

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 forth in said order.

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

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

13 (215 ILCS 5/462a new)

14 Sec. 462a. Premiums; review.

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

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

24 If within 30 days of any proper request for review under
25 this Section, the Director finds that the premium does not meet

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

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

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

22 (215 ILCS 5/460 rep.)

23 Section 3. The Illinois Insurance Code is amended by
24 repealing Section 460.

1 Section 4. The Workers' Compensation Act is amended by
2 adding Section 4e as follows:

3 (820 ILCS 305/4e new)

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

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

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

1 those premium rates incorporate and take into account the
2 certified program.

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

12 Section 5. The Prevailing Wage Act is amended by changing
13 Section 6 as follows:

14 (820 ILCS 130/6) (from Ch. 48, par. 39s-6)

15 Sec. 6. Any officer, agent or representative of any public
16 body who wilfully violates, or willfully fails to comply with,
17 any of the ~~the~~ provisions of this Act, and any contractor or
18 subcontractor, and any officer, employee, or agent thereof, who
19 as such officer, employee, or agent, has a duty to create,
20 keep, maintain, or produce any record or document required by
21 this Act to be created, kept, maintained, or produced who
22 willfully fails to create, keep, maintain, or produce such
23 record or document as or when required by this Act, is guilty
24 of a Class A misdemeanor.

1 The Department of Labor shall inquire diligently as to any
2 violation of this Act, shall institute actions for penalties
3 herein prescribed, and shall enforce generally the provisions
4 of this Act. The Attorney General shall prosecute such cases
5 upon complaint by the Department or any interested person.

6 (Source: P.A. 97-571, eff. 1-1-12.)

7 Section 6. The Workers' Compensation Act is amended by
8 changing Section 1 as follows:

9 (820 ILCS 305/1) (from Ch. 48, par. 138.1)

10 Sec. 1. This Act may be cited as the Workers' Compensation
11 Act.

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

13 1. The State and each county, city, town, township,
14 incorporated village, school district, body politic, or
15 municipal corporation therein.

16 2. Every person, firm, public or private corporation,
17 including hospitals, public service, eleemosynary, religious
18 or charitable corporations or associations who has any person
19 in service or under any contract for hire, express or implied,
20 oral or written, and who is engaged in any of the enterprises
21 or businesses enumerated in Section 3 of this Act, or who at or
22 prior to the time of the accident to the employee for which
23 compensation under this Act may be claimed, has in the manner
24 provided in this Act elected to become subject to the

1 provisions of this Act, and who has not, prior to such
2 accident, effected a withdrawal of such election in the manner
3 provided in this Act.

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

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

26 This subsection does not apply in any case where the

1 accident occurs elsewhere than on, in or about the immediate
2 premises on which the principal has contracted that the work be
3 done.

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

24 Where an employee files an Application for Adjustment of
25 Claim with the Illinois Workers' Compensation Commission
26 alleging that his claim is covered by the provisions of the

1 preceding paragraph, and joining both the alleged loaning and
2 borrowing employers, they and each of them, upon written demand
3 by the employee and within 7 days after receipt of such demand,
4 shall have the duty of filing with the Illinois Workers'
5 Compensation Commission a written admission or denial of the
6 allegation that the claim is covered by the provisions of the
7 preceding paragraph and in default of such filing or if any
8 such denial be ultimately determined not to have been bona fide
9 then the provisions of Paragraph K of Section 19 of this Act
10 shall apply.

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

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

20 1. Every person in the service of the State, including
21 members of the General Assembly, members of the Commerce
22 Commission, members of the Illinois Workers' Compensation
23 Commission, and all persons in the service of the University of
24 Illinois, county, including deputy sheriffs and assistant
25 state's attorneys, city, town, township, incorporated village
26 or school district, body politic, or municipal corporation

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

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

25 2. Every person in the service of another under any
26 contract of hire, express or implied, oral or written,

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

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

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

21 However, any employer may elect to provide and pay
22 compensation to any employee other than those engaged in the
23 usual course of the trade, business, profession or occupation
24 of the employer by complying with Sections 2 and 4 of this Act.
25 Employees are not included within the provisions of this Act
26 when excluded by the laws of the United States relating to

1 liability of employers to their employees for personal injuries
2 where such laws are held to be exclusive.

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

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

10 (d) To obtain compensation under this Act, an employee
11 bears the burden of showing, by a preponderance of the
12 evidence, that he or she has sustained accidental injuries
13 arising out of and in the course of the employment. Except as
14 provided in subsection (e) of this Section, accidental injuries
15 sustained while traveling to or from work do not arise out of
16 and in the course of employment.

17 For the purposes of this subsection (d):

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

20 "Arising out of the employment" refers to causal
21 connection. It must be shown that the injury had its origin in
22 some risk connected with, or incidental to, the employment so
23 as to create a causal connection between the employment and the
24 accidental injuries. An injury arises out of the employment if,
25 at the time of the occurrence, the employee was performing acts
26 he or she was instructed to perform by his or her employer,

1 acts which he or she had a common law or statutory duty to
2 perform, or acts which the employee might reasonably be
3 expected to perform incident to his or her assigned duties. A
4 risk is incidental to the employment where it belongs to or is
5 connected with what an employee has to do in fulfilling his or
6 her duties.

7 (e) Where an employee is required to travel away from his
8 or her employer's premises in order to perform his or her job,
9 the traveling employee's accidental injuries arise out of his
10 or her employment, and are in the course of his or her
11 employment, when the conduct in which he or she was engaged at
12 the time of the injury is reasonable and when that conduct
13 might have been anticipated or foreseen by the employer.
14 Accidental injuries while traveling do not occur in the course
15 of employment if the accident occurs during a purely personal
16 deviation or personal errand unless such deviation or errand is
17 insubstantial.

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

20 Section 7. The Workers' Compensation Act is amended by
21 adding Section 35 as follows:

22 (820 ILCS 305/35 new)

23 Sec. 35. Repetitive and cumulative injuries; right of
24 contribution.

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

6 (b) If an award is made for benefits in connection with
7 repetitive or cumulative injury resulting from employment with
8 more than one employer, the employer liable for award or its
9 insurer is entitled to contributions or reimbursement from each
10 of the employee's prior employers which are subject to this Act
11 or their insurers for the prior employer's pro rata share of
12 responsibility as determined by the Commission. The right to
13 contribution or reimbursement under this Section shall not
14 delay, diminish, restrict, or alter in any way the benefits to
15 which the employee or his or her dependents are entitled under
16 this Act. At any time within one year after the Commission or
17 the Arbitrator has made an award for benefits in connection
18 with repetitive or cumulative injury, the employer liable under
19 the award or its insurer may institute proceedings before the
20 Commission for the purpose of determining the right of
21 contribution or reimbursement. The proceeding shall not delay,
22 diminish, restrict, or alter in any way the benefits to which
23 the employee or his or her dependents are entitled under this
24 Act, but shall be limited to a determination of the respective
25 contribution or reimbursement rights and the responsibilities
26 of all the employers joined in the proceeding. The employee has

1 the duty of rendering reasonable cooperation in any such
2 proceeding.

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

6 (d) This Section shall apply only to injuries occurring on
7 or after the effective date of this amendatory Act of the 99th
8 General Assembly.

9 (e) The Commission shall adopt emergency rules under
10 Section 5-45 of the Illinois Administrative Procedure Act to
11 implement the provisions of this Section to implement this
12 Section.

13 Section 8. The Workers' Compensation Act is amended by
14 changing Section 29.2 and by adding Section 29.3 as follows:

15 (820 ILCS 305/29.2)

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

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

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

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

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

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

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

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

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

26 (7) The total amount of medical payments made by

1 workers' compensation insurers in Illinois, and the
2 national rank of Illinois based on average cost of medical
3 claims per injured worker.

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

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

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

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

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

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

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

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

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

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

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

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

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

13 (a-5) The Department of Insurance shall annually submit to
14 the Governor, the Chairman of the Commission, and the General
15 Assembly a written report that details the state of
16 self-insurance for workers' compensation in Illinois. The
17 report shall be completed by October 1, 2015 and April 1 of
18 each year thereafter or later if necessary data or analyses are
19 only available to the Department at a later date. The report
20 shall be posted on the Department of Insurance's Internet
21 website. Information to be included in the report shall be for
22 the preceding calendar year. The report shall include, at a
23 minimum, the following:

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

26 (2) The total number of employers belonging to a group

1 workers' compensation pool.

2 (3) The total amount of indemnity payments made by
3 self-insureds and by group workers' compensation pools in
4 Illinois.

5 (4) The total amount of medical payments made by
6 self-insureds and by group workers' compensation pools in
7 Illinois, and the national rank of Illinois based on
8 average cost of medical claims per injured worker.

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

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

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

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

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

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

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

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

26 (9) The aggregate growth of medical utilization for the

1 top 10 most common injuries to specific body parts by
2 non-hospital providers and hospitals.

3 (b) The Director of Insurance shall promulgate rules
4 requiring each insurer licensed to write workers' compensation
5 coverage in the State self-insured employer, and group workers'
6 compensation pool to record and report the following
7 information on an aggregate basis to the Department of
8 Insurance before March 1 of each year, relating to claims in
9 the State opened within the prior calendar year:

10 (1) The number of claims opened.

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

12 (3) The number of contested claims.

13 (4) The number of claims for which the employee has
14 attorney representation.

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

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

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

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

25 (9) The number of claims in which in-house defense
26 counsel participated, and the total amount spent on

1 in-house legal services.

2 (10) The number of claims in which outside defense
3 counsel participated, and the total amount paid to outside
4 defense counsel.

5 (11) The total amount billed to employers for bill
6 review.

7 (12) The total amount billed to employers for fee
8 schedule savings.

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

11 (14) The number of claims involving in-house medical
12 nurse case management, and the total amount spent on
13 in-house medical nurse case management.

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

17 (16) The total amount paid for Independent Medical
18 exams.

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

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

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

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

1 (820 ILCS 305/29.3 new)

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

3 (a) There is created the Workers' Compensation Premium
4 Rates Task Force consisting of 12 members appointed as follows:
5 2 legislative members appointed by the Speaker of the House of
6 Representatives; 2 legislative members appointed by the
7 Minority Leader of the House of Representatives; 2 legislative
8 members appointed by the President of the Senate; 2 legislative
9 members appointed by the Minority Leader of the Senate; and one
10 member appointed by the Governor from each of the following
11 organizations: (i) a statewide association representing
12 retailers; (ii) a statewide association representing
13 manufacturers; (iii) a statewide association representing
14 labor interests; and (iv) a statewide association representing
15 injured workers. The members of the Task Force shall be
16 appointed by August 1, 2015. Two co-chairpersons, representing
17 different political parties, shall be selected by the members
18 of the Task Force. Members of the Task Force shall receive no
19 compensation for their service on the Task Force.

20 (b) The Task Force shall study the National Council on
21 Compensation Insurance's recommendations for workers'
22 compensation premium rates and the extent to which Illinois
23 employers' actual premiums reflect these recommended rates.
24 The Department of Insurance shall provide administrative
25 support to the Task Force.

1 (c) The Task Force shall report its findings and
2 recommendations to the General Assembly no later than December
3 31, 2015.

4 (d) This Section is repealed on December 31, 2016.