



Rep. Jay Hoffman

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1 AMENDMENT TO SENATE BILL 2901

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 2901, AS AMENDED,  
3 by replacing everything after the enacting clause with the  
4 following:

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

8 (215 ILCS 5/456) (from Ch. 73, par. 1065.3)

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

11 (a) Due consideration shall be given to past and  
12 prospective loss experience within and outside this state, to  
13 catastrophe hazards, if any, to a reasonable margin for profit  
14 and contingencies, to dividends, savings or unabsorbed premium  
15 deposits allowed or returned by companies to their  
16 policyholders, members or subscribers, to past and prospective

1 expenses both countrywide and those specially applicable to  
2 this state, to underwriting practice and judgment and to all  
3 other relevant factors within and outside this state;

4 (b) The systems of expense provisions included in the rates  
5 for use by any company or group of companies may differ from  
6 those of other companies or groups of companies to reflect the  
7 requirements of the operating methods of any such company or  
8 group with respect to any kind of insurance, or with respect to  
9 any subdivision or combination thereof for which subdivision or  
10 combination separate expense provisions are applicable;

11 (c) Risks may be grouped by classifications for the  
12 establishment of rates and minimum premiums. Classification  
13 rates may be modified to produce rates for individual risks in  
14 accordance with rating plans which measure variation in hazards  
15 or expense provisions, or both. Such rating plans may measure  
16 any differences among risks that have a probable effect upon  
17 losses or expenses;

18 (d) Rates shall not be excessive, inadequate or unfairly  
19 discriminatory.

20 ~~A rate in a competitive market is not excessive. A rate in~~  
21 ~~a noncompetitive market~~ is excessive if it is likely to produce  
22 a ~~long-run~~ profit that is unreasonably high for the insurance  
23 provided or if expenses are unreasonably high in relation to  
24 the services rendered.

25 A rate is not inadequate unless such rate is clearly  
26 insufficient to sustain projected losses and expenses in the

1 class of business to which it applies and the use of such rate  
2 has or, if continued, will have the effect of substantially  
3 lessening competition or the tendency to create monopoly in any  
4 market.

5 Unfair discrimination exists if, after allowing for  
6 practical limitations, price differentials fail to reflect  
7 equitably the differences in expected losses and expenses. A  
8 rate is not unfairly discriminatory because different premiums  
9 result for policyholders with like exposures but different  
10 expenses, or like expenses but different loss exposures, so  
11 long as the rate reflects the differences with reasonable  
12 accuracy.

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

17 (f) Any rating plan or program shall include a rule  
18 permitting 2 or more employers with similar risk  
19 characteristics, who participate in a loss prevention program  
20 or safety group, to pool their premium and loss experience in  
21 determining their rate or premium for such participation in the  
22 program.

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

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

2 (215 ILCS 5/457) (from Ch. 73, par. 1065.4)

3 Sec. 457. Rate filings. (1) Every ~~Beginning January 1,~~  
4 ~~1983,~~ every company shall prefile ~~file~~ with the Director every  
5 manual of classifications, every manual of rules and rates,  
6 every rating plan and every modification of the foregoing which  
7 it intends to use. Such filings shall be made at least ~~not~~  
8 ~~later than~~ 30 days before ~~after~~ they become effective. A  
9 company may satisfy its obligation to make such filings by  
10 adopting the filing of a licensed rating organization of which  
11 it is a member or subscriber, filed pursuant to subsection (2)  
12 of this Section, in total or, with the approval of the  
13 Director, ~~by notifying the Director in what respects it intends~~  
14 ~~to~~ deviate from such filing. If a company intends to deviate  
15 from the filing of a licensed rating organization of which it  
16 is a member, the company shall provide the Director with  
17 supporting information that specifies the basis for the  
18 requested deviation and provides justification for the  
19 deviation. Any company adopting a pure premium filed by a  
20 rating organization pursuant to subsection (2) must file with  
21 the Director the modification factor it is using for expenses  
22 and profit so that the final rates in use by such company can  
23 be determined.

24 (2) Each ~~Beginning January 1, 1983,~~ ~~each~~ licensed rating  
25 organization must prefile ~~file~~ with the Director every manual

1 of classification, every manual of rules and advisory rates,  
2 every pure premium which has been fully adjusted and fully  
3 developed, every rating plan and every modification of any of  
4 the foregoing which it intends to recommend for use to its  
5 members and subscribers, at least ~~not later than~~ 30 days before  
6 ~~after~~ such manual, premium, plan or modification thereof takes  
7 effect. Every licensed rating organization shall also file with  
8 the Director the rate classification system, all rating rules,  
9 rating plans, policy forms, underwriting rules or similar  
10 materials, and each modification of any of the foregoing which  
11 it requires its members and subscribers to adhere to not later  
12 than 30 days before such filings or modifications thereof are  
13 to take effect. Every such filing shall state the proposed  
14 effective date thereof and shall indicate the character and  
15 extent of the coverage contemplated.

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

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

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

23 (215 ILCS 5/458) (from Ch. 73, par. 1065.5)

24 Sec. 458. Disapproval of filings. (1) If within 30 ~~thirty~~  
25 days of any filing the Director finds that such filing does not

1 meet the requirements of this Article, he shall send to the  
2 company or rating organization which made such filing a written  
3 notice of disapproval of such filing, specifying therein in  
4 what respects he finds that such filing fails to meet the  
5 requirements of this Article ~~and stating when, within a~~  
6 ~~reasonable period thereafter, such filing shall be deemed no~~  
7 ~~longer effective.~~ A company or rating organization whose filing  
8 has been disapproved shall be given a hearing upon a written  
9 request made within 30 days after the disapproval order. ~~If the~~  
10 ~~company or rating organization making the filing shall, prior~~  
11 ~~to the expiration of the period prescribed in the notice,~~  
12 ~~request a hearing, such filings shall be effective until the~~  
13 ~~expiration of a reasonable period specified in any order~~  
14 ~~entered thereon. If the rate resulting from such filing be~~  
15 ~~unfairly discriminatory or materially inadequate, and the~~  
16 ~~difference between such rate and the approved rate equals or~~  
17 ~~exceeds the cost of making an adjustment, the Director shall in~~  
18 ~~such notice or order direct an adjustment of the premium to be~~  
19 ~~made with the policyholder either by refund or collection of~~  
20 ~~additional premium. If the policyholder does not accept the~~  
21 ~~increased rate, cancellation shall be made on a pro rata basis.~~  
22 ~~Any policy issued pursuant to this subsection shall contain a~~  
23 ~~provision that the premium thereon shall be subject to~~  
24 ~~adjustment upon the basis of the filing finally approved.~~

25 (2) If at any time subsequent to the applicable review  
26 period provided for in subsection (1) of this Section, the

1 Director finds that a filing does not meet the requirements of  
2 this Article, he shall, after a hearing held upon not less than  
3 ten days written notice, specifying the matters to be  
4 considered at such hearing, to every company and rating  
5 organization which made such filing, issue an order specifying  
6 in what respects he finds that such filing fails to meet the  
7 requirements of this Article, and stating when, within a  
8 reasonable period thereafter, such filings shall be deemed no  
9 longer effective. Copies of said order shall be sent to every  
10 such company and rating organization. Said order shall not  
11 affect any contract or policy made or issued prior to the  
12 expiration of the period set forth in said order.

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

26 If, after such hearing, the Director finds that the filing

1 does not meet the requirements of this Article, he shall issue  
2 an order specifying in what respects he finds that such filing  
3 fails to meet the requirements of this Article, and stating  
4 when, within a reasonable period thereafter, such filing shall  
5 be deemed no longer effective. Copies of said order shall be  
6 sent to the applicant and to every such company and rating  
7 organization. Said order shall not affect any contract or  
8 policy made or issued prior to the expiration of the period set  
9 forth in said order.

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

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

21 (215 ILCS 5/462a new)

22 Sec. 462a. Premiums; review.

23 (a) Premiums shall not be excessive. A premium is excessive  
24 if it is likely to produce a profit that is unreasonably high  
25 for the insurance provided or if expenses are unreasonably high



1 in relation to the coverage or services rendered.

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

6 If, within 30 days of any proper request for review under  
7 this Section, the Director finds that the premium does not meet  
8 the requirements of this Section, he or she shall send to the  
9 insurer a written notice of disapproval of premium, specifying  
10 therein in what respects he or she finds that the premium fails  
11 to meet the requirements of this Section, stating when, within  
12 a reasonable period thereafter, the premium shall be deemed no  
13 longer effective, and ordering an adjustment of the premium. An  
14 insurer whose premium has been disapproved shall be given a  
15 hearing upon a written request made within 30 days after the  
16 disapproval order. If the insurer requests a hearing, the  
17 premium shall be effective until the expiration of a reasonable  
18 period specified in any order entered thereon. If, after a  
19 hearing, the premium is found to be excessive, the Director  
20 shall order an adjustment of the premium. The insurer shall  
21 refund to the insured any amount found to be excessive under  
22 this Section.

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

26 (c) An insurer shall provide all information requested by

1 the Director as he or she determines necessary to assist in  
2 review of premiums under this Section.

3 (215 ILCS 5/460 rep.)

4 Section 3. The Illinois Insurance Code is amended by  
5 repealing Section 460.

6 Section 6. The Workers' Compensation Act is amended by  
7 changing Sections 1, 8, 8.1b, 8.2a, 14, 19, 25.5, and 29.2 and  
8 by adding Sections 4e, 8.1, and 29.3 as follows:

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

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

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

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

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

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

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

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

1           This subsection does not apply in any case where the  
2 accident occurs elsewhere than on, in or about the immediate  
3 premises on which the principal has contracted that the work be  
4 done.

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

25           Where an employee files an Application for Adjustment of  
26 Claim with the Illinois Workers' Compensation Commission

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

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

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

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

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

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

26 2. Every person in the service of another under any

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

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

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

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

1 when excluded by the laws of the United States relating to  
2 liability of employers to their employees for personal injuries  
3 where such laws are held to be exclusive.

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

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

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

18 For the purposes of this subsection (d):

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

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



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

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

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

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

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 305/4e new)

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

13 (a) An employer may file with the Commission a workers'  
14 compensation safety program or a workers' compensation return  
15 to work program implemented by the employer. The Commission may  
16 certify any such safety program as a bona fide safety program  
17 after reviewing the program for the following minimum  
18 requirements: adequate safety training for employees;  
19 establishment of joint employer-employee safety committees;  
20 use of safety devices; and consultation with safety  
21 organizations. The Commission may certify any such return to  
22 work program as a bona fide return to work program after  
23 reviewing the program for the following minimum requirements:  
24 light duty or restricted duty work; leave of absence policy;  
25 and full duty return to work policy. The Commission shall

1 notify the Department of Insurance of the certification.

2 (b) Upon receipt of a certification notice from the  
3 Commission under this Section related to an employer that  
4 provides workers' compensation through an insurer, the  
5 Director of Insurance shall immediately direct in writing the  
6 employer's workers' compensation insurer to recalculate the  
7 workers' compensation premium rates for the employer so that  
8 those premium rates incorporate and take into account the  
9 certified program.

10 (c) If any workers' compensation safety program or a  
11 workers' compensation return to work program implemented by a  
12 self-insured employer is certified under this Section, the  
13 annual fee under Section 4d of this Act shall be reduced by 30%  
14 for the self-insured employer as long as the workers'  
15 compensation safety program or a workers' compensation return  
16 to work program continues. The self-insured employer shall  
17 certify the continuation of the program by each July 1 after  
18 the waiver is obtained.

19 (820 ILCS 305/8) (from Ch. 48, par. 138.8)

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

23 (a) The employer shall provide and pay the negotiated rate,  
24 if applicable, or the lesser of the health care provider's  
25 actual charges or according to a fee schedule, subject to

1 Section 8.2, in effect at the time the service was rendered for  
2 all the necessary first aid, medical and surgical services, and  
3 all necessary medical, surgical and hospital services  
4 thereafter incurred, limited, however, to that which is  
5 reasonably required to cure or relieve from the effects of the  
6 accidental injury, even if a health care provider sells,  
7 transfers, or otherwise assigns an account receivable for  
8 procedures, treatments, or services covered under this Act. If  
9 the employer does not dispute payment of first aid, medical,  
10 surgical, and hospital services, the employer shall make such  
11 payment to the provider on behalf of the employee. The employer  
12 shall also pay for treatment, instruction and training  
13 necessary for the physical, mental and vocational  
14 rehabilitation of the employee, including all maintenance  
15 costs and expenses incidental thereto. If as a result of the  
16 injury the employee is unable to be self-sufficient the  
17 employer shall further pay for such maintenance or  
18 institutional care as shall be required.

19 The employee may at any time elect to secure his own  
20 physician, surgeon and hospital services at the employer's  
21 expense, or,

22 Upon agreement between the employer and the employees, or  
23 the employees' exclusive representative, and subject to the  
24 approval of the Illinois Workers' Compensation Commission, the  
25 employer shall maintain a list of physicians, to be known as a  
26 Panel of Physicians, who are accessible to the employees. The

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

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

1 the Commission to decide disputes relating to vocational  
2 rehabilitation and the Commission shall resolve any such  
3 dispute, including payment of the vocational rehabilitation  
4 program by the employer.

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

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

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

1 compensation before the Commission, or their attorneys.

2 Notwithstanding the foregoing, the employer's liability to  
3 pay for such medical services selected by the employee shall be  
4 limited to:

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

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

13 (3) all medical, surgical and hospital services  
14 provided by any second physician, surgeon or hospital  
15 subsequently chosen by the employee or by any other  
16 physician, consultant, expert, institution or other  
17 provider of services recommended by said second service  
18 provider or any subsequent provider of medical services in  
19 the chain of referrals from said second service provider.

20 Thereafter the employer shall select and pay for all  
21 necessary medical, surgical and hospital treatment and the  
22 employee may not select a provider of medical services at  
23 the employer's expense unless the employer agrees to such  
24 selection. At any time the employee may obtain any medical  
25 treatment he desires at his own expense. This paragraph  
26 shall not affect the duty to pay for rehabilitation

1 referred to above.

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

7 (A) The employer shall, in writing, on a form  
8 promulgated by the Commission, inform the employee of  
9 the preferred provider program;

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

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

22 When an employer and employee so agree in writing, nothing  
23 in this Act prevents an employee whose injury or disability has  
24 been established under this Act, from relying in good faith, on  
25 treatment by prayer or spiritual means alone, in accordance  
26 with the tenets and practice of a recognized church or



1 religious denomination, by a duly accredited practitioner  
2 thereof, and having nursing services appropriate therewith,  
3 without suffering loss or diminution of the compensation  
4 benefits under this Act. However, the employee shall submit to  
5 all physical examinations required by this Act. The cost of  
6 such treatment and nursing care shall be paid by the employee  
7 unless the employer agrees to make such payment.

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

23 The furnishing by the employer of any such services or  
24 appliances is not an admission of liability on the part of the  
25 employer to pay compensation.

26 The furnishing of any such services or appliances or the

1 servicing thereof by the employer is not the payment of  
2 compensation.

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

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

24 2. The compensation rate in all cases other than for  
25 temporary total disability under this paragraph (b), and  
26 other than for serious and permanent disfigurement under

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

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

1           computed in accordance with the provisions of Section 10,  
2           whichever is less.

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

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

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

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

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

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

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

1 eye under paragraph (e) of this Section shall be increased  
2 to 133-1/3% of the State's average weekly wage in covered  
3 industries under the Unemployment Insurance Act.

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

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

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

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

26 6. The Department of Employment Security of the State

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

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

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

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

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

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

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



1 accidental injuries that occur on or after September 1, 2011,  
2 an award for wage differential under this subsection shall be  
3 effective only until the employee reaches the age of 67 or 5  
4 years from the date the award becomes final, whichever is  
5 later.

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

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

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

1 loss of or the permanent and complete loss of use of the member  
2 specified, such compensation for the length of time as follows:

3 1. Thumb-

4 70 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 76 weeks if the accidental injury occurs on or  
8 after February 1, 2006.

9 2. First, or index finger-

10 40 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 43 weeks if the accidental injury occurs on or  
14 after February 1, 2006.

15 3. Second, or middle finger-

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

21 4. Third, or ring finger-

22 25 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 27 weeks if the accidental injury occurs on or  
26 after February 1, 2006.

1           5. Fourth, or little finger-

2                 20 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                 22 weeks if the accidental injury occurs on or  
6 after February 1, 2006.

7           6. Great toe-

8                 35 weeks if the accidental injury occurs on or  
9 after the effective date of this amendatory Act of the  
10 94th General Assembly but before February 1, 2006.

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

13           7. Each toe other than great toe-

14                 12 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                 13 weeks if the accidental injury occurs on or  
18 after February 1, 2006.

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

1           loss of a hand.

2           9. Hand-

3                 190 weeks if the accidental injury occurs on or  
4                 after the effective date of this amendatory Act of the  
5                 94th General Assembly but before February 1, 2006.

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

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

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

23           10. Arm-

24                 235 weeks if the accidental injury occurs on or  
25                 after the effective date of this amendatory Act of the  
26                 94th General Assembly but before February 1, 2006.

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

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

22           For purposes of awards under this subdivision (e),  
23           injuries to the shoulder shall be considered injuries to  
24           part of the arm.

25           11. Foot-

26           155 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.

3 167 weeks if the accidental injury occurs on or  
4 after February 1, 2006.

5 12. Leg-

6 200 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.

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

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

1 additional 81 weeks (if the accidental injury occurs on or  
2 after February 1, 2006) shall be paid.

3 For purposes of awards under this subdivision (e),  
4 injuries to the hip shall be considered injuries to part of  
5 the leg.

6 13. Eye-

7 150 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.

10 162 weeks if the accidental injury occurs on or  
11 after February 1, 2006.

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

19 14. Loss of hearing of one ear-

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

25 Total and permanent loss of hearing of both ears-

26 200 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.

3 215 weeks if the accidental injury occurs on or  
4 after February 1, 2006.

5 15. Testicle-

6 50 weeks if the accidental injury occurs on or  
7 after the effective date of this amendatory Act of the  
8 94th General Assembly but before February 1, 2006.

9 54 weeks if the accidental injury occurs on or  
10 after February 1, 2006.

11 Both testicles-

12 150 weeks if the accidental injury occurs on or  
13 after the effective date of this amendatory Act of the  
14 94th General Assembly but before February 1, 2006.

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

17 16. For the permanent partial loss of use of a member  
18 or sight of an eye, or hearing of an ear, compensation  
19 during that proportion of the number of weeks in the  
20 foregoing schedule provided for the loss of such member or  
21 sight of an eye, or hearing of an ear, which the partial  
22 loss of use thereof bears to the total loss of use of such  
23 member, or sight of eye, or hearing of an ear.

24 (a) Loss of hearing for compensation purposes  
25 shall be confined to the frequencies of 1,000, 2,000  
26 and 3,000 cycles per second. Loss of hearing ability

1           for frequency tones above 3,000 cycles per second are  
2           not to be considered as constituting disability for  
3           hearing.

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

19          (c) In measuring hearing impairment, the lowest  
20          measured losses in each of the 3 frequencies shall be  
21          added together and divided by 3 to determine the  
22          average decibel loss. For every decibel of loss  
23          exceeding 30 decibels an allowance of 1.82% shall be  
24          made up to the maximum of 100% which is reached at 85  
25          decibels.

26          (d) If a hearing loss is established to have

1           existed on July 1, 1975 by audiometric testing the  
2           employer shall not be liable for the previous loss so  
3           established nor shall he be liable for any loss for  
4           which compensation has been paid or awarded.

5           (e) No consideration shall be given to the question  
6           of whether or not the ability of an employee to  
7           understand speech is improved by the use of a hearing  
8           aid.

9           (f) No claim for loss of hearing due to industrial  
10          noise shall be brought against an employer or allowed  
11          unless the employee has been exposed for a period of  
12          time sufficient to cause permanent impairment to noise  
13          levels in excess of the following:

14          Sound Level DBA

15          Slow Response	Hours Per Day
16                90	8
17                92	6
18                95	4
19                97	3
20               100	2
21               102	1-1/2
22               105	1
23               110	1/2
24               115	1/4

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

1           17. In computing the compensation to be paid to any  
2 employee who, before the accident for which he claims  
3 compensation, had before that time sustained an injury  
4 resulting in the loss by amputation or partial loss by  
5 amputation of any member, including hand, arm, thumb or  
6 fingers, leg, foot or any toes, such loss or partial loss  
7 of any such member shall be deducted from any award made  
8 for the subsequent injury. For the permanent loss of use or  
9 the permanent partial loss of use of any such member or the  
10 partial loss of sight of an eye, for which compensation has  
11 been paid, then such loss shall be taken into consideration  
12 and deducted from any award for the subsequent injury.

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

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

1           the loss or permanent and complete loss of the use of the  
2           member occasioned by the last independent accident.

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

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

1 Commission thereafter either by settlement agreement or final  
2 order, irrespective of the date of the accidental injury.

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

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

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

25 If any employee who receives an award under this paragraph  
26 afterwards returns to work or is able to do so, and earns or is

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

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

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

1 Section.

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

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



1 Injury Fund is appropriated for the purpose of making payments  
2 according to the terms of the awards.

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

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

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

23        Provided, that in cases of awards entered by the Commission  
24 for injuries occurring before July 1, 1975, the increases in  
25 the compensation rate adjusted under the foregoing provision of  
26 this paragraph (g) shall be limited to increases in the State's

1 average weekly wage in covered industries under the  
2 Unemployment Insurance Act occurring after July 1, 1975.

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

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

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

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

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

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

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

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

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

19 (j) 1. In the event the injured employee receives benefits,  
20 including medical, surgical or hospital benefits under any  
21 group plan covering non-occupational disabilities contributed  
22 to wholly or partially by the employer, which benefits should  
23 not have been payable if any rights of recovery existed under  
24 this Act, then such amounts so paid to the employee from any  
25 such group plan as shall be consistent with, and limited to,  
26 the provisions of paragraph 2 hereof, shall be credited to or

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

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

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

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

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

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

17 (820 ILCS 305/8.1 new)

18 Sec. 8.1. Repetitive and cumulative injuries; right of  
19 contribution.

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

25 (b) If an award is made for benefits in connection with

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

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

26 (d) This Section shall apply only to injuries occurring on



1 or after the effective date of this amendatory Act of the 99th  
2 General Assembly.

3 (e) The Commission shall adopt emergency rules under  
4 Section 5-45 of the Illinois Administrative Procedure Act to  
5 implement the provisions of this Section to implement this  
6 Section.

7 (820 ILCS 305/8.1b)

8 Sec. 8.1b. Determination of permanent partial disability.  
9 For accidental injuries that occur on or after September 1,  
10 2011, permanent partial disability shall be established using  
11 the following criteria:

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

24 (b) In determining the level of permanent partial  
25 disability, the Commission shall base its determination on the

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

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

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

22 (820 ILCS 305/8.2a)

23 Sec. 8.2a. Electronic claims.

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

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

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

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

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

13           (5) Ensure that health care providers are responsible  
14 for supplying only those medical records pertaining to the  
15 provider's own claims that are minimally necessary under  
16 the federal Health Insurance Portability and  
17 Accountability Act of 1996.

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

23           (7) Provide that the Department of Insurance shall  
24 impose an administrative fine if it determines that an  
25 employer or insurer has failed to comply with the  
26 electronic claims acceptance and response process. The

1       amount of the administrative fine shall be no greater than  
2       \$1,000 per each violation, but shall not exceed \$10,000 for  
3       identical violations during a calendar year.

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

9       (c) The rules requiring employers and insurers to accept  
10       electronic claims for payment of medical services shall be  
11       proposed on or before January 1, 2012, and shall require all  
12       employers and insurers to accept electronic claims for payment  
13       of medical services on or before June 30, 2012. The Director of  
14       Insurance shall adopt rules by June 30, 2017 to implement the  
15       changes to this Section made by this amendatory Act of the 99th  
16       General Assembly. The Commission, with assistance from the  
17       Department and the Medical Fee Advisory Board, shall publish on  
18       its Internet website a companion guide to assist with  
19       compliance with electronic claims rules. The Medical Fee  
20       Advisory Board shall periodically review the companion guide.

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

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

1 (820 ILCS 305/14) (from Ch. 48, par. 138.14)

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

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

11 A formal training program for newly-hired arbitrators  
12 shall be implemented. The training program shall include the  
13 following:

14 (a) substantive and procedural aspects of the  
15 arbitrator position;

16 (b) current issues in workers' compensation law and  
17 practice;

18 (c) medical lectures by specialists in areas such as  
19 orthopedics, ophthalmology, psychiatry, rehabilitation  
20 counseling;

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

23 (e) observation of experienced arbitrators conducting  
24 hearings of cases, combined with the opportunity to discuss  
25 evidence presented and rulings made;

26 (f) the use of hypothetical cases requiring the trainee

1 to issue judgments as a means to evaluating knowledge and  
2 writing ability;

3 (g) writing skills;

4 (h) professional and ethical standards pursuant to  
5 Section 1.1 of this Act;

6 (i) detection of workers' compensation fraud and  
7 reporting obligations of Commission employees and  
8 appointees;

9 (j) standards of evidence-based medical treatment and  
10 best practices for measuring and improving quality and  
11 health care outcomes in the workers' compensation system,  
12 including but not limited to the use of the American  
13 Medical Association's "Guides to the Evaluation of  
14 Permanent Impairment" and the practice of utilization  
15 review; and

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

18 A formal and ongoing professional development program  
19 including, but not limited to, the above-noted areas shall be  
20 implemented to keep arbitrators informed of recent  
21 developments and issues and to assist them in maintaining and  
22 enhancing their professional competence. Each arbitrator shall  
23 complete 20 hours of training in the above-noted areas during  
24 every 2 years such arbitrator shall remain in office.

25 Each arbitrator shall devote full time to his or her duties  
26 and shall serve when assigned as an acting Commissioner when a

1 Commissioner is unavailable in accordance with the provisions  
2 of Section 13 of this Act. Any arbitrator who is an  
3 attorney-at-law shall not engage in the practice of law, nor  
4 shall any arbitrator hold any other office or position of  
5 profit under the United States or this State or any municipal  
6 corporation or political subdivision of this State.  
7 Notwithstanding any other provision of this Act to the  
8 contrary, an arbitrator who serves as an acting Commissioner in  
9 accordance with the provisions of Section 13 of this Act shall  
10 continue to serve in the capacity of Commissioner until a  
11 decision is reached in every case heard by that arbitrator  
12 while serving as an acting Commissioner.

13 Notwithstanding any other provision of this Section, the  
14 term of all arbitrators serving on June 28, 2011 (the effective  
15 date of Public Act 97-18), including any arbitrators on  
16 administrative leave, shall terminate at the close of business  
17 on July 1, 2011, but the incumbents shall continue to exercise  
18 all of their duties until they are reappointed or their  
19 successors are appointed.

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

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

25 (2) For their initial appointments, 12 arbitrators  
26 shall be appointed to terms expiring July 1, 2012; 12

1 arbitrators shall be appointed to terms expiring July 1,  
2 2013; and all additional arbitrators shall be appointed to  
3 terms expiring July 1, 2014. Thereafter, all arbitrators  
4 shall be appointed to 3-year terms.

5 Upon the expiration of a term, the Chairman shall evaluate  
6 the performance of the arbitrator and may recommend to the  
7 Governor that he or she be reappointed to a second or  
8 subsequent term by the Governor with the advice and consent of  
9 the Senate.

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

16 The performance of all arbitrators shall be reviewed by the  
17 Chairman on an annual basis. The Chairman shall allow input  
18 from the Commissioners in all such reviews.

19 The Commission shall assign no fewer than 3 arbitrators to  
20 each hearing site. The Commission shall establish a procedure  
21 to ensure that the arbitrators assigned to each hearing site  
22 are assigned cases on a random basis. The Chairman of the  
23 Commission shall have discretion to assign and reassign  
24 arbitrators to each hearing sites as needed. ~~No arbitrator~~  
25 ~~shall hear cases in any county, other than Cook County, for~~  
26 ~~more than 2 years in each 3 year term.~~



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

5           The members of the Commission, Arbitrators and other  
6 employees whose duties require them to travel, shall have  
7 reimbursed to them their actual traveling expenses and  
8 disbursements made or incurred by them in the discharge of  
9 their official duties while away from their place of residence  
10 in the performance of their duties.

11          The Commission shall provide itself with a seal for the  
12 authentication of its orders, awards and proceedings upon which  
13 shall be inscribed the name of the Commission and the words  
14 "Illinois--Seal".

15          The Secretary or Assistant Secretary, under the direction  
16 of the Commission, shall have charge and custody of the seal of  
17 the Commission and also have charge and custody of all records,  
18 files, orders, proceedings, decisions, awards and other  
19 documents on file with the Commission. He shall furnish  
20 certified copies, under the seal of the Commission, of any such  
21 records, files, orders, proceedings, decisions, awards and  
22 other documents on file with the Commission as may be required.  
23 Certified copies so furnished by the Secretary or Assistant  
24 Secretary shall be received in evidence before the Commission  
25 or any Arbitrator thereof, and in all courts, provided that the  
26 original of such certified copy is otherwise competent and

1 admissible in evidence. The Secretary or Assistant Secretary  
2 shall perform such other duties as may be prescribed from time  
3 to time by the Commission.

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

5 (820 ILCS 305/19) (from Ch. 48, par. 138.19)

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

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

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

20 2. Whenever any claimant misconceives his remedy and  
21 files an application for adjustment of claim under the  
22 Workers' Occupational Diseases Act and it is subsequently  
23 discovered, at any time before final disposition of such  
24 cause that the claim for injury or death which was the  
25 basis for such application should properly have been made

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

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

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

24          The Arbitrator may find that the disabling condition is  
25          temporary and has not yet reached a permanent condition and may  
26          order the payment of compensation up to the date of the

1 hearing, which award shall be reviewable and enforceable in the  
2 same manner as other awards, and in no instance be a bar to a  
3 further hearing and determination of a further amount of  
4 temporary total compensation or of compensation for permanent  
5 disability, but shall be conclusive as to all other questions  
6 except the nature and extent of said disability.

7 The decision of the Arbitrator shall be filed with the  
8 Commission which Commission shall immediately send to each  
9 party or his attorney a copy of such decision, together with a  
10 notification of the time when it was filed. As of the effective  
11 date of this amendatory Act of the 94th General Assembly, all  
12 decisions of the Arbitrator shall set forth in writing findings  
13 of fact and conclusions of law, separately stated, if requested  
14 by either party. Unless a petition for review is filed by  
15 either party within 30 days after the receipt by such party of  
16 the copy of the decision and notification of time when filed,  
17 and unless such party petitioning for a review shall within 35  
18 days after the receipt by him of the copy of the decision, file  
19 with the Commission either an agreed statement of the facts  
20 appearing upon the hearing before the Arbitrator, or if such  
21 party shall so elect a correct transcript of evidence of the  
22 proceedings at such hearings, then the decision shall become  
23 the decision of the Commission and in the absence of fraud  
24 shall be conclusive. The Petition for Review shall contain a  
25 statement of the petitioning party's specific exceptions to the  
26 decision of the arbitrator. The jurisdiction of the Commission

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

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

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

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

26 Where 2 or more insurance carriers, private self-insureds,

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

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

25 Such petition shall contain the following information and  
26 shall be served on the employer at least 15 days before it is

1 filed:

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

3 (ii) the approximate location of the accident;

4 (iii) a description of the accident;

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

6 (v) the identity of the person, if known, to whom the  
7 accident was reported and the date on which it was  
8 reported;

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

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

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

22 (ix) the dates of treatment related to the accident by  
23 medical practitioners, and the names and addresses of such  
24 practitioners, including the dates of treatment related to  
25 the accident at any hospitals and the names and addresses  
26 of such hospitals, and a signed authorization permitting



1 the employer to examine all medical records of all  
2 practitioners and hospitals named pursuant to this  
3 paragraph;

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

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

25 (xii) a list of any reports, records, documents and  
26 affidavits which the employee has demanded by subpoena and

1 on which he intends to rely to support his allegations;

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

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

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

1 response, (iii) the name and address of each witness on whom  
2 the employer will rely to support his response, and (iv) the  
3 names and addresses of any medical practitioners selected by  
4 the employer pursuant to Section 12 of this Act and the time  
5 and place of any examination scheduled to be made pursuant to  
6 such Section.

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

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

24 The Commission shall adopt rules, regulations and  
25 procedures whereby the final decision of the Commission is  
26 filed not later than 90 days from the date the petition for

1 review is filed but in no event later than 180 days from the  
2 date the petition for an emergency hearing is filed with the  
3 Illinois Workers' Compensation Commission.

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

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

26 (2) Should the Commission at any time during the hearing

1 find that compelling considerations make it advisable to have  
2 an examination and report at that time, the commission may in  
3 its discretion so order.

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

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

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

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

20 (d) If any employee shall persist in insanitary or  
21 injurious practices which tend to either imperil or retard his  
22 recovery or shall refuse to submit to such medical, surgical,  
23 or hospital treatment as is reasonably essential to promote his  
24 recovery, the Commission may, in its discretion, reduce or  
25 suspend the compensation of any such injured employee. However,  
26 when an employer and employee so agree in writing, the

1 foregoing provision shall not be construed to authorize the  
2 reduction or suspension of compensation of an employee who is  
3 relying in good faith, on treatment by prayer or spiritual  
4 means alone, in accordance with the tenets and practice of a  
5 recognized church or religious denomination, by a duly  
6 accredited practitioner thereof.

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

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

1 Response thereto are required to be filed or oral argument  
2 whichever is later.

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

26 In any case the Commission in its decision may find

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

22 If a reporter does not for any reason furnish a transcript  
23 of the proceedings before the Arbitrator in any case for use on  
24 a hearing for review before the Commission, within the  
25 limitations of time as fixed in this Section, the Commission  
26 may, in its discretion, order a trial de novo before the



1 Commission in such case upon application of either party. The  
2 applications for adjustment of claim and other documents in the  
3 nature of pleadings filed by either party, together with the  
4 decisions of the Arbitrator and of the Commission and the  
5 statement of facts or transcript of evidence hereinbefore  
6 provided for in paragraphs (b) and (c) shall be the record of  
7 the proceedings of the Commission, and shall be subject to  
8 review as hereinafter provided.

9 At the request of either party or on its own motion, the  
10 Commission shall set forth in writing the reasons for the  
11 decision, including findings of fact and conclusions of law  
12 separately stated. The Commission shall by rule adopt a format  
13 for written decisions for the Commission and arbitrators. The  
14 written decisions shall be concise and shall succinctly state  
15 the facts and reasons for the decision. The Commission may  
16 adopt in whole or in part, the decision of the arbitrator as  
17 the decision of the Commission. When the Commission does so  
18 adopt the decision of the arbitrator, it shall do so by order.  
19 Whenever the Commission adopts part of the arbitrator's  
20 decision, but not all, it shall include in the order the  
21 reasons for not adopting all of the arbitrator's decision. When  
22 a majority of a panel, after deliberation, has arrived at its  
23 decision, the decision shall be filed as provided in this  
24 Section without unnecessary delay, and without regard to the  
25 fact that a member of the panel has expressed an intention to  
26 dissent. Any member of the panel may file a dissent. Any

1 dissent shall be filed no later than 10 days after the decision  
2 of the majority has been filed.

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

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

22 (1) Except in cases of claims against the State of  
23 Illinois other than those claims under Section 18.1, in  
24 which case the decision of the Commission shall not be  
25 subject to judicial review, the Circuit Court of the county  
26 where any of the parties defendant may be found, or if none

1 of the parties defendant can be found in this State then  
2 the Circuit Court of the county where the accident  
3 occurred, shall by summons to the Commission have power to  
4 review all questions of law and fact presented by such  
5 record.

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

1 the Commission, and a copy of the summons to the other  
2 parties in interest or their attorney or attorneys of  
3 record and the clerk of the court shall make certificate  
4 that he has so sent said notices in pursuance of this  
5 Section, which shall be evidence of service on the  
6 Commission and other parties in interest.

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

22 No request for a summons may be filed and no summons  
23 shall issue unless the party seeking to review the decision  
24 of the Commission shall exhibit to the clerk of the Circuit  
25 Court proof of filing with the Commission of the notice of  
26 the intent to file for review in the Circuit Court or an

1 affidavit of the attorney setting forth that notice of  
2 intent to file for review in the Circuit Court has been  
3 given in writing to the Secretary or Assistant Secretary of  
4 the Commission.

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

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

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

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

17           The decision of a majority of the members of the panel  
18 of the Commission, shall be considered the decision of the  
19 Commission.

20           (g) Except in the case of a claim against the State of  
21 Illinois, either party may present a certified copy of the  
22 award of the Arbitrator, or a certified copy of the decision of  
23 the Commission when the same has become final, when no  
24 proceedings for review are pending, providing for the payment  
25 of compensation according to this Act, to the Circuit Court of  
26 the county in which such accident occurred or either of the

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

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

24 (h) An agreement or award under this Act providing for  
25 compensation in installments, may at any time within 18 months  
26 after such agreement or award be reviewed by the Commission at

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

4 However, as to accidents occurring subsequent to July 1,  
5 1955, which are covered by any agreement or award under this  
6 Act providing for compensation in installments made as a result  
7 of such accident, such agreement or award may at any time  
8 within 30 months, or 60 months in the case of an award under  
9 Section 8(d)1, after such agreement or award be reviewed by the  
10 Commission at the request of either the employer or the  
11 employee on the ground that the disability of the employee has  
12 subsequently recurred, increased, diminished or ended.

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

26 When compensation which is payable in accordance with an



1 award or settlement contract approved by the Commission, is  
2 ordered paid in a lump sum by the Commission, no review shall  
3 be had as in this paragraph mentioned.

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

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

25 (k) In case where there has been any unreasonable or  
26 vexatious delay of payment or intentional underpayment of

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

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

13 (k-1) In a case where there has been unreasonable or  
14 vexatious delay of authorization of medical treatment, the  
15 Commission may award compensation additional to that otherwise  
16 payable under this Act in the sum of \$30 per day for each day  
17 that the benefits under Section 8(a) have been so withheld or  
18 refused, not to exceed \$10,000 or the total amount due per  
19 Section 8.2 for treatment to be rendered whichever is less.

20 Unless utilization review under Section 8.7 or Section 12  
21 examination is, or has been, requested, a delay in  
22 authorization of 14 days or more from the employer's receipt of  
23 all appropriate records and data elements needed to allow the  
24 employer to make a determination whether to authorize such care  
25 shall create a rebuttable presumption of unreasonable delay.

26 This subsection (k-1) is the only penalty provision within

1 the Act applicable to delay of authorization of medical  
2 treatment and shall apply only to health care services provided  
3 or proposed to be provided on or after the effective date of  
4 this amendatory Act of the 99th General Assembly.

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

21 (m) If the commission finds that an accidental injury was  
22 directly and proximately caused by the employer's wilful  
23 violation of a health and safety standard under the Health and  
24 Safety Act or the Occupational Safety and Health Act in force  
25 at the time of the accident, the arbitrator or the Commission  
26 shall allow to the injured employee or his dependents, as the

1 case may be, additional compensation equal to 25% of the amount  
2 which otherwise would be payable under the provisions of this  
3 Act exclusive of this paragraph. The additional compensation  
4 herein provided shall be allowed by an appropriate increase in  
5 the applicable weekly compensation rate.

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

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

24 (o) By the 15th day of each month each insurer providing  
25 coverage for losses under this Act shall notify each insured  
26 employer of any compensable claim incurred during the preceding

1 month and the amounts paid or reserved on the claim including a  
2 summary of the claim and a brief statement of the reasons for  
3 compensability. A cumulative report of all claims incurred  
4 during a calendar year or continued from the previous year  
5 shall be furnished to the insured employer by the insurer  
6 within 30 days after the end of that calendar year.

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

23 (p) After filing an application for adjustment of claim but  
24 prior to the hearing on arbitration the parties may voluntarily  
25 agree to submit such application for adjustment of claim for  
26 decision by an arbitrator under this subsection (p) where such

1 application for adjustment of claim raises only a dispute over  
2 temporary total disability, permanent partial disability or  
3 medical expenses. Such agreement shall be in writing in such  
4 form as provided by the Commission. Applications for adjustment  
5 of claim submitted for decision by an arbitrator under this  
6 subsection (p) shall proceed according to rule as established  
7 by the Commission. The Commission shall promulgate rules  
8 including, but not limited to, rules to ensure that the parties  
9 are adequately informed of their rights under this subsection  
10 (p) and of the voluntary nature of proceedings under this  
11 subsection (p). The findings of fact made by an arbitrator  
12 acting within his or her powers under this subsection (p) in  
13 the absence of fraud shall be conclusive. However, the  
14 arbitrator may on his own motion, or the motion of either  
15 party, correct any clerical errors or errors in computation  
16 within 15 days after the date of receipt of such award of the  
17 arbitrator and shall have the power to recall the original  
18 award on arbitration, and issue in lieu thereof such corrected  
19 award. The decision of the arbitrator under this subsection (p)  
20 shall be considered the decision of the Commission and  
21 proceedings for review of questions of law arising from the  
22 decision may be commenced by either party pursuant to  
23 subsection (f) of Section 19. The Advisory Board established  
24 under Section 13.1 shall compile a list of certified Commission  
25 arbitrators, each of whom shall be approved by at least 7  
26 members of the Advisory Board. The chairman shall select 5

1 persons from such list to serve as arbitrators under this  
2 subsection (p). By agreement, the parties shall select one  
3 arbitrator from among the 5 persons selected by the chairman  
4 except that if the parties do not agree on an arbitrator from  
5 among the 5 persons, the parties may, by agreement, select an  
6 arbitrator of the American Arbitration Association, whose fee  
7 shall be paid by the State in accordance with rules promulgated  
8 by the Commission. Arbitration under this subsection (p) shall  
9 be voluntary.

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

12 (820 ILCS 305/25.5)

13 Sec. 25.5. Unlawful acts; penalties.

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

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

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

23 (3) Intentionally make or cause to be made any false or  
24 fraudulent statements with regard to entitlement to  
25 workers' compensation benefits with the intent to prevent

1 an injured worker from making a legitimate claim for any  
2 workers' compensation benefits.

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

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

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

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

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



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

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

7           (b) Sentences for violations of subsection (a) are as  
8           follows:

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

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

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

18           (4) A violation 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           (4.5) A violation of paragraph (3), (4), or (7) of  
22           subsection (a) in which the offender did not attempt to  
23           obtain any workers' compensation benefits or other  
24           property of value is a Class A misdemeanor.

25           (4.7) A violation of paragraph (8) of subsection (a)  
26           shall be subject to the same penalty as the offense to

1       which the offender assisted, abetted, solicited, or  
2       conspired.

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

12       For the purposes of this Section, where the exact value of  
13      property obtained or attempted to be obtained is either not  
14      alleged or is not specifically set by the terms of a policy of  
15      insurance, the value of the property shall be the fair market  
16      replacement value of the property claimed to be lost, the  
17      reasonable costs of reimbursing a vendor or other claimant for  
18      services to be rendered, or both. Notwithstanding the  
19      foregoing, an insurance company, self-insured entity, or any  
20      other person suffering financial loss sustained as a result of  
21      violation of this Section may seek restitution, including court  
22      costs and attorney's fees in a civil action in a court of  
23      competent jurisdiction.

24       (c) The Department of Insurance shall establish a fraud and  
25      insurance non-compliance unit responsible for investigating  
26      incidences of fraud and insurance non-compliance pursuant to

1 this Section. The size of the staff of the unit shall be  
2 subject to appropriation by the General Assembly. It shall be  
3 the duty of the fraud and insurance non-compliance unit to  
4 determine the identity of insurance carriers, employers,  
5 employees, or other persons or entities who have violated the  
6 fraud and insurance non-compliance provisions of this Section.  
7 The fraud and insurance non-compliance unit shall report  
8 violations of the fraud and insurance non-compliance  
9 provisions of this Section to the Special Prosecutions Bureau  
10 of the Criminal Division of the Office of the Attorney General  
11 or to the State's Attorney of the county in which the offense  
12 allegedly occurred, either of whom has the authority to  
13 prosecute violations under this Section.

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

20 (d) Any person may report allegations of insurance  
21 non-compliance and fraud pursuant to this Section to the  
22 Department of Insurance's fraud and insurance non-compliance  
23 unit whose duty it shall be to investigate the report. The unit  
24 shall notify the Commission of reports of insurance  
25 non-compliance. Any person reporting an allegation of  
26 insurance non-compliance or fraud against either an employee or

1 employer under this Section must identify himself. Except as  
2 provided in this subsection and in subsection (e), all reports  
3 shall remain confidential except to refer an investigation to  
4 the Attorney General or State's Attorney for prosecution or if  
5 the fraud and insurance non-compliance unit's investigation  
6 reveals that the conduct reported may be in violation of other  
7 laws or regulations of the State of Illinois, the unit may  
8 report such conduct to the appropriate governmental agency  
9 charged with administering such laws and regulations. Any  
10 person who intentionally makes a false report under this  
11 Section to the fraud and insurance non-compliance unit is  
12 guilty of a Class A misdemeanor.

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

1 shall not be disclosed except that the person making the report  
2 shall be notified that the investigation is being closed. It is  
3 unlawful for any employer, insurance carrier, service  
4 adjustment company, third party administrator, self-insured,  
5 or similar entity to file or threaten to file a report of fraud  
6 against an employee because of the exercise by the employee of  
7 the rights and remedies granted to the employee by this Act.

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

25 (e-7) By July 1, 2017 and thereafter, the fraud and  
26 insurance non-compliance unit shall employ at least 10

1 investigators to investigate insurance non-compliance and  
2 fraud pursuant to this Section.

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

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

1 amendatory Act of the 94th General Assembly.

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

8 (1) The number of allegations of insurance  
9 non-compliance and fraud reported to the fraud and  
10 insurance non-compliance unit.

11 (2) The source of the reported allegations  
12 (individual, employer, or other).

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

15 (4) The number of criminal referrals made in accordance  
16 with this Section and the entity to which the referral was  
17 made.

18 (5) All proceedings under this Section.

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

20 (820 ILCS 305/29.2)

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

22 (a) The Department of Insurance shall annually submit to  
23 the Governor, the Chairman of the Commission, the President of  
24 the Senate, the Speaker of the House of Representatives, the  
25 Minority Leader of the Senate, and the Minority Leader of the

1 House of Representatives a written report that details the  
2 state of the workers' compensation insurance market in  
3 Illinois. The report shall be completed by April 1 of each  
4 year, beginning in 2012, or later if necessary data or analyses  
5 are only available to the Department at a later date. The  
6 report shall be posted on the Department of Insurance's  
7 Internet website. Information to be included in the report  
8 shall be for the preceding calendar year. The report shall  
9 include, at a minimum, the following:

10 (1) Gross premiums collected by workers' compensation  
11 carriers in Illinois and the national rank of Illinois  
12 based on premium volume.

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

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

23 (4) The advisory organization premium rate for  
24 workers' compensation insurance in Illinois for the  
25 previous year.

26 (5) The advisory organization prescribed assigned risk



1 pool premium rate.

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

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

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

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

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

22 (11) The number of injured workers receiving wage loss  
23 differential awards and the average wage loss differential  
24 award payout.

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

26 (i) the maximum and minimum temporary total

1           disability benefit level;

2           (ii) the maximum and minimum scheduled and  
3 non-scheduled permanent partial disability benefit  
4 level;

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

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

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

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

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

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

17           (a-5) The Commission shall annually submit to the Governor  
18 and the General Assembly a written report that details the  
19 state of self-insurance for workers' compensation in Illinois.  
20 The report shall be based on the types of information collected  
21 by the Commission or the Department of Insurance from  
22 self-insurers, as of the effective date of this amendatory Act  
23 of the 99th General Assembly. The report shall be completed by  
24 April 1 of each year, beginning in 2017. The report shall be  
25 posted on the Commission's Internet website. Information to be  
26 included in the report shall be for the preceding calendar

1 year. The report shall include, at a minimum, the following in  
2 the aggregate:

3 (1) The number of employers that self-insure for  
4 workers' compensation;

5 (2) The total number of employees covered by  
6 self-insurance;

7 (3) The total amount of indemnity payments made by  
8 self-insureds;

9 (4) The total number of claims on which indemnity  
10 payments were made by self-insureds;

11 (5) The total amount of medical payments made by  
12 self-insureds;

13 (6) The total number of claims on which medical  
14 payments were made by self-insureds;

15 (7) The total number of claims on which both indemnity  
16 and medical payments were made by self-insureds;

17 (8) The median of the injured workers' weekly wage of  
18 self-insureds employees;

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

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

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

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

1           levels;

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

4                   (iv) the maximum and minimum death benefit levels;  
5           and

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

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

14                   (1) The number of claims opened.

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

16                   (3) The number of contested claims.

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

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

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

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

26                   (8) The number of medical bills paid 60 days or later

1 from date of service and the average days paid on those  
2 paid after 60 days for the previous calendar year.

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

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

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

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

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

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

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

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

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

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

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

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

5           (820 ILCS 305/29.3 new)

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

7           (a) There is created the Workers' Compensation Premium  
8 Rates Task Force consisting of 12 members appointed as follows:  
9 2 legislative members appointed by the Speaker of the House of  
10 Representatives; 2 legislative members appointed by the  
11 Minority Leader of the House of Representatives; 2 legislative  
12 members appointed by the President of the Senate; 2 legislative  
13 members appointed by the Minority Leader of the Senate; and one  
14 member appointed by the Governor from each of the following  
15 organizations: (i) a statewide association representing  
16 retailers; (ii) a statewide association representing  
17 manufacturers; (iii) a statewide association representing  
18 labor interests; and (iv) a statewide association representing  
19 injured workers. The members of the Task Force shall be  
20 appointed by April 1, 2017. Two co-chairpersons, representing  
21 different political parties, shall be selected by the members  
22 of the Task Force. Members of the Task Force shall receive no  
23 compensation for their service on the Task Force.

24           (b) The Task Force shall study the National Council on  
25 Compensation Insurance's recommendations for workers'

1 compensation premium rates, the extent to which Illinois  
2 employers' actual premiums reflect these recommended rates.  
3 The Task Force shall also study the feasibility of establishing  
4 a competitive nonprofit, independent public corporation to  
5 provide workers' compensation insurance and the impact that the  
6 corporation would have on insurance rates and premiums. The  
7 Department of Insurance shall provide administrative support  
8 to the Task Force.

9 (c) The Task Force shall report its findings and  
10 recommendations to the General Assembly no later than December  
11 31, 2017.

12 (d) This Section is repealed December 31, 2018.

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