



Rep. Thaddeus Jones

Filed: 4/20/2021

10200HB3308ham002

LRB102 11877 BMS 25507 a

1 AMENDMENT TO HOUSE BILL 3308

2 AMENDMENT NO. _____. Amend House Bill 3308, AS AMENDED,
3 by replacing everything after the enacting clause with the
4 following:

5 "Section 5. The Illinois Insurance Code is amended by
6 changing Section 356z.22 and adding Section 356z.43 as
7 follows:

8 (215 ILCS 5/356z.22)

9 Sec. 356z.22. Coverage for telehealth services.

10 (a) For purposes of this Section:

11 "Asynchronous store and forward system" means the
12 transmission of a patient's medical information through an
13 electronic communications system at an originating site to a
14 health care provider at a distant site that does not require
15 real-time or synchronous interaction between the health care
16 provider and the patient.

1 "Distant site" means the location at which the health care
2 provider rendering the telehealth service is located.

3 "E-visits" means patient-initiated, non-face-to-face
4 communications through an online patient portal with a health
5 care professional.

6 "Interactive telecommunications system" means an audio and
7 video system, an audio-only telephone system (landline or
8 cellular), or any other telecommunications system permitting
9 2-way, synchronous interactive communication between the
10 patient at an originating site and the health care
11 professional or facility at a distant site ~~permitting 2-way,~~
12 ~~live interactive communication between the patient and the~~
13 ~~distant site health care provider.~~

14 "Originating site" means the location at which the patient
15 is located at the time health care services are provided to the
16 patient via telehealth.

17 "Remote patient monitoring" means the use of digital
18 technologies and mobile medical devices to collect medical and
19 other health data from a patient at an originating site and
20 electronically transmit that data to a health care
21 professional or facility at a distant site for assessment and
22 intervention to allow for ongoing monitoring and management of
23 chronic and acute conditions.

24 "Telehealth" means the evaluation, diagnosis, or
25 interpretation of electronically transmitted patient-specific
26 data between a remote location and a licensed health care

1 professional that generates interaction or treatment
2 recommendations. "Telehealth" includes telemedicine and the
3 delivery of health care services, including mental health
4 treatment and substance use disorder treatment, provided by
5 way of an interactive telecommunications system, asynchronous
6 store and forward system, remote patient monitoring
7 technologies, e-visits, or virtual check-ins.

8 ~~"Telehealth services" means the delivery of covered health~~
9 ~~care services by way of an interactive telecommunications~~
10 ~~system.~~

11 "Virtual check-in" means a brief, patient-initiated
12 communication with a health care professional that involves an
13 interactive telecommunications system to deliver an
14 individualized clinical diagnosis, treatment, assessment, or
15 guidance to an established patient. "Virtual check-in" only
16 includes communications involving medical discussions that
17 last at least as long as the time ranges provided in the most
18 currently applicable Current Procedural Terminology or
19 Healthcare Common Procedure Coding System codes designated for
20 virtual check-ins. "Virtual check-in" does not include a
21 communication that originates from a related office visit
22 provided within the previous 7 days, nor a communication that
23 leads to an office visit or procedure within the next 24 hours
24 or the soonest available appointment.

25 (b) Health care services that are covered under ~~If~~ an
26 individual or group policy of accident or health insurance

1 must be covered when delivered via ~~provides coverage for~~
2 telehealth when clinically appropriate in the same manner as
3 any other benefits covered under the policy. Coverage required
4 under this Section shall comply with all of services, then it
5 ~~must comply with~~ the following:

6 (1) An individual or group policy of accident or
7 health insurance ~~providing telehealth services~~ may not:

8 (A) require that in-person contact occur between a
9 health care provider and a patient;

10 (B) require the health care provider to document a
11 barrier to an in-person consultation for coverage of
12 services to be provided through telehealth;

13 (C) require the use of telehealth when the health
14 care provider has determined that it is not
15 appropriate; ~~or~~

16 (D) require the use of telehealth when a patient
17 chooses an in-person consultation or require patients
18 to use a separate panel of health care providers to
19 receive telehealth service coverage and
20 reimbursement;

21 (E) create geographic or facility restrictions or
22 requirements for telehealth services;

23 (F) require covered individuals or health care
24 providers to prove a hardship or access barrier before
25 the approval of telehealth services for coverage or
26 reimbursement;

1 (G) impose upon telehealth services utilization
2 review requirements that are unnecessary, duplicative,
3 or unwarranted or impose any treatment limitations,
4 prior authorization, documentation, or recordkeeping
5 requirements that are more stringent than the
6 requirements applicable to the same health care
7 service when rendered in-person; or

8 (H) require prior authorization for telehealth
9 services related to COVID-19 delivered by a network
10 provider.

11 (2) Patient cost-sharing may be no more than if the
12 health care service were delivered in person. Deductibles,
13 copayments, or coinsurance applicable to services provided
14 through telehealth shall not exceed the deductibles,
15 copayments, or coinsurance required by the individual or
16 group policy of accident or health insurance for the same
17 services provided through in-person consultation.

18 (3) Subject to all terms and conditions of the policy,
19 a health insurer shall reimburse a network provider for
20 behavioral health services, including mental health
21 treatment and substance use disorder treatment, delivered
22 through telehealth on at least the same basis and at the
23 same rate as would be applied for the same services if they
24 had been delivered in-person and shall include reasonable
25 compensation to a facility that serves as the originating
26 site at the time a telehealth service is rendered.

1 (b-5) If an individual or group policy of accident or
2 health insurance provides coverage for telehealth services, it
3 must provide coverage for licensed dietitian nutritionists and
4 certified diabetes educators who counsel senior diabetes
5 patients in the senior diabetes patients' homes to remove the
6 hurdle of transportation for senior diabetes patients to
7 receive treatment.

8 (c) Nothing in this Section shall be deemed as precluding
9 a health insurer from providing benefits for other services,
10 including, but not limited to, services provided through an
11 asynchronous store and forward system, e-visits, remote
12 patient monitoring services, virtual check-ins ~~remote~~
13 monitoring services, other monitoring services, or oral
14 communications otherwise covered under the policy. Health care
15 providers shall determine the appropriateness of specific
16 sites, technology platforms, and technology vendors for a
17 telehealth service, as long as delivered services adhere to
18 privacy laws, including, but not limited to, the Health
19 Insurance Portability and Accountability Act of 1996 and the
20 Mental Health and Developmental Disabilities Confidentiality
21 Act.

22 (d) A health insurer may establish reasonable requirements
23 and parameters for telehealth services, including with respect
24 to document and recordkeeping, to the extent consistent with
25 this Section, the Telehealth Act, or any company bulletin
26 issued by the Department under Executive Order 2020-09. Health

1 insurers shall notify health care providers of any
2 instructions necessary to facilitate billing for telehealth
3 services.

4 (e) Notwithstanding Section 352b of this Code, an excepted
5 benefit policy is subject to this Section if the policy covers
6 the patient's use of health care services, whether on an
7 expense-incurred or a per capita prepaid basis or otherwise.
8 This Section does not apply to an excepted benefit policy with
9 respect to lump sum or periodic payments that the policy
10 covers based on the occurrence of a diagnosis with a specified
11 disease, an accident, or other qualifying health condition,
12 nor does this Section apply to lump sum or periodic payments
13 for expenses other than health care services. However, no
14 policy may deny or reduce any benefit to a patient based on the
15 use of clinically appropriate telehealth services in the
16 course of satisfying the policy's benefit criteria.

17 (Source: P.A. 100-1009, eff. 1-1-19.)

18 (215 ILCS 5/356z.43 new)

19 Sec. 356z.43. Telehealth Payment Parity Task Force.

20 (a) The Telehealth Payment Parity Task Force is created to
21 review and study the use of telehealth services in this State
22 with respect to payment and reimbursement parity for health
23 care providers providing such services. The task force shall
24 be comprised of the following members:

25 (1) two members representing the Department of

1 Insurance appointed by the Director of Insurance;

2 (2) one member representing the Department of Public
3 Health appointed by the Director of Public Health;

4 (3) two members representing the Department of
5 Healthcare and Family Services appointed by the Director
6 of Healthcare and Family Services;

7 (4) two members representing hospitals nominated by
8 the head of a statewide organization representing the
9 interests of hospitals in Illinois and appointed by the
10 Director of Public Health;

11 (5) one member representing physicians nominated by
12 the head of a statewide organization representing the
13 interests of physicians in Illinois and appointed by the
14 Director of Public Health;

15 (6) two members representing the insurance industry
16 nominated by the head of a statewide organization
17 representing the interests of insurers in Illinois and
18 appointed by the Director of Public Health;

19 (7) one member of the General Assembly appointed by
20 the Speaker of the House of Representatives;

21 (8) one member of the General Assembly appointed by
22 the President of the Senate;

23 (9) one member of the General Assembly appointed by
24 the Minority Leader of the House of Representatives; and

25 (10) one member of the General Assembly appointed by
26 the Minority Leader of the Senate.

1 (b) The task force shall elect a chairperson from its
2 membership and shall have the authority to determine its
3 meeting schedule, hearing schedule, and agendas. Task force
4 members shall serve without compensation. The Department of
5 Public Health shall provide administrative support to the task
6 force.

7 (c) Appointments shall be made 90 days after the effective
8 date of this amendatory Act of the 102nd General Assembly.

9 (d) The task force shall review existing plans and
10 policies issued, delivered, and offered in this State with
11 respect to coverage and reimbursement for telehealth services,
12 relevant data on payment parity for telehealth services, and
13 payment parity statutes in other states and provide
14 recommendations on the economic feasibility and cost
15 effectiveness of requiring payment parity for health care
16 services provided via telehealth, including recommendations
17 for possible legislation.

18 (e) The task force shall submit its findings and
19 recommendations to the Governor and the General Assembly by
20 December 31, 2021.

21 (f) The task force is dissolved and this Section is
22 repealed on January 1, 2023.

23 Section 10. The Telehealth Act is amended by changing
24 Sections 5 and 15 as follows:

1 (225 ILCS 150/5)

2 Sec. 5. Definitions. As used in this Act:

3 "Health care professional" includes physicians, physician
4 assistants, optometrists, advanced practice registered nurses,
5 clinical psychologists licensed in Illinois, prescribing
6 psychologists licensed in Illinois, dentists, occupational
7 therapists, pharmacists, physical therapists, clinical social
8 workers, speech-language pathologists, audiologists, hearing
9 instrument dispensers, ~~and~~ mental health and substance use
10 disorder treatment professionals and clinicians authorized by
11 Illinois law to provide mental health and substance use
12 disorder treatment services, and qualified providers listed
13 under paragraph (8) of subsection(e) of Section 3 of the Early
14 Intervention Services System Act.

15 "Telehealth" means the evaluation, diagnosis, or
16 interpretation of electronically transmitted patient-specific
17 data between a remote location and a licensed health care
18 professional that generates interaction or treatment
19 recommendations. "Telehealth" includes telemedicine and the
20 delivery of health care services, including mental health
21 treatment and substance use disorder treatment, provided by
22 way of an interactive telecommunications system, asynchronous
23 store and forward system, remote patient monitoring
24 technologies, e-visits, or virtual check-ins as defined in
25 subsection (a) of Section 356z.22 of the Illinois Insurance
26 Code.

1 (Source: P.A. 100-317, eff. 1-1-18; 100-644, eff. 1-1-19;
2 100-930, eff. 1-1-19; 101-81, eff. 7-12-19; 101-84, eff.
3 7-19-19.)

4 (225 ILCS 150/15)

5 Sec. 15. Use of telehealth.

6 (a) A health care professional may engage in the practice
7 of telehealth in Illinois to the extent of his or her scope of
8 practice as established in his or her respective licensing Act
9 consistent with the standards of care for in-person services.
10 This Act shall not be construed to alter the scope of practice
11 of any health care professional or authorize the delivery of
12 health care services in a setting or in a manner not otherwise
13 authorized by the laws of this State.

14 (b) Services provided by telehealth pursuant to this
15 Section shall be consistent with all federal and State
16 privacy, security, and confidentiality laws.

17 (c) Health care professionals shall determine the
18 appropriateness of specific sites, technology platforms, and
19 technology vendors for a telehealth service, as long as
20 delivered services adhere to privacy laws, including, but not
21 limited to, the Health Insurance Portability and
22 Accountability Act of 1996 and the Mental Health and
23 Developmental Disabilities Confidentiality Act.

24 (d) Health care professionals shall maintain documentation
25 and recordkeeping in accordance with subsection (d) of 89 Ill.

1 Adm. Code 140.403.

2 (Source: P.A. 100-317, eff. 1-1-18.)

3 Section 15. The Early Intervention Services System Act is
4 amended by changing Sections 3 and 11 and by adding Section 3b
5 as follows:

6 (325 ILCS 20/3) (from Ch. 23, par. 4153)

7 Sec. 3. Definitions. As used in this Act:

8 (a) "Eligible infants and toddlers" means infants and
9 toddlers under 36 months of age with any of the following
10 conditions:

11 (1) Developmental delays.

12 (2) A physical or mental condition which typically
13 results in developmental delay.

14 (3) Being at risk of having substantial developmental
15 delays based on informed clinical opinion.

16 (4) Either (A) having entered the program under any of
17 the circumstances listed in paragraphs (1) through (3) of
18 this subsection but no longer meeting the current
19 eligibility criteria under those paragraphs, and
20 continuing to have any measurable delay, or (B) not having
21 attained a level of development in each area, including
22 (i) cognitive, (ii) physical (including vision and
23 hearing), (iii) language, speech, and communication, (iv)
24 social or emotional, or (v) adaptive, that is at least at

1 the mean of the child's age equivalent peers; and, in
2 addition to either item (A) or item (B), (C) having been
3 determined by the multidisciplinary individualized family
4 service plan team to require the continuation of early
5 intervention services in order to support continuing
6 developmental progress, pursuant to the child's needs and
7 provided in an appropriate developmental manner. The type,
8 frequency, and intensity of services shall differ from the
9 initial individualized family services plan because of the
10 child's developmental progress, and may consist of only
11 service coordination, evaluation, and assessments.

12 (b) "Developmental delay" means a delay in one or more of
13 the following areas of childhood development as measured by
14 appropriate diagnostic instruments and standard procedures:
15 cognitive; physical, including vision and hearing; language,
16 speech and communication; social or emotional; or adaptive.
17 The term means a delay of 30% or more below the mean in
18 function in one or more of those areas.

19 (c) "Physical or mental condition which typically results
20 in developmental delay" means:

21 (1) a diagnosed medical disorder or exposure to a
22 toxic substance bearing a relatively well known expectancy
23 for developmental outcomes within varying ranges of
24 developmental disabilities; or

25 (2) a history of prenatal, perinatal, neonatal or
26 early developmental events suggestive of biological

- 1 (E) adaptive development;
- 2 (6) meet the standards of the State, including the
3 requirements of this Act;
- 4 (7) include one or more of the following:
- 5 (A) family training,
- 6 (B) social work services, including counseling,
7 and home visits,
- 8 (C) special instruction,
- 9 (D) speech, language pathology and audiology,
- 10 (E) occupational therapy,
- 11 (F) physical therapy,
- 12 (G) psychological services,
- 13 (H) service coordination services,
- 14 (I) medical services only for diagnostic or
15 evaluation purposes,
- 16 (J) early identification, screening, and
17 assessment services,
- 18 (K) health services specified by the lead agency
19 as necessary to enable the infant or toddler to
20 benefit from the other early intervention services,
- 21 (L) vision services,
- 22 (M) transportation,
- 23 (N) assistive technology devices and services,
- 24 (O) nursing services,
- 25 (P) nutrition services, and
- 26 (Q) sign language and cued language services;

1 (8) are provided by qualified personnel, including but
2 not limited to:

3 (A) child development specialists or special
4 educators, including teachers of children with hearing
5 impairments (including deafness) and teachers of
6 children with vision impairments (including
7 blindness),

8 (B) speech and language pathologists and
9 audiologists,

10 (C) occupational therapists,

11 (D) physical therapists,

12 (E) social workers,

13 (F) nurses,

14 (G) dietitian nutritionists,

15 (H) vision specialists, including ophthalmologists
16 and optometrists,

17 (I) psychologists, and

18 (J) physicians;

19 (9) are provided in conformity with an Individualized
20 Family Service Plan;

21 (10) are provided throughout the year; and

22 (11) are provided in natural environments, to the
23 maximum extent appropriate, which may include the home and
24 community settings, unless justification is provided
25 consistent with federal regulations adopted under Sections
26 1431 through 1444 of Title 20 of the United States Code.

1 (f) "Individualized Family Service Plan" or "Plan" means a
2 written plan for providing early intervention services to a
3 child eligible under this Act and the child's family, as set
4 forth in Section 11.

5 (g) "Local interagency agreement" means an agreement
6 entered into by local community and State and regional
7 agencies receiving early intervention funds directly from the
8 State and made in accordance with State interagency agreements
9 providing for the delivery of early intervention services
10 within a local community area.

11 (h) "Council" means the Illinois Interagency Council on
12 Early Intervention established under Section 4.

13 (i) "Lead agency" means the State agency responsible for
14 administering this Act and receiving and disbursing public
15 funds received in accordance with State and federal law and
16 rules.

17 (i-5) "Central billing office" means the central billing
18 office created by the lead agency under Section 13.

19 (j) "Child find" means a service which identifies eligible
20 infants and toddlers.

21 (k) "Regional intake entity" means the lead agency's
22 designated entity responsible for implementation of the Early
23 Intervention Services System within its designated geographic
24 area.

25 (l) "Early intervention provider" means an individual who
26 is qualified, as defined by the lead agency, to provide one or

1 more types of early intervention services, and who has
2 enrolled as a provider in the early intervention program.

3 (m) "Fully credentialed early intervention provider" means
4 an individual who has met the standards in the State
5 applicable to the relevant profession, and has met such other
6 qualifications as the lead agency has determined are suitable
7 for personnel providing early intervention services, including
8 pediatric experience, education, and continuing education. The
9 lead agency shall establish these qualifications by rule filed
10 no later than 180 days after the effective date of this
11 amendatory Act of the 92nd General Assembly.

12 (n) "Telehealth" has the meaning ascribed to that term in
13 Section 5 of the Telehealth Act.

14 (Source: P.A. 101-10, eff. 6-5-19.)

15 (325 ILCS 20/3b new)

16 Sec. 3b. Services delivered by telehealth. An early
17 intervention provider may deliver via telehealth any type of
18 early intervention service outlined in subsection (e) of
19 Section 3 to the extent of his or her scope of practice as
20 established in his or her respective licensing Act consistent
21 with the standards of care for in-person services. This
22 Section shall not be construed to alter the scope of practice
23 of any early intervention provider or authorize the delivery
24 of early intervention services in a setting or in a manner not
25 otherwise authorized by the laws of this State.

1 (325 ILCS 20/11) (from Ch. 23, par. 4161)

2 Sec. 11. Individualized Family Service Plans.

3 (a) Each eligible infant or toddler and that infant's or
4 toddler's family shall receive:

5 (1) timely, comprehensive, multidisciplinary
6 assessment of the unique strengths and needs of each
7 eligible infant and toddler, and assessment of the
8 concerns and priorities of the families to appropriately
9 assist them in meeting their needs and identify supports
10 and services to meet those needs; and

11 (2) a written Individualized Family Service Plan
12 developed by a multidisciplinary team which includes the
13 parent or guardian. The individualized family service plan
14 shall be based on the multidisciplinary team's assessment
15 of the resources, priorities, and concerns of the family
16 and its identification of the supports and services
17 necessary to enhance the family's capacity to meet the
18 developmental needs of the infant or toddler, and shall
19 include the identification of services appropriate to meet
20 those needs, including the frequency, intensity, and
21 method of delivering services. During and as part of the
22 initial development of the individualized family services
23 plan, and any periodic reviews of the plan, the
24 multidisciplinary team may seek consultation from the lead
25 agency's designated experts, if any, to help determine

1 appropriate services and the frequency and intensity of
2 those services. All services in the individualized family
3 services plan must be justified by the multidisciplinary
4 assessment of the unique strengths and needs of the infant
5 or toddler and must be appropriate to meet those needs. At
6 the periodic reviews, the team shall determine whether
7 modification or revision of the outcomes or services is
8 necessary.

9 (b) The Individualized Family Service Plan shall be
10 evaluated once a year and the family shall be provided a review
11 of the Plan at 6 month intervals or more often where
12 appropriate based on infant or toddler and family needs. The
13 lead agency shall create a quality review process regarding
14 Individualized Family Service Plan development and changes
15 thereto, to monitor and help assure that resources are being
16 used to provide appropriate early intervention services.

17 (c) The initial evaluation and initial assessment and
18 initial Plan meeting must be held within 45 days after the
19 initial contact with the early intervention services system.
20 The 45-day timeline does not apply for any period when the
21 child or parent is unavailable to complete the initial
22 evaluation, the initial assessments of the child and family,
23 or the initial Plan meeting, due to exceptional family
24 circumstances that are documented in the child's early
25 intervention records, or when the parent has not provided
26 consent for the initial evaluation or the initial assessment

1 of the child despite documented, repeated attempts to obtain
2 parental consent. As soon as exceptional family circumstances
3 no longer exist or parental consent has been obtained, the
4 initial evaluation, the initial assessment, and the initial
5 Plan meeting must be completed as soon as possible. With
6 parental consent, early intervention services may commence
7 before the completion of the comprehensive assessment and
8 development of the Plan.

9 (d) Parents must be informed that early intervention
10 services shall be provided to each eligible infant and
11 toddler, to the maximum extent appropriate, in the natural
12 environment, which may include the home or other community
13 settings. Parents must also be informed of the availability of
14 early intervention services provided through telehealth.
15 Parents shall make the final decision to accept or decline
16 early intervention services, including whether accepted
17 services are delivered in person or via telehealth. A decision
18 to decline such services shall not be a basis for
19 administrative determination of parental fitness, or other
20 findings or sanctions against the parents. Parameters of the
21 Plan shall be set forth in rules.

22 (e) The regional intake offices shall explain to each
23 family, orally and in writing, all of the following:

24 (1) That the early intervention program will pay for
25 all early intervention services set forth in the
26 individualized family service plan that are not covered or

1 paid under the family's public or private insurance plan
2 or policy and not eligible for payment through any other
3 third party payor.

4 (2) That services will not be delayed due to any rules
5 or restrictions under the family's insurance plan or
6 policy.

7 (3) That the family may request, with appropriate
8 documentation supporting the request, a determination of
9 an exemption from private insurance use under Section
10 13.25.

11 (4) That responsibility for co-payments or
12 co-insurance under a family's private insurance plan or
13 policy will be transferred to the lead agency's central
14 billing office.

15 (5) That families will be responsible for payments of
16 family fees, which will be based on a sliding scale
17 according to the State's definition of ability to pay
18 which is comparing household size and income to the
19 sliding scale and considering out-of-pocket medical or
20 disaster expenses, and that these fees are payable to the
21 central billing office. Families who fail to provide
22 income information shall be charged the maximum amount on
23 the sliding scale.

24 (f) The individualized family service plan must state
25 whether the family has private insurance coverage and, if the
26 family has such coverage, must have attached to it a copy of

1 the family's insurance identification card or otherwise
2 include all of the following information:

3 (1) The name, address, and telephone number of the
4 insurance carrier.

5 (2) The contract number and policy number of the
6 insurance plan.

7 (3) The name, address, and social security number of
8 the primary insured.

9 (4) The beginning date of the insurance benefit year.

10 (g) A copy of the individualized family service plan must
11 be provided to each enrolled provider who is providing early
12 intervention services to the child who is the subject of that
13 plan.

14 (h) Children receiving services under this Act shall
15 receive a smooth and effective transition by their third
16 birthday consistent with federal regulations adopted pursuant
17 to Sections 1431 through 1444 of Title 20 of the United States
18 Code. Beginning July 1, 2022, children who receive early
19 intervention services prior to their third birthday and are
20 found eligible for an individualized education program under
21 the Individuals with Disabilities Education Act, 20 U.S.C.
22 1414(d)(1)(A), and under Section 14-8.02 of the School Code
23 and whose birthday falls between May 1 and August 31 may
24 continue to receive early intervention services until the
25 beginning of the school year following their third birthday in
26 order to minimize gaps in services, ensure better continuity

1 of care, and align practices for the enrollment of preschool
2 children with special needs to the enrollment practices of
3 typically developing preschool children.

4 (Source: P.A. 101-654, eff. 3-8-21.)

5 Section 99. Effective date. This Act takes effect upon
6 becoming law.".