



Telehealth Policy to Transform Healthcare

March 26, 2026

The Honorable Bob Morgan
Chairperson, House Health Care Licenses Committee
519-A Stratton Office Building
Springfield, IL 62706

RE: ATA ACTION COMMENTS ON HB 5003

Dear Chair Morgan and members of the House Health Care Licenses Committee,

On behalf of ATA Action, I am writing to provide our comments regarding HB 5003 and encourage the committee to take this opportunity to make further, critical amendments to the Wellness and Oversight for Psychological Resources Act (the Act).

ATA Action is the affiliated policy and legislative advocacy arm of the American Telemedicine Association. ATA Action is the leading advocacy organization dedicated to advancing policy and accelerating the adoption of technology-enabled healthcare. Working collaboratively with federal and state legislators and policymakers, our organization drives industry momentum by influencing legislative and regulatory developments in telehealth, virtual care, remote patient monitoring, artificial intelligence in health, health data privacy, private sector healthcare investment, and more. We represent a diverse membership – including hospital systems, technology companies, professional associations, direct-to-consumer digital health providers, payers, pharmaceutical manufacturers, digital therapeutics developers, and remote monitoring organizations.

ATA Action supports the amendments HB 5003 to the Wellness and Oversight for Psychological Resources Act to ensure that qualified research programs can continue to conduct research involving artificial intelligence-assisted therapy. However, we do not understand why this same exemption would not be extended to those Food and Drug Administration (FDA) cleared devices and systems that this very (exempted) research would support or develop. The bill paradoxically would allow patients to access software in development phase but then prohibit patients from accessing software once it's reached the higher threshold of FDA clearance. The opportunity should be taken to make necessary amendments to the Act to take into account FDA cleared devices, particularly FDA-cleared digital therapeutics that are already being used by patients in Illinois.

FDA-regulated digital therapeutics, as well as FDA-regulated software as a medical device products, are held to rigorous standards, including quality management systems, cybersecurity requirements and mandatory adverse event reporting, ensuring both safety and efficacy. The FDA cleared its first prescription digital therapeutic in 2017 and has since approved more than 20 through this rigorous review process under both the Biden and Trump administrations. These products undergo clinical validation, are subject to pre- and post-market oversight and involve regulated healthcare practitioners as gatekeepers, protecting patients throughout the care process. In contrast, unregulated mobile health apps operate without these safeguards, rely only on general consumer protections, and may compromise patient data while making unproven health claims. Maintaining the distinction between regulated and unregulated products is essential to protect patients while allowing safe, evidence-based digital interventions to thrive. Indeed, given the existing federal oversight, Colorado's AI Act -- the country's first comprehensive AI law -- exempts high-risk AI systems already approved, authorized, or certified by the FDA. We have

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prepared two different options to address this issue. The first would be our preferred option and the second option is inspired by language included in the recently introduced California SB 903.¹

Option 1:

Section 35. Exceptions. This Act does not apply to the following:

- (1) religious counseling;
- (2) peer support; **and**
- (3) self-help materials and educational resources that are available to the public and do not purport to offer; **and**

(4) an artificial intelligence tool or system that has been approved, authorized, certified or cleared by the Federal Food and Drug Administration.

Option 2:

Section 20. Prohibition on unauthorized therapy services.

(a) An individual, corporation, or entity may not provide, advertise, or otherwise offer therapy or psychotherapy services, including through the use of Internet-based artificial intelligence, to the public in this State unless the therapy or psychotherapy services are conducted, **ordered or prescribed** by an individual who is a licensed professional.

(b) A licensed professional may use artificial intelligence only to the extent the use meets the requirements of Section 15. A licensed professional may not allow artificial intelligence to do any of the following:

- (1) make independent therapeutic decisions;
- (2) directly interact with clients in any form of therapeutic communication, **unless they are using a product that is cleared by the United States Food and Drug Administration and is compliant with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191);**
- (3) generate therapeutic recommendations or treatment plans without review and approval by the licensed professional; or
- (4) detect emotions or mental states.

While consideration of FDA-cleared products is essential, there are other amendments that should be made to the Act. For example, the Act explicitly states that a physician is not a “licensed professional” for purposes of the Act. Section 20(a) states that only licensed professionals may provide, offer, or advertise for therapy or psychotherapy services. We believe it needs to be made clear that physicians may offer therapy and psychotherapy services. Furthermore, the Act’s definition of “therapy or psychotherapy services” includes not only services that diagnose and treat, but any services that “*improve* an individual’s mental health or behavioral health.” We have concern that the inclusion of “improve” is overly broad and

¹ California Senate Bill 903, 2026.

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SB903



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captures a wide range of resources, products, or services that are not currently provided by licensed professionals and that might improve an individual's mental health. Indeed, the relevant mental health professional associations do not define therapy or psychotherapy, or the requisite scope of practice, so broadly. Given that the Act contains significant requirements and prohibitions about "therapy or psychotherapy services," we believe it is important that this definition is narrowly tailored.

Thank you for your consideration of our comments. We encourage you and your colleagues to take this opportunity to make essential amendments to Wellness and Oversight for Psychological Resources Act in addition to the qualified research program considerations. If you have any questions or would like to discuss the telehealth industry's perspective further, please contact me at hyoung@ataaction.org.

Kind regards,

A handwritten signature in cursive script that reads "Hunter Young".

Hunter Young
Head of State Government Relations
ATA Action