employer directly. The employer shall make payment and  
23 providers shall submit bills and records in accordance with the  
24 provisions of this Section.

25 (1) All payments to providers for treatment provided  
26 pursuant to this Act shall be made within 30 days of



1 receipt of the bills as long as the claim contains  
2 substantially all the required data elements necessary to  
3 adjudicate the bills.

4 (2) If the claim does not contain substantially all the  
5 required data elements necessary to adjudicate the bill, or  
6 the claim is denied for any other reason, in whole or in  
7 part, the employer or insurer shall provide written  
8 notification, explaining the basis for the denial and  
9 describing any additional necessary data elements, to the  
10 provider within 30 days of receipt of the bill.

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

21 (e) Except as provided in subsections (e-5), (e-10), and  
22 (e-15), a provider shall not hold an employee liable for costs  
23 related to a non-disputed procedure, treatment, or service  
24 rendered in connection with a compensable injury. The  
25 provisions of subsections (e-5), (e-10), (e-15), and (e-20)  
26 shall not apply if an employee provides information to the

1 provider regarding participation in a group health plan. If the  
2 employee participates in a group health plan, the provider may  
3 submit a claim for services to the group health plan. If the  
4 claim for service is covered by the group health plan, the  
5 employee's responsibility shall be limited to applicable  
6 deductibles, co-payments, or co-insurance. Except as provided  
7 under subsections (e-5), (e-10), (e-15), and (e-20), a provider  
8 shall not bill or otherwise attempt to recover from the  
9 employee the difference between the provider's charge and the  
10 amount paid by the employer or the insurer on a compensable  
11 injury, or for medical services or treatment determined by the  
12 Commission to be excessive or unnecessary.

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

1 (e-10) If an employer notifies a provider that the employer  
2 will pay only a portion of a bill for any procedure, treatment,  
3 or service rendered in connection with a compensable illness or  
4 disease, the provider may seek payment from the employee for  
5 the remainder of the amount of the bill up to the lesser of the  
6 actual charge, negotiated rate, if applicable, or the payment  
7 level set by the Commission in the fee schedule established in  
8 this Section. Once an employee informs the provider that there  
9 is an application filed with the Commission to resolve a  
10 dispute over payment of such charges, the provider shall cease  
11 any and all efforts to collect payment for the services that  
12 are the subject of the dispute. Any statute of limitations or  
13 statute of repose applicable to the provider's efforts to  
14 collect payment from the employee shall be tolled from the date  
15 that the employee files the application with the Commission  
16 until the date that the provider is permitted to resume  
17 collection efforts under the provisions of this Section.

18 (e-15) When there is a dispute over the compensability of  
19 or amount of payment for a procedure, treatment, or service,  
20 and a case is pending or proceeding before an Arbitrator or the  
21 Commission, the provider may mail the employee reminders that  
22 the employee will be responsible for payment of any procedure,  
23 treatment or service rendered by the provider. The reminders  
24 must state that they are not bills, to the extent practicable  
25 include itemized information, and state that the employee need  
26 not pay until such time as the provider is permitted to resume

1 collection efforts under this Section. The reminders shall not  
2 be provided to any credit rating agency. The reminders may  
3 request that the employee furnish the provider with information  
4 about the proceeding under this Act, such as the file number,  
5 names of parties, and status of the case. If an employee fails  
6 to respond to such request for information or fails to furnish  
7 the information requested within 90 days of the date of the  
8 reminder, the provider is entitled to resume any and all  
9 efforts to collect payment from the employee for the services  
10 rendered to the employee and the employee shall be responsible  
11 for payment of any outstanding bills for a procedure,  
12 treatment, or service rendered by a provider.

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

1 responsibility of the employee unless a provider and employee  
2 have agreed otherwise in writing. Services not covered or not  
3 compensable under this Act are not subject to the fee schedule  
4 in this Section.

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

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

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

15 (820 ILCS 305/8.2a)

16 Sec. 8.2a. Electronic claims.

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

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

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

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

1 services.

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

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

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

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

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

26 (c) The rules requiring employers and insurers to accept

1 electronic claims for payment of medical services shall be  
2 proposed on or before October 1, 2017 ~~January 1, 2012~~, and  
3 shall require all employers and insurers to accept electronic  
4 claims for payment of medical services on or before April 1,  
5 2018 ~~June 30, 2012~~.

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

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

11 (820 ILCS 305/14) (from Ch. 48, par. 138.14)

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

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

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

24 (a) substantive and procedural aspects of the  
25 arbitrator position;

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

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

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

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

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

14 (g) writing skills;

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

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

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



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

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

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

24           Notwithstanding any other provision of this Section, the  
25 term of all arbitrators serving on June 28, 2011 (the effective  
26 date of Public Act 97-18), including any arbitrators on

1 administrative leave, shall terminate at the close of business  
2 on July 1, 2011, but the incumbents shall continue to exercise  
3 all of their duties until they are reappointed or their  
4 successors are appointed.

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

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

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

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

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

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

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

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

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

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

26           The Secretary or Assistant Secretary, under the direction

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

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

16 (820 ILCS 305/19) (from Ch. 48, par. 138.19)

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

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

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

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

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

26 3. When an Arbitrator conducts a status call of cases

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

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

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

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

23       The decision of the Arbitrator shall be filed with the  
24       Commission which Commission shall immediately send to each  
25       party or his attorney a copy of such decision, together with a  
26       notification of the time when it was filed. As of the effective

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

1 the Commission.

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



1 returns to work at any other job. If the arbitrator renders a  
2 decision that the employee is not entitled to the benefits or  
3 medical care that is ~~are~~ the subject of the expedited hearing,  
4 a petition for review filed by the employee shall receive the  
5 same priority as if the employee had filed a petition for an  
6 expedited hearing by an Arbitrator. Neither party shall be  
7 entitled to an expedited hearing when the employee has returned  
8 to work and the sole issue in dispute amounts to less than 12  
9 weeks of unpaid compensation pursuant to paragraph (b) of  
10 Section 8.

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

21 Where 2 or more insurance carriers, private self-insureds,  
22 or a group workers' compensation pool under Article V 3/4 of  
23 the Illinois Insurance Code dispute coverage for the same  
24 injury, any such insurance carrier, private self-insured, or  
25 group workers' compensation pool may request an expedited  
26 hearing pursuant to this paragraph to determine the issue of

1 coverage, provided coverage is the only issue in dispute and  
2 all other issues are stipulated and agreed to and further  
3 provided that all compensation benefits including medical  
4 benefits pursuant to Section 8(a) continue to be paid to or on  
5 behalf of petitioner. Any insurance carrier, private  
6 self-insured, or group workers' compensation pool that is  
7 determined to be liable for coverage for the injury in issue  
8 shall reimburse any insurance carrier, private self-insured,  
9 or group workers' compensation pool that has paid benefits to  
10 or on behalf of petitioner for the injury.

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

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

- 23 (i) the date and approximate time of accident;  
24 (ii) the approximate location of the accident;  
25 (iii) a description of the accident;  
26 (iv) the nature of the injury incurred by the employee;

1           (v) the identity of the person, if known, to whom the  
2           accident was reported and the date on which it was  
3           reported;

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

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

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

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

25          (x) a copy of a signed report by a medical  
26          practitioner, relating to the employee's current inability

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

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

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

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

26 Fifteen days after receipt by the employer of the petition

1 with the required information the employee may file said  
2 petition and required information and shall serve notice of the  
3 filing upon the employer. The employer may file a motion  
4 addressed to the sufficiency of the petition. If an objection  
5 has been filed to the sufficiency of the petition, the  
6 arbitrator shall rule on the objection within 2 working days.  
7 If such an objection is filed, the time for filing the final  
8 decision of the Commission as provided in this paragraph shall  
9 be tolled until the arbitrator has determined that the petition  
10 is sufficient.

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

1 such Section.

2 Any employer who does not timely file and serve a written  
3 response without good cause may not introduce any evidence to  
4 dispute any claim of the employee but may cross examine the  
5 employee or any witness brought by the employee and otherwise  
6 be heard.

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

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

25 All service required pursuant to this paragraph (b-1) must  
26 be by personal service or by certified mail and with evidence

1 of receipt. In addition for the purposes of this paragraph, all  
2 service on the employer must be at the premises where the  
3 accident occurred if the premises are owned or operated by the  
4 employer. Otherwise service must be at the employee's principal  
5 place of employment by the employer. If service on the employer  
6 is not possible at either of the above, then service shall be  
7 at the employer's principal place of business. After initial  
8 service in each case, service shall be made on the employer's  
9 attorney or designated representative.

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

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

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

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

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

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

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



1 accredited practitioner thereof.

2 (e) This paragraph shall apply to all hearings before the  
3 Commission. Such hearings may be held in its office or  
4 elsewhere as the Commission may deem advisable. The taking of  
5 testimony on such hearings may be had before any member of the  
6 Commission. If a petition for review and agreed statement of  
7 facts or transcript of evidence is filed, as provided herein,  
8 the Commission shall promptly review the decision of the  
9 Arbitrator and all questions of law or fact which appear from  
10 the statement of facts or transcript of evidence.

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

24 In the event either party requests oral argument, such  
25 argument shall be had before a panel of 3 members of the  
26 Commission (or before all available members pursuant to the

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

21 In any case the Commission in its decision may find  
22 specially upon any question or questions of law or fact which  
23 shall be submitted in writing by either party whether ultimate  
24 or otherwise; provided that on issues other than nature and  
25 extent of the disability, if any, the Commission in its  
26 decision shall find specially upon any question or questions of

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

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

1 provided for in paragraphs (b) and (c) shall be the record of  
2 the proceedings of the Commission, and shall be subject to  
3 review as hereinafter provided.

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

24 Decisions rendered by the Commission and dissents, if any,  
25 shall be published together by the Commission. The conclusions  
26 of law set out in such decisions shall be regarded as

1 precedents by arbitrators for the purpose of achieving a more  
2 uniform administration of this Act.

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

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

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

1 Commission and other parties in interest.

2 The Commission shall not be required to certify the  
3 record of their proceedings to the Circuit Court, unless  
4 the party commencing the proceedings for review in the  
5 Circuit Court as above provided, shall file with the  
6 Commission notice of intent to file for review in Circuit  
7 Court. It shall be the duty of the Commission upon such  
8 filing of notice of intent to file for review in the  
9 Circuit Court to prepare a true and correct copy of such  
10 testimony and a true and correct copy of all other matters  
11 contained in such record and certified to by the Secretary  
12 or Assistant Secretary thereof. The changes made to this  
13 subdivision (f)(1) by this amendatory Act of the 98th  
14 General Assembly apply to any Commission decision entered  
15 after the effective date of this amendatory Act of the 98th  
16 General Assembly.

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

26 (2) No such summons shall issue unless the one against

1 whom the Commission shall have rendered an award for the  
2 payment of money shall upon the filing of his written  
3 request for such summons file with the clerk of the court a  
4 bond conditioned that if he shall not successfully  
5 prosecute the review, he will pay the award and the costs  
6 of the proceedings in the courts. The amount of the bond  
7 shall be fixed by any member of the Commission and the  
8 surety or sureties of the bond shall be approved by the  
9 clerk of the court. The acceptance of the bond by the clerk  
10 of the court shall constitute evidence of his approval of  
11 the bond.

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

22 The court may confirm or set aside the decision of the  
23 Commission. If the decision is set aside and the facts  
24 found in the proceedings before the Commission are  
25 sufficient, the court may enter such decision as is  
26 justified by law, or may remand the cause to the Commission



1 for further proceedings and may state the questions  
2 requiring further hearing, and give such other  
3 instructions as may be proper. Appeals shall be taken to  
4 the Appellate Court in accordance with Supreme Court Rules  
5 22(g) and 303. Appeals shall be taken from the Appellate  
6 Court to the Supreme Court in accordance with Supreme Court  
7 Rule 315.

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

12 The decision of a majority of the members of the panel  
13 of the Commission, shall be considered the decision of the  
14 Commission.

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

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

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

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

25 However, as to accidents occurring subsequent to July 1,  
26 1955, which are covered by any agreement or award under this

1 Act providing for compensation in installments made as a result  
2 of such accident, such agreement or award may at any time  
3 within 30 months, or 60 months in the case of an award under  
4 Section 8(d)1, after such agreement or award be reviewed by the  
5 Commission at the request of either the employer or the  
6 employee on the ground that the disability of the employee has  
7 subsequently recurred, increased, diminished or ended.

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

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

25 (i) Each party, upon taking any proceedings or steps  
26 whatsoever before any Arbitrator, Commission or court, shall

1 file with the Commission his address, or the name and address  
2 of any agent upon whom all notices to be given to such party  
3 shall be served, either personally or by registered mail,  
4 addressed to such party or agent at the last address so filed  
5 with the Commission. In the event such party has not filed his  
6 address, or the name and address of an agent as above provided,  
7 service of any notice may be had by filing such notice with the  
8 Commission.

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

20 (k) In a case where there has been any unreasonable or  
21 vexatious delay of payment or intentional underpayment of  
22 compensation, or proceedings have been instituted or carried on  
23 by the one liable to pay the compensation, which do not present  
24 a real controversy, but are merely frivolous or for delay, then  
25 the Commission may award compensation additional to that  
26 otherwise payable under this Act equal to 50% of the amount

1 payable at the time of such award. Failure to pay compensation  
2 in accordance with the provisions of Section 8, paragraph (b)  
3 of this Act, shall be considered unreasonable delay.

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

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

24 (m) If the commission finds that an accidental injury was  
25 directly and proximately caused by the employer's wilful  
26 violation of a health and safety standard under the Health and

1 Safety Act or the Occupational Safety and Health Act in force  
2 at the time of the accident, the arbitrator or the Commission  
3 shall allow to the injured employee or his dependents, as the  
4 case may be, additional compensation equal to 25% of the amount  
5 which otherwise would be payable under the provisions of this  
6 Act exclusive of this paragraph. The additional compensation  
7 herein provided shall be allowed by an appropriate increase in  
8 the applicable weekly compensation rate.

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

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

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

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

26           (p) After filing an application for adjustment of claim but

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



1 under Section 13.1 shall compile a list of certified Commission  
2 arbitrators, each of whom shall be approved by at least 7  
3 members of the Advisory Board. The chairman shall select 5  
4 persons from such list to serve as arbitrators under this  
5 subsection (p). By agreement, the parties shall select one  
6 arbitrator from among the 5 persons selected by the chairman  
7 except that if the parties do not agree on an arbitrator from  
8 among the 5 persons, the parties may, by agreement, select an  
9 arbitrator of the American Arbitration Association, whose fee  
10 shall be paid by the State in accordance with rules promulgated  
11 by the Commission. Arbitration under this subsection (p) shall  
12 be voluntary.

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

15 (820 ILCS 305/25.5)

16 Sec. 25.5. Unlawful acts; penalties.

17 (a) It is unlawful for any person, company, corporation,  
18 insurance carrier, healthcare 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  
24 for the purpose of obtaining or denying any workers'  
25 compensation benefit.

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

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

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

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

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

26           (8) Intentionally assist, abet, solicit, or conspire

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

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

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

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

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

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

16 (3) 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 \$500 or less is a  
19 Class A misdemeanor.

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

24 (5) A violation of paragraph (a)(1), (a)(2), (a)(5),  
25 (a)(6), or (a)(9) in which the value of the property  
26 obtained or attempted to be obtained is more than \$10,000

1 but not more than \$100,000 is a Class 2 felony.

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

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

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

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

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

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

23 (8) ~~(5)~~ A person convicted under this Section shall be  
24 ordered to pay monetary restitution to the insurance  
25 company or self-insured entity or any other person for any  
26 financial loss sustained as a result of a violation of this

1 Section, including any court costs and attorney fees. An  
2 order of restitution also includes expenses incurred and  
3 paid by the State of Illinois or an insurance company or  
4 self-insured entity in connection with any medical  
5 evaluation or treatment services.

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

1 financial loss sustained as a result of violation of this  
2 Section may seek restitution, including court costs and  
3 attorney's fees in a civil action in a court of competent  
4 jurisdiction.

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

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

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

20           (e) In order for the fraud and insurance non-compliance  
21 unit to investigate a report of fraud related to an employee's  
22 claim, (i) the employee must have filed with the Commission an  
23 Application for Adjustment of Claim and the employee must have  
24 either received or attempted to receive benefits under this Act  
25 that are related to the reported fraud or (ii) the employee  
26 must have made a written demand for the payment of benefits

1 that are related to the reported fraud. There shall be no  
2 immunity, under this Act or otherwise, for any person who files  
3 a false report or who files a report without good and just  
4 cause. Confidentiality of medical information shall be  
5 strictly maintained. Investigations that are not referred for  
6 prosecution shall be destroyed upon the expiration of the  
7 statute of limitations for the acts under investigation and  
8 shall not be disclosed except that the person making the report  
9 shall be notified that the investigation is being closed. It is  
10 unlawful for any employer, insurance carrier, service  
11 adjustment company, third party administrator, self-insured,  
12 or similar entity to file or threaten to file a report of fraud  
13 against an employee because of the exercise by the employee of  
14 the rights and remedies granted to the employee by this Act.

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



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

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

26      (f) Any person convicted of fraud related to workers'

1 compensation pursuant to this Section shall be subject to the  
2 penalties prescribed in the Criminal Code of 2012 and shall be  
3 ineligible to receive or retain any compensation, disability,  
4 or medical benefits as defined in this Act if the compensation,  
5 disability, or medical benefits were owed or received as a  
6 result of fraud for which the recipient of the compensation,  
7 disability, or medical benefit was convicted. This subsection  
8 applies to accidental injuries or diseases that occur on or  
9 after the effective date of this amendatory Act of the 94th  
10 General Assembly.

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

25 (h) The fraud and insurance non-compliance unit shall  
26 submit a written report on an annual basis to the Chairman of

1 the Commission, the Workers' Compensation Advisory Board, the  
2 General Assembly, the Governor, and the Attorney General by  
3 January 1 and July 1 of each year. This report shall include,  
4 at the minimum, the following information:

5 (1) The number of allegations of insurance  
6 non-compliance and fraud reported to the fraud and  
7 insurance non-compliance unit.

8 (2) The source of the reported allegations  
9 (individual, employer, or other).

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

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

15 (5) All proceedings under this Section.

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

17 (820 ILCS 305/29.2)

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

19 (a) The Department of Insurance shall annually submit to  
20 the Governor, the Chairman of the Commission, the President of  
21 the Senate, the Speaker of the House of Representatives, the  
22 Minority Leader of the Senate, and the Minority Leader of the  
23 House of Representatives a written report that details the  
24 state of the workers' compensation insurance market in  
25 Illinois. The report shall be completed by April 1 of each

1 year, beginning in 2012, or later if necessary data or analyses  
2 are only available to the Department at a later date. The  
3 report shall be posted on the Department of Insurance's  
4 Internet website. Information to be included in the report  
5 shall be for the preceding calendar year. The report shall  
6 include, at a minimum, the following:

7 (1) Gross premiums collected by workers' compensation  
8 carriers in Illinois and the national rank of Illinois  
9 based on premium volume.

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

15 (3) The total number of insured participants in the  
16 Illinois workers' compensation assigned risk insurance  
17 pool, and the size of the assigned risk pool as a  
18 proportion of the total Illinois workers' compensation  
19 insurance market.

20 (4) The advisory organization premium rate for  
21 workers' compensation insurance in Illinois for the  
22 previous year.

23 (5) The advisory organization prescribed assigned risk  
24 pool premium rate.

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

1           (7) The total amount of medical payments made by  
2 workers' compensation insurers in Illinois, and the  
3 national rank of Illinois based on average cost of medical  
4 claims per injured worker.

5           (8) The gross profitability of workers' compensation  
6 insurers in Illinois, and the national rank of Illinois  
7 based on profitability of workers' compensation insurers.

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

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

19           (11) The number of injured workers receiving wage loss  
20 differential awards and the average wage loss differential  
21 award payout.

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

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

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

1 level;

2 (iii) the maximum and minimum total disability  
3 benefit level; and

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

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

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

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

12 (16) The total amount paid by injured workers for  
13 attorney representation.

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

26 (1) The number of employers that self-insure for

1 workers' compensation.

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

4 (3) The total amount of indemnity payments made by  
5 self-insureds.

6 (4) The total amount of medical payments made by  
7 self-insureds.

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

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

12 (i) the maximum and minimum temporary total  
13 disability benefit levels;

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

17 (iii) the maximum and minimum total disability  
18 benefit levels; and

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

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

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

25 (b) The Director of Insurance shall promulgate rules  
26 requiring each insurer licensed to write workers' compensation

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

5 (1) The number of claims opened.

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

7 (3) The number of contested claims.

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

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

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

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

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

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

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

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



1 review.

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

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

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

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

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

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

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

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

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

22 Section 99. Effective date. This Act takes effect upon  
23 becoming law.

1 INDEX

2 Statutes amended in order of appearance

3 5 ILCS 140/7.5

4 720 ILCS 5/17-10.4 new

5 820 ILCS 305/1 from Ch. 48, par. 138.1

6 820 ILCS 305/8 from Ch. 48, par. 138.8

7 820 ILCS 305/8.1b

8 820 ILCS 305/8.2

9 820 ILCS 305/8.2a

10 820 ILCS 305/14 from Ch. 48, par. 138.14

11 820 ILCS 305/19 from Ch. 48, par. 138.19

12 820 ILCS 305/25.5

13 820 ILCS 305/29.2