



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB3759

Introduced 2/22/2021, by Rep. Ryan Spain

SYNOPSIS AS INTRODUCED:

New Act

Creates the Telehealth Parity Act. Requires all health insurance issuers regulated by the Department of Insurance to cover the costs of all telehealth services rendered by in-network providers to deliver any clinically appropriate, medically necessary covered services and treatments to insureds, enrollees, and members under each policy, contract, or certificate of health insurance coverage. Provides that health insurance issuers shall not impose upon telehealth services utilization review requirements that are unnecessary, duplicative, or unwarranted nor impose any treatment limitations that are more stringent than the requirements applicable to the same health care service when rendered in-person. Provides that, for telehealth services that relate to COVID-19 delivered by in-network providers, health insurance issuers shall not impose any prior authorization requirements. Contains provisions prohibiting cost-sharing for telehealth services, describing eligible services, and allowing use of non-public facing remote communication products under certain circumstances. Effective immediately.

LRB102 10851 BMS 22336 b

1 AN ACT concerning regulation.

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

4 Section 1. Short title. This Act may be cited as the
5 Telehealth Parity Act.

6 Section 5. Applicability.

7 (a) This Act applies to policies issued by a health
8 insurance issuer as defined in Section 10 of this Act, but does
9 not apply to excepted benefits as defined in 45 CFR 146.145(b)
10 and 45 CFR 148.220, but does apply to limited scope dental
11 benefits, limited scope vision benefits, long-term care
12 benefits, coverage only for accidents, and coverage only for
13 specified disease or illness.

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

18 Section 10. Definitions. As used in this Act:

19 "Health insurance coverage" has the meaning given to that
20 term in Section 5 of the Illinois Health Insurance Portability
21 and Accountability Act.

22 "Health insurance issuer" means an insurance company,

1 insurance service, or insurance organization, including health
2 maintenance organization, that is licensed to engage in the
3 business of insurance in a state and that is subject to
4 Illinois law that regulates insurance (within the meaning of
5 Section 514(b)(2) of the Employee Retirement Income Security
6 Act of 1974).

7 "Telehealth services" means the provision of health care,
8 psychiatry, mental health treatment, substance use disorder
9 treatment, and related services to a patient, regardless of
10 his or her location, through electronic or telephonic methods,
11 such as telephone (landline or cellular), video technology
12 commonly available on smart phones and other devices, and
13 videoconferencing, as well as any method within the meaning of
14 telehealth services under Section 356z.22 of the Illinois
15 Insurance Code.

16 Section 15. Coverage for telehealth services.

17 (a) All health insurance issuers regulated by the
18 Department of Insurance shall cover the costs of all
19 telehealth services rendered by in-network providers to
20 deliver any clinically appropriate, medically necessary
21 covered services and treatments to insureds, enrollees, and
22 members under each policy, contract, or certificate of health
23 insurance coverage.

24 (b) Health insurance issuers may establish reasonable
25 requirements and parameters for telehealth services, including

1 with respect to documentation and recordkeeping, to the extent
2 consistent with this Act or any company bulletin issued by the
3 Department of Insurance under Executive Order 2020-09. A
4 health insurance issuer's requirements and parameters may not
5 be more restrictive or less favorable toward providers,
6 insureds, enrollees, or members than those contained in the
7 emergency rulemaking undertaken by the Department of
8 Healthcare and Family Services at 89 Ill. Adm. Code
9 140.403(e). Health insurance issuers shall notify providers of
10 any instructions necessary to facilitate billing for
11 telehealth services.

12 Section 20. Prior authorization and utilization review
13 requirements.

14 (a) In order to ensure that health care is quickly and
15 efficiently provided to the public, health insurance issuers
16 shall not impose upon telehealth services utilization review
17 requirements that are unnecessary, duplicative, or unwarranted
18 nor impose any treatment limitations that are more stringent
19 than the requirements applicable to the same health care
20 service when rendered in-person.

21 (b) For telehealth services that relate to COVID-19
22 delivered by in-network providers, health insurance issuers
23 shall not impose any prior authorization requirements.

24 Section 25. Cost-sharing prohibited. Health insurance

1 issuers shall not impose any cost-sharing (copayments,
2 deductibles, or coinsurance) for telehealth services provided
3 by in-network providers. However, in accordance with the
4 standards and definitions in 26 U.S.C. 223, if an enrollee in a
5 high-deductible health plan has not met the applicable
6 deductible under the terms of his or her coverage, the
7 requirements of this Section do not require an issuer to pay
8 for a charge for telehealth services unless the associated
9 health care service for that particular charge is deemed
10 preventive care by the United States Department of the
11 Treasury. The federal Internal Revenue Service has recognized
12 that services for testing, treatment, and any potential
13 vaccination for COVID-19 fall within the scope of preventive
14 care.

15 Section 30. Eligible services. Services eligible under
16 this Act include services provided by any professional,
17 practitioner, clinician, or other provider who is licensed,
18 certified, registered, or otherwise authorized to practice in
19 the State where the patient receives treatment, subject to the
20 provisions of the Telehealth Act for any health care
21 professional, as defined in the Telehealth Act, who delivers
22 treatment through telehealth to a patient located in this
23 State, and substance use disorder professionals and clinicians
24 authorized by Illinois law to provide substance use disorder
25 services.

1 Section 35. Permissible use of non-public facing audio or
2 video communication technologies. Notwithstanding the
3 requirements of the Mental Health and Developmental
4 Disabilities Confidentiality Act, any provider or covered
5 entity of any licensure or area of practice subject to this Act
6 that uses audio or video communication technology to deliver
7 services may use any non-public facing remote communication
8 product in accordance with this Act to the extent permitted by
9 the U.S. Department of Health and Human Services under the
10 federal Health Insurance Portability and Accountability Act of
11 1996. Providers and covered entities shall, to the extent
12 feasible, notify patients that third-party applications
13 potentially introduce privacy risks. Providers shall enable
14 all available encryption and privacy modes when using such
15 applications. A public facing video communication application
16 may not be used in the provision of telehealth services by
17 covered health care providers or covered entities.

18 Section 40. Rulemaking authority. The Department of
19 Insurance may adopt rules to implement the provisions of this
20 Act.

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