

SUGGESTED TALKING POINTS ON TELEHEALTH

- The Coalition to Protect Our Telehealth, a diverse group of Illinois healthcare providers and patient advocates, is urging the General Assembly to protect innovative telehealth approaches, so Illinoisans can continue to safely access critically needed quality, affordable care beyond the COVID-19 pandemic.
- 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.
- To ensure that accessible, safe and reliable telehealth care that improves patient outcomes and continues to be provided after the COVID-19 pandemic, we need the General Assembly to pass legislation on both coverage parity 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.
- Without legislative 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.
- Telehealth reform legislation – which guarantees both coverage 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 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, 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.

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 Illinois.

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

- For several years, Illinois has ranked 26th out of the 50 states for overall health, according to ***America's Health Rankings 2019 Annual Report***. Primary reasons for this low ranking are community, environmental and health policies that can be improved, like mandating telehealth coverage to immediately create better access to care at the right time and in the right setting.
 - Example: Illinois ranks 28th out of all 50 states for access to mental health providers. At the same time, suicide death rates for children and young adults aged 10-24 in Illinois increased over 47 percent from 2009 to 2018, according to the ***Centers for Disease Control and Prevention***. Telehealth coverage and payment parity are critical to immediately improve access to care for Illinois youth.

- Social determinants often prevent individuals from being able to access healthcare or achieve health goals. Telehealth can remove access barriers created by social determinants, such as lack of transportation or geographic isolation from healthcare professionals.

- Telehealth coverage must align with in-person coverage, making appropriate patient access to care the priority and removing harmful barriers that shift costs to the patient and healthcare provider or professional. Just like in-person coverage:
 - Patients should have access to their local pediatrician, mental health therapist or even cardiologist, rather than facing a separate telehealth network of out-of-state healthcare providers they have never met before and may never have the opportunity to talk to again.
 - Health insurers will remain in charge of which healthcare providers are in-network, while telehealth coverage ensures that local providers may use technology to deliver care when appropriate and based on patient preference;
 - Healthcare providers must implement risk mitigation strategies in delivering all healthcare, as they face full professional liability on a daily basis if care standards are not achieved; and,
 - Any fraud or abuse can and should be prosecuted to the full extent of the law.

- Fraud and abuse

It is paramount to understand these are extreme cases that could be interpreted as demonstrating how ready payers, our state and federal government are to provide oversight that mirrors in-person service oversight, efficiently preventing and prosecuting any fraud related to telehealth