

AN ACT concerning regulation.

**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 Section 5-45.8 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 This Section is repealed on January 1, 2022.

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" has the meaning given to that term in Section 5 of the Telehealth Act.

"Distant site" has the meaning given to that term in Section 5 of the Telehealth Act ~~means the location at which the health care provider rendering the telehealth service is located.~~

"E-visits" has the meaning given to that term in Section 5 of the Telehealth Act.

"Facility" means any hospital facility licensed under the Hospital Licensing Act or the University of Illinois Hospital Act, a federally qualified health center, a community mental health center, a behavioral health clinic, a substance use disorder treatment program licensed by the Division of Substance Use Prevention and Recovery of the Department of Human Services, or other building, place, or institution that is owned or operated by a person that is licensed or otherwise authorized to deliver health care services.

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

"Interactive telecommunications system" has the meaning given to that term in Section 5 of the Telehealth Act. As used in this Section, "interactive telecommunications system" does not include virtual check-ins ~~means an audio and video system permitting 2-way, live interactive communication between the patient and the distant site health care provider.~~

"Originating site" has the meaning given to that term in Section 5 of the Telehealth Act.

"Telehealth services" has the meaning given to that term in Section 5 of the Telehealth Act. As used in this Section, "telehealth services" do not include asynchronous store and forward systems, remote patient monitoring technologies, e-visits, or virtual check-ins ~~means the delivery of covered health care services by way of an interactive telecommunications system.~~

"Virtual check-in" has the meaning given to that term in Section 5 of the Telehealth Act.

(b) An ~~if an~~ individual or group policy of accident or health insurance that is amended, delivered, issued, or renewed on or after the effective date of this amendatory Act of the 102nd General Assembly shall cover telehealth services, e-visits, and virtual check-ins rendered by a health care professional when clinically appropriate and medically necessary to insureds, enrollees, and members in the same manner as any other benefits covered under the policy. An individual or group policy of accident or health insurance may provide reimbursement to a facility that serves as the originating site at the time a telehealth service is rendered. ~~provides coverage for telehealth services, then it must comply with the following:~~

(c) To ensure telehealth service, e-visit, and virtual check-in 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 medically necessary services that can be appropriately delivered via telehealth within the scope of their licensure or certification, coverage required under this Section shall comply with all of the following:

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

(A) require that in-person contact occur between a health care professional ~~provider~~ and a patient before the provision of a telehealth service;

(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, e-visits, or virtual check-ins ~~to be provided through telehealth;~~

(C) require the use of telehealth services, e-visits, or virtual check-ins when the health care professional ~~provider~~ has determined that it is not appropriate; ~~or~~

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

(E) require a 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, e-visits, or virtual check-ins;

(G) require health care professionals or facilities to offer or provide telehealth services, e-visits, or virtual check-ins;

(H) require patients to use telehealth services, e-visits, or virtual check-ins, or require patients to use a separate panel of health care professionals or facilities to receive telehealth service, e-visit, or virtual check-in coverage and reimbursement; or

(I) impose upon telehealth services, e-visits, or virtual check-ins 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.

(2) Deductibles, copayments, ~~or~~ 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.

(3) An individual or group policy of accident or health insurance shall notify health care professionals and facilities of any instructions necessary to facilitate billing for telehealth services, e-visits, and virtual check-ins.

(d) For purposes of reimbursement, an individual or group policy of accident or health insurance that is amended, delivered, issued, or renewed on or after the effective date of this amendatory Act of the 102nd General Assembly shall reimburse an in-network health care professional or facility, including a health care professional or facility in a tiered network, for telehealth services provided through an interactive telecommunications system on the same basis, in the same manner, and at the same reimbursement rate that would apply to the services if the services had been delivered via an in-person encounter by an in-network or tiered network health care professional or facility. This subsection applies only to those services provided by telehealth that may otherwise be billed as an in-person service. This subsection is inoperative on and after January 1, 2028, except that this subsection is operative after that date with respect to mental health and substance use disorder telehealth services.

(e) The Department and the Department of Public Health shall commission a report to the General Assembly administered by an established medical college in this State wherein supervised clinical training takes place at an affiliated institution that uses telehealth services, subject to appropriation. The report shall study the telehealth coverage and reimbursement policies established in subsections (b) and (d) of this Section, to determine if the policies improve access to care, reduce health disparities, promote health equity, have an impact on utilization and cost-avoidance, including direct or indirect cost savings to the patient, and to provide any recommendations for telehealth access expansion in the future. An individual or group policy of accident or health insurance shall provide data necessary to carry out the requirements of this subsection upon request of the Department. The Department and the Department of Public Health shall submit the report by December 31, 2026. The established medical college may utilize subject matter expertise to complete any necessary actuarial analysis.

(f) Nothing in this Section is intended to limit the ability of an individual or group policy of accident or health insurance and a health care professional or facility to voluntarily negotiate alternate reimbursement rates for telehealth services. Such voluntary negotiations shall take into consideration the ongoing investment necessary to ensure these telehealth platforms may be continuously maintained,

seamlessly updated, and integrated with a patient's electronic medical records.

(g) An ~~(b-5)~~ If an individual or group policy of accident or health insurance that is amended, delivered, issued, or renewed on or after the effective date of this amendatory Act of the 102nd General Assembly shall provide ~~provides~~ 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, in accordance with the Dietitian Nutritionist Practice Act.

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

(i) 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 all federal and State privacy, security, and confidentiality laws, rules, or regulations, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 and the Mental Health and Developmental Disabilities Confidentiality Act.

(j) ~~(e)~~ Nothing in this Section shall be deemed as precluding a health insurer from providing benefits for other telehealth services, including, but not limited to, services not required for coverage provided through an asynchronous store and forward system, remote patient monitoring services, remote monitoring services, other monitoring services, or oral communications otherwise covered under the policy.

(k) There shall be no restrictions on originating site requirements for telehealth coverage or reimbursement to the distant site under this Section other than requiring the telehealth services to be medically necessary and clinically appropriate.

(l) The Department may adopt rules, including emergency rules subject to the provisions of Section 5-45 of the Illinois Administrative Procedure Act, 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:

"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 has been 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 between an established patient and a health care professional.

"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 as defined in 89 Ill. Adm. Code 140.453, an encounter rate clinic, a skilled nursing facility, a substance use treatment program licensed by the Division of Substance Use Prevention and Recovery of the Department of Human Services, 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, home health agency, or home nursing agency under the Home Health, Home Services, and Home Nursing Agency

Licensing Act, 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" 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, and 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.

"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. "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" 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, including mental health treatment and substance use disorder treatment and services to a patient, regardless of patient location, provided by way of an interactive telecommunications system, asynchronous store and forward system, remote patient monitoring technologies, e-visits, or virtual check-ins ~~as defined in subsection (a) of Section 356z.22 of the Illinois Insurance Code.~~

"Virtual check-in" means a brief patient-initiated communication using a technology-based service, excluding facsimile, between an established patient and a health care

professional. "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.

(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) 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.

(b) Telehealth services provided pursuant to this Section shall be consistent with all federal and State privacy, security, and confidentiality laws, rules, or regulations.

(Source: P.A. 100-317, eff. 1-1-18.)

Section 20. The Early Intervention Services System Act is amended by changing Sections 3 and 11 and by adding Section 3b as follows:

(325 ILCS 20/3) (from Ch. 23, par. 4153)

Sec. 3. Definitions. As used in this Act:

(a) "Eligible infants and toddlers" means infants and toddlers under 36 months of age with any of the following conditions:

(1) Developmental delays.

(2) A physical or mental condition which typically results in developmental delay.

(3) Being at risk of having substantial developmental delays based on informed clinical opinion.

(4) Either (A) having entered the program under any of the circumstances listed in paragraphs (1) through (3) of this subsection but no longer meeting the current eligibility criteria under those paragraphs, and continuing to have any measurable delay, or (B) not having attained a level of development in each area, including (i) cognitive, (ii) physical (including vision and

hearing), (iii) language, speech, and communication, (iv) social or emotional, or (v) adaptive, that is at least at the mean of the child's age equivalent peers; and, in addition to either item (A) or item (B), (C) having been determined by the multidisciplinary individualized family service plan team to require the continuation of early intervention services in order to support continuing developmental progress, pursuant to the child's needs and provided in an appropriate developmental manner. The type, frequency, and intensity of services shall differ from the initial individualized family services plan because of the child's developmental progress, and may consist of only service coordination, evaluation, and assessments.

(b) "Developmental delay" means a delay in one or more of the following areas of childhood development as measured by appropriate diagnostic instruments and standard procedures: cognitive; physical, including vision and hearing; language, speech and communication; social or emotional; or adaptive. The term means a delay of 30% or more below the mean in function in one or more of those areas.

(c) "Physical or mental condition which typically results in developmental delay" means:

(1) a diagnosed medical disorder or exposure to a toxic substance bearing a relatively well known expectancy for developmental outcomes within varying ranges of developmental disabilities; or

(2) a history of prenatal, perinatal, neonatal or early developmental events suggestive of biological insults to the developing central nervous system and which either singly or collectively increase the probability of developing a disability or delay based on a medical history.

(d) "Informed clinical opinion" means both clinical observations and parental participation to determine eligibility by a consensus of a multidisciplinary team of 2 or more members based on their professional experience and expertise.

(e) "Early intervention services" means services which:

(1) are designed to meet the developmental needs of each child eligible under this Act and the needs of his or her family;

(2) are selected in collaboration with the child's family;

(3) are provided under public supervision;

(4) are provided at no cost except where a schedule of sliding scale fees or other system of payments by families has been adopted in accordance with State and federal law;

(5) are designed to meet an infant's or toddler's developmental needs in any of the following areas:

(A) physical development, including vision and hearing,

(B) cognitive development,

- (C) communication development,
- (D) social or emotional development, or
- (E) adaptive development;

(6) meet the standards of the State, including the requirements of this Act;

(7) include one or more of the following:

- (A) family training,
- (B) social work services, including counseling, and home visits,
- (C) special instruction,
- (D) speech, language pathology and audiology,
- (E) occupational therapy,
- (F) physical therapy,
- (G) psychological services,
- (H) service coordination services,
- (I) medical services only for diagnostic or evaluation purposes,
- (J) early identification, screening, and assessment services,
- (K) health services specified by the lead agency as necessary to enable the infant or toddler to benefit from the other early intervention services,
- (L) vision services,
- (M) transportation,
- (N) assistive technology devices and services,
- (O) nursing services,

(P) nutrition services, and

(Q) sign language and cued language services;

(8) are provided by qualified personnel, including but not limited to:

(A) child development specialists or special educators, including teachers of children with hearing impairments (including deafness) and teachers of children with vision impairments (including blindness),

(B) speech and language pathologists and audiologists,

(C) occupational therapists,

(D) physical therapists,

(E) social workers,

(F) nurses,

(G) dietitian nutritionists,

(H) vision specialists, including ophthalmologists and optometrists,

(I) psychologists, and

(J) physicians;

(9) are provided in conformity with an Individualized Family Service Plan;

(10) are provided throughout the year; and

(11) are provided in natural environments, to the maximum extent appropriate, which may include the home and community settings, unless justification is provided

consistent with federal regulations adopted under Sections 1431 through 1444 of Title 20 of the United States Code.

(f) "Individualized Family Service Plan" or "Plan" means a written plan for providing early intervention services to a child eligible under this Act and the child's family, as set forth in Section 11.

(g) "Local interagency agreement" means an agreement entered into by local community and State and regional agencies receiving early intervention funds directly from the State and made in accordance with State interagency agreements providing for the delivery of early intervention services within a local community area.

(h) "Council" means the Illinois Interagency Council on Early Intervention established under Section 4.

(i) "Lead agency" means the State agency responsible for administering this Act and receiving and disbursing public funds received in accordance with State and federal law and rules.

(i-5) "Central billing office" means the central billing office created by the lead agency under Section 13.

(j) "Child find" means a service which identifies eligible infants and toddlers.

(k) "Regional intake entity" means the lead agency's designated entity responsible for implementation of the Early Intervention Services System within its designated geographic area.

(l) "Early intervention provider" means an individual who is qualified, as defined by the lead agency, to provide one or more types of early intervention services, and who has enrolled as a provider in the early intervention program.

(m) "Fully credentialed early intervention provider" means an individual who has met the standards in the State applicable to the relevant profession, and has met such other qualifications as the lead agency has determined are suitable for personnel providing early intervention services, including pediatric experience, education, and continuing education. The lead agency shall establish these qualifications by rule filed no later than 180 days after the effective date of this amendatory Act of the 92nd General Assembly.

(n) "Telehealth" has the meaning given to that term in Section 5 of the Telehealth Act.

(Source: P.A. 101-10, eff. 6-5-19.)

(325 ILCS 20/3b new)

Sec. 3b. Services delivered by telehealth. An early intervention provider may deliver via telehealth any type of early intervention service outlined in subsection (e) of Section 3 to the extent of the early intervention provider's scope of practice as established in the provider's respective licensing Act consistent with the standards of care for in-person services. This Section shall not be construed to alter the scope of practice of any early intervention provider

or authorize the delivery of early intervention services in a setting or in a manner not otherwise authorized by the laws of this State.

(325 ILCS 20/11) (from Ch. 23, par. 4161)

Sec. 11. Individualized Family Service Plans.

(a) Each eligible infant or toddler and that infant's or toddler's family shall receive:

(1) timely, comprehensive, multidisciplinary assessment of the unique strengths and needs of each eligible infant and toddler, and assessment of the concerns and priorities of the families to appropriately assist them in meeting their needs and identify supports and services to meet those needs; and

(2) a written Individualized Family Service Plan developed by a multidisciplinary team which includes the parent or guardian. The individualized family service plan shall be based on the multidisciplinary team's assessment of the resources, priorities, and concerns of the family and its identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler, and shall include the identification of services appropriate to meet those needs, including the frequency, intensity, and method of delivering services. During and as part of the initial development of the individualized family services

plan, and any periodic reviews of the plan, the multidisciplinary team may seek consultation from the lead agency's designated experts, if any, to help determine appropriate services and the frequency and intensity of those services. All services in the individualized family services plan must be justified by the multidisciplinary assessment of the unique strengths and needs of the infant or toddler and must be appropriate to meet those needs. At the periodic reviews, the team shall determine whether modification or revision of the outcomes or services is necessary.

(b) The Individualized Family Service Plan shall be evaluated once a year and the family shall be provided a review of the Plan at 6 month intervals or more often where appropriate based on infant or toddler and family needs. The lead agency shall create a quality review process regarding Individualized Family Service Plan development and changes thereto, to monitor and help assure that resources are being used to provide appropriate early intervention services.

(c) The initial evaluation and initial assessment and initial Plan meeting must be held within 45 days after the initial contact with the early intervention services system. The 45-day timeline does not apply for any period when the child or parent is unavailable to complete the initial evaluation, the initial assessments of the child and family, or the initial Plan meeting, due to exceptional family

circumstances that are documented in the child's early intervention records, or when the parent has not provided consent for the initial evaluation or the initial assessment of the child despite documented, repeated attempts to obtain parental consent. As soon as exceptional family circumstances no longer exist or parental consent has been obtained, the initial evaluation, the initial assessment, and the initial Plan meeting must be completed as soon as possible. With parental consent, early intervention services may commence before the completion of the comprehensive assessment and development of the Plan.

(d) Parents must be informed that early intervention services shall be provided to each eligible infant and toddler, to the maximum extent appropriate, in the natural environment, which may include the home or other community settings. Parents must also be informed of the availability of early intervention services provided through telehealth services. Parents shall make the final decision to accept or decline early intervention services, including whether accepted services are delivered in person or via telehealth services. A decision to decline such services shall not be a basis for administrative determination of parental fitness, or other findings or sanctions against the parents. Parameters of the Plan shall be set forth in rules.

(e) The regional intake offices shall explain to each family, orally and in writing, all of the following:

(1) That the early intervention program will pay for all early intervention services set forth in the individualized family service plan that are not covered or paid under the family's public or private insurance plan or policy and not eligible for payment through any other third party payor.

(2) That services will not be delayed due to any rules or restrictions under the family's insurance plan or policy.

(3) That the family may request, with appropriate documentation supporting the request, a determination of an exemption from private insurance use under Section 13.25.

(4) That responsibility for co-payments or co-insurance under a family's private insurance plan or policy will be transferred to the lead agency's central billing office.

(5) That families will be responsible for payments of family fees, which will be based on a sliding scale according to the State's definition of ability to pay which is comparing household size and income to the sliding scale and considering out-of-pocket medical or disaster expenses, and that these fees are payable to the central billing office. Families who fail to provide income information shall be charged the maximum amount on the sliding scale.

(f) The individualized family service plan must state whether the family has private insurance coverage and, if the family has such coverage, must have attached to it a copy of the family's insurance identification card or otherwise include all of the following information:

(1) The name, address, and telephone number of the insurance carrier.

(2) The contract number and policy number of the insurance plan.

(3) The name, address, and social security number of the primary insured.

(4) The beginning date of the insurance benefit year.

(g) A copy of the individualized family service plan must be provided to each enrolled provider who is providing early intervention services to the child who is the subject of that plan.

(h) Children receiving services under this Act shall receive a smooth and effective transition by their third birthday consistent with federal regulations adopted pursuant to Sections 1431 through 1444 of Title 20 of the United States Code. Beginning July 1, 2022, children who receive early intervention services prior to their third birthday and are found eligible for an individualized education program under the Individuals with Disabilities Education Act, 20 U.S.C. 1414(d)(1)(A), and under Section 14-8.02 of the School Code and whose birthday falls between May 1 and August 31 may

continue to receive early intervention services until the beginning of the school year following their third birthday in order to minimize gaps in services, ensure better continuity of care, and align practices for the enrollment of preschool children with special needs to the enrollment practices of typically developing preschool children.

(Source: P.A. 101-654, eff. 3-8-21.)

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