



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

SB0012

Introduced 1/11/2017, by Sen. Michael Connelly

SYNOPSIS AS INTRODUCED:

See Index

Amends the Freedom of Information Act. Exempts from public inspection certain information collected by the Illinois Workers' Compensation Commission from self-insureds and papers, documents, reports, or evidence relevant to a workers' compensation fraud investigation conducted by the Department of Insurance. Amends the Criminal Code of 2012 regarding workers' compensation fraud penalties. Amends the Workers' Compensation Act. Makes changes concerning: accidental injuries considered to be "arising out of and in the course of the employment" if an employee is required to travel away from the employer's premises; the maximum compensation rate for a period of temporary total incapacity; wage differential benefits to professional athletes; limitations on the number of chiropractic, occupational therapy, or physical therapy visits an injured worker may receive for injuries; compensation awards for injuries to the shoulder and hip; the maximum allowable payment for certain service categories; the assignment and reassignment of arbitrators to hearing sites; the creation of an evidence based drug formulary; the duties of the Workers' Compensation Edit, Alignment, and Reform Commission; additional compensation awards where there has been a vexatious delay in the authorization of medical treatment or the payment or intentional underpayment of compensation; annual reports on the state of self-insurance for workers' compensation in Illinois; and other matters. Effective immediately, but this Act does not take effect at all unless Senate Bills 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 13 of the 100th General Assembly become law.

LRB100 06318 KTG 16356 b

CORRECTIONAL
BUDGET AND
IMPACT NOTE ACT
MAY APPLY

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning employment.

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

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

6 (5 ILCS 140/7.5)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 Act.

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

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

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

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

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

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

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

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

24 (720 ILCS 5/17-10.4 new)

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

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

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

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

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

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

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

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

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

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

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

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

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

20 (b) Sentence.

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

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

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

1 obtained or attempted to be obtained is \$500 or less is a
2 Class A misdemeanor.

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

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

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

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

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

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

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

22 Section 5. The Workers' Compensation Act is amended by
23 changing Sections 1, 8, 8.1b, 8.2, 8.2a, 8.7, 14, 19, 25.5, and
24 29.2 and by adding Section 14.3 as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 (e) Traveling employees.

5 (1) Except as otherwise provided under this Section,
6 accidental injuries sustained while traveling to or from
7 work do not arise out of and in the course of employment.

8 (2) Accidental injuries are considered to be "arising
9 out of and in the course of the employment" where an
10 employee is required to travel away from his or her
11 employer's premises in order to perform his or her job and
12 when the conduct in which he or she was engaged at the time
13 of the injury is reasonable and when that conduct might
14 have been anticipated or foreseen by the employer.

15 (3) Accidental injuries while traveling do not occur in
16 the course of employment if the accident occurs during a
17 purely personal deviation or personal errand, unless such
18 deviation or errand is insubstantial.

19 (4) In determining whether an employee is required to
20 travel away from his or her employer's premises in order to
21 perform his or her job, along with all other relevant
22 factors, the following factors may be considered: whether
23 the employer had knowledge that the employee may be
24 required to travel to perform the job; whether the employer
25 furnished any mode of transportation to or from the
26 employee; whether the employee received or the employer

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

9 (f) Neutral risks. Accidental injuries resulting from a
10 neutral risk arise out of and in the course of the employment
11 if the employment quantitatively or qualitatively contributes
12 in any way to the neutral risk.

13 (g) Intervening cause.

14 (1) Except as otherwise provided under this Section,
15 every natural consequence that flows from an injury that
16 arose out of and in the course of employment is compensable
17 under this Act. A work-related injury need not be the sole
18 causative factor or the primary causative factor as long as
19 it was a causative factor in the resulting condition such
20 that the condition would not have occurred but for the
21 work-related injury.

22 (2) Where an intervening cause breaks the chain of
23 causation, any subsequent consequence flowing from the
24 intervening cause is not compensable under this Act. An
25 intervening cause is a cause that completely breaks the
26 chain of causation.

1 (3) Notwithstanding any provision of this Act to the
2 contrary, if an employee, who sustained an accidental
3 injury compensable under this Act which results in a
4 responsibility to pay compensation on the part of the
5 employer, subsequently sustains another injury due to his
6 or her own intentional conduct or negligence that
7 accelerates, aggravates, or worsens the effects or
8 disability of the first injury in any manner, regardless of
9 whether or not he or she has fully recovered from the
10 effects of the first injury, the employer's responsibility
11 to pay compensation to the employee or his or her
12 dependents shall not be increased due to the effects or
13 disability resulting from the subsequent injury.

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

16 (820 ILCS 305/8) (from Ch. 48, par. 138.8)

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

20 (a) The employer shall provide and pay the negotiated rate,
21 if applicable, or the lesser of the health care provider's
22 actual charges or according to a fee schedule, subject to
23 Section 8.2, in effect at the time the service was rendered for
24 all the necessary first aid, medical and surgical services, and
25 all necessary medical, surgical and hospital services

1 thereafter incurred, limited, however, to that which is
2 reasonably required to cure or relieve from the effects of the
3 accidental injury, even if a health care provider sells,
4 transfers, or otherwise assigns an account receivable for
5 procedures, treatments, or services covered under this Act. If
6 the employer does not dispute payment of first aid, medical,
7 surgical, and hospital services, the employer shall make such
8 payment to the provider on behalf of the employee. The employer
9 shall also pay for treatment, instruction and training
10 necessary for the physical, mental and vocational
11 rehabilitation of the employee, including all maintenance
12 costs and expenses incidental thereto. If as a result of the
13 injury the employee is unable to be self-sufficient the
14 employer shall further pay for such maintenance or
15 institutional care as shall be required.

16 The employee may at any time elect to secure his own
17 physician, surgeon and hospital services at the employer's
18 expense, or,

19 Upon agreement between the employer and the employees, or
20 the employees' exclusive representative, and subject to the
21 approval of the Illinois Workers' Compensation Commission, the
22 employer shall maintain a list of physicians, to be known as a
23 Panel of Physicians, who are accessible to the employees. The
24 employer shall post this list in a place or places easily
25 accessible to his employees. The employee shall have the right
26 to make an alternative choice of physician from such Panel if

1 he is not satisfied with the physician first selected. If, due
2 to the nature of the injury or its occurrence away from the
3 employer's place of business, the employee is unable to make a
4 selection from the Panel, the selection process from the Panel
5 shall not apply. The physician selected from the Panel may
6 arrange for any consultation, referral or other specialized
7 medical services outside the Panel at the employer's expense.
8 Provided that, in the event the Commission shall find that a
9 doctor selected by the employee is rendering improper or
10 inadequate care, the Commission may order the employee to
11 select another doctor certified or qualified in the medical
12 field for which treatment is required. If the employee refuses
13 to make such change the Commission may relieve the employer of
14 his obligation to pay the doctor's charges from the date of
15 refusal to the date of compliance.

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

1 program by the employer.

2 The maintenance benefit shall not be less than the
3 temporary total disability rate determined for the employee. In
4 addition, maintenance shall include costs and expenses
5 incidental to the vocational rehabilitation program.

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

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

25 Notwithstanding the foregoing, the employer's liability to
26 pay for such medical services selected by the employee shall be

1 limited to:

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

3 (2) all medical, surgical and hospital services
4 provided by the physician, surgeon or hospital initially
5 chosen by the employee or by any other physician,
6 consultant, expert, institution or other provider of
7 services recommended by said initial service provider or
8 any subsequent provider of medical services in the chain of
9 referrals from said initial service provider; plus

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

25 (4) The following shall apply for injuries occurring on
26 or after June 28, 2011 (the effective date of Public Act

1 97-18) and only when an employer has an approved preferred
2 provider program pursuant to Section 8.1a on the date the
3 employee sustained his or her accidental injuries:

4 (A) The employer shall, in writing, on a form
5 promulgated by the Commission, inform the employee of
6 the preferred provider program;

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

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

19 When an employer and employee so agree in writing, nothing
20 in this Act prevents an employee whose injury or disability has
21 been established under this Act, from relying in good faith, on
22 treatment by prayer or spiritual means alone, in accordance
23 with the tenets and practice of a recognized church or
24 religious denomination, by a duly accredited practitioner
25 thereof, and having nursing services appropriate therewith,
26 without suffering loss or diminution of the compensation

1 benefits under this Act. However, the employee shall submit to
2 all physical examinations required by this Act. The cost of
3 such treatment and nursing care shall be paid by the employee
4 unless the employer agrees to make such payment.

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

20 The furnishing by the employer of any such services or
21 appliances is not an admission of liability on the part of the
22 employer to pay compensation.

23 The furnishing of any such services or appliances or the
24 servicing thereof by the employer is not the payment of
25 compensation.

26 (b) If the period of temporary total incapacity for work

1 lasts more than 5 ~~3~~ working days, weekly compensation as
2 hereinafter provided shall be paid beginning on the 6th ~~4th~~ day
3 of such temporary total incapacity and continuing as long as
4 the total temporary incapacity lasts. In cases where the
5 temporary total incapacity for work continues for a period of
6 14 days or more from the day of the accident compensation shall
7 commence on the day after the accident.

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

21 2. The compensation rate in all cases other than for
22 temporary total disability under this paragraph (b), and
23 other than for serious and permanent disfigurement under
24 paragraph (c) and other than for permanent partial
25 disability under subparagraph (2) of paragraph (d) or under
26 paragraph (e), of this Section shall be equal to 66 2/3% of

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

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

26 3. As used in this Section the term "child" means a

1 child of the employee including any child legally adopted
2 before the accident or whom at the time of the accident the
3 employee was under legal obligation to support or to whom
4 the employee stood in loco parentis, and who at the time of
5 the accident was under 18 years of age and not emancipated.
6 The term "children" means the plural of "child".

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

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

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

1 Insurance Act during such period.

2 The maximum weekly compensation rate, for the period
3 January 1, 1981 through December 31, 1983, except as
4 hereinafter provided, shall be 100% of the State's average
5 weekly wage in covered industries under the Unemployment
6 Insurance Act in effect on January 1, 1981. Effective
7 January 1, 1984 and on January 1, of each year thereafter
8 the maximum weekly compensation rate, except as
9 hereinafter provided, shall be determined as follows: if
10 during the preceding 12 month period there shall have been
11 an increase in the State's average weekly wage in covered
12 industries under the Unemployment Insurance Act, the
13 weekly compensation rate shall be proportionately
14 increased by the same percentage as the percentage of
15 increase in the State's average weekly wage in covered
16 industries under the Unemployment Insurance Act during
17 such period.

18 The maximum compensation rate for the period July 1,
19 2017 through June 30, 2021, except as hereinafter provided,
20 shall be \$755.22. Effective July 1, 2021 and on July 1 of
21 each year thereafter the maximum weekly compensation rate,
22 except as hereinafter provided, shall be determined as
23 follows: if during the preceding 12-month period there
24 shall have been an increase in the State's average weekly
25 wage in covered industries under the Unemployment
26 Insurance Act, the weekly compensation rate shall be

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

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

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

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

1 4.2. Any provision to the contrary notwithstanding,
2 the total compensation payable under Section 7 shall not
3 exceed the greater of \$500,000 or 25 years.

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

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

26 7. The payment of compensation by an employer or his

1 insurance carrier to an injured employee shall not
2 constitute an admission of the employer's liability to pay
3 compensation.

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

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

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

24 (d) 1. If, after the accidental injury has been sustained,
25 the employee as a result thereof becomes partially
26 incapacitated from pursuing his usual and customary line of

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

16 For accidental injuries involving professional athletes
17 that occur on or after the effective date of this amendatory
18 Act of the 100th General Assembly, an award for wage
19 differential under this subsection shall be effective for the
20 expected remaining duration of the employee's professional
21 sports athletic career. As used in this paragraph (d)1,
22 "professional athlete" means an individual whose employer is a
23 professional athletic team that is based in Illinois,
24 including, but not limited to, any professional baseball,
25 basketball, football, soccer, or hockey team based in Illinois
26 and who derives the majority of his or her income from playing

1 athletics for the professional athletic team. The expected
2 remaining duration of an employee's professional sports
3 athletic career shall continue until the employee reaches the
4 age of 35 or for a period of 5 years from the date of the
5 injury, whichever is later, unless the employer or employee is
6 able to successfully prove, by a preponderance of the evidence,
7 that the expected remaining duration of such employee's
8 professional sports athletic career has a shorter or longer
9 duration.

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

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

23 (e) For accidental injuries in the following schedule, the
24 employee shall receive compensation for the period of temporary
25 total incapacity for work resulting from such accidental
26 injury, under subparagraph 1 of paragraph (b) of this Section,

1 and shall receive in addition thereto compensation for a
2 further period for the specific loss herein mentioned, but
3 shall not receive any compensation under any other provisions
4 of this Act. The following listed amounts apply to either the
5 loss of or the permanent and complete loss of use of the member
6 specified, such compensation for the length of time as follows:

7 1. Thumb-

8 70 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 76 weeks if the accidental injury occurs on or
12 after February 1, 2006.

13 2. First, or index finger-

14 40 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 43 weeks if the accidental injury occurs on or
18 after February 1, 2006.

19 3. Second, or middle finger-

20 35 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 38 weeks if the accidental injury occurs on or
24 after February 1, 2006.

25 4. Third, or ring finger-

26 25 weeks if the accidental injury occurs on or

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

3 27 weeks if the accidental injury occurs on or
4 after February 1, 2006.

5 5. Fourth, or little finger-

6 20 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 22 weeks if the accidental injury occurs on or
10 after February 1, 2006.

11 6. Great toe-

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

17 7. Each toe other than great toe-

18 12 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 13 weeks if the accidental injury occurs on or
22 after February 1, 2006.

23 8. The loss of the first or distal phalanx of the thumb
24 or of any finger or toe shall be considered to be equal to
25 the loss of one-half of such thumb, finger or toe and the
26 compensation payable shall be one-half of the amount above

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

6 9. Hand-

7 190 weeks if the accidental injury occurs on or
8 after the effective date of this amendatory Act of the
9 94th General Assembly but before February 1, 2006.

10 205 weeks if the accidental injury occurs on or
11 after February 1, 2006.

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

21 The loss of 2 or more digits, or one or more phalanges
22 of 2 or more digits, of a hand may be compensated on the
23 basis of partial loss of use of a hand, provided, further,
24 that the loss of 4 digits, or the loss of use of 4 digits,
25 in the same hand shall constitute the complete loss of a
26 hand.

1 10. Arm-

2 235 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.

5 253 weeks if the accidental injury occurs on or
6 after February 1, 2006.

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

26 For purposes of awards under this subdivision (e),

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

6 11. Foot-

7 155 weeks if the accidental injury occurs on or
8 after the effective date of this amendatory Act of the
9 94th General Assembly but before February 1, 2006.

10 167 weeks if the accidental injury occurs on or
11 after February 1, 2006.

12 12. Leg-

13 200 weeks if the accidental injury occurs on or
14 after the effective date of this amendatory Act of the
15 94th General Assembly but before February 1, 2006.

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

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

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

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

16 13. Eye-

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

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

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

1 accidental injury occurs on or after February 1, 2006)
2 shall be paid.

3 14. Loss of hearing of one ear-

4 50 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 54 weeks if the accidental injury occurs on or
8 after February 1, 2006.

9 Total and permanent loss of hearing of both ears-

10 200 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.

13 215 weeks if the accidental injury occurs on or
14 after February 1, 2006.

15 15. Testicle-

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

21 Both testicles-

22 150 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.

25 162 weeks if the accidental injury occurs on or
26 after February 1, 2006.

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

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

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

1 shall constitute and be total or 100% compensable
2 hearing loss.

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

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

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

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

24 Sound Level DBA

25 Slow Response Hours Per Day

26 90 8

1	92	6
2	95	4
3	97	3
4	100	2
5	102	1-1/2
6	105	1
7	110	1/2
8	115	1/4

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

11 17. In computing the compensation to be paid to any
12 employee who, before the accident for which he claims
13 compensation, had before that time sustained an injury
14 resulting in the loss by amputation or partial loss by
15 amputation of any member, including hand, arm, thumb or
16 fingers, leg, foot or any toes, such loss or partial loss
17 of any such member shall be deducted from any award made
18 for the subsequent injury. For the permanent loss of use or
19 the permanent partial loss of use of any such member or the
20 partial loss of sight of an eye, for which compensation has
21 been paid, then such loss shall be taken into consideration
22 and deducted from any award for the subsequent injury.

23 18. The specific case of loss of both hands, both arms,
24 or both feet, or both legs, or both eyes, or of any two
25 thereof, or the permanent and complete loss of the use
26 thereof, constitutes total and permanent disability, to be

1 compensated according to the compensation fixed by
2 paragraph (f) of this Section. These specific cases of
3 total and permanent disability do not exclude other cases.

4 Any employee who has previously suffered the loss or
5 permanent and complete loss of the use of any of such
6 members or loss under Section 8(d)2 due to accidental
7 injuries to the same part of the spine, and in a subsequent
8 independent accident loses another or suffers the
9 permanent and complete loss of the use of any one of such
10 members or loss under Section 8(d)2 due to accidental
11 injuries to the same part of the spine the employer for
12 whom the injured employee is working at the time of the
13 last independent accident is liable to pay compensation
14 only for the loss or permanent and complete loss of the use
15 of the member or loss under Section 8(d)2 due to accidental
16 injuries to the same part of the spine occasioned by the
17 last independent accident. For purposes of this
18 subdivision (e)18 only, "same part of the spine" means: (1)
19 cervical spine and thoracic spine from vertebra C1 through
20 T12; and (2) lumbar and sacral spine and coccyx from
21 vertebra L1 through S5.

22 19. In a case of specific loss and the subsequent death
23 of such injured employee from other causes than such injury
24 leaving a widow, widower, or dependents surviving before
25 payment or payment in full for such injury, then the amount
26 due for such injury is payable to the widow or widower and,

1 if there be no widow or widower, then to such dependents,
2 in the proportion which such dependency bears to total
3 dependency.

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

22 On August 1, 1996 and on February 1 and August 1 of each
23 subsequent year, the Commission shall examine the special fund
24 designated as the "Rate Adjustment Fund" and when, after
25 deducting all advances or loans made to said fund, the amount
26 therein is \$4,000,000, the amount required to be paid by

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

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

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

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

1 within 30 months after the date of such termination or
2 reduction to file petition with the Commission for the purpose
3 of determining whether any disability exists as a result of the
4 original accidental injury and the extent thereof.

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

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

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

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

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

1 to "Second Injury Fund" in this Section shall also include the
2 Rate Adjustment Fund.

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

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

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

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

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

25 The annual adjustments for every award of death benefits or
26 permanent total disability involving accidents occurring

1 before July 20, 2005 and accidents occurring on or after the
2 effective date of this amendatory Act of the 94th General
3 Assembly (Senate Bill 1283 of the 94th General Assembly) shall
4 continue to be paid from the Rate Adjustment Fund pursuant to
5 this paragraph and Section 7(f) of this Act.

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

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

24 (i) In case the injured employee is under 16 years of age
25 at the time of the accident and is illegally employed, the
26 amount of compensation payable under paragraphs (b), (c), (d),

1 (e) and (f) of this Section is increased 50%.

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

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

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

1 have been payable irrespective of an accidental injury under
2 this Act. Any employer receiving such credit shall keep such
3 employee safe and harmless from any and all claims or
4 liabilities that may be made against him by reason of having
5 received such payments only to the extent of such credit.

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

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

26 3. The extension of time for the filing of an Application

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

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

10 (820 ILCS 305/8.1b)

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

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

1 determining the level of impairment.

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

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

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

24 (820 ILCS 305/8.2)

25 Sec. 8.2. Fee schedule.

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

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

1 August 31 of that year. The increase or decrease shall become
2 effective on January 1 of the following year. As used in this
3 Section, "Consumer Price Index-U" means the index published by
4 the Bureau of Labor Statistics of the U.S. Department of Labor,
5 that measures the average change in prices of all goods and
6 services purchased by all urban consumers, U.S. city average,
7 all items, 1982-84=100.

8 (a-1) Notwithstanding the provisions of subsection (a) and
9 unless otherwise indicated, the following provisions shall
10 apply to the medical fee schedule starting on September 1,
11 2011:

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

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

26 (i) Cook County;

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

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

5 (iv) All other counties of the State.

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

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

10 (ii) Kankakee County;

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

13 (iv) Winnebago and Boone Counties;

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

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

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

18 (viii) Sangamon and Menard Counties;

19 (ix) McLean County;

20 (x) Lake County;

21 (xi) Macon County;

22 (xii) Vermilion County;

23 (xiii) Alexander County; and

24 (xiv) All other counties of the State.

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

1 in this Section, then the Commission shall average or
2 repeat the charges and fees in a geozip in order to
3 designate charges and fees for each region.

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

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

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

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

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

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

25 (a-2.5) For procedures, treatments, services, or supplies
26 covered under this Act and rendered or to be rendered on or

1 after June 1, 2017, the maximum allowable payment for the
2 following service categories set forth in Title 50, Section
3 7110.90 of the Illinois Administrative Code shall be 85% of the
4 fee schedule amounts in effect on May 31, 2017, which shall be
5 adjusted yearly by the Consumer Price Index-U, as described in
6 subsection (a) of this Section:

7 (1) Section 1: Ambulatory Surgical Treatment Center
8 (ASTC) and Accredited Ambulatory Surgical Treatment
9 Facility (ASTF).

10 (2) Section 7(C): Hospital Outpatient -- Radiology.

11 (3) Section 7(D): Hospital Outpatient - Pathology and
12 Laboratory.

13 (4) Section 8(F): Professional Services - Pathology
14 and Laboratory.

15 (5) Section 8(G): Professional Services - Radiology.

16 (a-2.6) For procedures, treatments, services, or supplies
17 covered under this Act and rendered or to be rendered on or
18 after June 1, 2017, the maximum allowable payment for the
19 following service categories set forth in Title 50, Section
20 7110.90 of the Illinois Administrative Code shall be 90% of the
21 fee schedule amounts in effect on May 31, 2017, which shall be
22 adjusted yearly by the Consumer Price Index-U, as described in
23 subsection (a) of this Section:

24 (1) Section 7(F): Hospital Outpatient Surgical
25 Facility.

26 (2) Section 8(D): Professional Services - Surgery.

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

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

13 A request for a prescription that is not on the closed
14 formulary shall be reviewed pursuant to Section 8.7 of this
15 Act.

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

24 (c) The Commission shall establish by rule a process to
25 review those medical cases or outliers that involve
26 extra-ordinary treatment to determine whether to make an

1 additional adjustment to the maximum payment within a fee
2 schedule for a procedure, treatment, or service.

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

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

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

22 (3) In the case of nonpayment to a provider within 30
23 days of receipt of the bill which contained substantially
24 all of the required data elements necessary to adjudicate
25 the bill or nonpayment to a provider of a portion of such a
26 bill up to the lesser of the actual charge or the payment

1 level set by the Commission in the fee schedule established
2 in this Section, the bill, or portion of the bill, shall
3 incur interest at a rate of 1% per month payable to the
4 provider. Any required interest payments shall be made
5 within 30 days after payment.

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

24 (e-5) If an employer notifies a provider that the employer
25 does not consider the illness or injury to be compensable under
26 this Act, the provider may seek payment of the provider's

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

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

1 until the date that the provider is permitted to resume
2 collection efforts under the provisions of this Section.

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

24 (e-20) Upon a final award or judgment by an Arbitrator or
25 the Commission, or a settlement agreed to by the employer and
26 the employee, a provider may resume any and all efforts to

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

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

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

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

1 (820 ILCS 305/8.2a)

2 Sec. 8.2a. Electronic claims.

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

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

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

10 (3) Ensure confidentiality of medical information
11 submitted on electronic claims for payment of medical
12 services.

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

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

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

25 (7) Provide that the Department of Insurance may impose
26 an administrative fine if it determines that an employer or

1 insurer has failed to comply with the electronic claims
2 acceptance and response process. The amount of the
3 administrative fine shall be no greater than \$1,000 per
4 each violation, but shall not exceed \$10,000 for identical
5 violations during a calendar year.

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

11 (c) The rules requiring employers and insurers to accept
12 electronic claims for payment of medical services shall be
13 proposed on or before March 1, 2017 ~~January 1, 2012~~, and shall
14 require all employers and insurers to accept electronic claims
15 for payment of medical services on or before September 1, 2017
16 ~~June 30, 2012~~.

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

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

22 (820 ILCS 305/8.7)

23 Sec. 8.7. Utilization review programs.

24 (a) As used in this Section:

25 "Utilization review" means the evaluation of proposed or

1 provided health care services to determine the appropriateness
2 of both the level of health care services medically necessary
3 and the quality of health care services provided to a patient,
4 including evaluation of their efficiency, efficacy, and
5 appropriateness of treatment, hospitalization, or office
6 visits based on medically accepted standards. The evaluation
7 must be accomplished by means of a system that identifies the
8 utilization of health care services based on standards of care
9 of nationally recognized peer review guidelines as well as
10 nationally recognized treatment guidelines and evidence-based
11 medicine based upon standards as provided in this Act.
12 Utilization techniques may include prospective review, second
13 opinions, concurrent review, discharge planning, peer review,
14 independent medical examinations, and retrospective review
15 (for purposes of this sentence, retrospective review shall be
16 applicable to services rendered on or after July 20, 2005).
17 Nothing in this Section applies to prospective review of
18 necessary first aid or emergency treatment.

19 (b) No person may conduct a utilization review program for
20 workers' compensation services in this State unless once every
21 2 years the person registers the utilization review program
22 with the Department of Insurance and certifies compliance with
23 the Workers' Compensation Utilization Management standards or
24 Health Utilization Management Standards of URAC sufficient to
25 achieve URAC accreditation or submits evidence of
26 accreditation by URAC for its Workers' Compensation

1 Utilization Management Standards or Health Utilization
2 Management Standards. Nothing in this Act shall be construed to
3 require an employer or insurer or its subcontractors to become
4 URAC accredited.

5 (c) In addition, the Director of Insurance may certify
6 alternative utilization review standards of national
7 accreditation organizations or entities in order for plans to
8 comply with this Section. Any alternative utilization review
9 standards shall meet or exceed those standards required under
10 subsection (b).

11 (d) This registration shall include submission of all of
12 the following information regarding utilization review program
13 activities:

14 (1) The name, address, and telephone number of the
15 utilization review programs.

16 (2) The organization and governing structure of the
17 utilization review programs.

18 (3) The number of lives for which utilization review is
19 conducted by each utilization review program.

20 (4) Hours of operation of each utilization review
21 program.

22 (5) Description of the grievance process for each
23 utilization review program.

24 (6) Number of covered lives for which utilization
25 review was conducted for the previous calendar year for
26 each utilization review program.

1 (7) Written policies and procedures for protecting
2 confidential information according to applicable State and
3 federal laws for each utilization review program.

4 (e) A utilization review program shall have written
5 procedures to ensure that patient-specific information
6 obtained during the process of utilization review will be:

7 (1) kept confidential in accordance with applicable
8 State and federal laws; and

9 (2) shared only with the employee, the employee's
10 designee, and the employee's health care provider, and
11 those who are authorized by law to receive the information.
12 Summary data shall not be considered confidential if it
13 does not provide information to allow identification of
14 individual patients or health care providers.

15 Only a health care professional may make determinations
16 regarding the medical necessity of health care services during
17 the course of utilization review.

18 When making retrospective reviews, utilization review
19 programs shall base reviews solely on the medical information
20 available to the attending physician or ordering provider at
21 the time the health care services were provided.

22 (f) If the Department of Insurance finds that a utilization
23 review program is not in compliance with this Section, the
24 Department shall issue a corrective action plan and allow a
25 reasonable amount of time for compliance with the plan. If the
26 utilization review program does not come into compliance, the

1 Department may issue a cease and desist order. Before issuing a
2 cease and desist order under this Section, the Department shall
3 provide the utilization review program with a written notice of
4 the reasons for the order and allow a reasonable amount of time
5 to supply additional information demonstrating compliance with
6 the requirements of this Section and to request a hearing. The
7 hearing notice shall be sent by certified mail, return receipt
8 requested, and the hearing shall be conducted in accordance
9 with the Illinois Administrative Procedure Act.

10 (g) A utilization review program subject to a corrective
11 action may continue to conduct business until a final decision
12 has been issued by the Department.

13 (h) The Department of Insurance may by rule establish a
14 registration fee for each person conducting a utilization
15 review program.

16 (i) Upon receipt of written notice that the employer or the
17 employer's agent or insurer wishes to invoke the utilization
18 review process, the provider of medical, surgical, or hospital
19 services shall submit to the utilization review, following
20 accredited procedural guidelines.

21 (1) The provider shall make reasonable efforts to
22 provide timely and complete reports of clinical
23 information needed to support a request for treatment. If
24 the provider fails to make such reasonable efforts, the
25 charges for the treatment or service may not be compensable
26 nor collectible by the provider or claimant from the

1 employer, the employer's agent, or the employee. The
2 reporting obligations of providers shall not be
3 unreasonable or unduly burdensome.

4 (2) Written notice of utilization review decisions,
5 including the clinical rationale for certification or
6 non-certification and references to applicable standards
7 of care or evidence-based medical guidelines, shall be
8 furnished to the provider and employee.

9 (3) An employer may only deny payment of or refuse to
10 authorize payment of medical services rendered or proposed
11 to be rendered on the grounds that the extent and scope of
12 medical treatment is excessive and unnecessary in
13 compliance with an accredited utilization review program
14 under this Section.

15 (4) When a payment for medical services has been denied
16 or not authorized by an employer or when authorization for
17 medical services is denied pursuant to utilization review,
18 the employee has the burden of proof to show by a
19 preponderance of the evidence that a variance from the
20 standards of care used by the person or entity performing
21 the utilization review pursuant to subsection (a) is
22 reasonably required to cure or relieve the effects of his
23 or her injury.

24 (5) The medical professional responsible for review in
25 the final stage of utilization review or appeal must be
26 available in this State for interview or deposition; or

1 must be available for deposition by telephone, video
2 conference, or other remote electronic means. A medical
3 professional who works or resides in this State or outside
4 of this State may comply with this requirement by making
5 himself or herself available for an interview or deposition
6 in person or by making himself or herself available by
7 telephone, video conference, or other remote electronic
8 means. The remote interview or deposition shall be
9 conducted in a fair, open, and cost-effective manner. The
10 expense of interview and the deposition method shall be
11 paid by the employer. The deponent shall be in the presence
12 of the officer administering the oath and recording the
13 deposition, unless otherwise agreed by the parties. Any
14 exhibits or other demonstrative evidence to be presented to
15 the deponent by any party at the deposition shall be
16 provided to the officer administering the oath and all
17 other parties within a reasonable period of time prior to
18 the deposition. Nothing shall prohibit any party from being
19 with the deponent during the deposition, at that party's
20 expense; provided, however, that a party attending a
21 deposition shall give written notice of that party's
22 intention to appear at the deposition to all other parties
23 within a reasonable time prior to the deposition.

24 An admissible utilization review shall be considered by the
25 Commission, along with all other evidence and in the same
26 manner as all other evidence, and must be addressed along with

1 all other evidence in the determination of the reasonableness
2 and necessity of the medical bills or treatment. Nothing in
3 this Section shall be construed to diminish the rights of
4 employees to reasonable and necessary medical treatment or
5 employee choice of health care provider under Section 8(a) or
6 the rights of employers to medical examinations under Section
7 12.

8 (j) When an employer denies payment of or refuses to
9 authorize payment of first aid, medical, surgical, or hospital
10 services under Section 8(a) of this Act, if that denial or
11 refusal to authorize complies with a utilization review program
12 registered under this Section and complies with all other
13 requirements of this Section, then there shall be a rebuttable
14 presumption that the employer shall not be responsible for
15 payment of additional compensation pursuant to Section 19(k) of
16 this Act and if that denial or refusal to authorize does not
17 comply with a utilization review program registered under this
18 Section and does not comply with all other requirements of this
19 Section, then that will be considered by the Commission, along
20 with all other evidence and in the same manner as all other
21 evidence, in the determination of whether the employer may be
22 responsible for the payment of additional compensation
23 pursuant to Section 19(k) of this Act.

24 (k) For injuries occurring on or after January 1, 2018, an
25 employee shall be entitled to up to 24 chiropractic,
26 occupational therapy, or physical therapy visits per claim. If

1 an employee exceeds 24 chiropractic, occupational therapy, or
2 physical therapy visits per claim, an employer or insurer may
3 petition to the Commission to decide whether additional
4 treatment is warranted. An employer or insurer that files a
5 bona fide petition in good faith under this Section shall not
6 be subject to penalties under the Act. This Section does not
7 apply to visits for post-surgical rehabilitation services.

8 The changes to this Section made by this amendatory Act of
9 the 97th General Assembly apply only to health care services
10 provided or proposed to be provided on or after September 1,
11 2011.

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

13 (820 ILCS 305/14) (from Ch. 48, par. 138.14)

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

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

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

1 (a) substantive and procedural aspects of the
2 arbitrator position;

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

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

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

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

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

16 (g) writing skills;

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

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

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

1 Permanent Impairment" and the practice of utilization
2 review; and

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

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

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

26 Notwithstanding any other provision of this Section, the

1 term of all arbitrators serving on June 28, 2011 (the effective
2 date of Public Act 97-18), including any arbitrators on
3 administrative leave, shall terminate at the close of business
4 on July 1, 2011, but the incumbents shall continue to exercise
5 all of their duties until they are reappointed or their
6 successors are appointed.

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

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

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

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

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

1 Court, and to maintain this authorization throughout his or her
2 term of employment.

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

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

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

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

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

1 "Illinois--Seal".

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

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

18 (820 ILCS 305/14.3 new)

19 Sec. 14.3. Workers' Compensation Edit, Alignment, and
20 Reform Commission.

21 (a) There is created the Workers' Compensation Edit,
22 Alignment, and Reform Commission, which shall be known as the
23 WEAR Commission. The purpose of the WEAR Commission is to
24 develop a proposed recodification of the Workers' Compensation
25 Act that meets the following goals:

1 (1) to make this Act more accessible to laypeople
2 seeking benefits under this Act and employers seeking
3 insurance coverage for their responsibilities under this
4 Act;

5 (2) to aid the Commission, attorneys, and judges in
6 understanding and applying the provisions of this Act;

7 (3) to prevent disputes over interpretations of this
8 Act that can add additional costs to the function and
9 administration of the workers' compensation system;

10 (4) to reduce the size of each Section of this Act to
11 promote understanding, interpretation, and indexing of
12 this Act;

13 (5) to assist policymakers so that they can more easily
14 understand the implication of amendments to this Act that
15 may be proposed in the future;

16 (6) to replace outdated and obsolete language within
17 this Act;

18 (7) to limit the opportunity for lengthy and expensive
19 appeals due to confusion or contrary language within this
20 Act; and

21 (8) to meet the preceding objectives without changing
22 substantive law or disturbing established case law
23 precedent. Nothing in this Section 14.3 shall be construed
24 to allow or authorize the WEAR Commission to seek to or to
25 diminish, restrict, limit, expand, abrogate, alter, or
26 change in any way the current interpretation of any

1 substantive or procedural provision of this Act by the
2 Commission or any Court.

3 (b) The members of the WEAR Commission shall be as follows:

4 (1) one Senator appointed by the President of the
5 Senate;

6 (2) one Senator appointed by the Minority Leader of the
7 Senate;

8 (3) one Representative appointed by the Speaker of the
9 House of Representatives;

10 (4) one Representative appointed by the Minority
11 Leader of the House of Representatives;

12 (5) 4 attorneys representing petitioners, one each
13 appointed by the President of the Senate, Minority Leader
14 of the Senate, Speaker of the House of Representatives, and
15 Minority Leader of the House of Representatives; and

16 (6) 4 attorneys representing respondents, one each
17 appointed by the President of the Senate, Minority Leader
18 of the Senate, Speaker of the House of Representatives, and
19 Minority Leader of the House of Representatives.

20 The members of the WEAR Commission shall serve without
21 compensation. The Chairperson of the Illinois Workers'
22 Compensation Commission shall serve as the Chairperson of the
23 WEAR Commission.

24 (c) The Illinois Workers' Compensation Commission, the
25 Workers' Compensation Insurance Compliance Unit, and the
26 Legislative Reference Bureau shall provide administrative

1 support for the WEAR Commission.

2 (d) The WEAR Commission shall present a report to the
3 General Assembly no later than January 1, 2018. This report
4 shall include a draft of proposed legislation for the
5 reorganization of the Workers' Compensation Act that
6 accomplishes the goals set forth by this Section.

7 (e) This Section is repealed on January 1, 2018.

8 (820 ILCS 305/19) (from Ch. 48, par. 138.19)

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

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

14 1. Whenever any claimant misconceives his remedy and
15 files an application for adjustment of claim under this Act
16 and it is subsequently discovered, at any time before final
17 disposition of such cause, that the claim for disability or
18 death which was the basis for such application should
19 properly have been made under the Workers' Occupational
20 Diseases Act, then the provisions of Section 19, paragraph
21 (a-1) of the Workers' Occupational Diseases Act having
22 reference to such application shall apply.

23 2. Whenever any claimant misconceives his remedy and
24 files an application for adjustment of claim under the
25 Workers' Occupational Diseases Act and it is subsequently

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

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

23 (b) The Arbitrator shall make such inquiries and
24 investigations as he or they shall deem necessary and may
25 examine and inspect all books, papers, records, places, or
26 premises relating to the questions in dispute and hear such

1 proper evidence as the parties may submit.

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

6 The Arbitrator may find that the disabling condition is
7 temporary and has not yet reached a permanent condition and may
8 order the payment of compensation up to the date of the
9 hearing, which award shall be reviewable and enforceable in the
10 same manner as other awards, and in no instance be a bar to a
11 further hearing and determination of a further amount of
12 temporary total compensation or of compensation for permanent
13 disability, but shall be conclusive as to all other questions
14 except the nature and extent of said disability.

15 The decision of the Arbitrator shall be filed with the
16 Commission which Commission shall immediately send to each
17 party or his attorney a copy of such decision, together with a
18 notification of the time when it was filed. As of the effective
19 date of this amendatory Act of the 94th General Assembly, all
20 decisions of the Arbitrator shall set forth in writing findings
21 of fact and conclusions of law, separately stated, if requested
22 by either party. Unless a petition for review is filed by
23 either party within 30 days after the receipt by such party of
24 the copy of the decision and notification of time when filed,
25 and unless such party petitioning for a review shall within 35
26 days after the receipt by him of the copy of the decision, file

1 with the Commission either an agreed statement of the facts
2 appearing upon the hearing before the Arbitrator, or if such
3 party shall so elect a correct transcript of evidence of the
4 proceedings at such hearings, then the decision shall become
5 the decision of the Commission and in the absence of fraud
6 shall be conclusive. The Petition for Review shall contain a
7 statement of the petitioning party's specific exceptions to the
8 decision of the arbitrator. The jurisdiction of the Commission
9 to review the decision of the arbitrator shall not be limited
10 to the exceptions stated in the Petition for Review. The
11 Commission, or any member thereof, may grant further time not
12 exceeding 30 days, in which to file such agreed statement or
13 transcript of evidence. Such agreed statement of facts or
14 correct transcript of evidence, as the case may be, shall be
15 authenticated by the signatures of the parties or their
16 attorneys, and in the event they do not agree as to the
17 correctness of the transcript of evidence it shall be
18 authenticated by the signature of the Arbitrator designated by
19 the Commission.

20 Whether the employee is working or not, if the employee is
21 not receiving or has not received medical, surgical, or
22 hospital services or other services or compensation as provided
23 in paragraph (a) of Section 8, or compensation as provided in
24 paragraph (b) of Section 8, the employee may at any time
25 petition for an expedited hearing by an Arbitrator on the issue
26 of whether or not he or she is entitled to receive payment of

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

24 Expedited hearings shall have priority over all other
25 petitions and shall be heard by the Arbitrator and Commission
26 with all convenient speed. Any party requesting an expedited

1 hearing shall give notice of a request for an expedited hearing
2 under this paragraph. A copy of the Application for Adjustment
3 of Claim shall be attached to the notice. The Commission shall
4 adopt rules and procedures under which the final decision of
5 the Commission under this paragraph is filed not later than 180
6 days from the date that the Petition for Review is filed with
7 the Commission.

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

24 (b-1) If the employee is not receiving medical, surgical or
25 hospital services as provided in paragraph (a) of Section 8 or
26 compensation as provided in paragraph (b) of Section 8, the

1 employee, in accordance with Commission Rules, may file a
2 petition for an emergency hearing by an Arbitrator on the issue
3 of whether or not he is entitled to receive payment of such
4 compensation or services as provided therein. Such petition
5 shall have priority over all other petitions and shall be heard
6 by the Arbitrator and Commission with all convenient speed.

7 Such petition shall contain the following information and
8 shall be served on the employer at least 15 days before it is
9 filed:

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

11 (ii) the approximate location of the accident;

12 (iii) a description of the accident;

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

14 (v) the identity of the person, if known, to whom the
15 accident was reported and the date on which it was
16 reported;

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

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

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

4 (ix) the dates of treatment related to the accident by
5 medical practitioners, and the names and addresses of such
6 practitioners, including the dates of treatment related to
7 the accident at any hospitals and the names and addresses
8 of such hospitals, and a signed authorization permitting
9 the employer to examine all medical records of all
10 practitioners and hospitals named pursuant to this
11 paragraph;

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

1 prognosis for recovery;

2 (xi) complete copies of any reports, records,
3 documents and affidavits in the possession of the employee
4 on which the employee will rely to support his allegations,
5 provided that the employer shall pay the reasonable cost of
6 reproduction thereof;

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

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

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

24 The employer shall, within 15 days after receipt of the
25 notice that such petition is filed, file with the Commission
26 and serve on the employee or his representative a written

1 response to each claim set forth in the petition, including the
2 legal and factual basis for each disputed allegation and the
3 following information: (i) complete copies of any reports,
4 records, documents and affidavits in the possession of the
5 employer on which the employer intends to rely in support of
6 his response, (ii) a list of any reports, records, documents
7 and affidavits which the employer has demanded by subpoena and
8 on which the employer intends to rely in support of his
9 response, (iii) the name and address of each witness on whom
10 the employer will rely to support his response, and (iv) the
11 names and addresses of any medical practitioners selected by
12 the employer pursuant to Section 12 of this Act and the time
13 and place of any examination scheduled to be made pursuant to
14 such Section.

15 Any employer who does not timely file and serve a written
16 response without good cause may not introduce any evidence to
17 dispute any claim of the employee but may cross examine the
18 employee or any witness brought by the employee and otherwise
19 be heard.

20 No document or other evidence not previously identified by
21 either party with the petition or written response, or by any
22 other means before the hearing, may be introduced into evidence
23 without good cause. If, at the hearing, material information is
24 discovered which was not previously disclosed, the Arbitrator
25 may extend the time for closing proof on the motion of a party
26 for a reasonable period of time which may be more than 30 days.

1 No evidence may be introduced pursuant to this paragraph as to
2 permanent disability. No award may be entered for permanent
3 disability pursuant to this paragraph. Either party may
4 introduce into evidence the testimony taken by deposition of
5 any medical practitioner.

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

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

23 (c) (1) At a reasonable time in advance of and in connection
24 with the hearing under Section 19(e) or 19(h), the Commission
25 may on its own motion order an impartial physical or mental
26 examination of a petitioner whose mental or physical condition

1 is in issue, when in the Commission's discretion it appears
2 that such an examination will materially aid in the just
3 determination of the case. The examination shall be made by a
4 member or members of a panel of physicians chosen for their
5 special qualifications by the Illinois State Medical Society.
6 The Commission shall establish procedures by which a physician
7 shall be selected from such list.

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

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

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

17 (5) The examination shall be made, and the physician or
18 physicians, if called, shall testify, without cost to the
19 parties. The Commission shall determine the compensation and
20 the pay of the physician or physicians. The compensation for
21 this service shall not exceed the usual and customary amount
22 for such service.

23 (6) The fees and payment thereof of all attorneys and
24 physicians for services authorized by the Commission under this
25 Act shall, upon request of either the employer or the employee
26 or the beneficiary affected, be subject to the review and

1 decision of the Commission.

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

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

24 In all cases in which the hearing before the arbitrator is
25 held after December 18, 1989, no additional evidence shall be
26 introduced by the parties before the Commission on review of

1 the decision of the Arbitrator. In reviewing decisions of an
2 arbitrator the Commission shall award such temporary
3 compensation, permanent compensation and other payments as are
4 due under this Act. The Commission shall file in its office its
5 decision thereon, and shall immediately send to each party or
6 his attorney a copy of such decision and a notification of the
7 time when it was filed. Decisions shall be filed within 60 days
8 after the Statement of Exceptions and Supporting Brief and
9 Response thereto are required to be filed or oral argument
10 whichever is later.

11 In the event either party requests oral argument, such
12 argument shall be had before a panel of 3 members of the
13 Commission (or before all available members pursuant to the
14 determination of 7 members of the Commission that such argument
15 be held before all available members of the Commission)
16 pursuant to the rules and regulations of the Commission. A
17 panel of 3 members, which shall be comprised of not more than
18 one representative citizen of the employing class and not more
19 than one representative citizen of the employee class, shall
20 hear the argument; provided that if all the issues in dispute
21 are solely the nature and extent of the permanent partial
22 disability, if any, a majority of the panel may deny the
23 request for such argument and such argument shall not be held;
24 and provided further that 7 members of the Commission may
25 determine that the argument be held before all available
26 members of the Commission. A decision of the Commission shall

1 be approved by a majority of Commissioners present at such
2 hearing if any; provided, if no such hearing is held, a
3 decision of the Commission shall be approved by a majority of a
4 panel of 3 members of the Commission as described in this
5 Section. The Commission shall give 10 days' notice to the
6 parties or their attorneys of the time and place of such taking
7 of testimony and of such argument.

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

1 their attorneys, and in the event that they do not agree, then
2 the authentication of such transcript of evidence shall be by
3 the signature of any member of the Commission.

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

17 At the request of either party or on its own motion, the
18 Commission shall set forth in writing the reasons for the
19 decision, including findings of fact and conclusions of law
20 separately stated. The Commission shall by rule adopt a format
21 for written decisions for the Commission and arbitrators. The
22 written decisions shall be concise and shall succinctly state
23 the facts and reasons for the decision. The Commission may
24 adopt in whole or in part, the decision of the arbitrator as
25 the decision of the Commission. When the Commission does so
26 adopt the decision of the arbitrator, it shall do so by order.

1 Whenever the Commission adopts part of the arbitrator's
2 decision, but not all, it shall include in the order the
3 reasons for not adopting all of the arbitrator's decision. When
4 a majority of a panel, after deliberation, has arrived at its
5 decision, the decision shall be filed as provided in this
6 Section without unnecessary delay, and without regard to the
7 fact that a member of the panel has expressed an intention to
8 dissent. Any member of the panel may file a dissent. Any
9 dissent shall be filed no later than 10 days after the decision
10 of the majority has been filed.

11 Decisions rendered by the Commission and dissents, if any,
12 shall be published together by the Commission. The conclusions
13 of law set out in such decisions shall be regarded as
14 precedents by arbitrators for the purpose of achieving a more
15 uniform administration of this Act.

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

1 is made the time for review herein specified shall begin to run
2 from the date of the receipt of the corrected award or
3 decision.

4 (1) Except in cases of claims against the State of
5 Illinois other than those claims under Section 18.1, in
6 which case the decision of the Commission shall not be
7 subject to judicial review, the Circuit Court of the county
8 where any of the parties defendant may be found, or if none
9 of the parties defendant can be found in this State then
10 the Circuit Court of the county where the accident
11 occurred, shall by summons to the Commission have power to
12 review all questions of law and fact presented by such
13 record.

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

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

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

1 General Assembly apply to any Commission decision entered
2 after the effective date of this amendatory Act of the 98th
3 General Assembly.

4 No request for a summons may be filed and no summons
5 shall issue unless the party seeking to review the decision
6 of the Commission shall exhibit to the clerk of the Circuit
7 Court proof of filing with the Commission of the notice of
8 the intent to file for review in the Circuit Court or an
9 affidavit of the attorney setting forth that notice of
10 intent to file for review in the Circuit Court has been
11 given in writing to the Secretary or Assistant Secretary of
12 the Commission.

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

25 The State of Illinois, including its constitutional
26 officers, boards, commissions, agencies, public

1 institutions of higher learning, and funds administered by
2 the treasurer ex officio, and every ~~Every~~ county, city,
3 town, township, incorporated village, school district,
4 body politic or municipal corporation against whom the
5 Commission shall have rendered an award for the payment of
6 money shall not be required to file a bond to secure the
7 payment of the award and the costs of the proceedings in
8 the court to authorize the court to issue such summons.

9 The court may confirm or set aside the decision of the
10 Commission. If the decision is set aside and the facts
11 found in the proceedings before the Commission are
12 sufficient, the court may enter such decision as is
13 justified by law, or may remand the cause to the Commission
14 for further proceedings and may state the questions
15 requiring further hearing, and give such other
16 instructions as may be proper. Appeals shall be taken to
17 the Appellate Court in accordance with Supreme Court Rules
18 22(g) and 303. Appeals shall be taken from the Appellate
19 Court to the Supreme Court in accordance with Supreme Court
20 Rule 315.

21 It shall be the duty of the clerk of any court
22 rendering a decision affecting or affirming an award of the
23 Commission to promptly furnish the Commission with a copy
24 of such decision, without charge.

25 The decision of a majority of the members of the panel
26 of the Commission, shall be considered the decision of the

1 Commission.

2 (g) Except in the case of a claim against the State of
3 Illinois, either party may present a certified copy of the
4 award of the Arbitrator, or a certified copy of the decision of
5 the Commission when the same has become final, when no
6 proceedings for review are pending, providing for the payment
7 of compensation according to this Act, to the Circuit Court of
8 the county in which such accident occurred or either of the
9 parties are residents, whereupon the court shall enter a
10 judgment in accordance therewith. In a case where the employer
11 refuses to pay compensation according to such final award or
12 such final decision upon which such judgment is entered the
13 court shall in entering judgment thereon, tax as costs against
14 him the reasonable costs and attorney fees in the arbitration
15 proceedings and in the court entering the judgment for the
16 person in whose favor the judgment is entered, which judgment
17 and costs taxed as therein provided shall, until and unless set
18 aside, have the same effect as though duly entered in an action
19 duly tried and determined by the court, and shall with like
20 effect, be entered and docketed. The Circuit Court shall have
21 power at any time upon application to make any such judgment
22 conform to any modification required by any subsequent decision
23 of the Supreme Court upon appeal, or as the result of any
24 subsequent proceedings for review, as provided in this Act.

25 Judgment shall not be entered until 15 days' notice of the
26 time and place of the application for the entry of judgment

1 shall be served upon the employer by filing such notice with
2 the Commission, which Commission shall, in case it has on file
3 the address of the employer or the name and address of its
4 agent upon whom notices may be served, immediately send a copy
5 of the notice to the employer or such designated agent.

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

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

21 On such review, compensation payments may be
22 re-established, increased, diminished or ended. The Commission
23 shall give 15 days' notice to the parties of the hearing for
24 review. Any employee, upon any petition for such review being
25 filed by the employer, shall be entitled to one day's notice
26 for each 100 miles necessary to be traveled by him in attending

1 the hearing of the Commission upon the petition, and 3 days in
2 addition thereto. Such employee shall, at the discretion of the
3 Commission, also be entitled to 5 cents per mile necessarily
4 traveled by him within the State of Illinois in attending such
5 hearing, not to exceed a distance of 300 miles, to be taxed by
6 the Commission as costs and deposited with the petition of the
7 employer.

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

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

22 (j) Whenever in any proceeding testimony has been taken or
23 a final decision has been rendered and after the taking of such
24 testimony or after such decision has become final, the injured
25 employee dies, then in any subsequent proceedings brought by
26 the personal representative or beneficiaries of the deceased

1 employee, such testimony in the former proceeding may be
2 introduced with the same force and effect as though the witness
3 having so testified were present in person in such subsequent
4 proceedings and such final decision, if any, shall be taken as
5 final adjudication of any of the issues which are the same in
6 both proceedings.

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

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

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

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

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

24 (n) After June 30, 1984, decisions of the Illinois Workers'
25 Compensation Commission reviewing an award of an arbitrator of
26 the Commission shall draw interest at a rate equal to the yield

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

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

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

25 The insured employer may challenge, in proceeding before
26 the Commission, payments made by the insurer without

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

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

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

1 be voluntary.

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

4 (820 ILCS 305/25.5)

5 Sec. 25.5. Unlawful acts; penalties.

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

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

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

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

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

23 (5) Intentionally make or cause to be made any false or
24 fraudulent material statement or material representation
25 for the purpose of obtaining workers' compensation

1 insurance at less than the proper amount ~~rate~~ for that
2 insurance.

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

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

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

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

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

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

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

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

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

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

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

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

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

26 ~~(1) A violation in which the value of the property~~

1 ~~obtained or attempted to be obtained is \$300 or less is a~~
2 ~~Class A misdemeanor.~~

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

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

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

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

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

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

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

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

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

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

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

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

1 or similar entity to file or threaten to file a report of fraud
2 against an employee because of the exercise by the employee of
3 the rights and remedies granted to the employee by this Act.

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

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

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

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

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

26 (g) Civil liability. Any person convicted of fraud who

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

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

20 (1) The number of allegations of insurance
21 non-compliance and fraud reported to the fraud and
22 insurance non-compliance unit.

23 (2) The source of the reported allegations
24 (individual, employer, or other).

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

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

4 (5) All proceedings under this Section.

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

6 (820 ILCS 305/29.2)

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

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

21 (1) Gross premiums collected by workers' compensation
22 carriers in Illinois and the national rank of Illinois
23 based on premium volume.

24 (2) The number of insurance companies actively engaged
25 in Illinois in the workers' compensation insurance market,

1 including both holding companies and subsidiaries or
2 affiliates, and the national rank of Illinois based on
3 number of competing insurers.

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

9 (4) The advisory organization premium rate for
10 workers' compensation insurance in Illinois for the
11 previous year.

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

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

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

20 (8) The gross profitability of workers' compensation
21 insurers in Illinois, and the national rank of Illinois
22 based on profitability of workers' compensation insurers.

23 (9) The loss ratio of workers' compensation insurers in
24 Illinois and the national rank of Illinois based on the
25 loss ratio of workers' compensation insurers. For purposes
26 of this loss ratio calculation, the denominator shall

1 include all premiums and other fees collected by workers'
2 compensation insurers and the numerator shall include the
3 total amount paid by the insurer for care or compensation
4 to injured workers.

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

8 (11) The number of injured workers receiving wage loss
9 differential awards and the average wage loss differential
10 award payout.

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

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

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

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

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

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

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

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

1 (16) The total amount paid by injured workers for
2 attorney representation.

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

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

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

19 (3) The total amount of indemnity payments made by
20 self-insureds.

21 (4) The total amount of medical payments made by
22 self-insureds.

23 (5) The median of the injured workers' weekly wage of
24 self-insureds' employees.

25 (6) The growth of total paid indemnity benefits by
26 temporary total disability, scheduled and non-scheduled

1 permanent partial disability, and total disability.

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

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

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

8 (iii) the maximum and minimum total disability
9 benefit levels.

10 (iv) the maximum and minimum death benefit levels;
11 and

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

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

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

23 (1) The number of claims opened.

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

25 (3) The number of contested claims.

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

1 attorney representation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14 Section 99. Effective date. This Act takes effect upon
15 becoming law, but this Act does not take effect at all unless
16 Senate Bills 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 13 of the
17 100th General Assembly become law.

1 INDEX

2 Statutes amended in order of appearance

3 5 ILCS 140/7.5

4 720 ILCS 5/17-10.4 new

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

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

7 820 ILCS 305/8.1b

8 820 ILCS 305/8.2

9 820 ILCS 305/8.2a

10 820 ILCS 305/8.7

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

12 820 ILCS 305/14.3 new

13 820 ILCS 305/19 from Ch. 48, par. 138.19

14 820 ILCS 305/25.5

15 820 ILCS 305/29.2