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Healthcare Providers, Advocates Urge General Assembly to Protect Telehealth

Legislation Needed for Continued Safe Access to Quality, Affordable Care Beyond COVID-19 Pandemic



Springfield—The Coalition to Protect Our Telehealth, a diverse group of Illinois healthcare providers, professionals and patient advocates, is urging the General Assembly to protect innovative telehealth approaches, so Illinoisans can continue to safely access and receive critically needed quality, affordable care beyond the COVID-19 pandemic.



The Coalition to Protect Our Telehealth includes: AARP Illinois; American Nurses Association-Illinois; Association of Community Mental Health Authorities of Illinois; Health Care Council of Illinois; Illinois Association for Behavioral Health; Illinois Critical Access Hospital Network; Illinois Health and Hospital Association; Illinois Health Care Association; Illinois Occupational Therapy Association; Illinois Primary Health Care Association; Illinois Psychiatric Society; Illinois Society of Advanced Practice Nursing; Illinois State Medical Society; The Kennedy Forum; and LeadingAge.



In a letter to members of the General Assembly, the Coalition writes:



“Early in the pandemic, Governor Pritzker and the Department of Healthcare and Family Services temporarily lifted longstanding barriers to service access via telehealth for commercial health plans and Medicaid. In response, healthcare providers rapidly invested in new technology, adjusted clinical workflows and educated staff, patients, and clinicians on telehealth delivery.



“Absent action from the Illinois General Assembly, providers and professionals will not have the certainty they need to continue to invest in and utilize new care delivery tools, and Illinois residents will abruptly lose access to the telehealth services they have relied on during the pandemic. To ensure continued investment in the most effective and efficient technologies and, moreover, patient access to telehealth services, providers, professionals and patients need assurance that key flexibilities authorized during the pandemic will continue beyond its end. Therefore, we seek your support in making these significant changes to telehealth delivery permanent.”



The Coalition also states that telehealth reform legislation – which guarantees both coverage parity and payment parity with in-person services – should be based on these key guiding principles:



1. Patients shall not be required to prove a hardship or access barrier in order to receive telehealth services.



2. Patients shall not be required to use a separate panel of practitioners or providers to receive telehealth services.



3. State regulated public and private health plans shall provide payment and coverage parity for telehealth services in the same manner as for in-person covered services.
4. State regulated public and private health plans shall not:
 - a. Negotiate different contract rates for telehealth and in-person services;
 - b. Require in-network providers to offer or provide telehealth services;
 - c. Require patients to use telehealth services instead of receiving in-person services; and
 - d. Place conditions, treatment limitations and requirements on telehealth such as utilization management criteria, documentation or recordkeeping that are more restrictive or stringently applied than those established for in-person services.
5. Providers shall deliver services within the scope of their license or certification, unencumbered by geographic or facility restrictions for any services delivered via telehealth.
6. Providers shall be permitted to provide distant site services as long as they are licensed, registered, certified, or authorized to provide those services in Illinois.
7. Providers, with their patients, shall determine which healthcare services and modes of virtual communication are most appropriate for delivery via telehealth.
8. Originating site locations, including the patient's home, in accordance with COVID-19 [Executive Order No. 7](#) (EO 2020-09, March 19, 2020) shall be permitted.
9. Providers and practitioners shall determine the appropriateness of specific sites and technology platforms/vendors for a telehealth encounter, as long as delivered services adhere to privacy laws.
10. Support investments in telehealth technology by reimbursing a facility fee to a facility or other provider organization that acts as the originating site (location where patient is located) at the time telehealth services are provided.

According to a [federal report](#) published in July, almost half (46.9 percent) of Medicare fee-for-service primary care visits in Illinois were provided via telehealth in April, compared with an average of less than 1 percent before the COVID-19 public health emergency was declared. In Chicago, an even greater increase in telehealth use was observed (52.4 percent). [Medicare Advantage plans](#) found that 91 percent of seniors reported a favorable experience with telehealth during this period, offering critical insight to the rapid acceptance of technology by a vulnerable and increasing segment of the population. Even as in-person visits have resumed, telehealth use has remained at a persistent and significant level (19.9 percent by the beginning of June), with strong indication from patients, providers and professionals that this flexibility to access care must be maintained permanently.

Even [before the COVID-19 Public Health Emergency](#), 36 states had coverage parity policies and 16 states had payment parity for commercial health plans, but Illinois did not require either. For Medicaid, 21 states had coverage parity policies and 28 states had payment parity. While Illinois offers limited Medicaid coverage for telehealth services, it has no laws that direct the Medicaid program to treat telehealth and in-person services the same for these purposes.

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For more information, contact:

Vikki Ortiz, [AARP Illinois](#), 312-956-4117, vortiz@aarp.org

Susan Y. Swart, [American Nurses Association-Illinois](#), 815-468-8804, susan@sysconsultingsolutions.com

Scott Block, [Association of Community Mental Health Authorities of Illinois](#), 815-788-4364, sblock@mc708.org

Amanda Ginther, [Health Care Council of Illinois](#), 217-544-4224, aginther@hccil.org

Jud DeLoss, [Illinois Association for Behavioral Health](#), 217.528.7335 ext. 11, Jud@ilabh.org

Pat Schou, [Illinois Critical Access Hospital Network](#), 815-875-2999, pschou@icahn.org

Danny Chun, [Illinois Health and Hospital Association](#), 630-276-5558, dchun@team-iha.org

Matt Hartman/Jackie Webb, [Illinois Health Care Association](#), 217-528-6455, JWebb@IHCA.com

Anne Kiraly-Alvarez, [Illinois Occupational Therapy Association](#), 708-452-7640, president@ilota.org

Cyrus Winnett, [Illinois Primary Health Care Association](#), 217-541-7374, cwinnett@iphca.org

Meryl Sosa, [Illinois Psychiatric Society](#), 312-224-2600, msosa@ilpsych.org

Susan Y. Swart, [Illinois Society of Advanced Practice Nursing](#), 815-468-8804, susan@sysconsultingsolutions.com

John Maszinski, [Illinois State Medical Society](#), 312-580-6440, johnmaszinski@isms.org

David T. Applegate, [The Kennedy Forum](#), 847-226-5596, dapplegate@thekennedyforum.org

Kirk Riva, [LeadingAge](#), 217-789-1677, riva@leadingageil.org