



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB5354

by Rep. Michael D. Unes

SYNOPSIS AS INTRODUCED:

5 ILCS 140/7.5	
215 ILCS 5/457	from Ch. 73, par. 1065.4
720 ILCS 5/17-10.4 new	
820 ILCS 305/1	from Ch. 48, par. 138.1
820 ILCS 305/8	from Ch. 48, par. 138.8
820 ILCS 305/8.2	
820 ILCS 305/8.2a	
820 ILCS 305/19	from Ch. 48, par. 138.19
820 ILCS 305/25.5	
820 ILCS 305/29.2	

Amends the Workers' Compensation Act. Limits the scope of the term "arising out of and in the course of employment". Makes changes regarding recovery when an employee is travelling. Increases the duration of the period of temporary total incapacity necessary for recovery. Provides that injuries to the shoulder and hip are to be considered to be injuries to the arm and leg, respectfully. Provides for the implementation of a closed formulary for prescription medicine. Provides for electronic claims. Requires the posting of collateral when seeking judicial review. Provides for a penalty for vexatious delay in payment of benefits. Increases criminal penalties for specified unlawful acts. Requires the Workers' Compensation Commission to provide annual reports to the Governor and General Assembly regarding self-insurance. Amends the Freedom of Information Act to exempt certain workers' compensation related information from the scope of that Act. Amends the Criminal Code of 2012 create the offense of workers' compensation fraud and prescribe penalties.

LRB100 17830 JLS 33010 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 5. The Freedom of Information Act is amended by
5 changing Section 7.5 as follows:

6 (5 ILCS 140/7.5)

7 (Text of Section before amendment by P.A. 100-512 and
8 100-517)

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

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

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

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

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

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

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

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

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

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

25 (j) Information and data concerning the distribution
26 of surcharge moneys collected and remitted by carriers

1 under the Emergency Telephone System Act.

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

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

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

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

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

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

1 Regional Transportation Authority under Section 2.11 of
2 the Regional Transportation Authority Act or the St. Clair
3 County Transit District under the Bi-State Transit Safety
4 Act.

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

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

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

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

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

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

11 (w) Personally identifiable information which is
12 exempted from disclosure under subsection (g) of Section
13 19.1 of the Toll Highway Act.

14 (x) Information which is exempted from disclosure
15 under Section 5-1014.3 of the Counties Code or Section
16 8-11-21 of the Illinois Municipal Code.

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

25 (z) Records and information provided to a fatality
26 review team or the Illinois Fatality Review Team Advisory

1 Council under Section 15 of the Adult Protective Services
2 Act.

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

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

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

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

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

15 (ff) Information that is exempted from disclosure
16 under the Revised Uniform Unclaimed Property Act.

17 (gg) ~~(ff)~~ Information that is prohibited from being
18 disclosed under Section 7-603.5 of the Illinois Vehicle
19 Code.

20 (hh) ~~(ff)~~ Records that are exempt from disclosure under
21 Section 1A-16.7 of the Election Code.

22 (ii) ~~(ff)~~ Information which is exempted from
23 disclosure under Section 2505-800 of the Department of
24 Revenue Law of the Civil Administrative Code of Illinois.

25 (Source: P.A. 99-78, eff. 7-20-15; 99-298, eff. 8-6-15; 99-352,
26 eff. 1-1-16; 99-642, eff. 7-28-16; 99-776, eff. 8-12-16;

1 99-863, eff. 8-19-16; 100-20, eff. 7-1-17; 100-22, eff. 1-1-18;
2 100-201, eff. 8-18-17; 100-373, eff. 1-1-18; 100-464, eff.
3 8-28-17; 100-465, eff. 8-31-17; revised 11-2-17.)

4 (Text of Section after amendment by P.A. 100-517 but before
5 amendment by P.A. 100-512)

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

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11 Development Act.

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14 Records Confidentiality Act.

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19 Procedures Board or its staff relating to applications it
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22 Public Health and its authorized representatives relating
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24 disease or any information the disclosure of which is
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6 Qualifications Based Selection Act.

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8 and exempted under Section 50 of the Illinois Prepaid
9 Tuition Act.

10 (h) Information the disclosure of which is exempted
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12 records of any lawfully created State or local inspector
13 general's office that would be exempt if created or
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18 emergency energy plan ordinance that is adopted under
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6 database created pursuant to Article 3 of the Residential
7 Real Property Disclosure Act, except to the extent
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10 compensation and expenses for court appointed trial
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12 Crimes Litigation Act. This subsection (n) shall apply
13 until the conclusion of the trial of the case, even if the
14 prosecution chooses not to pursue the death penalty prior
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16 Section 1A-16.7 of the Election Code.

17 (ii) ~~(ff)~~ Information which is exempted from
18 disclosure under Section 2505-800 of the Department of
19 Revenue Law of the Civil Administrative Code of Illinois.

20 (jj) ~~(ff)~~ Information and reports that are required to
21 be submitted to the Department of Labor by registering day
22 and temporary labor service agencies but are exempt from
23 disclosure under subsection (a-1) of Section 45 of the Day
24 and Temporary Labor Services Act.

25 (Source: P.A. 99-78, eff. 7-20-15; 99-298, eff. 8-6-15; 99-352,
26 eff. 1-1-16; 99-642, eff. 7-28-16; 99-776, eff. 8-12-16;

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16 Section 1A-16.7 of the Election Code.

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19 the Civil Administrative Code of Illinois.

20 (jj) ~~(ff)~~ Information and reports that are required to
21 be submitted to the Department of Labor by registering day
22 and temporary labor service agencies but are exempt from
23 disclosure under subsection (a-1) of Section 45 of the Day
24 and Temporary Labor Services Act.

25 (kk) ~~(ff)~~ Information prohibited from disclosure under
26 the Seizure and Forfeiture Reporting Act.

1 (11) Information the disclosure of which is restricted
2 and exempted under Sections 25.5 and 29.2 of the Workers'
3 Compensation Act.

4 (Source: P.A. 99-78, eff. 7-20-15; 99-298, eff. 8-6-15; 99-352,
5 eff. 1-1-16; 99-642, eff. 7-28-16; 99-776, eff. 8-12-16;
6 99-863, eff. 8-19-16; 100-20, eff. 7-1-17; 100-22, eff. 1-1-18;
7 100-201, eff. 8-18-17; 100-373, eff. 1-1-18; 100-464, eff.
8 8-28-17; 100-465, eff. 8-31-17; 100-512, eff. 7-1-18; 100-517,
9 eff. 6-1-18; revised 11-2-17.)

10 Section 10. The Illinois Insurance Code is amended by
11 changing Section 457 as follows:

12 (215 ILCS 5/457) (from Ch. 73, par. 1065.4)

13 Sec. 457. Rate filings. (1) Beginning January 1, 1983,
14 every company shall file with the Director every manual of
15 classifications, every manual of rules and rates, every rating
16 plan and every modification of the foregoing which it intends
17 to use. Such filings shall be made not later than 30 days after
18 they become effective. A company may satisfy its obligation to
19 make such filings by adopting the filing of a licensed rating
20 organization of which it is a member or subscriber, filed
21 pursuant to subsection (2) of this Section, in total or by
22 notifying the Director in what respects it intends to deviate
23 from such filing. Any company adopting a pure premium filed by
24 a rating organization pursuant to subsection (2) must file with

1 the Director the modification factor it is using for expenses
2 and profit so that the final rates in use by such company can
3 be determined.

4 (1.5) Beginning within 30 days of the effective date of
5 this amendatory Act of the 100th General Assembly, an insurer
6 deviating from the workers' compensation loss cost or rate
7 filing of a licensed rating organization of which it is a
8 member shall provide to the Director, within 5 business days of
9 adoption of the deviation, supporting information that
10 specifies the basis and justification for the deviation.

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

1 coverage contemplated.

2 (2.5) On and after January 1, 2019, the Director shall
3 conduct or authorize an independent actuarial review of any
4 workers' compensation loss cost or rate filing by a licensed
5 rating organization. The review must be completed within 30
6 days of the filing. The cost of the review shall be paid by the
7 rating organization.

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

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

12 Section 15. The Criminal Code of 2012 is amended by adding
13 Section 17-10.4 as follows:

14 (720 ILCS 5/17-10.4 new)

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

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

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

21 (2) Intentionally make or cause to be made any false or
22 fraudulent material statement or material representation
23 for the purpose of obtaining or denying any workers'
24 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 benefit.

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 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 the Workers' Compensation 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 present a bill or statement for the

1 payment for medical services that were not provided.

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

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

10 (b) Sentence.

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

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

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

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

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

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

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

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

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

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

12 Section 20. The Workers' Compensation Act is amended by
13 changing Sections 1, 8, 8.2, 8.2a, 19, 25.5, and 29.2 as
14 follows:

15 (820 ILCS 305/1) (from Ch. 48, par. 138.1)

16 Sec. 1. This Act may be cited as the Workers' Compensation
17 Act.

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

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

22 2. Every person, firm, public or private corporation,
23 including hospitals, public service, eleemosynary, religious
24 or charitable corporations or associations who has any person

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

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

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

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

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

1 rendering reasonable cooperation in any hearings, trials or
2 proceedings in the case, including such proceedings for
3 reimbursement.

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

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

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

26 1. Every person in the service of the State, including

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

24 One employed by a contractor who has contracted with the
25 State, or a county, city, town, township, incorporated village,
26 school district, body politic or municipal corporation

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

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

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

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

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

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

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

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

20 (1) An accidental injury shall not be considered to be
21 "arising out of and in the course of employment" if,
22 without limitation, the accidental injury or the medical
23 condition for which compensation is sought:

24 (A) resulted from a hazard or risk that was not
25 incidental to the employment or did not occur at a time
26 and place and under circumstances reasonably required

1 by the employment;

2 (B) resulted from a personal or neutral risk
3 including, in the case of an employee who is required
4 to travel for performance of job duties, a personal or
5 neutral risk associated with travel;

6 (C) occurred (i) while the claimant was traveling
7 away from the employer's premises and the travel was
8 not required for the performance of job duties or (ii)
9 during the claimant's commute to and from the
10 employer's premises; or

11 (D) occurred while the claimant, including a
12 claimant who is required to travel for performance of
13 job duties is (i) on a paid or unpaid break and is not
14 performing any specific tasks for the employer during
15 the break or (ii) is on a personal detour or deviation,
16 regardless of whether or not the claimant is otherwise
17 traveling for employment purposes.

18 (2) A hazard or risk is not incidental to the
19 employment if it is a risk of everyday living commonly
20 faced by members of the general public or is associated
21 with an activity of everyday life, regardless of whether
22 the employee was performing an activity required by the
23 employment at the time of the injury or an activity
24 connected with what the employee has to do in fulfilling
25 his duties. A risk commonly faced by members of the general
26 public or associated with an activity of everyday life is a

1 neutral risk.

2 (3) In determining whether an employee is required to
3 travel for the performance of job duties, the following
4 factors shall be considered: (i) whether the employer had
5 knowledge that the employee may be required to travel to
6 perform the job; (ii) whether the employer furnished any
7 mode of transportation to or from the employee; (iii)
8 whether the employee received, or the employer paid or
9 agreed to pay, any remuneration or reimbursement for costs
10 or expenses of any form of travel; (iv) whether the
11 employer in any way directed the course or method of
12 travel; (v) whether the employer in any way assisted the
13 employee in making any travel arrangements; and (vi)
14 whether the employer furnished lodging or in any way
15 reimbursed the employee for lodging.

16 (4) Notwithstanding any provision of this Act to the
17 contrary, if an employee, who sustained an accidental
18 injury compensable under this Act that results in a
19 responsibility to pay compensation on the part of the
20 employer, subsequently sustains another injury due to his
21 own intentional conduct or negligence that accelerates,
22 aggravates or worsens the effects or disability of the
23 first injury in any manner, regardless of whether or not he
24 has fully recovered from the effects of the first injury,
25 the employer's responsibility to pay compensation to the
26 employee or his or her dependents shall not be increased

1 due to the effects or disability resulting from the
2 subsequent injury, unless the subsequent injury arose out
3 of and in the course of employment.

4 (5) An injury, its occupational cause, and any
5 resulting manifestations or disability must be established
6 a reasonable degree of medical certainty, based on
7 objective relevant medical findings.

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

10 (820 ILCS 305/8) (from Ch. 48, par. 138.8)

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

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

1 surgical, and hospital services, the employer shall make such
2 payment to the provider on behalf of the employee. The employer
3 shall also pay for treatment, instruction and training
4 necessary for the physical, mental and vocational
5 rehabilitation of the employee, including all maintenance
6 costs and expenses incidental thereto. If as a result of the
7 injury the employee is unable to be self-sufficient the
8 employer shall further pay for such maintenance or
9 institutional care as shall be required.

10 The employee may at any time elect to secure his own
11 physician, surgeon and hospital services at the employer's
12 expense, or,

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

1 medical services outside the Panel at the employer's expense.
2 Provided that, in the event the Commission shall find that a
3 doctor selected by the employee is rendering improper or
4 inadequate care, the Commission may order the employee to
5 select another doctor certified or qualified in the medical
6 field for which treatment is required. If the employee refuses
7 to make such change the Commission may relieve the employer of
8 his obligation to pay the doctor's charges from the date of
9 refusal to the date of compliance.

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

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

26 When the employee is working light duty on a part-time

1 basis or full-time basis and earns less than he or she would be
2 earning if employed in the full capacity of the job or jobs,
3 then the employee shall be entitled to temporary partial
4 disability benefits. Temporary partial disability benefits
5 shall be equal to two-thirds of the difference between the
6 average amount that the employee would be able to earn in the
7 full performance of his or her duties in the occupation in
8 which he or she was engaged at the time of accident and the
9 gross amount which he or she is earning in the modified job
10 provided to the employee by the employer or in any other job
11 that the employee is working.

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

19 Notwithstanding the foregoing, the employer's liability to
20 pay for such medical services selected by the employee shall be
21 limited to:

- 22 (1) all first aid and emergency treatment; plus
23 (2) all medical, surgical and hospital services
24 provided by the physician, surgeon or hospital initially
25 chosen by the employee or by any other physician,
26 consultant, expert, institution or other provider of

1 services recommended by said initial service provider or
2 any subsequent provider of medical services in the chain of
3 referrals from said initial service provider; plus

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

19 (4) The following shall apply for injuries occurring on
20 or after June 28, 2011 (the effective date of Public Act
21 97-18) and only when an employer has an approved preferred
22 provider program pursuant to Section 8.1a on the date the
23 employee sustained his or her accidental injuries:

24 (A) The employer shall, in writing, on a form
25 promulgated by the Commission, inform the employee of
26 the preferred provider program;

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

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

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

25 Where the accidental injury results in the amputation of an
26 arm, hand, leg or foot, or the enucleation of an eye, or the

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

14 The furnishing by the employer of any such services or
15 appliances is not an admission of liability on the part of the
16 employer to pay compensation.

17 The furnishing of any such services or appliances or the
18 servicing thereof by the employer is not the payment of
19 compensation.

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

1 accident compensation shall commence on the day after the
2 accident.

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

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

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

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

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

1 The term "children" means the plural of "child".

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

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

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

23 The maximum weekly compensation rate, for the period
24 January 1, 1981 through December 31, 1983, except as
25 hereinafter provided, shall be 100% of the State's average
26 weekly wage in covered industries under the Unemployment

1 Insurance Act in effect on January 1, 1981. Effective
2 January 1, 1984 and on January 1, of each year thereafter
3 the maximum weekly compensation rate, except as
4 hereinafter provided, shall be determined as follows: if
5 during the preceding 12 month period there shall have been
6 an increase in the State's average weekly wage in covered
7 industries under the Unemployment Insurance Act, the
8 weekly compensation rate shall be proportionately
9 increased by the same percentage as the percentage of
10 increase in the State's average weekly wage in covered
11 industries under the Unemployment Insurance Act during
12 such period.

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

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

26 4.1. Any provision herein to the contrary

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

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

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

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

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

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

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

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

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

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

24 2. If, as a result of the accident, the employee sustains
25 serious and permanent injuries not covered by paragraphs (c)
26 and (e) of this Section or having sustained injuries covered by

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

1 and for a fracture of each transverse process not less than 3
2 weeks. In the event such injuries shall result in the loss of a
3 kidney, spleen or lung, the amount of compensation allowed
4 under this Section shall be not less than 10 weeks for each
5 such organ. Compensation awarded under this subparagraph 2
6 shall not take into consideration injuries covered under
7 paragraphs (c) and (e) of this Section and the compensation
8 provided in this paragraph shall not affect the employee's
9 right to compensation payable under paragraphs (b), (c) and (e)
10 of this Section for the disabilities therein covered.

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

21 1. Thumb-

22 70 weeks if the accidental injury occurs on or
23 after the effective date of this amendatory Act of the
24 94th General Assembly but before February 1, 2006.

25 76 weeks if the accidental injury occurs on or
26 after February 1, 2006.

1 2. First, or index finger-

2 40 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 43 weeks if the accidental injury occurs on or
6 after February 1, 2006.

7 3. Second, or middle finger-

8 35 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 38 weeks if the accidental injury occurs on or
12 after February 1, 2006.

13 4. Third, or ring finger-

14 25 weeks if the accidental injury occurs on or
15 after the effective date of this amendatory Act of the
16 94th General Assembly but before February 1, 2006.

17 27 weeks if the accidental injury occurs on or
18 after February 1, 2006.

19 5. Fourth, or little finger-

20 20 weeks if the accidental injury occurs on or
21 after the effective date of this amendatory Act of the
22 94th General Assembly but before February 1, 2006.

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

25 6. Great toe-

26 35 weeks if the accidental injury occurs on or

1 after the effective date of this amendatory Act of the
2 94th General Assembly but before February 1, 2006.

3 38 weeks if the accidental injury occurs on or
4 after February 1, 2006.

5 7. Each toe other than great toe-

6 12 weeks if the accidental injury occurs on or
7 after the effective date of this amendatory Act of the
8 94th General Assembly but before February 1, 2006.

9 13 weeks if the accidental injury occurs on or
10 after February 1, 2006.

11 8. The loss of the first or distal phalanx of the thumb
12 or of any finger or toe shall be considered to be equal to
13 the loss of one-half of such thumb, finger or toe and the
14 compensation payable shall be one-half of the amount above
15 specified. The loss of more than one phalanx shall be
16 considered as the loss of the entire thumb, finger or toe.
17 In no case shall the amount received for more than one
18 finger exceed the amount provided in this schedule for the
19 loss of a hand.

20 9. Hand-

21 190 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.

24 205 weeks if the accidental injury occurs on or
25 after February 1, 2006.

26 190 weeks if the accidental injury occurs on or

1 after June 28, 2011 (the effective date of Public Act
2 97-18) and if the accidental injury involves carpal
3 tunnel syndrome due to repetitive or cumulative
4 trauma, in which case the permanent partial disability
5 shall not exceed 15% loss of use of the hand, except
6 for cause shown by clear and convincing evidence and in
7 which case the award shall not exceed 30% loss of use
8 of the hand.

9 The loss of 2 or more digits, or one or more phalanges
10 of 2 or more digits, of a hand may be compensated on the
11 basis of partial loss of use of a hand, provided, further,
12 that the loss of 4 digits, or the loss of use of 4 digits,
13 in the same hand shall constitute the complete loss of a
14 hand.

15 10. Arm-

16 235 weeks if the accidental injury occurs on or
17 after the effective date of this amendatory Act of the
18 94th General Assembly but before February 1, 2006.

19 253 weeks if the accidental injury occurs on or
20 after February 1, 2006.

21 Where an accidental injury results in the amputation of
22 an arm below the elbow, such injury shall be compensated as
23 a loss of an arm. Where an accidental injury results in the
24 amputation of an arm above the elbow, compensation for an
25 additional 15 weeks (if the accidental injury occurs on or
26 after the effective date of this amendatory Act of the 94th

1 General Assembly but before February 1, 2006) or an
2 additional 17 weeks (if the accidental injury occurs on or
3 after February 1, 2006) shall be paid, except where the
4 accidental injury results in the amputation of an arm at
5 the shoulder joint, or so close to shoulder joint that an
6 artificial arm cannot be used, or results in the
7 disarticulation of an arm at the shoulder joint, in which
8 case compensation for an additional 65 weeks (if the
9 accidental injury occurs on or after the effective date of
10 this amendatory Act of the 94th General Assembly but before
11 February 1, 2006) or an additional 70 weeks (if the
12 accidental injury occurs on or after February 1, 2006)
13 shall be paid.

14 For purposes of awards under this subdivision (e),
15 injuries to the shoulder shall be considered injuries to
16 part of the arm.

17 11. Foot-

18 155 weeks if the accidental injury occurs on or
19 after the effective date of this amendatory Act of the
20 94th General Assembly but before February 1, 2006.

21 167 weeks if the accidental injury occurs on or
22 after February 1, 2006.

23 12. Leg-

24 200 weeks if the accidental injury occurs on or
25 after the effective date of this amendatory Act of the
26 94th General Assembly but before February 1, 2006.

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

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

21 For purposes of awards under this subdivision (e),
22 injuries to the hip shall be considered injuries to part of
23 the leg.

24 13. Eye-

25 150 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.

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

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

11 14. Loss of hearing of one ear-

12 50 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 54 weeks if the accidental injury occurs on or
16 after February 1, 2006.

17 Total and permanent loss of hearing of both ears-

18 200 weeks if the accidental injury occurs on or
19 after the effective date of this amendatory Act of the
20 94th General Assembly but before February 1, 2006.

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

23 15. Testicle-

24 50 weeks if the accidental injury occurs on or
25 after the effective date of this amendatory Act of the
26 94th General Assembly but before February 1, 2006.

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

3 Both testicles-

4 150 weeks if the accidental injury occurs on or
5 after the effective date of this amendatory Act of the
6 94th General Assembly but before February 1, 2006.

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

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

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

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

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

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

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

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

1 (f) No claim for loss of hearing due to industrial
 2 noise shall be brought against an employer or allowed
 3 unless the employee has been exposed for a period of
 4 time sufficient to cause permanent impairment to noise
 5 levels in excess of the following:

6 Sound Level DBA

7	Slow Response	Hours Per Day
8	90	8
9	92	6
10	95	4
11	97	3
12	100	2
13	102	1-1/2
14	105	1
15	110	1/2
16	115	1/4

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

19 17. In computing the compensation to be paid to any
 20 employee who, before the accident for which he claims
 21 compensation, had before that time sustained an injury
 22 resulting in the loss by amputation or partial loss by
 23 amputation of any member, including hand, arm, thumb, ~~or~~
 24 fingers, leg, foot, or any toes ~~or loss under Section~~
 25 8(d)2 due to accidental injuries to the same part of the
 26 spine, such loss or partial loss of any such member or loss

1 under Section 8(d)2 due to accidental injuries to the same
2 part of the spine shall be deducted from any award made for
3 the subsequent injury. For the permanent loss of use or the
4 permanent partial loss of use of any such member or the
5 partial loss of sight of an eye or loss under Section 8(d)2
6 due to accidental injuries to the same part of the spine,
7 for which compensation has been paid, then such loss shall
8 be taken into consideration and deducted from any award for
9 the subsequent injury.

10 For purposes of this subdivision (e)17 only, "same part
11 of the spine" means: (1) cervical spine and thoracic spine
12 from vertebra C1 through T12 and (2) lumbar and sacral
13 spine and coccyx from vertebra L1 through S5.

14 18. The specific case of loss of both hands, both arms,
15 or both feet, or both legs, or both eyes, or of any two
16 thereof, or the permanent and complete loss of the use
17 thereof, constitutes total and permanent disability, to be
18 compensated according to the compensation fixed by
19 paragraph (f) of this Section. These specific cases of
20 total and permanent disability do not exclude other cases.

21 Any employee who has previously suffered the loss or
22 permanent and complete loss of the use of any of such
23 members, and in a subsequent independent accident loses
24 another or suffers the permanent and complete loss of the
25 use of any one of such members the employer for whom the
26 injured employee is working at the time of the last

1 independent accident is liable to pay compensation only for
2 the loss or permanent and complete loss of the use of the
3 member occasioned by the last independent accident.

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

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

1 become immediately effective for all cases coming before the
2 Commission thereafter either by settlement agreement or final
3 order, irrespective of the date of the accidental injury.

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

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

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

26 If any employee who receives an award under this paragraph

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

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

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

1 complete disability as provided in this paragraph of this
2 Section.

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

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

1 necessary for payment out of the Second Injury Fund. The Second
2 Injury Fund is appropriated for the purpose of making payments
3 according to the terms of the awards.

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

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

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

24 Provided, that in cases of awards entered by the Commission
25 for injuries occurring before July 1, 1975, the increases in
26 the compensation rate adjusted under the foregoing provision of

1 this paragraph (g) shall be limited to increases in the State's
2 average weekly wage in covered industries under the
3 Unemployment Insurance Act occurring after July 1, 1975.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18 (820 ILCS 305/8.2)

19 Sec. 8.2. Fee schedule.

20 (a) Except as provided for in subsection (c), for
21 procedures, treatments, or services covered under this Act and
22 rendered or to be rendered on and after February 1, 2006, the
23 maximum allowable payment shall be 90% of the 80th percentile
24 of charges and fees as determined by the Commission utilizing
25 information provided by employers' and insurers' national

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

1 geozip with up to 4 other geozips that are demographically and
2 economically similar and exhibit similarities in data and
3 frequencies until the Commission reaches 9 charges or fees for
4 that specific procedure, treatment, or service. In cases where
5 the compiled data contains less than 9 charges or fees for a
6 procedure, treatment, or service, reimbursement shall occur at
7 76% of charges and fees as determined by the Commission in a
8 manner consistent with the provisions of this paragraph.
9 Providers of out-of-state procedures, treatments, services,
10 products, or supplies shall be reimbursed at the lesser of that
11 state's fee schedule amount or the fee schedule amount for the
12 region in which the employee resides. If no fee schedule exists
13 in that state, the provider shall be reimbursed at the lesser
14 of the actual charge or the fee schedule amount for the region
15 in which the employee resides. Not later than September 30 in
16 2006 and each year thereafter, the Commission shall
17 automatically increase or decrease the maximum allowable
18 payment for a procedure, treatment, or service established and
19 in effect on January 1 of that year by the percentage change in
20 the Consumer Price Index-U for the 12 month period ending
21 August 31 of that year. The increase or decrease shall become
22 effective on January 1 of the following year. As used in this
23 Section, "Consumer Price Index-U" means the index published by
24 the Bureau of Labor Statistics of the U.S. Department of Labor,
25 that measures the average change in prices of all goods and
26 services purchased by all urban consumers, U.S. city average,

1 all items, 1982-84=100.

2 (a-1) Notwithstanding the provisions of subsection (a) and
3 unless otherwise indicated, the following provisions shall
4 apply to the medical fee schedule starting on September 1,
5 2011:

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

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

20 (i) Cook County;

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

22 (iii) Bond, Calhoun, Clinton, Jersey,
23 Macoupin, Madison, Monroe, Montgomery, Randolph,
24 St. Clair, and Washington Counties; and

25 (iv) All other counties of the State.

26 (B) Fourteen regions for hospital fee schedule

1 amounts shall be utilized:

2 (i) Cook, DuPage, Will, Kane, McHenry, DeKalb,
3 Kendall, and Grundy Counties;

4 (ii) Kankakee County;

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

7 (iv) Winnebago and Boone Counties;

8 (v) Peoria, Tazewell, Woodford, Marshall, and
9 Stark Counties;

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

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

12 (viii) Sangamon and Menard Counties;

13 (ix) McLean County;

14 (x) Lake County;

15 (xi) Macon County;

16 (xii) Vermilion County;

17 (xiii) Alexander County; and

18 (xiv) All other counties of the State.

19 (2) If a geozip, as defined in subsection (a) of this
20 Section, overlaps into one or more of the regions set forth
21 in this Section, then the Commission shall average or
22 repeat the charges and fees in a geozip in order to
23 designate charges and fees for each region.

24 (3) In cases where the compiled data contains less than
25 9 charges or fees for a procedure, treatment, product,
26 supply, or service or where the fee schedule amount cannot

1 be determined by the non-discounted charge data,
2 non-Medicare relative values and conversion factors
3 derived from established fee schedule amounts, coding
4 crosswalks, or other data as determined by the Commission,
5 reimbursement shall occur at 76% of charges and fees until
6 September 1, 2011 and 53.2% of charges and fees thereafter
7 as determined by the Commission in a manner consistent with
8 the provisions of this paragraph.

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

16 (5) Implants shall be reimbursed at 25% above the net
17 manufacturer's invoice price less rebates, plus actual
18 reasonable and customary shipping charges whether or not
19 the implant charge is submitted by a provider in
20 conjunction with a bill for all other services associated
21 with the implant, submitted by a provider on a separate
22 claim form, submitted by a distributor, or submitted by the
23 manufacturer of the implant. "Implants" include the
24 following codes or any substantially similar updated code
25 as determined by the Commission: 0274
26 (prosthetics/orthotics); 0275 (pacemaker); 0276 (lens

1 implant); 0278 (implants); 0540 and 0545 (ambulance); 0624
2 (investigational devices); and 0636 (drugs requiring
3 detailed coding). Non-implantable devices or supplies
4 within these codes shall be reimbursed at 65% of actual
5 charge, which is the provider's normal rates under its
6 standard chagemaster. A standard chagemaster is the
7 provider's list of charges for procedures, treatments,
8 products, supplies, or services used to bill payers in a
9 consistent manner.

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

13 (a-2) For procedures, treatments, services, or supplies
14 covered under this Act and rendered or to be rendered on or
15 after September 1, 2011, the maximum allowable payment shall be
16 70% of the fee schedule amounts, which shall be adjusted yearly
17 by the Consumer Price Index-U, as described in subsection (a)
18 of this Section.

19 (a-3) Prescriptions, other than custom compound
20 medications, filled and dispensed outside of a licensed
21 pharmacy shall be subject to a fee schedule that shall not
22 exceed the Average Wholesale Price (AWP) plus a dispensing fee
23 of \$4.18. AWP or its equivalent as registered by the National
24 Drug Code shall be set forth for that drug on that date as
25 published in Medi-Span ~~Medispan~~.

26 (a-4) The Commission shall, by July 1, 2019, adopt by rule

1 the most recent version of the Workers' Compensation Formulary
2 of the Official Disability Guidelines Appendix A; Treatment in
3 Workers' Compensation, published by Work Loss Data Institute.
4 The closed pharmacy formulary shall only include the applicable
5 portions of the particular Official Disability Guidelines;
6 Treatment in Workers' Compensation guideline provisions that
7 are specific to the drugs in the formulary in Appendix A.

8 Prescriptions prescribed for workers' compensation cases
9 shall be limited to those prescription drugs and doses on the
10 closed formulary. A request for: (i) a prescription not on the
11 closed formulary; (ii) a dosage prescribed not included in the
12 closed formulary; (iii) any compound drug; and, (iv) any
13 investigational or experimental drug for which there is early,
14 developing scientific or clinical evidence demonstrating the
15 potential efficacy of the treatment, but which is not yet
16 broadly accepted as the prevailing standard of care, shall
17 require prior authorization by the employer and be reviewed
18 pursuant to Section 8.7 of this Act.

19 Nothing in this Act prohibits an employer or insurer from
20 contracting with a health care provider or group of health care
21 providers for reimbursement levels for benefits under this Act
22 different from those provided in this Section.

23 (a-5) As used in this Section:

24 "Custom compound medication" means a customized
25 medication prescribed or ordered by a duly licensed
26 prescriber for the specific patient that is prepared in a

1 pharmacy by a licensed pharmacist in response to a licensed
2 prescriber's prescription or order by combining, mixing,
3 or altering of ingredients, but not reconstituting, to meet
4 the unique needs of an individual patient. A custom
5 compound medication does not include a drug reconstituted
6 pursuant to a manufacturer's direction nor does it include
7 the sole act of tablet splitting or crushing, capsule
8 opening, or the addition of a flavoring agent to enhance
9 palatability.

10 (a-6) A custom compound medication shall be approved for
11 payment only if the custom compound medication meets all of the
12 following standards:

13 (1) there is no readily available commercially
14 manufactured therapeutically equivalent product;

15 (2) no other Food and Drug Administration approved
16 alternative drug or combination of readily available drugs
17 is appropriate for the patient;

18 (3) the active ingredients of the custom compound
19 medication each have a National Drug Code (NDC) number, are
20 components of drugs approved by the Food and Drug
21 Administration, and the active ingredients in the custom
22 compound medication are being used to treat conditions for
23 which the component drugs have been approved for use by the
24 Food and Drug Administration;

25 (4) no component of the custom compound medication has
26 been withdrawn or removed from the market for safety

1 reasons; and

2 (5) the prescriber is able to demonstrate to the payer
3 that the custom compound medication is reasonable and
4 necessary.

5 (a-7) The Average Wholesale Price (AWP) for the specific
6 amount of each component, as identified by its National Drug
7 Code (NDC) from the original labeler, shall be used to
8 determine the maximum reimbursement of a custom compound
9 medication meeting the standards of subsection (a-5). A single
10 dispensing fee for a custom compound medication shall be based
11 on the actual costs of preparing and dispensing the custom
12 compound medication as determined by the Commission. The
13 dispensing fee for a custom compound medication shall be billed
14 with code WC 700-C.

15 (a-8) This Section is subject to the other provisions of
16 this Act including, but not limited to, Section 8.7.

17 (a-9) The changes to this Section made by this amendatory
18 Act of the 100th General Assembly apply to compounding
19 medications provided on or after the effective date of this
20 amendatory Act of the 100th General Assembly.

21 (b) Notwithstanding the provisions of subsection (a), if
22 the Commission finds that there is a significant limitation on
23 access to quality health care in either a specific field of
24 health care services or a specific geographic limitation on
25 access to health care, it may change the Consumer Price Index-U
26 increase or decrease for that specific field or specific

1 geographic limitation on access to health care to address that
2 limitation.

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

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

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

20 (2) If the claim does not contain substantially all the
21 required data elements necessary to adjudicate the bill, or
22 the claim is denied for any other reason, in whole or in
23 part, the employer or insurer shall provide written
24 notification, explaining the basis for the denial and
25 describing any additional necessary data elements, to the
26 provider within 30 days of receipt of the bill.

1 (3) An employer or its insurer shall provide to an
2 injured worker or an injured worker's medical provider,
3 upon written request, a mailing and an electronic address
4 to which medical bills should be sent. An employer or its
5 insurer shall within 30 days after receiving a bill
6 containing all the required data elements necessary to
7 determine whether to pay or not pay all or a portion of the
8 bill provide to the medical provider payment of all or a
9 portion of the bill determined to be compensable at the
10 lesser of the bill charge, fee schedule rate, or negotiated
11 rate. Any amounts unpaid and determined to be compensable
12 by the Commission shall incur interest at a rate of 1% per
13 month from the date of the Commission's final decision
14 exclusive of Section 19 (n) or Section 2-1303 of the Code
15 of Civil Procedure. The medical provider has the burden of
16 proof that the bill was received at the address provided by
17 the employer or its insurer ~~In the case of nonpayment to a~~
18 ~~provider within 30 days of receipt of the bill which~~
19 ~~contained substantially all of the required data elements~~
20 ~~necessary to adjudicate the bill or nonpayment to a~~
21 ~~provider of a portion of such a bill up to the lesser of~~
22 ~~the actual charge or the payment level set by the~~
23 ~~Commission in the fee schedule established in this Section,~~
24 ~~the bill, or portion of the bill, shall incur interest at a~~
25 ~~rate of 1% per month payable to the provider. Any required~~
26 ~~interest payments shall be made within 30 days after~~

1 ~~payment.~~

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

20 (e-5) If an employer notifies a provider that the employer
21 does not consider the illness or injury to be compensable under
22 this Act, the provider may seek payment of the provider's
23 actual charges from the employee for any procedure, treatment,
24 or service rendered. Once an employee informs the provider that
25 there is an application filed with the Commission to resolve a
26 dispute over payment of such charges, the provider shall cease

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

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

25 (e-15) When there is a dispute over the compensability of
26 or amount of payment for a procedure, treatment, or service,

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

20 (e-20) Upon a final award or judgment by an Arbitrator or
21 the Commission, or a settlement agreed to by the employer and
22 the employee, a provider may resume any and all efforts to
23 collect payment from the employee for the services rendered to
24 the employee and the employee shall be responsible for payment
25 of any outstanding bills for a procedure, treatment, or service
26 rendered by a provider as well as the interest awarded under

1 subsection (d) of this Section. In the case of a procedure,
2 treatment, or service deemed compensable, the provider shall
3 not require a payment rate, excluding the interest provisions
4 under subsection (d), greater than the lesser of the actual
5 charge or the payment level set by the Commission in the fee
6 schedule established in this Section. Payment for services
7 deemed not covered or not compensable under this Act is the
8 responsibility of the employee unless a provider and employee
9 have agreed otherwise in writing. Services not covered or not
10 compensable under this Act are not subject to the fee schedule
11 in this Section.

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

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

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

22 (820 ILCS 305/8.2a)

23 Sec. 8.2a. Electronic claims.

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

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

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

6 (3) Ensure confidentiality of medical information
7 submitted on electronic claims for payment of medical
8 services.

9 (4) Ensure that health care providers have at least 15
10 business days to comply with records requested by employers
11 and insurers.

12 (5) Provide that an electronically submitted bill
13 containing substantially all of the required data elements
14 necessary to adjudicate the bill, but not paid or objected
15 to within 30 days, shall be subject to interest at 1% per
16 month as provided in Section 8.2(d) (3) of this Act.

17 (6) Provide that the Department of Insurance may impose
18 an administrative fine if it determines that an employer or
19 insurer has intentionally failed to comply or demonstrates
20 a repeated pattern of failing to comply with the electronic
21 claims acceptance and response process. The amount of the
22 administrative fine shall be no greater than \$1,000 per
23 each violation, but shall not exceed \$10,000 for all
24 violations during a calendar year.

25 (b) To the extent feasible, standards adopted pursuant to
26 subdivision (a) shall be consistent with existing standards

1 under the federal Health Insurance Portability and
2 Accountability Act of 1996 and standards adopted under the
3 Illinois Health Information Exchange and Technology Act.

4 (c) The rules requiring employers and insurers to accept
5 electronic claims for payment of medical services shall be
6 proposed on or before January 1, 2012, and shall require all
7 employers and insurers to accept electronic claims for payment
8 of medical services on or before June 30, 2012.

9 The Director of Insurance shall adopt rules by June 30,
10 2019 to implement the changes to this Section made by this
11 amendatory Act of the 100th General Assembly. The Commission,
12 with assistance from the Department and the Commission's
13 Medical Fee Advisory Board, shall publish on its Internet
14 website a companion guide to assist with compliance with
15 electronic claims rules. The Medical Fee Advisory Board shall
16 periodically review the companion guide.

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

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

22 (820 ILCS 305/19) (from Ch. 48, par. 138.19)

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

25 (a) It shall be the duty of the Commission upon

1 notification that the parties have failed to reach an
2 agreement, to designate an Arbitrator.

3 1. Whenever any claimant misconceives his remedy and
4 files an application for adjustment of claim under this Act
5 and it is subsequently discovered, at any time before final
6 disposition of such cause, that the claim for disability or
7 death which was the basis for such application should
8 properly have been made under the Workers' Occupational
9 Diseases Act, then the provisions of Section 19, paragraph
10 (a-1) of the Workers' Occupational Diseases Act having
11 reference to such application shall apply.

12 2. Whenever any claimant misconceives his remedy and
13 files an application for adjustment of claim under the
14 Workers' Occupational Diseases Act and it is subsequently
15 discovered, at any time before final disposition of such
16 cause that the claim for injury or death which was the
17 basis for such application should properly have been made
18 under this Act, then the application so filed under the
19 Workers' Occupational Diseases Act may be amended in form,
20 substance or both to assert claim for such disability or
21 death under this Act and it shall be deemed to have been so
22 filed as amended on the date of the original filing
23 thereof, and such compensation may be awarded as is
24 warranted by the whole evidence pursuant to this Act. When
25 such amendment is submitted, further or additional
26 evidence may be heard by the Arbitrator or Commission when

1 deemed necessary. Nothing in this Section contained shall
2 be construed to be or permit a waiver of any provisions of
3 this Act with reference to notice but notice if given shall
4 be deemed to be a notice under the provisions of this Act
5 if given within the time required herein.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20 (ii) the approximate location of the accident;

21 (iii) a description of the accident;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 (2) If the party seeking judicial review is the party
23 against whom the Commission rendered an award for payment
24 of money, then within the timeframe for the commencement of
25 proceedings, the party shall provide to the Circuit Court
26 collateral or guarantee of payment of the award if the

1 review is not successfully prosecuted.

2 (A) Collateral or guarantee may be provided in the
3 following ways:

4 (i) filing an insurance policy pursuant to
5 Section 392.1 of the Illinois Insurance Code;

6 (ii) filing a certificate of self-insurance;

7 (iii) placing sufficient funds in an escrow
8 account; or

9 (iv) filing a bond signed by the employer or
10 any duly designated representative of the employer,
11 and in the event the employer is insured, any
12 representative of the insurer.

13 (B) The amount of the bond, if necessary, shall be
14 fixed by any member of the Commission and the surety or
15 sureties of the bond shall be approved by the clerk of
16 the court.

17 (C) The acceptance by the clerk of the Circuit
18 Court of the collateral or guarantee shall constitute
19 evidence of the Circuit Court's approval of the
20 collateral or guarantee.

21 (D) If an insurance policy or certificate of
22 self-insurance is filed as collateral or guarantee,
23 the party respondent has 20 days in which to object,
24 and if the objection is sustained, the party so filing
25 the insurance policy or certificate of self-insurance
26 has 10 days to cure the defect or otherwise file

1 another appropriate form of collateral or guarantee.
2 If no objection is filed within the 20 days, all
3 objections are waived.

4 (E) On motion supported by good cause made within
5 the timeframe for the commencement of proceedings or
6 within any extension granted pursuant to this
7 subsection, the time for filing and approval of the
8 collateral or guarantee may be extended by the Circuit
9 Court, but the total extensions of time granted by the
10 Circuit Court may not aggregate more than 45 days from
11 the original due date unless the parties otherwise
12 stipulate in writing. The motion must be presented to
13 the Circuit Court at the time of filing the judicial
14 review and called for hearing and ruled upon by the
15 court within 10 days thereafter.

16 (F) No county, city, town, township, incorporated
17 village, school district, body politic, or municipal
18 corporation against whom the Commission has rendered
19 an award for the payment of money shall be required to
20 provide to the Circuit Court collateral or guarantee of
21 payment of an award for commencement of judicial
22 review.

23 (G) The Treasurer's Office shall not be required to
24 post a bond when appealing on behalf of the Injured
25 Workers' Benefit Fund. ~~No such summons shall issue~~
26 ~~unless the one against whom the Commission shall have~~

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

11 ~~Every county, city, town, township, incorporated~~
12 ~~village, school district, body politic or municipal~~
13 ~~corporation against whom the Commission shall have~~
14 ~~rendered an award for the payment of money shall not be~~
15 ~~required to file a bond to secure the payment of the award~~
16 ~~and the costs of the proceedings in the court to authorize~~
17 ~~the court to issue such summons.~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 (k-1) In a case where there has been unreasonable or

1 vexatious delay of authorization of medical treatment, the
2 Commission may award compensation additional to that otherwise
3 payable under this Act in the sum of \$30 per day for each day
4 that the benefits under Section 8(a) have been so withheld or
5 refused, not to exceed \$10,000 or the total amount due under
6 Section 8.2 for treatment to be rendered, whichever is less.

7 Unless utilization review under Section 8.7 or Section 12
8 examination is requested, a delay in authorization of 14 days
9 or more after the employer's receipt of all appropriate records
10 and data elements needed to allow the employer to make a
11 determination whether to authorize the care shall create a
12 rebuttable presumption of unreasonable delay.

13 This subsection (k-1) is the only penalty provision within
14 this Act applicable to delay of authorization of medical
15 treatment and applies only to health care services provided or
16 proposed to be provided on or after the effective date of this
17 amendatory Act of the 100th General Assembly.

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

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

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

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

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

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

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

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

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

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

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

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

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

3 (820 ILCS 305/25.5)

4 Sec. 25.5. Unlawful acts; penalties.

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

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

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

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

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

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

1 insurance.

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

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

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

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

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

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

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

1 ~~A violation in which the value of the property obtained or~~
2 ~~attempted to be obtained is \$300 or less is a Class A~~
3 ~~misdemeanor.~~

4 (2) A violation of paragraph (a)(4) or (a)(7) is a
5 Class 3 felony ~~A violation in which the value of the~~
6 ~~property obtained or attempted to be obtained is more than~~
7 ~~\$300 but not more than \$10,000 is a Class 3 felony.~~

8 (3) A violation of paragraph (a)(1), (a)(2), (a)(5),
9 (a)(6), or (a)(9) in which the value of the property
10 obtained or attempted to be obtained is \$500 or less is a
11 Class A misdemeanor ~~A violation in which the value of the~~
12 ~~property obtained or attempted to be obtained is more than~~
13 ~~\$10,000 but not more than \$100,000 is a Class 2 felony.~~

14 (4) A violation of paragraph (a)(1), (a)(2), (a)(5),
15 (a)(6), or (a)(9) in which the value of the property
16 obtained or attempted to be obtained is more than \$500, but
17 not more than \$10,000, is a Class 3 felony ~~A violation in~~
18 ~~which the value of the property obtained or attempted to be~~
19 ~~obtained is more than \$100,000 is a Class 1 felony.~~

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

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

1 is a Class 1 felony.

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

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

16 For a violation of paragraph (a) (1) or (a) (2), the value of
17 the property obtained or attempted to be obtained includes
18 payments pursuant to the provisions of this Act as well as the
19 amount paid for medical expenses. For a violation of paragraph
20 (a) (5), the value of the property obtained or attempted to be
21 obtained is the difference between the proper amount for the
22 coverage sought or provided and the actual amount billed for
23 workers' compensation insurance. For a violation of paragraph
24 (a) (6), the value of the property obtained or attempted to be
25 obtained is the difference between the proper amount of
26 security required pursuant to Section 4 of this Act and the

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

14 (c) The Department of Insurance shall establish a fraud and
15 insurance non-compliance unit responsible for investigating
16 incidences of fraud and insurance non-compliance pursuant to
17 this Section. The size of the staff of the unit shall be
18 subject to appropriation by the General Assembly. It shall be
19 the duty of the fraud and insurance non-compliance unit to
20 determine the identity of insurance carriers, employers,
21 employees, or other persons or entities who have violated the
22 fraud and insurance non-compliance provisions of this Section.
23 The fraud and insurance non-compliance unit shall report
24 violations of the fraud and insurance non-compliance
25 provisions of this Section to the Special Prosecutions Bureau
26 of the Criminal Division of the Office of the Attorney General

1 or to the State's Attorney of the county in which the offense
2 allegedly occurred, either of whom has the authority to
3 prosecute violations under this Section.

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

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

1 Section to the fraud and insurance non-compliance unit is
2 guilty of a Class A misdemeanor.

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

24 The Department of Insurance's papers, documents, reports,
25 or evidence relevant to the subject of an investigation under
26 this Section are confidential and not subject to subpoena,

1 public inspection, or to disclosure under the Freedom of
2 Information Act for so long as the Director of Insurance deems
3 reasonably necessary to complete the investigation, to protect
4 the person investigated from unwarranted injury, or to be in
5 the public interest. No officer, agent, or employee of the
6 Department of Insurance is subject to subpoena in any civil or
7 administrative action to testify concerning a matter of which
8 they have knowledge under a pending fraud or insurance
9 non-compliance investigation by the Department of Insurance.

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

18 (e-5) The fraud and insurance non-compliance unit shall
19 procure and implement a system utilizing advanced analytics
20 inclusive of predictive modeling, data mining, social network
21 analysis, and scoring algorithms for the detection and
22 prevention of fraud, waste, and abuse on or before January 1,
23 2012. The fraud and insurance non-compliance unit shall procure
24 this system using a request for proposals process governed by
25 the Illinois Procurement Code and rules adopted under that
26 Code. The fraud and insurance non-compliance unit shall provide

1 a report to the President of the Senate, Speaker of the House
2 of Representatives, Minority Leader of the House of
3 Representatives, Minority Leader of the Senate, Governor,
4 Chairman of the Commission, and Director of Insurance on or
5 before July 1, 2012 and annually thereafter detailing its
6 activities and providing recommendations regarding
7 opportunities for additional fraud waste and abuse detection
8 and prevention.

9 (f) Any person convicted of fraud related to workers'
10 compensation pursuant to this Section shall be subject to the
11 penalties prescribed in the Criminal Code of 2012 and shall be
12 ineligible to receive or retain any compensation, disability,
13 or medical benefits as defined in this Act if the compensation,
14 disability, or medical benefits were owed or received as a
15 result of fraud for which the recipient of the compensation,
16 disability, or medical benefit was convicted. This subsection
17 applies to accidental injuries or diseases that occur on or
18 after the effective date of this amendatory Act of the 94th
19 General Assembly.

20 (g) Civil liability. Any person convicted of fraud who
21 knowingly obtains, attempts to obtain, or causes to be obtained
22 any benefits under this Act by the making of a false claim or
23 who knowingly misrepresents any material fact shall be civilly
24 liable to the payor of benefits or the insurer or the payor's
25 or insurer's subrogee or assignee in an amount equal to 3 times
26 the value of the benefits or insurance coverage wrongfully

1 obtained or twice the value of the benefits or insurance
2 coverage attempted to be obtained, plus reasonable attorney's
3 fees and expenses incurred by the payor or the payor's subrogee
4 or assignee who successfully brings a claim under this
5 subsection. This subsection applies to accidental injuries or
6 diseases that occur on or after the effective date of this
7 amendatory Act of the 94th General Assembly.

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

14 (1) The number of allegations of insurance
15 non-compliance and fraud reported to the fraud and
16 insurance non-compliance unit.

17 (2) The source of the reported allegations
18 (individual, employer, or other).

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

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

24 (5) All proceedings under this Section.

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

1 (820 ILCS 305/29.2)

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

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

16 (1) Gross premiums collected by workers' compensation
17 carriers in Illinois and the national rank of Illinois
18 based on premium volume.

19 (2) The number of insurance companies actively engaged
20 in Illinois in the workers' compensation insurance market
21 for the previous 10 years, including both holding companies
22 and subsidiaries or affiliates, and the national rank of
23 Illinois based on number of competing insurers.

24 (3) The total number of insured participants in the
25 Illinois workers' compensation assigned risk insurance
26 pool, and the size of the assigned risk pool as a

1 proportion of the total Illinois workers' compensation
2 insurance market.

3 (4) The advisory organization premium rate for
4 workers' compensation insurance in Illinois for the
5 previous 10 years, including a summary of the rates
6 utilized compared to the workers' compensation loss cost or
7 rate filing of a licensed rating organization year.

8 (5) The advisory organization prescribed assigned risk
9 pool premium rate.

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

12 (7) The total amount of medical payments made by
13 workers' compensation insurers in Illinois, and the
14 national rank of Illinois based on average cost of medical
15 claims per injured worker.

16 (8) The gross profitability of workers' compensation
17 insurers in Illinois, and the national rank of Illinois
18 based on profitability of workers' compensation insurers.

19 (9) The loss ratio of workers' compensation insurers in
20 Illinois and the national rank of Illinois based on the
21 loss ratio of workers' compensation insurers. For purposes
22 of this loss ratio calculation, the denominator shall
23 include all premiums and other fees collected by workers'
24 compensation insurers and the numerator shall include the
25 total amount paid by the insurer for care or compensation
26 to injured workers.

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

4 (11) The number of injured workers receiving wage loss
5 differential awards and the average wage loss differential
6 award payout.

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

8 (i) the maximum and minimum temporary total
9 disability benefit level;

10 (ii) the maximum and minimum scheduled and
11 non-scheduled permanent partial disability benefit
12 level;

13 (iii) the maximum and minimum total disability
14 benefit level; and

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

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

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

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

23 (16) The total amount paid by injured workers for
24 attorney representation.

25 (a-5) The Commission shall annually submit to the Governor
26 and the General Assembly a written report that details the

1 state of self-insurance for workers' compensation in Illinois.
2 The report shall be based on information currently collected by
3 the Commission or the Department of Insurance from
4 self-insurers as of the effective date of this amendatory Act
5 of the 100th General Assembly. The report shall be completed by
6 April 1 of each year, beginning in 2019. The report shall be
7 posted on the Commission's Internet website. Information to be
8 included in the report shall be for the preceding calendar
9 year. The report shall include, at a minimum, the following in
10 the aggregate:

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

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

15 (3) The total amount of indemnity payments made by
16 self-insureds.

17 (4) The total amount of medical payments made by
18 self-insureds.

19 (5) The growth of total paid indemnity benefits by
20 temporary total disability, scheduled and non-scheduled
21 permanent partial disability, and total disability.

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

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

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

1 levels;

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

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

5 (7) The aggregate growth of medical benefit payouts by
6 non-hospital providers and hospitals. Any information
7 collected by the Commission from self-insureds is exempt
8 from public inspection and disclosure under the Freedom of
9 Information Act.

10 (b) The Director of Insurance shall promulgate rules
11 requiring each insurer licensed to write workers' compensation
12 coverage in the State to record and report the following
13 information on an aggregate basis to the Department of
14 Insurance before March 1 of each year, relating to claims in
15 the State opened within the prior calendar year:

16 (1) The number of claims opened.

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

18 (3) The number of contested claims.

19 (4) The number of claims for which the employee has
20 attorney representation.

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

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

25 (7) The number of claims for which temporary total
26 disability was not paid within 14 days from the first full

1 day off, regardless of reason.

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

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

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

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

13 (12) The total amount billed to employers for fee
14 schedule savings.

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

17 (14) The number of claims involving in-house medical
18 nurse case management, and the total amount spent on
19 in-house medical nurse case management.

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

23 (16) The total amount paid for Independent Medical
24 exams.

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

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

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

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

7 Section 95. No acceleration or delay. Where this Act makes
8 changes in a statute that is represented in this Act by text
9 that is not yet or no longer in effect (for example, a Section
10 represented by multiple versions), the use of that text does
11 not accelerate or delay the taking effect of (i) the changes
12 made by this Act or (ii) provisions derived from any other
13 Public Act.