

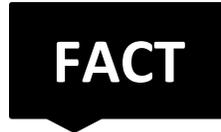
Support House Bill 3498 to Protect Access to Telehealth

Chief Sponsors: Sen. Mattie Hunter, Rep. Deb Conroy

Chief Co-Sponsors Sen. Patricia Van Pelt, Sen. Doris Turner, Sen. Laura M. Murphy, Sen. Dale Fowler,
Rep. Greg Harris, Rep. Norine K. Hammond, Rep. Ryan Spain and Rep. Bob Morgan



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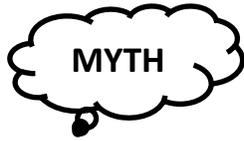


Wouldn't a 5-10 minute phone call be paid like a full office visit?	<ul style="list-style-type: none"> ✓ No. Insurance is only required to pay for telehealth when you and your doctor determine it is safe <u>and</u> best meets your care needs. ✓ A quick call to your doctor isn't paid like an office visit. <u>In fact, a 5-minute call that costs \$25 could avoid a \$200 visit.</u>
Can't we just start with behavioral health? Physical health issues can wait.	<ul style="list-style-type: none"> ✓ No. Individuals living with serious behavioral health conditions die on average <u>10 to 25 years earlier</u> than the general population. ✓ The majority of these deaths are due to chronic <u>physical</u> conditions and a high percentage are among Black, LatinX and people of color. ✓ With more attentive checks for physical health, through the use of telehealth, many of these deaths can be <u>prevented</u>.^{1,2}
Won't the coverage and payment requirements interfere with private contract negotiations?	<ul style="list-style-type: none"> ✓ No. HB 3498 does not require an insurer to contract with a particular clinician, nor does it interfere with private payment negotiations. The same payment is required only if the care could also be provided in-person, but you and your doctor choose telehealth instead. ✓ HB 3498 gives patients the option of receiving existing covered services virtually, when clinically appropriate. ✓ Value-based contracts can incorporate telehealth in the same manner as in-person care.
Won't use of healthcare skyrocket, which will increase costs for the consumer?	<ul style="list-style-type: none"> ✓ No. Insurers will know when a service is delivered via telehealth and can deny reimbursement if the care should have been provided in-person. ✓ Insurers can still impose deductibles, copayments, and/or co-insurance, as long as they are not more than those charged for in-person care. ✓ The Taskforce on Telehealth Policy found that total healthcare use remained steady nationwide during the 2020 telehealth expansion; it did not increase demand. Moreover, enhanced access to telehealth care did not lead to duplicative care.³

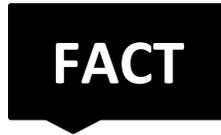
¹ World Health Organization. Retrieved on April 28, 2021, from: https://www.who.int/mental_health/management/info_sheet.pdf

² U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Retrieved on April 28, 2021, from: <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>

³ National Committee for Quality Assurance, Alliance for Connected Care and American Telemedicine Association. Retrieved on April 28, 2021, from: <https://www.ncqa.org/programs/data-and-information-technology/telehealth/taskforce-on-telehealth-policy/taskforce-on-telehealth-policy-findings-and-recommendations-telehealth-effect-on-total-cost-of-care/>



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<p>Why don't we form a task force to explore payment parity?</p>	<ul style="list-style-type: none"> ✓ We did. In 2018, the Lieutenant Governor and Director of Healthcare and Family Services presented Governor Rauner with formal recommendations. ✓ The task force's telehealth coverage and payment recommendations <u>mirrored HB 3498</u>, except private insurance was exempted from the discussion. The task force recommendations were completely ignored.
<p>Won't payers simply choose to cover telehealth without government stepping in?</p>	<ul style="list-style-type: none"> ✓ No. We took this hands-off, market-based approach prior to the pandemic and it didn't work, which is precisely why coverage and payment protections were needed during the pandemic. ✓ When the market fails, the government should step in to protect consumers. The same payment for the same services allows the healthcare community to make virtual care easy for patients to access. ✓ Without fair reimbursement beyond the pandemic, patients will <u>abruptly</u> lose access to care—<u>care they like</u>.
<p>Isn't the quality of in-person care better than telehealth care?</p>	<ul style="list-style-type: none"> ✓ No. In 2020, the federal Agency for Healthcare Research and Quality provided a systematic review of studies on telehealth and patient safety, demonstrating that care delivered via telehealth is of high-quality and comparable to in-person care.⁴ ✓ Surveys of patients and healthcare professionals indicate <u>broad support</u> for telehealth. Patients like telehealth and should be able to <u>choose it</u>.⁵

For more information about House Bill 3498, go to the Coalition to Protect Telehealth's website: <https://protectillinoisitelehealth.org>

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⁴ U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. Retrieved on April 28, 2021, from: <https://www.ahrq.gov/patient-safety/reports/issue-briefs/teledx-2.html>

⁵ Better Medicare Alliance. Retrieved on April 28, 2021, from: <https://www.bettermedicarealliance.org/wp-content/uploads/2020/06/BMA-Memo-CT-D23.pdf>