AN ACT concerning health care.

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

Section 5. The Illinois Administrative Procedure Act is amended by adding Sections 5-45.8 and 5-45.9 as follows:

(5 ILCS 100/5-45.8 new)

Sec. 5-45.8. Emergency rulemaking; Illinois Insurance Code. To provide for the expeditious and timely implementation of changes made to the Illinois Insurance Code by this amendatory Act of the 102nd General Assembly, emergency rules implementing the changes made to the Illinois Insurance Code by this amendatory Act of the 102nd General Assembly may be adopted in accordance with Section 5-45 by the Department of Insurance. The adoption of emergency rules authorized by Section 5-45 and this Section is deemed to be necessary for the public interest, safety, and welfare.

This Section is repealed on January 1, 2022.

(5 ILCS 100/5-45.9 new)

Sec. 5-45.9. Emergency rulemaking; Illinois Public Aid Code. To provide for the expeditious and timely implementation of changes made to the Illinois Public Aid Code by this amendatory Act of the 102nd General Assembly, emergency rules
implementing the changes made to the Illinois Public Aid Code
by this amendatory Act of the 102nd General Assembly may be
adopted in accordance with Section 5-45 by the Department of
Healthcare and Family Services. The adoption of emergency
rules authorized by Section 5-45 and this Section is deemed to
be necessary for the public interest, safety, and welfare.

This Section is repealed on January 1, 2022.

Section 10. The Illinois Insurance Code is amended by
changing Section 356z.22 as follows:

(215 ILCS 5/356z.22)
Sec. 356z.22. Coverage for telehealth services.
(a) For purposes of this Section:
"Asynchronous store and forward system" means the
transmission of a patient's medical information through an
electronic communications system at an originating site to a
health care professional or facility at a distant site that
does not require real-time or synchronous interaction between
the health care professional and the patient.
"Distant site" means the location at which the health care
professional rendering the telehealth service is
located.
"Established patient" means a patient with a relationship
with a health care professional in which there is an exchange
of an individual's protected health information for the
purpose of providing patient care treatment or services.

"E-visit" means a patient-initiated non-face-to-face communication through an online patient portal with a health care professional. "E-visit" only includes communications where the initial inquiry is initiated by an established patient.

"Facility" includes a facility that is owned or operated by a hospital under the Hospital Licensing Act or University of Illinois Hospital Act, a facility under the Nursing Home Care Act, a rural health clinic, a federally qualified health center, a local health department, a community mental health center, a behavioral health clinic, an encounter rate clinic, a skilled nursing facility, a substance use treatment program licensed by the Department of Human Services' Division of Substance Use Prevention and Recovery, a school-based health center as defined in 77 Ill. Adm. Code 641.10, a physician's office, a podiatrist's office, a supportive living program provider, a hospice provider, a facility under the ID/DD Community Care Act, community-integrated living arrangements as defined in the Community-Integrated Living Arrangements Licensure and Certification Act, and a provider who receives reimbursement for a patient's room and board.

"Health care professional" has the meaning ascribed to that term in Section 5 of the Telehealth Act.

"Interactive telecommunications system" means an audio and video system, an audio-only telephone system (landline or
cellular), or any other telecommunications system permitting 2-way, synchronous interactive communication between a patient at an originating site and a health care professional or facility at a distant site permitting 2-way, live interactive communication between the patient and the distant site health care provider. "Interactive telecommunications system" does not include a facsimile machine, electronic mail messaging, or text messaging.

"Originating site" means the location at which the patient is located at the time telehealth services are provided to the patient via telehealth.

"Remote patient monitoring" means the use of connected digital technologies or mobile medical devices to collect medical and other health data from a patient at one location and electronically transmit that data to a health care professional or facility at a different location for collection and interpretation.

"Telehealth services" has the meaning ascribed to that term in Section 5 of the Telehealth Act means the delivery of covered health care services by way of an interactive telecommunications system.

"Virtual check-in" means a brief patient-initiated communication using a technology-based service, excluding facsimile, with a health care professional. "Virtual check-in" only includes communications where the initial inquiry is initiated by an established patient. "Virtual check-in" does
not include communications from a related office visit provided within the previous 7 days, nor communications that lead to an office visit or procedure within the next 24 hours or soonest available appointment.

(b) An individual or group policy of accident or health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after the effective date of this amendatory Act of the 102nd General Assembly shall cover all telehealth services rendered by a health care professional to deliver any clinically appropriate, medically necessary covered services and treatments to insureds, enrollees, and members in the same manner as any other benefits covered under the policy. Reimbursement to a health care professional for telehealth services provided through an interactive telecommunications system, excluding virtual check-ins, shall be made on the same basis, in the same manner, and at the same rate as would be applied for the same services if they had been delivered in person. An individual or group policy of accident or health insurance or a managed care plan shall provide reasonable compensation to a facility that serves as the originating site at the time a telehealth service is rendered. Nothing in this Section shall be deemed as precluding a health insurer from providing a higher rate of reimbursement for telehealth services. A provides coverage for telehealth services, then it must comply with the following:

(1) To ensure telehealth service access is equitable
for all patients in receipt of health care services under this Section and health care professionals and facilities are able to deliver services within the scope of their licensure or certification, an individual or group policy of accident or health insurance or a managed care plan that is amended, delivered, issued or renewed on or after the effective date of this amendatory Act of the 102nd General Assembly shall providing telehealth services may not:

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

(B) require patients, the health care professionals, or facilities provider to prove or document a hardship or access barrier to an in-person consultation for coverage and reimbursement of telehealth services to be provided through telehealth;

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

(D) require the use of telehealth when a patient chooses an in-person consultation;

(E) require a physician or other health care professional to be physically present in the same room as the patient at the originating site, unless deemed medically necessary by the health care professional providing the telehealth service;
(F) create geographic or facility restrictions or
requirements for telehealth services;

(G) negotiate different contract rates for
telehealth services provided through an interactive
telecommunications system and in-person services,
excluding virtual check-ins;

(H) require health care professionals or
facilities to offer or provide telehealth services;

(I) require patients to use telehealth services or
require patients to use a separate panel of health
care professionals or facilities to receive telehealth
service coverage and reimbursement; or

(J) impose upon telehealth services utilization
review requirements that are unnecessary, duplicative,
or unwarranted, or impose any treatment limitations,
prior authorization, documentation, or recordkeeping
requirements that are more stringent than the
requirements applicable to the same health care
service when rendered in-person, except procedure code
modifiers may be required to document telehealth; an
individual or group policy of accident or health
insurance or a managed care plan shall notify health
care providers of any instructions necessary to
facilitate billing for telehealth services.

(2) Deductibles, copayments, coinsurance, or any
other cost-sharing applicable to services provided through
telehealth shall not exceed the deductibles, copayments, or coinsurance, or any other cost-sharing required by the individual or group policy of accident or health insurance for the same services provided through in-person consultation.

(b-5) An individual or group policy of accident or health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after the effective date of this amendatory Act of the 102nd General Assembly shall provide coverage for telehealth services, it must provide coverage for licensed dietitian nutritionists and certified diabetes educators who counsel senior diabetes patients in the senior diabetes patients' homes to remove the hurdle of transportation for senior diabetes patients to receive treatment.

(c) Any policy, contract, or certificate of health insurance coverage that does not distinguish between in-network and out-of-network providers shall be subject to this Section as though all providers were in-network.

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

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

(f) Nothing in this Section shall be deemed as precluding a health insurer from providing benefits for other telehealth services, including, but not limited to, remote monitoring services, other monitoring services, or oral communications otherwise covered under the policy.

(g) There shall be no restrictions on originating site requirements for telehealth coverage or reimbursement to the distant site under this Section.

(h) The Department may adopt rules to implement the provisions of this Section.

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

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

(225 ILCS 150/5)

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

"Health care professional" includes, but is not limited to, physicians, physician assistants, optometrists, advanced practice registered nurses, clinical psychologists licensed in Illinois, prescribing psychologists licensed in Illinois, dentists, occupational therapists, pharmacists, physical therapists, clinical social workers, speech-language
pathologists, audiologists, hearing instrument dispensers, licensed certified substance use disorder treatment providers and clinicians, and mental health professionals and clinicians authorized by Illinois law to provide mental health services, qualified providers listed under paragraph (8) of subsection (e) of Section 3 of the Early Intervention Services System Act, dietitian nutritionists licensed in Illinois, and health care professionals associated with a facility.

"Telehealth services" means the evaluation, diagnosis, or interpretation of electronically transmitted patient-specific data between a remote location and a licensed health care professional that generates interaction or treatment recommendations. "Telehealth services" includes telemedicine and the delivery of health care services, mental health treatment and substance use disorder treatment and services to a patient, regardless of his or her location, provided by way of an interactive telecommunications system, as defined in subsection (a) of Section 356z.22 of the Illinois Insurance Code.

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

(225 ILCS 150/10)

Sec. 10. Practice authority. A health care professional treating a patient located in this State through telehealth
services must be licensed or authorized to practice in Illinois.
(Source: P.A. 100-317, eff. 1-1-18.)

(225 ILCS 150/15)

Sec. 15. Use of telehealth services. A health care professional may engage in the practice of telehealth services in Illinois to the extent of his or her scope of practice as established in his or her respective licensing Act consistent with the standards of care for in-person services. This Act shall not be construed to alter the scope of practice of any health care professional or authorize the delivery of health care services in a setting or in a manner not otherwise authorized by the laws of this State.
(Source: P.A. 100-317, eff. 1-1-18.)

Section 20. The Illinois Public Aid Code is amended by changing Section 5-5.25 as follows:

(305 ILCS 5/5-5.25)

Sec. 5-5.25. Access to behavioral health and medical services.

(a) The Department and Medicaid managed care organizations shall comply with the requirements under Section 356z.22 of the Illinois Insurance Code regardless of whether a recipient of medical assistance under this Article is enrolled in the
fee for service or managed care medical assistance program.

(b) The Department may adopt rules to implement the provisions of this Section.

(a) The General Assembly finds that providing access to behavioral health and medical services in a timely manner will improve the quality of life for persons suffering from illness and will contain health care costs by avoiding the need for more costly inpatient hospitalization.

(b) The Department of Healthcare and Family Services shall reimburse psychiatrists, federally qualified health centers as defined in Section 1905(l)(2)(B) of the federal Social Security Act, clinical psychologists, clinical social workers, advanced practice registered nurses certified in psychiatric and mental health nursing, and mental health professionals and clinicians authorized by Illinois law to provide behavioral health services to recipients via telehealth. The Department, by rule, shall establish: (i) criteria for such services to be reimbursed, including appropriate facilities and equipment to be used at both sites and requirements for a physician or other licensed health care professional to be present at the site where the patient is located; however, the Department shall not require that a physician or other licensed health care professional be physically present in the same room as the patient for the entire time during which the patient is receiving telehealth services; and (ii) a method to reimburse providers for mental health services provided by telehealth.
(c) The Department shall reimburse any Medicaid certified eligible facility or provider organization that acts as the location of the patient at the time a telehealth service is rendered, including substance abuse centers licensed by the Department of Human Services' Division of Alcoholism and Substance Abuse.

(d) On and after July 1, 2012, the Department shall reduce any rate of reimbursement for services or other payments or alter any methodologies authorized by this Code to reduce any rate of reimbursement for services or other payments in accordance with Section 5-5e.

(Source: P.A. 100-385, eff. 1-1-18; 100-790, eff. 8-10-18; 100-1019, eff. 1-1-19; 101-81, eff. 7-12-19.)

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