September 28, 2020

The Honorable Gregory Harris
Illinois House of Representatives
300 Capitol Building
Springfield, IL 62706

Dear Leader Harris,

As a diverse coalition of healthcare providers, professionals and patient advocates united to curb the spread of novel coronavirus disease 2019 (COVID-19), we commend you for your ongoing support of innovative approaches to enhance critical access to healthcare services during the pandemic, ensuring the safety of all Illinoisans. Early in the COVID-19 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 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, and offer the principles outlined in Attachment A to assist with legislative reform.**

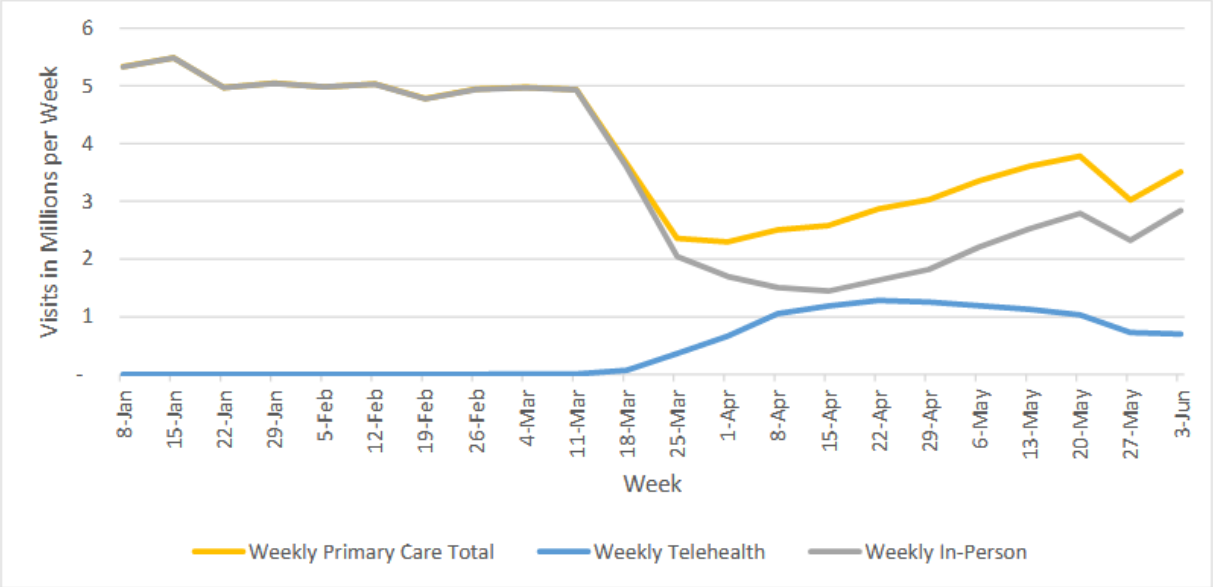
*Recent Utilization & Acceptance*

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 public health emergency (PHE) was declared. In Chicago alone, an even greater uptick in telehealth use was observed (52.4 percent). The vast majority (91 percent) of seniors enrolled in Medicare Advantage plans 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 and providers that this flexibility to access care must be maintained permanently.**

*Coverage & Payment Parity*

To ensure that telehealth continues to be provided after the COVID-19 pandemic for accessible, safe and reliable care that improves patient outcomes, **we need action by the General Assembly on both coverage and payment parity with in-person services**. **Telehealth must be reimbursed at the same rate as in-person care.** Payment parity is the linchpin to removing existing barriers to patient access and provider adoption, paving the way for the widespread implementation of telehealth. By allowing insurers to negotiate separate in-person and telehealth payment rates, particularly as premiums continue to rise, insurers will profit at substantial expense to patients, providers, professionals and employers.

Patient visits to ambulatory and physician practices and hospitals have declined substantially during the pandemic and remain much lower than they were pre-pandemic. However, **telehealth has not come close to replacing in-person care**. The below graph demonstrates primary care visits for fee-for-service Medicare beneficiaries (visits in millions per week), which aligns with service use for dually enrolled Medicare and Medicaid beneficiaries and high cost beneficiaries:




Source: Medicare claims data up to June 3rd, available as of June 16.

It is unlikely that in-person visits will return to pre-pandemic levels, as patients remain concerned about the spread of the virus and have become accustomed to and appreciate telehealth and the flexibility it provides.

Even before the COVID-19 Public Health Emergency, 36 states had coverage parity policies and 16 states had payment parity for commercial health plans. Illinois did not require either. For Medicaid, 21 states had coverage parity policies and 28 states had payment parity. While Illinois offered 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.

**Without telehealth coverage and payment parity for Medicaid and commercial insurance, Illinois health plans can reimburse providers at unsustainably low rates or choose not to cover services at all, stifling flexible access to services and investments in virtual technologies that have been rapidly adopted and accepted this year.**

*Healthcare Quality*
Quality analyses from other states and reputable third-party study projections indicate that telehealth coverage expansion can improve access to care by avoiding emergency department visits, hospital admissions and unnecessary transportation. In 2019, **a federal systematic review of telehealth for acute and chronic care consultations found that telehealth produces generally either better outcomes or no difference from in-person visits** in the settings and clinical indications studied. In particular:

- Remote inpatient intensive care unit consultations likely reduce mortality;
- Specialty telehealth consultations likely reduce patient time in the emergency department;
- Telehealth consultations in emergency services likely reduce heart attack mortality; and
- Remote consultations for outpatient care likely improve access and clinical outcomes.

If you have any questions or comments in the meantime, please contact any of us. Again, we stand ready to work with you to support and protect the health of all Illinois residents.

Sincerely,

*Bob Gallo*
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*American Association of Retired Persons, AARP*

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**CC:** Sol Flores, Deputy Governor, State of Illinois
Christian Mitchell, Deputy Governor, State of Illinois
Theresa Eagleson, Director, Illinois Department of Healthcare and Family Services
Ngozi O. Ezike, M.D, Director, Illinois Department of Public Health
Deborah Hagan, Secretary, Illinois Department of Financial and Professional Regulation
Grace B. Hou, Secretary, Illinois Department of Human Services
Robert Muriel, Director, Illinois Department of Insurance

**Attachment A**

Telehealth Principles for Legislative Reform

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 health care 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, 03/19/20) 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.