



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB4963

Introduced 2/18/2020, by Rep. Daniel Didech

SYNOPSIS AS INTRODUCED:

215 ILCS 5/356z.22
305 ILCS 5/5-16.8

Amends the Illinois Insurance Code. Requires individual or group policies of accident and health insurance that provides coverage for telehealth services to provide coverage for: telehealth services at the same rate as in-person services; reimbursement for a telehealth originating site facility fee; and telehealth services from an originating site that is a facility licensed under the Nursing Home Care Act. Amends the Medical Assistance Article of the Illinois Public Aid Code to provide that the medical assistance program is required to comply with the provisions of the Illinois Insurance Code regarding telehealth services.

LRB101 17110 BMS 66510 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 5. The Illinois Insurance Code is amended by
5 changing Section 356z.22 as follows:

6 (215 ILCS 5/356z.22)

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

8 (a) For purposes of this Section:

9 "Distant site" means the location at which the health care
10 provider rendering the telehealth service is located. "Distant
11 site" includes a location outside of this State.

12 "Interactive telecommunications system" means an audio and
13 video system permitting 2-way, live interactive communication
14 between the patient and the distant site health care provider.

15 "Telehealth services" means the delivery of covered health
16 care services by way of an interactive telecommunications
17 system.

18 (b) If an individual or group policy of accident or health
19 insurance provides coverage for telehealth services, then it
20 must comply with the following:

21 (1) An individual or group policy of accident or health
22 insurance providing telehealth services may not:

23 (A) require that in-person contact occur between a

1 health care provider and a patient;

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

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

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

10 (2) Deductibles, copayments, or coinsurance applicable
11 to services provided through telehealth shall not exceed
12 the deductibles, copayments, or coinsurance required by
13 the individual or group policy of accident or health
14 insurance for the same services provided through in-person
15 consultation.

16 (b-5) If an individual or group policy of accident or
17 health insurance provides coverage for telehealth services, it
18 must provide coverage for licensed dietitian nutritionists and
19 certified diabetes educators who counsel senior diabetes
20 patients in the senior diabetes patients' homes to remove the
21 hurdle of transportation for senior diabetes patients to
22 receive treatment.

23 (c) Nothing in this Section shall be deemed as precluding a
24 health insurer from providing benefits for other services,
25 including, but not limited to, remote monitoring services,
26 other monitoring services, or oral communications otherwise

1 covered under the policy.

2 (d) If an individual or group policy of accident or health
3 insurance provides coverage for telehealth services, it must
4 provide coverage for telehealth services at the same rate as
5 in-person services.

6 (e) If an individual or group policy of accident or health
7 insurance provides coverage for telehealth services, it must
8 provide coverage for reimbursement for a telehealth
9 originating site facility fee.

10 (e) If an individual or group policy of accident or health
11 insurance provides coverage for telehealth services, it must
12 provide coverage for telehealth services from an originating
13 site that is a facility licensed under the Nursing Home Care
14 Act.

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

16 Section 10. The Illinois Public Aid Code is amended by
17 changing Section 5-16.8 as follows:

18 (305 ILCS 5/5-16.8)

19 Sec. 5-16.8. Required health benefits. The medical
20 assistance program shall (i) provide the post-mastectomy care
21 benefits required to be covered by a policy of accident and
22 health insurance under Section 356t and the coverage required
23 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.22,
24 356z.26, 356z.29, and 356z.32, and 356z.33, 356z.34, 356z.35,

1 and 356z.39 of the Illinois Insurance Code and (ii) be subject
2 to the provisions of Sections 356z.19, 364.01, 370c, and 370c.1
3 of the Illinois Insurance Code.

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

9 To ensure full access to the benefits set forth in this
10 Section, on and after January 1, 2016, the Department shall
11 ensure that provider and hospital reimbursement for
12 post-mastectomy care benefits required under this Section are
13 no lower than the Medicare reimbursement rate.

14 (Source: P.A. 100-138, eff. 8-18-17; 100-863, eff. 8-14-18;
15 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff.
16 7-12-19; 101-218, eff. 1-1-20; 101-281, eff. 1-1-20; 101-371,
17 eff. 1-1-20; 101-574, eff. 1-1-20; revised 10-16-19.)