

SB3335



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB3335

Introduced 2/4/2026, by Sen. Sara Feigenholtz

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-50a new

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services shall provide coverage under the medical assistance program for intensive outpatient services delivered via telehealth when the services: (1) are otherwise covered when provided in person; (2) are medically necessary; (3) are delivered by a provider enrolled in the medical assistance program and acting within the scope of the provider's license, certification, or authorization under State law; and (4) comply with all applicable federal and State telehealth requirements. Provides that intensive outpatient services provided via telehealth shall be subject to the same coverage requirements, utilization management, and reimbursement methodologies as intensive outpatient services provided in person. Sets forth standards for telehealth delivery of intensive outpatient services. Provides that implementation of the provisions is subject to any required federal approval. Effective immediately.

LRB104 19588 SSS 33036 b

A BILL FOR

1 AN ACT concerning public aid.

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

4 Section 5. The Illinois Public Aid Code is amended by
5 adding Section 5-50a as follows:

6 (305 ILCS 5/5-50a new)

7 Sec. 5-50a. Telehealth delivery of intensive outpatient
8 services.

9 (a) Purpose. To ensure access to medically necessary
10 behavioral health treatment, the medical assistance program
11 shall authorize intensive outpatient services to be provided
12 via telehealth in a manner consistent with existing telehealth
13 coverage under this Code.

14 (b) Definitions. As used in this Section:

15 "Intensive outpatient services" means a structured
16 behavioral health treatment service, delivered at a minimum 3
17 times per week for 9 hours or more, that is more intensive than
18 standard outpatient services and less intensive than partial
19 hospitalization, delivered pursuant to an individualized
20 treatment plan and consistent with Department-established
21 criteria and generally accepted standards of care.

22 "Telehealth" has the meaning given to the term "telehealth
23 services" in Section 5 of the Telehealth Act.

1 "Telehealth" includes the delivery of health care services
2 using interactive telecommunications systems, including
3 synchronous audio and video, that allow real-time
4 communication between a patient and a provider.

5 (c) Coverage. Notwithstanding any other provision of law,
6 the Department shall provide coverage under the medical
7 assistance program for intensive outpatient services delivered
8 via telehealth when the services:

9 (1) are otherwise covered when provided in person;

10 (2) are medically necessary;

11 (3) are delivered by a provider enrolled in the
12 medical assistance program and acting within the scope of
13 the provider's license, certification, or authorization
14 under State law; and

15 (4) comply with all applicable federal and State
16 telehealth requirements.

17 (d) Parity. Intensive outpatient services provided via
18 telehealth service under this Section shall be subject to the
19 same coverage requirements, utilization management, and
20 reimbursement methodologies as intensive outpatient services
21 provided in person, in accordance with Section 5-5.25 and
22 Department rules.

23 (e) Standards and safeguards. Telehealth delivery of
24 intensive outpatient services shall:

25 (1) meet the same standards of care as in-person
26 services;

1 (2) include informed consent for the use of
2 telehealth, as required by Department rule;

3 (3) ensure compliance with State and federal privacy
4 and confidentiality laws;

5 (4) include protocols for emergency response,
6 continuity of care, and referral to in-person services
7 when clinically appropriate; and

8 (5) not require any in-person elements or services.

9 (f) Rulemaking authority. The Department may adopt rules
10 consistent with Section 5-5.25 that are necessary to implement
11 this Section, including rules governing clinical eligibility,
12 documentation, quality assurance, and program integrity.

13 (g) Federal approval. Implementation of this Section is
14 subject to any required federal approval.

15 Section 99. Effective date. This Act takes effect upon
16 becoming law.