



Rep. Thaddeus Jones

Filed: 3/22/2021

10200HB3308ham001

LRB102 11877 BMS 24127 a

1 AMENDMENT TO HOUSE BILL 3308

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

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

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

1 "E-visits" means non-face-to-face communications through
2 an online patient portal with a health care professional.
3 "E-visits" only include communications involving a health care
4 professional's evaluation and management where the initial
5 inquiry is initiated by an established patient and the
6 cumulative duration of which is at least as long as the
7 cumulative time ranges provided in the most currently
8 applicable Current Procedural Terminology or Healthcare Common
9 Procedure Coding System codes designated for e-visits.

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

26 "Interactive telecommunications system" means an audio and

1 video system, an audio-only telephone system (landline or
2 cellular), or any other telecommunications system permitting
3 2-way, synchronous interactive communication between the
4 patient at an originating site and the health care
5 professional or facility at a distant site ~~permitting 2 way,~~
6 ~~live interactive communication between the patient and the~~
7 ~~distant site health care provider.~~

8 "Originating site" means the location at which the patient
9 is located at the time health care services are provided to the
10 patient via telehealth.

11 "Remote patient monitoring" means the use of digital
12 technologies to collect medical and other health data from a
13 patient at an originating site and electronically transmit
14 that data to a health care professional or facility at a
15 distant site.

16 "Telehealth services" means the evaluation, diagnosis, or
17 interpretation of electronically transmitted patient-specific
18 data between a remote location and a licensed health care
19 professional that generates interaction or treatment
20 recommendations. "Telehealth services" includes telemedicine
21 and the delivery of health care services, mental health
22 treatment, and substance use disorder treatment to a patient,
23 regardless of his or her location, provided by way of an
24 interactive telecommunications system, including telephone or
25 video technology, asynchronous store and forward system,
26 remote patient monitoring technology, e-visit, and virtual

1 ~~check-in delivery of covered health care services by way of an~~
2 ~~interactive telecommunications system.~~

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

17 (b) Health care services that are covered under ~~If~~ an
18 individual or group policy of accident or health insurance
19 must be covered when delivered via ~~provides coverage for~~
20 telehealth services when clinically appropriate in the same
21 manner as any other benefits covered under the policy.
22 Reimbursement to a health care provider for telehealth
23 services for behavioral health services, including mental
24 health treatment and substance use disorder treatment,
25 provided through an interactive telecommunications system
26 shall be made on the same basis, in the same manner, and at the

1 same rate as would be applied for the same services if they had
2 been delivered in-person and shall include reasonable
3 compensation to a facility that serves as the originating site
4 at the time a telehealth service is rendered. ~~, then it must~~
5 ~~comply with the following:~~

6 (1) With respect to telehealth benefits provided in an
7 ~~An~~ individual or group policy of accident or health
8 insurance, insurers providing telehealth services may not:

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

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

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

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

19 (E) require patients to use a separate panel of
20 health care providers to receive telehealth service
21 coverage and reimbursement;

22 (F) create geographic or facility restrictions or
23 requirements for telehealth services; procedure code
24 modifiers may be required to document telehealth use;

25 (G) require patients or health care providers to
26 prove a hardship or access barrier before the approval

1 of telehealth services for coverage or reimbursement;

2 (H) negotiate different contract rates for
3 telehealth services and in-person services for
4 behavioral health services, including mental health
5 treatment and substance use disorder treatment; or

6 (I) impose upon telehealth services utilization
7 review requirements that are unnecessary, duplicative,
8 or unwarranted or impose any treatment limitations,
9 prior authorization, documentation, or recordkeeping
10 requirements that are more stringent than the
11 requirements applicable to the same health care
12 service when rendered in-person.

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

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

1 (c) Nothing in this Section shall be deemed as precluding
2 a health insurer from providing benefits for other services,
3 including, but not limited to, remote monitoring services,
4 other monitoring services, or oral communications otherwise
5 covered under the policy. Health care providers shall
6 determine the appropriateness of specific sites, technology
7 platforms, and technology vendors for a telehealth service, as
8 long as delivered services adhere to privacy laws, including,
9 but not limited to, the Health Insurance Portability and
10 Accountability Act of 1996 and the Mental Health and
11 Developmental Disabilities Confidentiality Act.

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

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