

HB4986



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB4986

by Rep. Nabeela Syed

SYNOPSIS AS INTRODUCED:

215 ILCS 5/356z.22

Amends the Illinois Insurance Code. Removes language providing that provisions concerning reimbursement for certain telehealth services are inoperative on and after January 1, 2028.

LRB104 15321 BAB 28475 b

A BILL FOR

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 "Asynchronous store and forward system" has the meaning
10 given to that term in Section 5 of the Telehealth Act.

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

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

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

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

3 "Interactive telecommunications system" has the meaning
4 given to that term in Section 5 of the Telehealth Act. As used
5 in this Section, "interactive telecommunications system" does
6 not include virtual check-ins.

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

9 "Telehealth services" has the meaning given to that term
10 in Section 5 of the Telehealth Act. As used in this Section,
11 "telehealth services" do not include asynchronous store and
12 forward systems, remote patient monitoring technologies,
13 e-visits, or virtual check-ins.

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

16 (b) An individual or group policy of accident or health
17 insurance that is amended, delivered, issued, or renewed on or
18 after the effective date of this amendatory Act of the 102nd
19 General Assembly shall cover telehealth services, e-visits,
20 and virtual check-ins rendered by a health care professional
21 when clinically appropriate and medically necessary to
22 insureds, enrollees, and members in the same manner as any
23 other benefits covered under the policy. An individual or
24 group policy of accident or health insurance may provide
25 reimbursement to a facility that serves as the originating
26 site at the time a telehealth service is rendered.

1 (c) To ensure telehealth service, e-visit, and virtual
2 check-in access is equitable for all patients in receipt of
3 health care services under this Section and health care
4 professionals and facilities are able to deliver medically
5 necessary services that can be appropriately delivered via
6 telehealth within the scope of their licensure or
7 certification, coverage required under this Section shall
8 comply with all of the following:

9 (1) An individual or group policy of accident or
10 health insurance shall not:

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

14 (B) require patients, health care professionals,
15 or facilities to prove or document a hardship or
16 access barrier to an in-person consultation for
17 coverage and reimbursement of telehealth services,
18 e-visits, or virtual check-ins;

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

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

25 (E) require a health care professional to be
26 physically present in the same room as the patient at

1 the originating site, unless deemed medically
2 necessary by the health care professional providing
3 the telehealth service;

4 (F) create geographic or facility restrictions or
5 requirements for telehealth services, e-visits, or
6 virtual check-ins;

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

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

15 (I) impose upon telehealth services, e-visits, or
16 virtual check-ins utilization review requirements that
17 are unnecessary, duplicative, or unwarranted or impose
18 any treatment limitations, prior authorization,
19 documentation, or recordkeeping requirements that are
20 more stringent than the requirements applicable to the
21 same health care service when rendered in-person,
22 except procedure code modifiers may be required to
23 document telehealth.

24 (2) Deductibles, copayments, coinsurance, or any other
25 cost-sharing applicable to services provided through
26 telehealth shall not exceed the deductibles, copayments,

1 coinsurance, or any other cost-sharing required by the
2 individual or group policy of accident or health insurance
3 for the same services provided through in-person
4 consultation.

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

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

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

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

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

3 (g) An individual or group policy of accident or health
4 insurance that is amended, delivered, issued, or renewed on or
5 after the effective date of this amendatory Act of the 102nd
6 General Assembly shall provide coverage for telehealth
7 services for licensed dietitian nutritionists and certified
8 diabetes educators who counsel diabetes patients in the
9 diabetes patients' homes to remove the hurdle of
10 transportation for diabetes patients to receive treatment, in
11 accordance with the Dietitian Nutritionist Practice Act.

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

17 (i) Health care professionals and facilities shall
18 determine the appropriateness of specific sites, technology
19 platforms, and technology vendors for a telehealth service, as
20 long as delivered services adhere to all federal and State
21 privacy, security, and confidentiality laws, rules, or
22 regulations, including, but not limited to, the Health
23 Insurance Portability and Accountability Act of 1996 and the
24 Mental Health and Developmental Disabilities Confidentiality
25 Act.

26 (j) Nothing in this Section shall be deemed as precluding

1 a health insurer from providing benefits for other telehealth
2 services, including, but not limited to, services not required
3 for coverage provided through an asynchronous store and
4 forward system, remote patient monitoring services, other
5 monitoring services, or oral communications otherwise covered
6 under the policy.

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

12 (l) The Department may adopt rules, including emergency
13 rules subject to the provisions of Section 5-45 of the
14 Illinois Administrative Procedure Act, to implement the
15 provisions of this Section.

16 (Source: P.A. 102-104, eff. 7-22-21.)