



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB5470

by Rep. Jerry Lee Long

SYNOPSIS AS INTRODUCED:

See Index

Creates the Collective Bargaining Freedom and Consistent Wage Act. Provides that the authority to enact any ordinance, rule, or regulation, or in any way prohibit, restrict, or regulate the use of union security agreements between an employer and labor organization authorized under federal law vests exclusively with the General Assembly. Limits home rule powers. Amends the Freedom of Information Act. Exempts from public inspection certain information collected by the Illinois Workers' Compensation Commission and the Department of Insurance. Amends the Criminal Code of 2012 regarding workers' compensation fraud penalties. Amends the Workers' Compensation Act. Makes changes concerning: when an accidental injury shall not be considered to be "arising out of and in the course of employment" if the accidental injury or medical condition occurred while the claimant was traveling away from the employer's premises; the maximum compensation rate for a period of temporary total incapacity; compensation awards for injuries to the shoulder and hip; annual reports on the state of self-insurance for workers' compensation in Illinois; and other matters. Amends the Franchise Disclosure Act of 1987. Repeals the substantive provisions of the Act except for provisions concerning findings and purposes, provisions imposing fees, and saving provisions. Effective immediately.

LRB100 18092 JLS 33285 b

CORRECTIONAL
BUDGET AND
IMPACT NOTE ACT
MAY APPLY

FISCAL NOTE ACT
MAY APPLY

HOME RULE NOTE
ACT MAY APPLY

A BILL FOR

1 AN ACT concerning business.

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

4 Section 1. Short title. This Act may be cited as the
5 Collective Bargaining Freedom and Consistent Wage Act.

6 Section 5. Purpose. It is the policy of the State of
7 Illinois that:

8 (1) employers, employees, and labor organizations are
9 free to negotiate collectively;

10 (2) employers, employees, and labor organizations may
11 freely negotiate union security agreements, including, but
12 not limited to, those requiring membership in a labor
13 organization as permitted under 29 U.S.C. 158(a) (3); and

14 (3) local governmental units may not create or enforce
15 any ordinance, regulation, rule, or in any way prohibits,
16 restricts, or regulates the use of union security
17 agreements between a labor organization and an employer as
18 permitted under 29 U.S.C. 158(a) (3).

19 Section 10. Definitions. In this Act:

20 "Employer" includes any person acting as an agent of an
21 employer, directly or indirectly. "Employer" does not include
22 the United States, a wholly-owned government corporation, a

1 Federal Reserve Bank, a state or political subdivision of a
2 state, a person subject to the Railway Labor Act (45 U.S.C. 151
3 et seq.), a labor organization (other than when acting as an
4 employer), or anyone acting in the capacity of officer or agent
5 of such labor organization.

6 "Labor organization" means an organization of any kind or
7 an agency or employee representation committee or plan in which
8 employees participate and which exists for the purpose, in
9 whole or in part, of dealing with employers concerning
10 grievances, labor disputes, wages, rates of pay, hours of
11 employment, or conditions of work.

12 "Local governmental unit" includes, but is not limited to,
13 a unit of local government, State college or university,
14 community college, school district, and any other district,
15 agency, or political subdivision authorized to legislate or
16 enact laws affecting its respective jurisdiction,
17 notwithstanding the local governmental unit's authority to
18 exercise any power and perform any function pertaining to its
19 government and affairs granted to it by the Illinois
20 Constitution, a law, or otherwise.

21 Section 15. Authority to enact legislation affecting union
22 security agreements.

23 (a) The authority to enact any ordinance, rule, or
24 regulation, or in any way prohibit, restrict, or regulate the
25 use of union security agreements between an employer and labor

1 organization as authorized under 29 U.S.C. 158(a)(3) vests
2 exclusively with the General Assembly.

3 (b) A local governmental unit is not permitted to enact or
4 enforce any ordinance, rule, or regulation, or in any way
5 prohibit, restrict, or regulate the use of union security
6 agreements between an employer and labor organization as
7 authorized under 29 U.S.C. 158(a)(3).

8 (c) Nothing in this Act shall be construed as prohibiting
9 the General Assembly from enacting legislation barring the
10 execution or application of union security agreements as
11 authorized under 29 U.S.C. 164(b).

12 (d) Enacting and enforcing any law, rule, or regulation,
13 and the prohibition, restriction, and regulation of the use of
14 union security agreements between an employer and labor
15 organization as authorized under 29 U.S.C. 158(a)(3) are
16 exclusive powers and functions of the State. A home rule unit
17 is not permitted to enact or enforce any ordinance, rule, or
18 regulation, or in any way prohibit, restrict, or regulate the
19 use of union security agreements between an employer and labor
20 organization as authorized under 29 U.S.C. 158(a)(3). This
21 Section is a denial and limitation of home rule powers and
22 functions under subsection (h) of Section 6 of Article VII of
23 the Illinois Constitution.

24 Section 91. The Freedom of Information Act is amended by
25 changing Section 7.5 as follows:

1 (5 ILCS 140/7.5)

2 (Text of Section before amendment by P.A. 100-512 and
3 100-517)

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

7 (a) All information determined to be confidential
8 under Section 4002 of the Technology Advancement and
9 Development Act.

10 (b) Library circulation and order records identifying
11 library users with specific materials under the Library
12 Records Confidentiality Act.

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

19 (d) Information and records held by the Department of
20 Public Health and its authorized representatives relating
21 to known or suspected cases of sexually transmissible
22 disease or any information the disclosure of which is
23 restricted under the Illinois Sexually Transmissible
24 Disease Control Act.

25 (e) Information the disclosure of which is exempted

1 under Section 30 of the Radon Industry Licensing Act.

2 (f) Firm performance evaluations under Section 55 of
3 the Architectural, Engineering, and Land Surveying
4 Qualifications Based Selection Act.

5 (g) Information the disclosure of which is restricted
6 and exempted under Section 50 of the Illinois Prepaid
7 Tuition Act.

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

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

18 (j) Information and data concerning the distribution
19 of surcharge moneys collected and remitted by carriers
20 under the Emergency Telephone System Act.

21 (k) Law enforcement officer identification information
22 or driver identification information compiled by a law
23 enforcement agency or the Department of Transportation
24 under Section 11-212 of the Illinois Vehicle Code.

25 (l) Records and information provided to a residential
26 health care facility resident sexual assault and death

1 review team or the Executive Council under the Abuse
2 Prevention Review Team Act.

3 (m) Information provided to the predatory lending
4 database created pursuant to Article 3 of the Residential
5 Real Property Disclosure Act, except to the extent
6 authorized under that Article.

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

14 (o) Information that is prohibited from being
15 disclosed under Section 4 of the Illinois Health and
16 Hazardous Substances Registry Act.

17 (p) Security portions of system safety program plans,
18 investigation reports, surveys, schedules, lists, data, or
19 information compiled, collected, or prepared by or for the
20 Regional Transportation Authority under Section 2.11 of
21 the Regional Transportation Authority Act or the St. Clair
22 County Transit District under the Bi-State Transit Safety
23 Act.

24 (q) Information prohibited from being disclosed by the
25 Personnel Records Review Act.

26 (r) Information prohibited from being disclosed by the

1 Illinois School Student Records Act.

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

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

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

20 (v) Names and information of people who have applied
21 for or received Firearm Owner's Identification Cards under
22 the Firearm Owners Identification Card Act or applied for
23 or received a concealed carry license under the Firearm
24 Concealed Carry Act, unless otherwise authorized by the
25 Firearm Concealed Carry Act; and databases under the
26 Firearm Concealed Carry Act, records of the Concealed Carry

1 Licensing Review Board under the Firearm Concealed Carry
2 Act, and law enforcement agency objections under the
3 Firearm Concealed Carry Act.

4 (w) Personally identifiable information which is
5 exempted from disclosure under subsection (g) of Section
6 19.1 of the Toll Highway Act.

7 (x) Information which is exempted from disclosure
8 under Section 5-1014.3 of the Counties Code or Section
9 8-11-21 of the Illinois Municipal Code.

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

18 (z) Records and information provided to a fatality
19 review team or the Illinois Fatality Review Team Advisory
20 Council under Section 15 of the Adult Protective Services
21 Act.

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

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

26 (cc) Recordings made under the Law Enforcement

1 Officer-Worn Body Camera Act, except to the extent
2 authorized under that Act.

3 (dd) Information that is prohibited from being
4 disclosed under Section 45 of the Condominium and Common
5 Interest Community Ombudsperson Act.

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

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

10 (gg) ~~(ff)~~ Information that is prohibited from being
11 disclosed under Section 7-603.5 of the Illinois Vehicle
12 Code.

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

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

18 (Source: P.A. 99-78, eff. 7-20-15; 99-298, eff. 8-6-15; 99-352,
19 eff. 1-1-16; 99-642, eff. 7-28-16; 99-776, eff. 8-12-16;
20 99-863, eff. 8-19-16; 100-20, eff. 7-1-17; 100-22, eff. 1-1-18;
21 100-201, eff. 8-18-17; 100-373, eff. 1-1-18; 100-464, eff.
22 8-28-17; 100-465, eff. 8-31-17; revised 11-2-17.)

23 (Text of Section after amendment by P.A. 100-517 but before
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25 database created pursuant to Article 3 of the Residential
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3 compensation and expenses for court appointed trial
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10 (ii) ~~(ff)~~ Information which is exempted from
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13 (jj) ~~(ff)~~ Information and reports that are required to
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18 (Source: P.A. 99-78, eff. 7-20-15; 99-298, eff. 8-6-15; 99-352,
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10 (ii) ~~(ff)~~ Information which is exempted from
11 disclosure under Section 2505-800 of the Department of
12 Revenue Law of the Civil Administrative Code of Illinois.

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

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

20 (ll) Information the disclosure of which is restricted
21 and exempted under Sections 25.5 and 29.2 of the Workers'
22 Compensation Act.

23 (Source: P.A. 99-78, eff. 7-20-15; 99-298, eff. 8-6-15; 99-352,
24 eff. 1-1-16; 99-642, eff. 7-28-16; 99-776, eff. 8-12-16;
25 99-863, eff. 8-19-16; 100-20, eff. 7-1-17; 100-22, eff. 1-1-18;
26 100-201, eff. 8-18-17; 100-373, eff. 1-1-18; 100-464, eff.

1 8-28-17; 100-465, eff. 8-31-17; 100-512, eff. 7-1-18; 100-517,
2 eff. 6-1-18; revised 11-2-17.)

3 Section 92. The Criminal Code of 2012 is amended by adding
4 Section 17-10.4 as follows:

5 (720 ILCS 5/17-10.4 new)

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

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

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

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

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

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

24 (5) Intentionally make or cause to be made any false or

1 fraudulent material statement or material representation
2 for the purpose of obtaining workers' compensation
3 insurance at less than the proper amount for that
4 insurance.

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

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

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

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

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

1 (b) Sentence.

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

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

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

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

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

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

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

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

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

1 attorney's fees, in a civil action in a court of competent
2 jurisdiction.

3 Section 93. The Workers' Compensation Act is amended by
4 changing Sections 1, 8, 8.1b, 8.2, 8.2a, 14, 19, 25.5, and 29.2
5 as follows:

6 (820 ILCS 305/1) (from Ch. 48, par. 138.1)

7 Sec. 1. This Act may be cited as the Workers' Compensation
8 Act.

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

10 1. The State and each county, city, town, township,
11 incorporated village, school district, body politic, or
12 municipal corporation therein.

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

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

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

23 This subsection does not apply in any case where the
24 accident occurs elsewhere than on, in or about the immediate
25 premises on which the principal has contracted that the work be
26 done.

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

21 Where an employee files an Application for Adjustment of
22 Claim with the Illinois Workers' Compensation Commission
23 alleging that his claim is covered by the provisions of the
24 preceding paragraph, and joining both the alleged loaning and
25 borrowing employers, they and each of them, upon written demand
26 by the employee and within 7 days after receipt of such demand,

1 shall have the duty of filing with the Illinois Workers'
2 Compensation Commission a written admission or denial of the
3 allegation that the claim is covered by the provisions of the
4 preceding paragraph and in default of such filing or if any
5 such denial be ultimately determined not to have been bona fide
6 then the provisions of Paragraph K of Section 19 of this Act
7 shall apply.

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

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

17 1. Every person in the service of the State, including
18 members of the General Assembly, members of the Commerce
19 Commission, members of the Illinois Workers' Compensation
20 Commission, and all persons in the service of the University of
21 Illinois, county, including deputy sheriffs and assistant
22 state's attorneys, city, town, township, incorporated village
23 or school district, body politic, or municipal corporation
24 therein, whether by election, under appointment or contract of
25 hire, express or implied, oral or written, including all
26 members of the Illinois National Guard while on active duty in

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

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

22 2. Every person in the service of another under any
23 contract of hire, express or implied, oral or written,
24 including persons whose employment is outside of the State of
25 Illinois where the contract of hire is made within the State of
26 Illinois, persons whose employment results in fatal or

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

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

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

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

26 The term "employee" does not include persons performing

1 services as real estate broker, broker-salesman, or salesman
2 when such persons are paid by commission only.

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

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

11 (e) The provisions of this subsection (e) apply only to
12 traveling employees.

13 (1) Without limitation, an accidental injury shall not
14 be considered to be "arising out of and in the course of
15 employment" if the accidental injury or medical condition
16 for which compensation is sought occurred while the
17 claimant was traveling away from the employer's premises
18 and the travel was not required for the performance of job
19 duties.

20 (2) In determining whether an employee is required to
21 travel for the performance of job duties, the following
22 factors shall be considered: whether the employer had
23 knowledge that the employee may be required to travel to
24 perform the job; whether the employer furnished any mode of
25 transportation to or from the employee; whether the
26 employee received, or the employer paid or agreed to pay,

1 any remuneration or reimbursement for costs or expenses of
2 any form of travel; whether the employer in any way
3 directed the course or method of travel; whether the
4 employer in any way assisted the employee in making any
5 travel arrangements; whether the employer furnished
6 lodging or in any way reimbursed the employee for lodging;
7 and whether the employer received any benefit from the
8 employee traveling.

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

11 (820 ILCS 305/8) (from Ch. 48, par. 138.8)

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

15 (a) The employer shall provide and pay the negotiated rate,
16 if applicable, or the lesser of the health care provider's
17 actual charges or according to a fee schedule, subject to
18 Section 8.2, in effect at the time the service was rendered for
19 all the necessary first aid, medical and surgical services, and
20 all necessary medical, surgical and hospital services
21 thereafter incurred, limited, however, to that which is
22 reasonably required to cure or relieve from the effects of the
23 accidental injury, even if a health care provider sells,
24 transfers, or otherwise assigns an account receivable for
25 procedures, treatments, or services covered under this Act. If

1 the employer does not dispute payment of first aid, medical,
2 surgical, and hospital services, the employer shall make such
3 payment to the provider on behalf of the employee. The employer
4 shall also pay for treatment, instruction and training
5 necessary for the physical, mental and vocational
6 rehabilitation of the employee, including all maintenance
7 costs and expenses incidental thereto. If as a result of the
8 injury the employee is unable to be self-sufficient the
9 employer shall further pay for such maintenance or
10 institutional care as shall be required.

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

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

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

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

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

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

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

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

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

1 consultant, expert, institution or other provider of
2 services recommended by said initial service provider or
3 any subsequent provider of medical services in the chain of
4 referrals from said initial service provider; plus

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

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

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

1 the preferred provider program;

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

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

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

26 Where the accidental injury results in the amputation of an

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

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

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

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

1 continues for a period of 14 days or more from the day of the
2 accident compensation shall commence on the day after the
3 accident.

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

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

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

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

22 3. As used in this Section the term "child" means a
23 child of the employee including any child legally adopted
24 before the accident or whom at the time of the accident the
25 employee was under legal obligation to support or to whom
26 the employee stood in loco parentis, and who at the time of

1 the accident was under 18 years of age and not emancipated.
2 The term "children" means the plural of "child".

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

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

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

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

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

14 The maximum compensation rate for the period July 1,
15 2018 through June 30, 2022, except as hereinafter provided,
16 shall be \$775.18. Effective July 1, 2022 and on July 1 of
17 each year thereafter the maximum weekly compensation rate,
18 except as hereinafter provided, shall be determined as
19 follows: if during the preceding 12-month period there
20 shall have been an increase in the State's average weekly
21 wage in covered industries under the Unemployment
22 Insurance Act, the weekly compensation rate shall be
23 proportionately increased by the same percentage as the
24 percentage of increase in the State's average weekly wage
25 in covered industries under the Unemployment Insurance Act
26 during such period.

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

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

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

23 4.2. Any provision to the contrary notwithstanding,
24 the total compensation payable under Section 7 shall not
25 exceed the greater of \$500,000 or 25 years.

26 5. For the purpose of this Section this State's average

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

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

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

26 (c) For any serious and permanent disfigurement to the

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

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

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

20 (d) 1. If, after the accidental injury has been sustained,
21 the employee as a result thereof becomes partially
22 incapacitated from pursuing his usual and customary line of
23 employment, he shall, except in cases compensated under the
24 specific schedule set forth in paragraph (e) of this Section,
25 receive compensation for the duration of his disability,
26 subject to the limitations as to maximum amounts fixed in

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

12 2. If, as a result of the accident, the employee sustains
13 serious and permanent injuries not covered by paragraphs (c)
14 and (e) of this Section or having sustained injuries covered by
15 the aforesaid paragraphs (c) and (e), he shall have sustained
16 in addition thereto other injuries which injuries do not
17 incapacitate him from pursuing the duties of his employment but
18 which would disable him from pursuing other suitable
19 occupations, or which have otherwise resulted in physical
20 impairment; or if such injuries partially incapacitate him from
21 pursuing the duties of his usual and customary line of
22 employment but do not result in an impairment of earning
23 capacity, or having resulted in an impairment of earning
24 capacity, the employee elects to waive his right to recover
25 under the foregoing subparagraph 1 of paragraph (d) of this
26 Section then in any of the foregoing events, he shall receive

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

25 (e) For accidental injuries in the following schedule, the
26 employee shall receive compensation for the period of temporary

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

9 1. Thumb-

10 70 weeks if the accidental injury occurs on or
11 after the effective date of this amendatory Act of the
12 94th General Assembly but before February 1, 2006.

13 76 weeks if the accidental injury occurs on or
14 after February 1, 2006.

15 2. First, or index finger-

16 40 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 43 weeks if the accidental injury occurs on or
20 after February 1, 2006.

21 3. Second, or middle finger-

22 35 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 38 weeks if the accidental injury occurs on or
26 after February 1, 2006.

1 4. Third, or ring finger-

2 25 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 27 weeks if the accidental injury occurs on or
6 after February 1, 2006.

7 5. Fourth, or little finger-

8 20 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 22 weeks if the accidental injury occurs on or
12 after February 1, 2006.

13 6. Great toe-

14 35 weeks if the accidental injury occurs on or
15 after the effective date of this amendatory Act of the
16 94th General Assembly but before February 1, 2006.

17 38 weeks if the accidental injury occurs on or
18 after February 1, 2006.

19 7. Each toe other than great toe-

20 12 weeks if the accidental injury occurs on or
21 after the effective date of this amendatory Act of the
22 94th General Assembly but before February 1, 2006.

23 13 weeks if the accidental injury occurs on or
24 after February 1, 2006.

25 8. The loss of the first or distal phalanx of the thumb
26 or of any finger or toe shall be considered to be equal to

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

8 9. Hand-

9 190 weeks if the accidental injury occurs on or
10 after the effective date of this amendatory Act of the
11 94th General Assembly but before February 1, 2006.

12 205 weeks if the accidental injury occurs on or
13 after February 1, 2006.

14 190 weeks if the accidental injury occurs on or
15 after June 28, 2011 (the effective date of Public Act
16 97-18) and if the accidental injury involves carpal
17 tunnel syndrome due to repetitive or cumulative
18 trauma, in which case the permanent partial disability
19 shall not exceed 15% loss of use of the hand, except
20 for cause shown by clear and convincing evidence and in
21 which case the award shall not exceed 30% loss of use
22 of the hand.

23 The loss of 2 or more digits, or one or more phalanges
24 of 2 or more digits, of a hand may be compensated on the
25 basis of partial loss of use of a hand, provided, further,
26 that the loss of 4 digits, or the loss of use of 4 digits,

1 in the same hand shall constitute the complete loss of a
2 hand.

3 10. Arm-

4 235 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.

7 253 weeks if the accidental injury occurs on or
8 after February 1, 2006.

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

1 shall be paid.

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

8 11. Foot-

9 155 weeks if the accidental injury occurs on or
10 after the effective date of this amendatory Act of the
11 94th General Assembly but before February 1, 2006.

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

14 12. Leg-

15 200 weeks if the accidental injury occurs on or
16 after the effective date of this amendatory Act of the
17 94th General Assembly but before February 1, 2006.

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

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

1 additional 27 weeks (if the accidental injury occurs on or
2 after February 1, 2006) shall be paid, except where the
3 accidental injury results in the amputation of a leg at the
4 hip joint, or so close to the hip joint that an artificial
5 leg cannot be used, or results in the disarticulation of a
6 leg at the hip joint, in which case compensation for an
7 additional 75 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 81 weeks (if the accidental injury occurs on or
11 after February 1, 2006) shall be paid.

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

18 13. Eye-

19 150 weeks if the accidental injury occurs on or
20 after the effective date of this amendatory Act of the
21 94th General Assembly but before February 1, 2006.

22 162 weeks if the accidental injury occurs on or
23 after February 1, 2006.

24 Where an accidental injury results in the enucleation
25 of an eye, compensation for an additional 10 weeks (if the
26 accidental injury occurs on or after the effective date of

1 this amendatory Act of the 94th General Assembly but before
2 February 1, 2006) or an additional 11 weeks (if the
3 accidental injury occurs on or after February 1, 2006)
4 shall be paid.

5 14. Loss of hearing of one ear-

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

11 Total and permanent loss of hearing of both ears-

12 200 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.

15 215 weeks if the accidental injury occurs on or
16 after February 1, 2006.

17 15. Testicle-

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

23 Both testicles-

24 150 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.

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

3 16. For the permanent partial loss of use of a member
4 or sight of an eye, or hearing of an ear, compensation
5 during that proportion of the number of weeks in the
6 foregoing schedule provided for the loss of such member or
7 sight of an eye, or hearing of an ear, which the partial
8 loss of use thereof bears to the total loss of use of such
9 member, or sight of eye, or hearing of an ear.

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

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

1 hearing disability. If the losses of hearing average 85
2 decibels or more in the 3 frequencies, then the same
3 shall constitute and be total or 100% compensable
4 hearing loss.

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

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

17 (e) No consideration shall be given to the question
18 of whether or not the ability of an employee to
19 understand speech is improved by the use of a hearing
20 aid.

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

26 Sound Level DBA

	Slow Response	Hours Per Day
1		
2	90	8
3	92	6
4	95	4
5	97	3
6	100	2
7	102	1-1/2
8	105	1
9	110	1/2
10	115	1/4

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

13 17. In computing the compensation to be paid to any
14 employee who, before the accident for which he claims
15 compensation, had before that time sustained an injury
16 resulting in the loss by amputation or partial loss by
17 amputation of any member, including hand, arm, thumb or
18 fingers, leg, foot, or any toes, or loss under Section
19 8(d)2 due to accidental injuries to the same part of the
20 spine, such loss or partial loss of any such member or loss
21 under Section 8(d)2 due to accidental injuries to the same
22 part of the spine shall be deducted from any award made for
23 the subsequent injury. For the permanent loss of use or the
24 permanent partial loss of use of any such member or the
25 partial loss of sight of an eye or loss under Section 8(d)2
26 due to accidental injuries to the same part of the spine,

1 for which compensation has been paid, then such loss shall
2 be taken into consideration and deducted from any award for
3 the subsequent injury. For purposes of this subdivision
4 (e)17 only, "same part of the spine" means: (1) cervical
5 spine and thoracic spine from vertebra C1 through T12 and
6 (2) lumbar and sacral spine and coccyx from vertebra L1
7 through S5.

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

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

24 19. In a case of specific loss and the subsequent death
25 of such injured employee from other causes than such injury
26 leaving a widow, widower, or dependents surviving before

1 payment or payment in full for such injury, then the amount
2 due for such injury is payable to the widow or widower and,
3 if there be no widow or widower, then to such dependents,
4 in the proportion which such dependency bears to total
5 dependency.

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

24 On August 1, 1996 and on February 1 and August 1 of each
25 subsequent year, the Commission shall examine the special fund
26 designated as the "Rate Adjustment Fund" and when, after

1 deducting all advances or loans made to said fund, the amount
2 therein is \$4,000,000, the amount required to be paid by
3 employers pursuant to paragraph (f) of Section 7 shall be
4 reduced by one-half. When the Rate Adjustment Fund reaches the
5 sum of \$5,000,000 the payment therein shall cease entirely.
6 However, when said Rate Adjustment Fund has been reduced to
7 \$3,000,000 the amounts required by paragraph (f) of Section 7
8 shall be resumed in the manner herein provided.

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

15 An employee entitled to benefits under paragraph (f) of
16 this Section shall also be entitled to receive from the Rate
17 Adjustment Fund provided in paragraph (f) of Section 7 of the
18 supplementary benefits provided in paragraph (g) of this
19 Section 8.

20 If any employee who receives an award under this paragraph
21 afterwards returns to work or is able to do so, and earns or is
22 able to earn as much as before the accident, payments under
23 such award shall cease. If such employee returns to work, or is
24 able to do so, and earns or is able to earn part but not as much
25 as before the accident, such award shall be modified so as to
26 conform to an award under paragraph (d) of this Section. If

1 such award is terminated or reduced under the provisions of
2 this paragraph, such employees have the right at any time
3 within 30 months after the date of such termination or
4 reduction to file petition with the Commission for the purpose
5 of determining whether any disability exists as a result of the
6 original accidental injury and the extent thereof.

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

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

23 The custodian of the Second Injury Fund provided for in
24 paragraph (f) of Section 7 shall be joined with the employer as
25 a party respondent in the application for adjustment of claim.
26 The application for adjustment of claim shall state briefly and

1 in general terms the approximate time and place and manner of
2 the loss of the first member.

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

24 As of July 1, 1980 to July 1, 1982, all claims against and
25 obligations of the Second Injury Fund shall become claims
26 against and obligations of the Rate Adjustment Fund to the

1 extent there is insufficient money in the Second Injury Fund to
2 pay such claims and obligations. In that case, all references
3 to "Second Injury Fund" in this Section shall also include the
4 Rate Adjustment Fund.

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

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

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

24 For every accident occurring on or after July 20, 2005 but
25 before the effective date of this amendatory Act of the 94th
26 General Assembly (Senate Bill 1283 of the 94th General

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

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

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

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

26 (i) In case the injured employee is under 16 years of age

1 at the time of the accident and is illegally employed, the
2 amount of compensation payable under paragraphs (b), (c), (d),
3 (e) and (f) of this Section is increased 50%.

4 However, where an employer has on file an employment
5 certificate issued pursuant to the Child Labor Law or work
6 permit issued pursuant to the Federal Fair Labor Standards Act,
7 as amended, or a birth certificate properly and duly issued,
8 such certificate, permit or birth certificate is conclusive
9 evidence as to the age of the injured minor employee for the
10 purposes of this Section.

11 Nothing herein contained repeals or amends the provisions
12 of the Child Labor Law relating to the employment of minors
13 under the age of 16 years.

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

1 run until the termination of such payments. This paragraph does
2 not apply to payments made under any group plan which would
3 have been payable irrespective of an accidental injury under
4 this Act. Any employer receiving such credit shall keep such
5 employee safe and harmless from any and all claims or
6 liabilities that may be made against him by reason of having
7 received such payments only to the extent of such credit.

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

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

1 payable during the period covered by such payment.

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

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

12 (820 ILCS 305/8.1b)

13 Sec. 8.1b. Determination of permanent partial disability.
14 For accidental injuries that occur on or after September 1,
15 2011, permanent partial disability shall be established using
16 the following criteria:

17 (a) A physician licensed to practice medicine in all of its
18 branches preparing a permanent partial disability impairment
19 report shall report the level of impairment in writing. The
20 report shall include an evaluation of medically defined and
21 professionally appropriate measurements of impairment that
22 include, but are not limited to: loss of range of motion; loss
23 of strength; measured atrophy of tissue mass consistent with
24 the injury; and any other measurements that establish the
25 nature and extent of the impairment. The most current edition

1 of the American Medical Association's "Guides to the Evaluation
2 of Permanent Impairment" shall be used by the physician in
3 determining the level of impairment.

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

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

26 (c) A report of impairment prepared pursuant to subsection

1 (a) is not required for the arbitrator or Commission to approve
2 a Settlement Contract Lump Sum Petition.

3 ~~(b) In determining the level of permanent partial~~
4 ~~disability, the Commission shall base its determination on the~~
5 ~~following factors: (i) the reported level of impairment~~
6 ~~pursuant to subsection (a); (ii) the occupation of the injured~~
7 ~~employee; (iii) the age of the employee at the time of the~~
8 ~~injury; (iv) the employee's future earning capacity; and (v)~~
9 ~~evidence of disability corroborated by the treating medical~~
10 ~~records. No single enumerated factor shall be the sole~~
11 ~~determinant of disability. In determining the level of~~
12 ~~disability, the relevance and weight of any factors used in~~
13 ~~addition to the level of impairment as reported by the~~
14 ~~physician must be explained in a written order.~~

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

16 (820 ILCS 305/8.2)

17 Sec. 8.2. Fee schedule.

18 (a) Except as provided for in subsection (c), for
19 procedures, treatments, or services covered under this Act and
20 rendered or to be rendered on and after February 1, 2006, the
21 maximum allowable payment shall be 90% of the 80th percentile
22 of charges and fees as determined by the Commission utilizing
23 information provided by employers' and insurers' national
24 databases, with a minimum of 12,000,000 Illinois line item
25 charges and fees comprised of health care provider and hospital

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

1 frequencies until the Commission reaches 9 charges or fees for
2 that specific procedure, treatment, or service. In cases where
3 the compiled data contains less than 9 charges or fees for a
4 procedure, treatment, or service, reimbursement shall occur at
5 76% of charges and fees as determined by the Commission in a
6 manner consistent with the provisions of this paragraph.
7 Providers of out-of-state procedures, treatments, services,
8 products, or supplies shall be reimbursed at the lesser of that
9 state's fee schedule amount or the fee schedule amount for the
10 region in which the employee resides. If no fee schedule exists
11 in that state, the provider shall be reimbursed at the lesser
12 of the actual charge or the fee schedule amount for the region
13 in which the employee resides. Not later than September 30 in
14 2006 and each year thereafter, the Commission shall
15 automatically increase or decrease the maximum allowable
16 payment for a procedure, treatment, or service established and
17 in effect on January 1 of that year by the percentage change in
18 the Consumer Price Index-U for the 12 month period ending
19 August 31 of that year. The increase or decrease shall become
20 effective on January 1 of the following year. As used in this
21 Section, "Consumer Price Index-U" means the index published by
22 the Bureau of Labor Statistics of the U.S. Department of Labor,
23 that measures the average change in prices of all goods and
24 services purchased by all urban consumers, U.S. city average,
25 all items, 1982-84=100.

26 The provisions of this subsection (a), other than this

1 sentence, are inoperative after August 31, 2018.

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 The provisions of this subsection (a-1), other than this
14 sentence, are inoperative after August 31, 2018.

15 (a-1.5) The following provisions apply to procedures,
16 treatments, services, products, and supplies covered under
17 this Act and rendered or to be rendered on or after September
18 1, 2018:

19 (1) In this Section:

20 "CPT code" means each Current Procedural Terminology
21 code, for each geographic region specified in subsection
22 (b) of this Section, included on the most recent medical
23 fee schedule established by the Commission pursuant to this
24 Section.

25 "DRG code" means each current diagnosis related group
26 code, for each geographic region specified in subsection

1 (b) of this Section, included on the most recent medical
2 fee schedule established by the Commission pursuant to this
3 Section.

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

6 "Health care services" means those CPT and DRG codes
7 for procedures, treatments, products, services or supplies
8 for hospital inpatient, hospital outpatient, emergency
9 room, ambulatory surgical treatment centers, accredited
10 ambulatory surgical treatment facilities, and professional
11 services. It does not include codes classified as
12 healthcare common procedure coding systems or dental.

13 "Medicare maximum fee" means, for each CPT and DRG
14 code, the current maximum fee for that CPT or DRG code
15 allowed to be charged by the Centers for Medicare and
16 Medicaid Services for Medicare patients in that geographic
17 region. The Medicare maximum fee shall be the greater of
18 (i) the current maximum fee allowed to be charged by the
19 Centers for Medicare and Medicaid Services for Medicare
20 patients in the geographic region or (ii) the maximum fee
21 charged by the Centers for Medicare and Medicaid Services
22 for Medicare patients in the geographic region on January
23 1, 2018.

24 "Medicare percentage amount" means, for each CPT and
25 DRG code, the workers' compensation maximum fee as a
26 percentage of the Medicare maximum fee.

1 "Workers' compensation maximum fee" means, for each
2 CPT and DRG code, the current maximum fee allowed to be
3 charged under the medical fee schedule established by the
4 Commission for that CPT or DRG code in that geographic
5 region.

6 (2) 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.
13 These fee schedule amounts shall be grouped into geographic
14 regions in the following manner:

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

17 (i) Cook County;

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

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

22 (iv) All other counties of the State.

23 (B) Fourteen regions for hospital fee schedule
24 amounts shall be utilized:

25 (i) Cook, DuPage, Will, Kane, McHenry, DeKalb,
26 Kendall, and Grundy Counties;

1 (ii) Kankakee County;

2 (iii) Madison, St. Clair, Macoupin, Clinton,

3 Monroe, Jersey, Bond, and Calhoun Counties;

4 (iv) Winnebago and Boone Counties;

5 (v) Peoria, Tazewell, Woodford, Marshall, and

6 Stark Counties;

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

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

9 (viii) Sangamon and Menard Counties;

10 (ix) McLean County;

11 (x) Lake County;

12 (xi) Macon County;

13 (xii) Vermilion County;

14 (xiii) Alexander County; and

15 (xiv) All other counties of the State.

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

20 (3) The initial workers' compensation maximum fee for
21 each CPT and DRG code as of September 1, 2018 shall be
22 determined as follows:

23 (A) Within 45 days after the effective date of this
24 amendatory Act of the 100th General Assembly, the
25 Commission shall determine the Medicare percentage
26 amount for each CPT and DRG code using the most recent

1 data available.

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

6 (B) Within 30 days after the Commission makes the
7 determinations required by subdivision (3)(A) of this
8 subsection (a-1.5), the Commission shall determine an
9 adjustment to be made to the workers' compensation
10 maximum fee for each CPT and DRG code as follows:

11 (i) If the Medicare percentage amount for that
12 CPT or DRG code is equal to or less than 125%, then
13 the workers' compensation maximum fee for that CPT
14 or DRG code shall be adjusted so that it equals
15 125% of the most recent Medicare maximum fee for
16 that CPT or DRG code.

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

21 (iii) If the Medicare percentage amount for
22 that CPT or DRG code is greater than 150% but less
23 than or equal to 225%, then the workers'
24 compensation maximum fee for that CPT or DRG code
25 shall be adjusted so that it equals the greater of
26 (I) 150% of the most recent Medicare maximum fee

1 for that CPT or DRG code or (II) 85% of the most
2 recent workers' compensation maximum amount for
3 that CPT or DRG code.

4 (iv) If the Medicare percentage amount for
5 that CPT or DRG code is greater than 225% but less
6 than or equal to 428.57%, then the workers'
7 compensation maximum fee for that CPT or DRG code
8 shall be adjusted so that it equals the greater of
9 (I) 191.25% of the most recent Medicare maximum fee
10 for that CPT or DRG code or (II) 70% of the most
11 recent workers' compensation maximum amount for
12 that CPT or DRG code.

13 (v) If the Medicare percentage amount for that
14 CPT or DRG code is greater than 428.57%, then the
15 workers' compensation maximum fee for that CPT or
16 DRG code shall be adjusted so that it equals 300%
17 of the most recent Medicare maximum fee for that
18 CPT or DRG code.

19 The Commission shall promptly publish the
20 adjustments determined pursuant to this subdivision
21 (3) (B) on its website.

22 (C) The initial workers' compensation maximum fee
23 for each CPT and DRG code as of September 1, 2018 shall
24 be equal to the workers' compensation maximum fee for
25 that code as determined and adjusted pursuant to
26 subdivision (3) (B) of this subsection, subject to any

1 further adjustments pursuant to subdivision (5) of
2 this subsection.

3 (4) The Commission, as of September 1, 2019 and
4 September 1 of each year thereafter, shall adjust the
5 workers' compensation maximum fee for each CPT or DRG code
6 to exactly half of the most recent annual increase in the
7 Consumer Price Index-U.

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

18 The petitioner bears the burden of demonstrating, by a
19 preponderance of the credible evidence, that the workers'
20 compensation maximum fee that would otherwise apply would
21 create a significant limitation on access to quality health
22 care in either a specific field of health care services or
23 a specific geographic limitation on access to health care.
24 Petitions shall be made publicly available. Such credible
25 evidence shall include empirical data demonstrating a
26 significant limitation on access to quality health care.

1 Other interested persons may file comments or responses to
2 a petition within 30 days of the filing of a petition.

3 The Commission shall take final action on each petition
4 within 180 days of filing. The Commission may, but is not
5 required to, seek the recommendation of the Medical Fee
6 Advisory Board to assist with this determination. If the
7 Commission grants the petition, the Commission shall
8 further increase the workers' compensation maximum fee for
9 that CPT or DRG code by the amount minimally necessary to
10 avoid creating a significant limitation on access to
11 quality health care in either a specific field of health
12 care services or a specific geographic limitation on access
13 to health care. The increased workers' compensation
14 maximum fee shall take effect upon entry of the
15 Commission's final action.

16 (a-2) For procedures, treatments, services, or supplies
17 covered under this Act and rendered or to be rendered on or
18 after September 1, 2011, the maximum allowable payment shall be
19 70% of the fee schedule amounts, which shall be adjusted yearly
20 by the Consumer Price Index-U, as described in subsection (a)
21 of this Section. The provisions of this subsection (a-2), other
22 than this sentence, are inoperative after August 31, 2018.

23 (a-3) Prescriptions filled and dispensed outside of a
24 licensed pharmacy shall be subject to a fee schedule that shall
25 not exceed the Average Wholesale Price (AWP) plus a dispensing
26 fee of \$4.18. AWP or its equivalent as registered by the

1 National Drug Code shall be set forth for that drug on that
2 date as published in Medi-Span ~~Medispan~~.

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

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

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

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

25 (d) When a patient notifies a provider that the treatment,
26 procedure, or service being sought is for a work-related

1 illness or injury and furnishes the provider the name and
2 address of the responsible employer, the provider shall bill
3 the employer directly. The employer shall make payment and
4 providers shall submit bills and records in accordance with the
5 provisions of this Section.

6 (1) All payments to providers for treatment provided
7 pursuant to this Act shall be made within 30 days of
8 receipt of the bills as long as the claim contains
9 substantially all the required data elements necessary to
10 adjudicate the bills.

11 (2) If the claim does not contain substantially all the
12 required data elements necessary to adjudicate the bill, or
13 the claim is denied for any other reason, in whole or in
14 part, the employer or insurer shall provide written
15 notification, explaining the basis for the denial and
16 describing any additional necessary data elements, to the
17 provider within 30 days of receipt of the bill.

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

1 within 30 days after 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 for the authorization of the payment of
12 workers' compensation claims.

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

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

21 (7) Provide that the Department of Insurance may impose
22 an administrative fine if it determines that an employer or
23 insurer has failed to comply with the electronic claims
24 acceptance and response process. The amount of the
25 administrative fine shall be no greater than \$1,000 per
26 each violation, but shall not exceed \$10,000 for identical

1 violations during a calendar year.

2 (b) To the extent feasible, standards adopted pursuant to
3 subdivision (a) shall be consistent with existing standards
4 under the federal Health Insurance Portability and
5 Accountability Act of 1996 and standards adopted under the
6 Illinois Health Information Exchange and Technology Act.

7 (c) The rules requiring employers and insurers to accept
8 electronic claims for payment of medical services shall be
9 proposed on or before October 1, 2018 ~~January 1, 2012~~, and
10 shall require all employers and insurers to accept electronic
11 claims for payment of medical services on or before April 1,
12 2019 ~~June 30, 2012~~.

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

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

18 (820 ILCS 305/14) (from Ch. 48, par. 138.14)

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

24 Each arbitrator appointed after June 28, 2011 shall be
25 required to demonstrate in writing his or her knowledge of and

1 expertise in the law of and judicial processes of the Workers'
2 Compensation Act and the Workers' Occupational Diseases Act.

3 A formal training program for newly-hired arbitrators
4 shall be implemented. The training program shall include the
5 following:

6 (a) substantive and procedural aspects of the
7 arbitrator position;

8 (b) current issues in workers' compensation law and
9 practice;

10 (c) medical lectures by specialists in areas such as
11 orthopedics, ophthalmology, psychiatry, rehabilitation
12 counseling;

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

15 (e) observation of experienced arbitrators conducting
16 hearings of cases, combined with the opportunity to discuss
17 evidence presented and rulings made;

18 (f) the use of hypothetical cases requiring the trainee
19 to issue judgments as a means to evaluating knowledge and
20 writing ability;

21 (g) writing skills;

22 (h) professional and ethical standards pursuant to
23 Section 1.1 of this Act;

24 (i) detection of workers' compensation fraud and
25 reporting obligations of Commission employees and
26 appointees;

1 (j) standards of evidence-based medical treatment and
2 best practices for measuring and improving quality and
3 health care outcomes in the workers' compensation system,
4 including but not limited to the use of the American
5 Medical Association's "Guides to the Evaluation of
6 Permanent Impairment" and the practice of utilization
7 review; and

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

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

17 Each arbitrator shall devote full time to his or her duties
18 and shall serve when assigned as an acting Commissioner when a
19 Commissioner is unavailable in accordance with the provisions
20 of Section 13 of this Act. Any arbitrator who is an
21 attorney-at-law shall not engage in the practice of law, nor
22 shall any arbitrator hold any other office or position of
23 profit under the United States or this State or any municipal
24 corporation or political subdivision of this State.
25 Notwithstanding any other provision of this Act to the
26 contrary, an arbitrator who serves as an acting Commissioner in

1 accordance with the provisions of Section 13 of this Act shall
2 continue to serve in the capacity of Commissioner until a
3 decision is reached in every case heard by that arbitrator
4 while serving as an acting Commissioner.

5 Notwithstanding any other provision of this Section, the
6 term of all arbitrators serving on June 28, 2011 (the effective
7 date of Public Act 97-18), including any arbitrators on
8 administrative leave, shall terminate at the close of business
9 on July 1, 2011, but the incumbents shall continue to exercise
10 all of their duties until they are reappointed or their
11 successors are appointed.

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

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

17 (2) For their initial appointments, 12 arbitrators
18 shall be appointed to terms expiring July 1, 2012; 12
19 arbitrators shall be appointed to terms expiring July 1,
20 2013; and all additional arbitrators shall be appointed to
21 terms expiring July 1, 2014. Thereafter, all arbitrators
22 shall be appointed to 3-year terms.

23 Upon the expiration of a term, the Chairman shall evaluate
24 the performance of the arbitrator and may recommend to the
25 Governor that he or she be reappointed to a second or
26 subsequent term by the Governor with the advice and consent of

1 the Senate.

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

8 The performance of all arbitrators shall be reviewed by the
9 Chairman on an annual basis. The Chairman shall allow input
10 from the Commissioners in all such reviews.

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

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

24 The members of the Commission, Arbitrators and other
25 employees whose duties require them to travel, shall have
26 reimbursed to them their actual traveling expenses and

1 disbursements made or incurred by them in the discharge of
2 their official duties while away from their place of residence
3 in the performance of their duties.

4 The Commission shall provide itself with a seal for the
5 authentication of its orders, awards and proceedings upon which
6 shall be inscribed the name of the Commission and the words
7 "Illinois--Seal".

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

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

24 (820 ILCS 305/19) (from Ch. 48, par. 138.19)

25 Sec. 19. Any disputed questions of law or fact shall be

1 determined as herein provided.

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

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

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

1 such amendment is submitted, further or additional
2 evidence may be heard by the Arbitrator or Commission when
3 deemed necessary. Nothing in this Section contained shall
4 be construed to be or permit a waiver of any provisions of
5 this Act with reference to notice but notice if given shall
6 be deemed to be a notice under the provisions of this Act
7 if given within the time required herein.

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

13 (b) The Arbitrator shall make such inquiries and
14 investigations as he or they shall deem necessary and may
15 examine and inspect all books, papers, records, places, or
16 premises relating to the questions in dispute and hear such
17 proper evidence as the parties may submit.

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

22 The Arbitrator may find that the disabling condition is
23 temporary and has not yet reached a permanent condition and may
24 order the payment of compensation up to the date of the
25 hearing, which award shall be reviewable and enforceable in the
26 same manner as other awards, and in no instance be a bar to a

1 further hearing and determination of a further amount of
2 temporary total compensation or of compensation for permanent
3 disability, but shall be conclusive as to all other questions
4 except the nature and extent of said disability.

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

1 Commission, or any member thereof, may grant further time not
2 exceeding 30 days, in which to file such agreed statement or
3 transcript of evidence. Such agreed statement of facts or
4 correct transcript of evidence, as the case may be, shall be
5 authenticated by the signatures of the parties or their
6 attorneys, and in the event they do not agree as to the
7 correctness of the transcript of evidence it shall be
8 authenticated by the signature of the Arbitrator designated by
9 the Commission.

10 Whether the employee is working or not, if the employee is
11 not receiving or has not received medical, surgical, or
12 hospital services or other services or compensation as provided
13 in paragraph (a) of Section 8, or compensation as provided in
14 paragraph (b) of Section 8, or if the employer has refused or
15 failed to respond to a written request for authorization of
16 medical care and treatment, the employee may at any time
17 petition for an expedited hearing by an Arbitrator on the issue
18 of whether or not he or she is entitled to receive payment of
19 the services or compensation or authorization of medical care.
20 Provided the employer continues to pay compensation pursuant to
21 paragraph (b) of Section 8, the employer may at any time
22 petition for an expedited hearing on the issue of whether or
23 not the employee is entitled to receive medical, surgical, or
24 hospital services or other services or compensation as provided
25 in paragraph (a) of Section 8, whether or not the employee is
26 entitled to authorization of medical care and treatment, or

1 compensation as provided in paragraph (b) of Section 8. When an
2 employer has petitioned for an expedited hearing, the employer
3 shall continue to pay compensation as provided in paragraph (b)
4 of Section 8 unless the arbitrator renders a decision that the
5 employee is not entitled to the benefits that are the subject
6 of the expedited hearing or unless the employee's treating
7 physician has released the employee to return to work at his or
8 her regular job with the employer or the employee actually
9 returns to work at any other job. If the arbitrator renders a
10 decision that the employee is not entitled to the benefits or
11 medical care that is ~~are~~ the subject of the expedited hearing,
12 a petition for review filed by the employee shall receive the
13 same priority as if the employee had filed a petition for an
14 expedited hearing by an Arbitrator. Neither party shall be
15 entitled to an expedited hearing when the employee has returned
16 to work and the sole issue in dispute amounts to less than 12
17 weeks of unpaid compensation pursuant to paragraph (b) of
18 Section 8.

19 Expedited hearings shall have priority over all other
20 petitions and shall be heard by the Arbitrator and Commission
21 with all convenient speed. Any party requesting an expedited
22 hearing shall give notice of a request for an expedited hearing
23 under this paragraph. A copy of the Application for Adjustment
24 of Claim shall be attached to the notice. The Commission shall
25 adopt rules and procedures under which the final decision of
26 the Commission under this paragraph is filed not later than 180

1 days from the date that the Petition for Review is filed with
2 the Commission.

3 Where 2 or more insurance carriers, private self-insureds,
4 or a group workers' compensation pool under Article V 3/4 of
5 the Illinois Insurance Code dispute coverage for the same
6 injury, any such insurance carrier, private self-insured, or
7 group workers' compensation pool may request an expedited
8 hearing pursuant to this paragraph to determine the issue of
9 coverage, provided coverage is the only issue in dispute and
10 all other issues are stipulated and agreed to and further
11 provided that all compensation benefits including medical
12 benefits pursuant to Section 8(a) continue to be paid to or on
13 behalf of petitioner. Any insurance carrier, private
14 self-insured, or group workers' compensation pool that is
15 determined to be liable for coverage for the injury in issue
16 shall reimburse any insurance carrier, private self-insured,
17 or group workers' compensation pool that has paid benefits to
18 or on behalf of petitioner for the injury.

19 (b-1) If the employee is not receiving medical, surgical or
20 hospital services as provided in paragraph (a) of Section 8 or
21 compensation as provided in paragraph (b) of Section 8, the
22 employee, in accordance with Commission Rules, may file a
23 petition for an emergency hearing by an Arbitrator on the issue
24 of whether or not he is entitled to receive payment of such
25 compensation or services as provided therein. Such petition
26 shall have priority over all other petitions and shall be heard

1 by the Arbitrator and Commission with all convenient speed.

2 Such petition shall contain the following information and
3 shall be served on the employer at least 15 days before it is
4 filed:

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

6 (ii) the approximate location of the accident;

7 (iii) a description of the accident;

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

9 (v) the identity of the person, if known, to whom the
10 accident was reported and the date on which it was
11 reported;

12 (vi) the name and title of the person, if known,
13 representing the employer with whom the employee conferred
14 in any effort to obtain compensation pursuant to paragraph
15 (b) of Section 8 of this Act or medical, surgical or
16 hospital services pursuant to paragraph (a) of Section 8 of
17 this Act and the date of such conference;

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

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

25 (ix) the dates of treatment related to the accident by
26 medical practitioners, and the names and addresses of such

1 practitioners, including the dates of treatment related to
2 the accident at any hospitals and the names and addresses
3 of such hospitals, and a signed authorization permitting
4 the employer to examine all medical records of all
5 practitioners and hospitals named pursuant to this
6 paragraph;

7 (x) a copy of a signed report by a medical
8 practitioner, relating to the employee's current inability
9 to return to work because of the injuries incurred as a
10 result of the accident or such other documents or
11 affidavits which show that the employee is entitled to
12 receive compensation pursuant to paragraph (b) of Section 8
13 of this Act or medical, surgical or hospital services
14 pursuant to paragraph (a) of Section 8 of this Act. Such
15 reports, documents or affidavits shall state, if possible,
16 the history of the accident given by the employee, and
17 describe the injury and medical diagnosis, the medical
18 services for such injury which the employee has received
19 and is receiving, the physical activities which the
20 employee cannot currently perform as a result of any
21 impairment or disability due to such injury, and the
22 prognosis for recovery;

23 (xi) complete copies of any reports, records,
24 documents and affidavits in the possession of the employee
25 on which the employee will rely to support his allegations,
26 provided that the employer shall pay the reasonable cost of

1 reproduction thereof;

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

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

8 Fifteen days after receipt by the employer of the petition
9 with the required information the employee may file said
10 petition and required information and shall serve notice of the
11 filing upon the employer. The employer may file a motion
12 addressed to the sufficiency of the petition. If an objection
13 has been filed to the sufficiency of the petition, the
14 arbitrator shall rule on the objection within 2 working days.
15 If such an objection is filed, the time for filing the final
16 decision of the Commission as provided in this paragraph shall
17 be tolled until the arbitrator has determined that the petition
18 is sufficient.

19 The employer shall, within 15 days after receipt of the
20 notice that such petition is filed, file with the Commission
21 and serve on the employee or his representative a written
22 response to each claim set forth in the petition, including the
23 legal and factual basis for each disputed allegation and the
24 following information: (i) complete copies of any reports,
25 records, documents and affidavits in the possession of the
26 employer on which the employer intends to rely in support of

1 his response, (ii) a list of any reports, records, documents
2 and affidavits which the employer has demanded by subpoena and
3 on which the employer intends to rely in support of his
4 response, (iii) the name and address of each witness on whom
5 the employer will rely to support his response, and (iv) the
6 names and addresses of any medical practitioners selected by
7 the employer pursuant to Section 12 of this Act and the time
8 and place of any examination scheduled to be made pursuant to
9 such Section.

10 Any employer who does not timely file and serve a written
11 response without good cause may not introduce any evidence to
12 dispute any claim of the employee but may cross examine the
13 employee or any witness brought by the employee and otherwise
14 be heard.

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

1 The Commission shall adopt rules, regulations and
2 procedures whereby the final decision of the Commission is
3 filed not later than 90 days from the date the petition for
4 review is filed but in no event later than 180 days from the
5 date the petition for an emergency hearing is filed with the
6 Illinois Workers' Compensation Commission.

7 All service required pursuant to this paragraph (b-1) must
8 be by personal service or by certified mail and with evidence
9 of receipt. In addition for the purposes of this paragraph, all
10 service on the employer must be at the premises where the
11 accident occurred if the premises are owned or operated by the
12 employer. Otherwise service must be at the employee's principal
13 place of employment by the employer. If service on the employer
14 is not possible at either of the above, then service shall be
15 at the employer's principal place of business. After initial
16 service in each case, service shall be made on the employer's
17 attorney or designated representative.

18 (c) (1) At a reasonable time in advance of and in connection
19 with the hearing under Section 19(e) or 19(h), the Commission
20 may on its own motion order an impartial physical or mental
21 examination of a petitioner whose mental or physical condition
22 is in issue, when in the Commission's discretion it appears
23 that such an examination will materially aid in the just
24 determination of the case. The examination shall be made by a
25 member or members of a panel of physicians chosen for their
26 special qualifications by the Illinois State Medical Society.

1 The Commission shall establish procedures by which a physician
2 shall be selected from such list.

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

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

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

12 (5) The examination shall be made, and the physician or
13 physicians, if called, shall testify, without cost to the
14 parties. The Commission shall determine the compensation and
15 the pay of the physician or physicians. The compensation for
16 this service shall not exceed the usual and customary amount
17 for such service.

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

23 (d) If any employee shall persist in insanitary or
24 injurious practices which tend to either imperil or retard his
25 recovery or shall refuse to submit to such medical, surgical,
26 or hospital treatment as is reasonably essential to promote his

1 recovery, the Commission may, in its discretion, reduce or
2 suspend the compensation of any such injured employee. However,
3 when an employer and employee so agree in writing, the
4 foregoing provision shall not be construed to authorize the
5 reduction or suspension of compensation of an employee who is
6 relying in good faith, on treatment by prayer or spiritual
7 means alone, in accordance with the tenets and practice of a
8 recognized church or religious denomination, by a duly
9 accredited practitioner thereof.

10 (e) This paragraph shall apply to all hearings before the
11 Commission. Such hearings may be held in its office or
12 elsewhere as the Commission may deem advisable. The taking of
13 testimony on such hearings may be had before any member of the
14 Commission. If a petition for review and agreed statement of
15 facts or transcript of evidence is filed, as provided herein,
16 the Commission shall promptly review the decision of the
17 Arbitrator and all questions of law or fact which appear from
18 the statement of facts or transcript of evidence.

19 In all cases in which the hearing before the arbitrator is
20 held after December 18, 1989, no additional evidence shall be
21 introduced by the parties before the Commission on review of
22 the decision of the Arbitrator. In reviewing decisions of an
23 arbitrator the Commission shall award such temporary
24 compensation, permanent compensation and other payments as are
25 due under this Act. The Commission shall file in its office its
26 decision thereon, and shall immediately send to each party or

1 his attorney a copy of such decision and a notification of the
2 time when it was filed. Decisions shall be filed within 60 days
3 after the Statement of Exceptions and Supporting Brief and
4 Response thereto are required to be filed or oral argument
5 whichever is later.

6 In the event either party requests oral argument, such
7 argument shall be had before a panel of 3 members of the
8 Commission (or before all available members pursuant to the
9 determination of 7 members of the Commission that such argument
10 be held before all available members of the Commission)
11 pursuant to the rules and regulations of the Commission. A
12 panel of 3 members, which shall be comprised of not more than
13 one representative citizen of the employing class and not more
14 than one representative citizen of the employee class, shall
15 hear the argument; provided that if all the issues in dispute
16 are solely the nature and extent of the permanent partial
17 disability, if any, a majority of the panel may deny the
18 request for such argument and such argument shall not be held;
19 and provided further that 7 members of the Commission may
20 determine that the argument be held before all available
21 members of the Commission. A decision of the Commission shall
22 be approved by a majority of Commissioners present at such
23 hearing if any; provided, if no such hearing is held, a
24 decision of the Commission shall be approved by a majority of a
25 panel of 3 members of the Commission as described in this
26 Section. The Commission shall give 10 days' notice to the

1 parties or their attorneys of the time and place of such taking
2 of testimony and of such argument.

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

25 If a reporter does not for any reason furnish a transcript
26 of the proceedings before the Arbitrator in any case for use on

1 a hearing for review before the Commission, within the
2 limitations of time as fixed in this Section, the Commission
3 may, in its discretion, order a trial de novo before the
4 Commission in such case upon application of either party. The
5 applications for adjustment of claim and other documents in the
6 nature of pleadings filed by either party, together with the
7 decisions of the Arbitrator and of the Commission and the
8 statement of facts or transcript of evidence hereinbefore
9 provided for in paragraphs (b) and (c) shall be the record of
10 the proceedings of the Commission, and shall be subject to
11 review as hereinafter provided.

12 At the request of either party or on its own motion, the
13 Commission shall set forth in writing the reasons for the
14 decision, including findings of fact and conclusions of law
15 separately stated. The Commission shall by rule adopt a format
16 for written decisions for the Commission and arbitrators. The
17 written decisions shall be concise and shall succinctly state
18 the facts and reasons for the decision. The Commission may
19 adopt in whole or in part, the decision of the arbitrator as
20 the decision of the Commission. When the Commission does so
21 adopt the decision of the arbitrator, it shall do so by order.
22 Whenever the Commission adopts part of the arbitrator's
23 decision, but not all, it shall include in the order the
24 reasons for not adopting all of the arbitrator's decision. When
25 a majority of a panel, after deliberation, has arrived at its
26 decision, the decision shall be filed as provided in this

1 Section without unnecessary delay, and without regard to the
2 fact that a member of the panel has expressed an intention to
3 dissent. Any member of the panel may file a dissent. Any
4 dissent shall be filed no later than 10 days after the decision
5 of the majority has been filed.

6 Decisions rendered by the Commission and dissents, if any,
7 shall be published together by the Commission. The conclusions
8 of law set out in such decisions shall be regarded as
9 precedents by arbitrators for the purpose of achieving a more
10 uniform administration of this Act.

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

25 (1) Except in cases of claims against the State of
26 Illinois other than those claims under Section 18.1, in

1 which case the decision of the Commission shall not be
2 subject to judicial review, the Circuit Court of the county
3 where any of the parties defendant may be found, or if none
4 of the parties defendant can be found in this State then
5 the Circuit Court of the county where the accident
6 occurred, shall by summons to the Commission have power to
7 review all questions of law and fact presented by such
8 record.

9 A proceeding for review shall be commenced within 20
10 days of the receipt of notice of the decision of the
11 Commission. The summons shall be issued by the clerk of
12 such court upon written request returnable on a designated
13 return day, not less than 10 or more than 60 days from the
14 date of issuance thereof, and the written request shall
15 contain the last known address of other parties in interest
16 and their attorneys of record who are to be served by
17 summons. Service upon any member of the Commission or the
18 Secretary or the Assistant Secretary thereof shall be
19 service upon the Commission, and service upon other parties
20 in interest and their attorneys of record shall be by
21 summons, and such service shall be made upon the Commission
22 and other parties in interest by mailing notices of the
23 commencement of the proceedings and the return day of the
24 summons to the office of the Commission and to the last
25 known place of residence of other parties in interest or
26 their attorney or attorneys of record. The clerk of the

1 court issuing the summons shall on the day of issue mail
2 notice of the commencement of the proceedings which shall
3 be done by mailing a copy of the summons to the office of
4 the Commission, and a copy of the summons to the other
5 parties in interest or their attorney or attorneys of
6 record and the clerk of the court shall make certificate
7 that he has so sent said notices in pursuance of this
8 Section, which shall be evidence of service on the
9 Commission and other parties in interest.

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

25 No request for a summons may be filed and no summons
26 shall issue unless the party seeking to review the decision

1 of the Commission shall exhibit to the clerk of the Circuit
2 Court proof of filing with the Commission of the notice of
3 the intent to file for review in the Circuit Court or an
4 affidavit of the attorney setting forth that notice of
5 intent to file for review in the Circuit Court has been
6 given in writing to the Secretary or Assistant Secretary of
7 the Commission.

8 (2) No such summons shall issue unless the one against
9 whom the Commission shall have rendered an award for the
10 payment of money shall upon the filing of his written
11 request for such summons file with the clerk of the court a
12 bond conditioned that if he shall not successfully
13 prosecute the review, he will pay the award and the costs
14 of the proceedings in the courts. The amount of the bond
15 shall be fixed by any member of the Commission and the
16 surety or sureties of the bond shall be approved by the
17 clerk of the court. The acceptance of the bond by the clerk
18 of the court shall constitute evidence of his approval of
19 the bond.

20 The State of Illinois, including its constitutional
21 officers, boards, commissions, agencies, public
22 institutions of higher learning, and funds administered by
23 the treasurer ex officio, and every ~~Every~~ county, city,
24 town, township, incorporated village, school district,
25 body politic or municipal corporation against whom the
26 Commission shall have rendered an award for the payment of

1 money shall not be required to file a bond to secure the
2 payment of the award and the costs of the proceedings in
3 the court to authorize the court to issue such summons.

4 The court may confirm or set aside the decision of the
5 Commission. If the decision is set aside and the facts
6 found in the proceedings before the Commission are
7 sufficient, the court may enter such decision as is
8 justified by law, or may remand the cause to the Commission
9 for further proceedings and may state the questions
10 requiring further hearing, and give such other
11 instructions as may be proper. Appeals shall be taken to
12 the Appellate Court in accordance with Supreme Court Rules
13 22(g) and 303. Appeals shall be taken from the Appellate
14 Court to the Supreme Court in accordance with Supreme Court
15 Rule 315.

16 It shall be the duty of the clerk of any court
17 rendering a decision affecting or affirming an award of the
18 Commission to promptly furnish the Commission with a copy
19 of such decision, without charge.

20 The decision of a majority of the members of the panel
21 of the Commission, shall be considered the decision of the
22 Commission.

23 (g) Except in the case of a claim against the State of
24 Illinois, either party may present a certified copy of the
25 award of the Arbitrator, or a certified copy of the decision of
26 the Commission when the same has become final, when no

1 proceedings for review are pending, providing for the payment
2 of compensation according to this Act, to the Circuit Court of
3 the county in which such accident occurred or either of the
4 parties are residents, whereupon the court shall enter a
5 judgment in accordance therewith. In a case where the employer
6 refuses to pay compensation according to such final award or
7 such final decision upon which such judgment is entered the
8 court shall in entering judgment thereon, tax as costs against
9 him the reasonable costs and attorney fees in the arbitration
10 proceedings and in the court entering the judgment for the
11 person in whose favor the judgment is entered, which judgment
12 and costs taxed as therein provided shall, until and unless set
13 aside, have the same effect as though duly entered in an action
14 duly tried and determined by the court, and shall with like
15 effect, be entered and docketed. The Circuit Court shall have
16 power at any time upon application to make any such judgment
17 conform to any modification required by any subsequent decision
18 of the Supreme Court upon appeal, or as the result of any
19 subsequent proceedings for review, as provided in this Act.

20 Judgment shall not be entered until 15 days' notice of the
21 time and place of the application for the entry of judgment
22 shall be served upon the employer by filing such notice with
23 the Commission, which Commission shall, in case it has on file
24 the address of the employer or the name and address of its
25 agent upon whom notices may be served, immediately send a copy
26 of the notice to the employer or such designated agent.

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

7 However, as to accidents occurring subsequent to July 1,
8 1955, which are covered by any agreement or award under this
9 Act providing for compensation in installments made as a result
10 of such accident, such agreement or award may at any time
11 within 30 months, or 60 months in the case of an award under
12 Section 8(d)1, after such agreement or award be reviewed by the
13 Commission at the request of either the employer or the
14 employee on the ground that the disability of the employee has
15 subsequently recurred, increased, diminished or ended.

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

1 the Commission as costs and deposited with the petition of the
2 employer.

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

7 (i) Each party, upon taking any proceedings or steps
8 whatsoever before any Arbitrator, Commission or court, shall
9 file with the Commission his address, or the name and address
10 of any agent upon whom all notices to be given to such party
11 shall be served, either personally or by registered mail,
12 addressed to such party or agent at the last address so filed
13 with the Commission. In the event such party has not filed his
14 address, or the name and address of an agent as above provided,
15 service of any notice may be had by filing such notice with the
16 Commission.

17 (j) Whenever in any proceeding testimony has been taken or
18 a final decision has been rendered and after the taking of such
19 testimony or after such decision has become final, the injured
20 employee dies, then in any subsequent proceedings brought by
21 the personal representative or beneficiaries of the deceased
22 employee, such testimony in the former proceeding may be
23 introduced with the same force and effect as though the witness
24 having so testified were present in person in such subsequent
25 proceedings and such final decision, if any, shall be taken as
26 final adjudication of any of the issues which are the same in

1 both proceedings.

2 (k) In a case where there has been any unreasonable or
3 vexatious delay of payment or intentional underpayment of
4 compensation, or proceedings have been instituted or carried on
5 by the one liable to pay the compensation, which do not present
6 a real controversy, but are merely frivolous or for delay, then
7 the Commission may award compensation additional to that
8 otherwise payable under this Act equal to 50% of the amount
9 payable at the time of such award. Failure to pay compensation
10 in accordance with the provisions of Section 8, paragraph (b)
11 of this Act, shall be considered unreasonable delay.

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

16 (l) If the employee has made written demand for payment of
17 benefits under Section 8(a) or Section 8(b), the employer shall
18 have 14 days after receipt of the demand to set forth in
19 writing the reason for the delay. In the case of demand for
20 payment of medical benefits under Section 8(a), the time for
21 the employer to respond shall not commence until the expiration
22 of the allotted 30 days specified under Section 8.2(d). In case
23 the employer or his or her insurance carrier shall without good
24 and just cause fail, neglect, refuse, or unreasonably delay the
25 payment of benefits under Section 8(a) or Section 8(b), the
26 Arbitrator or the Commission shall allow to the employee

1 additional compensation in the sum of \$30 per day for each day
2 that the benefits under Section 8(a) or Section 8(b) have been
3 so withheld or refused, not to exceed \$10,000. A delay in
4 payment of 14 days or more shall create a rebuttable
5 presumption of unreasonable delay.

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

17 (n) After June 30, 1984, decisions of the Illinois Workers'
18 Compensation Commission reviewing an award of an arbitrator of
19 the Commission shall draw interest at a rate equal to the yield
20 on indebtedness issued by the United States Government with a
21 26-week maturity next previously auctioned on the day on which
22 the decision is filed. Said rate of interest shall be set forth
23 in the Arbitrator's Decision. Interest shall be drawn from the
24 date of the arbitrator's award on all accrued compensation due
25 the employee through the day prior to the date of payments.
26 However, when an employee appeals an award of an Arbitrator or

1 the Commission, and the appeal results in no change or a
2 decrease in the award, interest shall not further accrue from
3 the date of such appeal.

4 The employer or his insurance carrier may tender the
5 payments due under the award to stop the further accrual of
6 interest on such award notwithstanding the prosecution by
7 either party of review, certiorari, appeal to the Supreme Court
8 or other steps to reverse, vacate or modify the award.

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

18 The insured employer may challenge, in proceeding before
19 the Commission, payments made by the insurer without
20 arbitration and payments made after a case is determined to be
21 noncompensable. If the Commission finds that the case was not
22 compensable, the insurer shall purge its records as to that
23 employer of any loss or expense associated with the claim,
24 reimburse the employer for attorneys' fees arising from the
25 challenge and for any payment required of the employer to the
26 Rate Adjustment Fund or the Second Injury Fund, and may not

1 reflect the loss or expense for rate making purposes. The
2 employee shall not be required to refund the challenged
3 payment. The decision of the Commission may be reviewed in the
4 same manner as in arbitrated cases. No challenge may be
5 initiated under this paragraph more than 3 years after the
6 payment is made. An employer may waive the right of challenge
7 under this paragraph on a case by case basis.

8 (p) After filing an application for adjustment of claim but
9 prior to the hearing on arbitration the parties may voluntarily
10 agree to submit such application for adjustment of claim for
11 decision by an arbitrator under this subsection (p) where such
12 application for adjustment of claim raises only a dispute over
13 temporary total disability, permanent partial disability or
14 medical expenses. Such agreement shall be in writing in such
15 form as provided by the Commission. Applications for adjustment
16 of claim submitted for decision by an arbitrator under this
17 subsection (p) shall proceed according to rule as established
18 by the Commission. The Commission shall promulgate rules
19 including, but not limited to, rules to ensure that the parties
20 are adequately informed of their rights under this subsection
21 (p) and of the voluntary nature of proceedings under this
22 subsection (p). The findings of fact made by an arbitrator
23 acting within his or her powers under this subsection (p) in
24 the absence of fraud shall be conclusive. However, the
25 arbitrator may on his own motion, or the motion of either
26 party, correct any clerical errors or errors in computation

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

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

23 (820 ILCS 305/25.5)

24 Sec. 25.5. Unlawful acts; penalties.

25 (a) It is unlawful for any person, company, corporation,

1 insurance carrier, healthcare provider, or other entity to:

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

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

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

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

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

22 (6) Intentionally make or cause to be made any false or
23 fraudulent material statement or material representation
24 on an initial or renewal self-insurance application or
25 accompanying financial statement for the purpose of
26 obtaining self-insurance status or reducing the amount of

1 security that may be required to be furnished pursuant to
2 Section 4 of this Act.

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

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

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

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

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

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

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

24 (3) 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 \$500 or less is a

1 Class A misdemeanor.

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

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

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

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

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

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

25 ~~(3) A violation in which the value of the property~~
26 ~~obtained or attempted to be obtained is more than \$10,000~~

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

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

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

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

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

1 allegedly occurred, either of whom has the authority to
2 prosecute violations under this Section.

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

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

1 guilty of a Class A misdemeanor.

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

23 The Department of Insurance's papers, documents, reports,
24 or evidence relevant to the subject of an investigation under
25 this Section shall be confidential and not subject to subpoena,
26 public inspection, or to disclosure under the Freedom of

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

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

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

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

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

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

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

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

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

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

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

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

23 (5) All proceedings under this Section.

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

25 (820 ILCS 305/29.2)

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

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

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

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

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

1 insurance market.

2 (4) The advisory organization premium rate for
3 workers' compensation insurance in Illinois for the
4 previous year.

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

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

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

13 (8) The gross profitability of workers' compensation
14 insurers in Illinois, and the national rank of Illinois
15 based on profitability of workers' compensation insurers.

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

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

1 (11) The number of injured workers receiving wage loss
2 differential awards and the average wage loss differential
3 award payout.

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

5 (i) the maximum and minimum temporary total
6 disability benefit level;

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

10 (iii) the maximum and minimum total disability
11 benefit level; and

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

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

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

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

20 (16) The total amount paid by injured workers for
21 attorney representation.

22 (a-5) The Commission shall annually submit to the Governor
23 and the General Assembly a written report that details the
24 state of self-insurance for workers' compensation in Illinois.
25 The report shall be based on information currently collected by
26 the Commission or the Department of Insurance from

1 self-insurers, as of the effective date of this amendatory Act
2 of the 100th General Assembly. The report shall be completed by
3 April 1 of each year, beginning in 2019. The report shall be
4 posted on the Commission's Internet website. Information to be
5 included in the report shall be for the preceding calendar
6 year. The report shall include, at a minimum, the following in
7 the aggregate:

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

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

12 (3) The total amount of indemnity payments made by
13 self-insureds.

14 (4) The total amount of medical payments made by
15 self-insureds.

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

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

20 (i) the maximum and minimum temporary total
21 disability benefit levels;

22 (ii) the maximum and minimum scheduled and
23 non-scheduled permanent partial disability benefit
24 levels;

25 (iii) the maximum and minimum total disability
26 benefit levels; and

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

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

4 Any information collected by the Commission from
5 self-insureds shall be exempt from public inspection and
6 disclosure under the Freedom of Information Act.

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

13 (1) The number of claims opened.

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

15 (3) The number of contested claims.

16 (4) The number of claims for which the employee has
17 attorney representation.

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

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

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

25 (8) The number of medical bills paid 60 days or later
26 from date of service and the average days paid on those

1 paid after 60 days for the previous calendar year.

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

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

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

10 (12) The total amount billed to employers for fee
11 schedule savings.

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

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

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

20 (16) The total amount paid for Independent Medical
21 exams.

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

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

26 The Department shall make the submitted information

1 publicly available on the Department's Internet website or such
2 other media as appropriate in a form useful for consumers.

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

4 Section 95. The Franchise Disclosure Act of 1987 is amended
5 by changing Sections 2 and 44 as follows:

6 (815 ILCS 705/2) (from Ch. 121 1/2, par. 1702)

7 Sec. 2. Findings and purpose.

8 (1) The General Assembly finds and declares that the sale
9 of franchises is a widespread business activity. Illinois
10 residents have suffered substantial losses where franchisors
11 or their representatives have not provided full and complete
12 information regarding the franchisor-franchisee relationship,
13 the details of the contract between the franchisor and
14 franchisee, the prior business experience of the franchisor and
15 other factors relevant to the franchise offered for sale.

16 (2) It is the intent of this Act: (a) to provide each
17 prospective franchisee with the information necessary to make
18 an intelligent decision regarding franchises being offered for
19 sale; and (b) to protect the franchisee and the franchisor by
20 providing a better understanding of the business and the legal
21 relationship between the franchisee and the franchisor.

22 (3) The General Assembly finds and declares that the
23 enforceability of federal franchise guidelines in Illinois is
24 an essential element in the protection of the franchisor and

1 franchisee relationship in Illinois.

2 (Source: P.A. 85-551.)

3 (815 ILCS 705/44) (from Ch. 121 1/2, par. 1744)

4 Sec. 44. This Act shall not be construed to repeal any
5 right, claim, penalty, offense or punishment existing under The
6 Franchise Disclosure Act prior to the date this Act takes
7 effect. This Act shall apply only to actions undertaken on and
8 subsequent to the date this Act takes effect as well as to all
9 resulting rights, claims, penalties, offenses and punishment.

10 This amendatory Act of the 100th General Assembly does not
11 abolish any right, claim, penalty, offense, or punishment
12 existing prior to the effective date of this amendatory Act of
13 the 100th General Assembly under the provisions repealed by
14 this amendatory Act of the 100th General Assembly.

15 (Source: P.A. 85-551.)

16 (815 ILCS 705/4 rep.)

17 (815 ILCS 705/5 rep.)

18 (815 ILCS 705/6 rep.)

19 (815 ILCS 705/7 rep.)

20 (815 ILCS 705/8 rep.)

21 (815 ILCS 705/9 rep.)

22 (815 ILCS 705/10 rep.)

23 (815 ILCS 705/11 rep.)

24 (815 ILCS 705/12 rep.)

- 1 (815 ILCS 705/14 rep.)
- 2 (815 ILCS 705/15 rep.)
- 3 (815 ILCS 705/16 rep.)
- 4 (815 ILCS 705/17 rep.)
- 5 (815 ILCS 705/18 rep.)
- 6 (815 ILCS 705/19 rep.)
- 7 (815 ILCS 705/20 rep.)
- 8 (815 ILCS 705/22 rep.)
- 9 (815 ILCS 705/23 rep.)
- 10 (815 ILCS 705/24 rep.)
- 11 (815 ILCS 705/25 rep.)
- 12 (815 ILCS 705/26 rep.)
- 13 (815 ILCS 705/27 rep.)
- 14 (815 ILCS 705/28 rep.)
- 15 (815 ILCS 705/29 rep.)
- 16 (815 ILCS 705/31 rep.)
- 17 (815 ILCS 705/32 rep.)
- 18 (815 ILCS 705/33 rep.)
- 19 (815 ILCS 705/34 rep.)
- 20 (815 ILCS 705/35 rep.)
- 21 (815 ILCS 705/36 rep.)
- 22 (815 ILCS 705/37 rep.)
- 23 (815 ILCS 705/38 rep.)
- 24 (815 ILCS 705/39 rep.)
- 25 (815 ILCS 705/41 rep.)
- 26 (815 ILCS 705/42 rep.)

1 (815 ILCS 705/43 rep.)

2 Section 97. The Franchise Disclosure Act of 1987 is amended
3 by repealing Sections 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16,
4 17, 18, 19, 20, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34,
5 35, 36, 37, 38, 39, 41, 42, and 43.

6 Section 98. No acceleration or delay. Where this Act makes
7 changes in a statute that is represented in this Act by text
8 that is not yet or no longer in effect (for example, a Section
9 represented by multiple versions), the use of that text does
10 not accelerate or delay the taking effect of (i) the changes
11 made by this Act or (ii) provisions derived from any other
12 Public Act.

13 Section 99. Effective date. This Act takes effect upon
14 becoming law.

1 INDEX
2 Statutes amended in order of appearance

3 New Act

4 5 ILCS 140/7.5

5 720 ILCS 5/17-10.4 new

6 820 ILCS 305/1 from Ch. 48, par. 138.1

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

8 820 ILCS 305/8.1b

9 820 ILCS 305/8.2

10 820 ILCS 305/8.2a

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

12 820 ILCS 305/19 from Ch. 48, par. 138.19

13 820 ILCS 305/25.5

14 820 ILCS 305/29.2

15 815 ILCS 705/2 from Ch. 121 1/2, par. 1702

16 815 ILCS 705/44 from Ch. 121 1/2, par. 1744

17 815 ILCS 705/4 rep.

18 815 ILCS 705/5 rep.

19 815 ILCS 705/6 rep.

20 815 ILCS 705/7 rep.

21 815 ILCS 705/8 rep.

22 815 ILCS 705/9 rep.

23 815 ILCS 705/10 rep.

24 815 ILCS 705/11 rep.

25 815 ILCS 705/12 rep.

- 1 815 ILCS 705/14 rep.
- 2 815 ILCS 705/15 rep.
- 3 815 ILCS 705/16 rep.
- 4 815 ILCS 705/17 rep.
- 5 815 ILCS 705/18 rep.
- 6 815 ILCS 705/19 rep.
- 7 815 ILCS 705/20 rep.
- 8 815 ILCS 705/22 rep.
- 9 815 ILCS 705/23 rep.
- 10 815 ILCS 705/24 rep.
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- 21 815 ILCS 705/36 rep.
- 22 815 ILCS 705/37 rep.
- 23 815 ILCS 705/38 rep.
- 24 815 ILCS 705/39 rep.
- 25 815 ILCS 705/41 rep.
- 26 815 ILCS 705/42 rep.

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1 815 ILCS 705/43 rep.