

# Illinois' New Telehealth Parity Law

Nichole Magalis

Vice President, Member Advocacy

[Nmagalis@team-iha.org](mailto:Nmagalis@team-iha.org)

217-541-1162



Illinois Health  
and Hospital  
Association

# What is Telehealth?

Telehealth is the use of electronic information and telecommunication technologies such as a phone or device with internet connectivity to provide health care when the patient and the health care professional are not in the same place at the same time.

Location of the patient: Originating site

Location of the provider: Distant site

# Why is access to telehealth important?

Most appointments don't need to be in a special location. (hospital, doctor's office, clinic)

- Reduces barriers to care (time off work and transportation)
- Reduces missed appointments
- Care is delivered where the patient is located and generally where the patient is most comfortable.
  - Child is observed in the place they spend the most time
  - Fewer distractions
- Parents, other care providers, and key family members are part of the appointment. Health care is a team approach.
  - The child's health care team can ask questions, hear first hand, not rely on another's memory/interpretation for information.
- Helps keep patients, their families and health care professionals safe
  - Immunocompromised
  - Under 12 and unable to be vaccinated

# Telehealth Principles for Legislative Reform

1. Patients shall not be required to prove a hardship or access barrier in order to receive telehealth services.
2. Patients shall not be required to use a separate panel of practitioners or providers to receive telehealth services.
3. State regulated public and private health plans shall provide payment and coverage parity for telehealth services in the same manner as for in-person covered services.
4. State regulated public and private health plans shall not:
  - Negotiate different contract rates for telehealth and in-person services;
  - Require in-network providers to offer or provide telehealth services;
  - Require patients to use telehealth services instead of receiving in-person services; and
  - Place conditions, treatment limitations and requirements on telehealth such as utilization management criteria, documentation or recordkeeping that are more restrictive or stringently applied than those established for in-person services.

# Telehealth Principles for Legislative Reform<sub>(Cont.)</sub>

5. Providers shall deliver services within the scope of their license or certification, unencumbered by geographic or facility restrictions for any services delivered via telehealth.
6. Providers shall be permitted to provide distant site services as long as they are licensed, registered, certified, or authorized to provide those services in Illinois.
7. Providers, with their patients, shall determine which health care services and modes of virtual communication are most appropriate for delivery via telehealth.
8. Originating site locations, including the patient's home, in accordance with COVID-19 Executive Order No. 7 (EO 2020-09, 03/19/20) shall be permitted.
9. Providers and practitioners shall determine the appropriateness of specific sites and technology platforms/vendors for a telehealth encounter, as long as delivered services adhere to privacy laws.
10. Support investments in telehealth technology by reimbursing a facility fee to a facility or other provider organization that acts as the originating site (location where patient is located) at the time telehealth services are provide.

# Agreement modifications

2) State regulated private health plans shall provide payment and coverage parity for telehealth

services in the same manner as for in-person covered services.

**State regulated public plans (Medicaid) will continue to cover and reimburse for health care professionals and facilities after the pandemic via the permanent Medicaid rule.**

*The Department of Healthcare and Family Services(HFS) has committed to the continuation of existing Medicaid telehealth coverage and reimbursement requirements for the Medicaid fee-for service and managed care programs after the COVID-19 public health emergency ends, as permitted by [89 Ill. Adm. Code 140.403\(e\)](#). HFS also committed to meeting with IHA and other stakeholders to consider whether any Medicaid coverage or reimbursement provisions should be codified in state statute.*

# Agreement Modification (cont.)

3) State regulated public and private health plans shall not:

- Negotiate different contract rates for telehealth and in-person services

**There is no limitation on the ability of private health plans, health care providers or facilities from voluntarily negotiating alternate reimbursement.**

(Standard language in a number of other states with strict payment parity)

- Require in-network providers to offer or provide telehealth services;
- Require patients to use telehealth services instead of receiving in-person services; and
- Place conditions, treatment limitations and requirements on telehealth such as utilization management criteria, documentation or recordkeeping that are more restrictive or stringently applied than those established for in-person services.

# Telehealth Journey-Coalition to Legislation

May 2020	Efforts to codify EO 2020-12 stalled in the General Assembly
June	IHA initiated <b>Coalition to Protect our Telehealth</b>
July-Nov	10 Coalition principles created Surveys developed Coalition grew exponentially (5-36) Power of the coalition harnessed and deployed
Dec 20/Feb 21	Legislation drafted and filed Website developed and populated <a href="https://protectillinoistelehealth.org/">https://protectillinoistelehealth.org/</a>
March	Negotiations began along with targeted, paid media
April	Strong bill passed House to Senate
May	Agreement reached: 59-0/118-0 final passage
June	Bill Sent to the Governor for action
July	Signed into law/effective on July 22, 2021 PA102-0104



# Questions?

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