



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

HB5225

Introduced 2/10/2026, by Rep. Natalie A. Manley

#### SYNOPSIS AS INTRODUCED:

215 ILCS 5/356z.14

225 ILCS 110/3

225 ILCS 110/8.4 new

305 ILCS 5/5-30.11

from Ch. 111, par. 7903

Amends the Illinois Speech-Language Pathology and Audiology Practice Act. Allows a speech-language pathologist to diagnose autism spectrum disorders if: (1) the child is under 3 years of age; and (2) the speech-language pathologist is trained in autism diagnostic evaluation methods as part of the curriculum of an approved program, through worksite training, or through continuing education. Provides that if a diagnosis requires a plan of care that includes elements that are outside the scope of practice of a speech-language pathologist, the speech-language pathologist must refer the patient to the appropriate medical personnel for further evaluation or management. Makes conforming changes in the Medical Assistance Article of the Illinois Public Aid Code, and provisions of the Illinois Insurance Code concerning autism spectrum disorders. Effective July 1, 2027.

LRB104 20453 AAS 33918 b

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Insurance Code is amended by  
5 changing Section 356z.14 as follows:

6 (215 ILCS 5/356z.14)

7 Sec. 356z.14. Autism spectrum disorders.

8 (a) A group or individual policy of accident and health  
9 insurance or managed care plan amended, delivered, issued, or  
10 renewed after December 12, 2008 (the effective date of Public  
11 Act 95-1005) must provide individuals under 21 years of age  
12 coverage for the diagnosis of autism spectrum disorders and  
13 for the treatment of autism spectrum disorders to the extent  
14 that the diagnosis and treatment of autism spectrum disorders  
15 are not already covered by the policy of accident and health  
16 insurance or managed care plan.

17 (b) Coverage provided under this Section shall be subject  
18 to a maximum benefit of \$36,000 per year but shall not be  
19 subject to any limits on the number of visits to a service  
20 provider. The Director of Insurance shall, on an annual basis,  
21 adjust the maximum benefit for inflation using the Medical  
22 Care Component of the United States Department of Labor  
23 Consumer Price Index for All Urban Consumers. Payments made by

1 an insurer on behalf of a covered individual for any care,  
2 treatment, intervention, service, or item, the provision of  
3 which was for the treatment of a health condition not  
4 diagnosed as an autism spectrum disorder, shall not be applied  
5 toward any maximum benefit established under this subsection.

6 (c) Coverage under this Section shall be subject to  
7 copayment, deductible, and coinsurance provisions of a policy  
8 of accident and health insurance or managed care plan to the  
9 extent that other medical services covered by the policy of  
10 accident and health insurance or managed care plan are subject  
11 to these provisions.

12 (d) This Section shall not be construed as limiting  
13 benefits that are otherwise available to an individual under a  
14 policy of accident and health insurance or managed care plan  
15 and benefits provided under this Section may not be subject to  
16 dollar limits, deductibles, copayments, or coinsurance  
17 provisions that are less favorable to the insured than the  
18 dollar limits, deductibles, or coinsurance provisions that  
19 apply to physical illness generally.

20 (e) An insurer may not deny or refuse to provide otherwise  
21 covered services, or refuse to renew, refuse to reissue, or  
22 otherwise terminate or restrict coverage under an individual  
23 contract to provide services to an individual because the  
24 individual or the individual's dependent is diagnosed with an  
25 autism spectrum disorder or due to the individual utilizing  
26 benefits in this Section.

1           (e-5) An insurer may not deny or refuse to provide  
2 otherwise covered services under a group or individual policy  
3 of accident and health insurance or a managed care plan solely  
4 because of the location wherein the clinically appropriate  
5 services are provided.

6           (f) Upon request of the insurer, a provider of treatment  
7 for autism spectrum disorders shall furnish medical records,  
8 clinical notes, or other necessary data that substantiate that  
9 initial or continued medical treatment is medically necessary  
10 and is resulting in improved clinical status. When treatment  
11 is anticipated to require continued services to achieve  
12 demonstrable progress, the insurer may request a treatment  
13 plan consisting of diagnosis, proposed treatment by type,  
14 frequency, anticipated duration of treatment, the anticipated  
15 outcomes stated as goals, and the frequency by which the  
16 treatment plan will be updated. Nothing in this subsection  
17 supersedes the prohibition on prior authorization for mental  
18 health treatment under subsection (w) of Section 370c.

19           (g) When making a determination of medical necessity for a  
20 treatment modality for autism spectrum disorders, an insurer  
21 must make the determination in a manner that is consistent  
22 with the manner used to make that determination with respect  
23 to other diseases or illnesses covered under the policy,  
24 including an appeals process. During the appeals process, any  
25 challenge to medical necessity must be viewed as reasonable  
26 only if the review includes a physician with expertise in the

1 most current and effective treatment modalities for autism  
2 spectrum disorders.

3 (h) Coverage for medically necessary early intervention  
4 services must be delivered by certified early intervention  
5 specialists, as defined in 89 Ill. Adm. Code 500 and any  
6 subsequent amendments thereto.

7 (h-5) If an individual has been diagnosed as having an  
8 autism spectrum disorder, meeting the diagnostic criteria in  
9 place at the time of diagnosis, and treatment is determined  
10 medically necessary, then that individual shall remain  
11 eligible for coverage under this Section even if subsequent  
12 changes to the diagnostic criteria are adopted by the American  
13 Psychiatric Association. If no changes to the diagnostic  
14 criteria are adopted after April 1, 2012, and before December  
15 31, 2014, then this subsection (h-5) shall be of no further  
16 force and effect.

17 (h-10) An insurer may not deny or refuse to provide  
18 covered services, or refuse to renew, refuse to reissue, or  
19 otherwise terminate or restrict coverage under an individual  
20 contract, for a person diagnosed with an autism spectrum  
21 disorder on the basis that the individual declined an  
22 alternative medication or covered service when the  
23 individual's health care provider has determined that such  
24 medication or covered service may exacerbate clinical  
25 symptomatology and is medically contraindicated for the  
26 individual and the individual has requested and received a

1 medical exception as provided for under Section 45.1 of the  
2 Managed Care Reform and Patient Rights Act. For the purposes  
3 of this subsection (h-10), "clinical symptomatology" means any  
4 indication of disorder or disease when experienced by an  
5 individual as a change from normal function, sensation, or  
6 appearance.

7 (h-15) If, at any time, the Secretary of the United States  
8 Department of Health and Human Services, or its successor  
9 agency, promulgates rules or regulations to be published in  
10 the Federal Register or publishes a comment in the Federal  
11 Register or issues an opinion, guidance, or other action that  
12 would require the State, pursuant to any provision of the  
13 Patient Protection and Affordable Care Act (Public Law  
14 111-148), including, but not limited to, 42 U.S.C.  
15 18031(d)(3)(B) or any successor provision, to defray the cost  
16 of any coverage outlined in subsection (h-10), then subsection  
17 (h-10) is inoperative with respect to all coverage outlined in  
18 subsection (h-10) other than that authorized under Section  
19 1902 of the Social Security Act, 42 U.S.C. 1396a, and the State  
20 shall not assume any obligation for the cost of the coverage  
21 set forth in subsection (h-10).

22 (i) As used in this Section:

23 "Autism spectrum disorders" means pervasive developmental  
24 disorders as defined in the most recent edition of the  
25 Diagnostic and Statistical Manual of Mental Disorders,  
26 including autism, Asperger's disorder, and pervasive

1 developmental disorder not otherwise specified.

2 "Diagnosis of autism spectrum disorders" means one or more  
3 tests, evaluations, or assessments to diagnose whether an  
4 individual has autism spectrum disorder that is prescribed,  
5 performed, or ordered by (A) a physician licensed to practice  
6 medicine in all its branches, ~~or~~ (B) a licensed clinical  
7 psychologist with expertise in diagnosing autism spectrum  
8 disorders, or (C) a licensed speech-language pathologist with  
9 expertise in diagnosing autism spectrum disorders.

10 "Medically necessary" means any care, treatment,  
11 intervention, service, or item which will or is reasonably  
12 expected to do any of the following: (i) prevent the onset of  
13 an illness, condition, injury, disease, or disability; (ii)  
14 reduce or ameliorate the physical, mental, or developmental  
15 effects of an illness, condition, injury, disease, or  
16 disability; or (iii) assist to achieve or maintain maximum  
17 functional activity in performing daily activities.

18 "Treatment for autism spectrum disorders" shall include  
19 the following care prescribed, provided, or ordered for an  
20 individual diagnosed with an autism spectrum disorder by (A) a  
21 physician licensed to practice medicine in all its branches or  
22 (B) a certified, registered, or licensed health care  
23 professional with expertise in treating effects of autism  
24 spectrum disorders when the care is determined to be medically  
25 necessary and ordered by a physician licensed to practice  
26 medicine in all its branches:

1           (1) Psychiatric care, meaning direct, consultative, or  
2 diagnostic services provided by a licensed psychiatrist.

3           (2) Psychological care, meaning direct or consultative  
4 services provided by a licensed psychologist.

5           (3) Habilitative or rehabilitative care, meaning  
6 professional, counseling, and guidance services and  
7 treatment programs, including applied behavior analysis,  
8 that are intended to develop, maintain, and restore the  
9 functioning of an individual. As used in this subsection  
10 (i), "applied behavior analysis" means the design,  
11 implementation, and evaluation of environmental  
12 modifications using behavioral stimuli and consequences to  
13 produce socially significant improvement in human  
14 behavior, including the use of direct observation,  
15 measurement, and functional analysis of the relations  
16 between environment and behavior.

17           (4) Therapeutic care, including behavioral, speech,  
18 occupational, and physical therapies that provide  
19 treatment in the following areas: (i) self care and  
20 feeding, (ii) pragmatic, receptive, and expressive  
21 language, (iii) cognitive functioning, (iv) applied  
22 behavior analysis, intervention, and modification, (v)  
23 motor planning, and (vi) sensory processing.

24           (j) Rulemaking authority to implement this amendatory Act  
25 of the 95th General Assembly, if any, is conditioned on the  
26 rules being adopted in accordance with all provisions of the

1 Illinois Administrative Procedure Act and all rules and  
2 procedures of the Joint Committee on Administrative Rules; any  
3 purported rule not so adopted, for whatever reason, is  
4 unauthorized.

5 (Source: P.A. 103-154, eff. 6-30-23; 104-28, eff. 1-1-26;  
6 104-417, eff. 8-15-25.)

7 Section 10. The Illinois Speech-Language Pathology and  
8 Audiology Practice Act is amended by changing Section 3 and by  
9 adding Section 8.4 as follows:

10 (225 ILCS 110/3) (from Ch. 111, par. 7903)

11 (Section scheduled to be repealed on January 1, 2028)

12 Sec. 3. Definitions. The following words and phrases shall  
13 have the meaning ascribed to them in this Section unless the  
14 context clearly indicates otherwise:

15 (a) "Department" means the Department of Financial and  
16 Professional Regulation.

17 (b) "Secretary" means the Secretary of Financial and  
18 Professional Regulation.

19 (c) "Board" means the Board of Speech-Language Pathology  
20 and Audiology established under Section 5 of this Act.

21 (d) "Speech-Language Pathologist" means a person who has  
22 received a license pursuant to this Act and who engages in the  
23 practice of speech-language pathology.

24 (e) "Audiologist" means a person who has received a

1 license pursuant to this Act and who engages in the practice of  
2 audiology.

3 (f) "Public member" means a person who is not a health  
4 professional. For purposes of board membership, any person  
5 with a significant financial interest in a health service or  
6 profession is not a public member.

7 (g) "The practice of audiology" is the application of  
8 nonsurgical methods and procedures for the screening,  
9 identification, measurement, monitoring, testing, appraisal,  
10 prediction, interpretation, habilitation, rehabilitation, or  
11 instruction related to audiologic or vestibular disorders,  
12 including hearing and disorders of hearing. These procedures  
13 are for the purpose of counseling, consulting and rendering or  
14 offering to render services or for participating in the  
15 planning, directing or conducting of programs that are  
16 designed to modify communicative disorders involving speech,  
17 language, auditory, or vestibular function related to hearing  
18 loss. The practice of audiology may include, but shall not be  
19 limited to, the following:

20 (1) any task, procedure, act, or practice that is  
21 necessary for the evaluation and management of audiologic,  
22 hearing, or vestibular function, including, but not  
23 limited to, neurophysiologic intraoperative monitoring of  
24 the seventh or eighth cranial nerve function;

25 (2) training in the use of amplification devices;

26 (3) the evaluation, fitting, dispensing, or servicing

1 of hearing instruments and auditory prosthetic devices,  
2 such as cochlear implants, auditory osseointegrated  
3 devices, and brainstem implants;

4 (4) cerumen removal;

5 (5) performing basic speech and language screening  
6 tests and procedures consistent with audiology training;  
7 and

8 (6) performing basic health screenings in accordance  
9 with Section 8.3 of this Act.

10 (h) "The practice of speech-language pathology" is the  
11 application of nonmedical methods and procedures for the  
12 identification, measurement, testing, appraisal, prediction,  
13 habilitation, rehabilitation, and modification related to  
14 communication development, and disorders or disabilities of  
15 speech, language, voice, swallowing, and other speech,  
16 language and voice related disorders. These procedures are for  
17 the purpose of counseling, consulting and rendering or  
18 offering to render services, or for participating in the  
19 planning, directing or conducting of programs that are  
20 designed to modify communicative disorders and conditions in  
21 individuals or groups of individuals involving speech,  
22 language, voice and swallowing function.

23 "The practice of speech-language pathology" shall include,  
24 but shall not be limited to, the following:

25 (1) hearing screening tests and aural rehabilitation  
26 procedures consistent with speech-language pathology

1 training;

2 (2) tasks, procedures, acts or practices that are  
3 necessary for the evaluation of, and training in the use  
4 of, augmentative communication systems, communication  
5 variation, cognitive rehabilitation, non-spoken language  
6 production and comprehension;

7 (3) the use of rigid or flexible laryngoscopes for the  
8 sole purpose of observing and obtaining images of the  
9 pharynx and larynx in accordance with Section 9.3 of this  
10 Act; ~~and~~

11 (4) performing basic health screenings in accordance  
12 with Section 8.3 of this Act; and-

13 (5) diagnosing autism spectrum disorders in accordance  
14 with Section 8.4 of this Act.

15 (i) "Speech-language pathology assistant" means a person  
16 who has received a license pursuant to this Act to assist a  
17 speech-language pathologist in the manner provided in this  
18 Act.

19 (j) "Physician" means a physician licensed to practice  
20 medicine in all its branches under the Medical Practice Act of  
21 1987.

22 (k) "Email address of record" means the designated email  
23 address recorded by the Department in the applicant's  
24 application file or the licensee's license file, as maintained  
25 by the Department's licensure maintenance unit.

26 (l) "Address of record" means the designated address

1 recorded by the Department in the applicant's or licensee's  
2 application file or license file as maintained by the  
3 Department's licensure maintenance unit.

4 (m) "Neurophysiologic intraoperative monitoring" means the  
5 process of continual testing and interpretation of test  
6 results using electrodiagnostic modalities to monitor the  
7 seventh and eighth cranial nerve function during a surgical  
8 procedure. Neurophysiologic intraoperative monitoring does not  
9 include testing and interpretation of test results using  
10 electrodiagnostic modalities to monitor the spinal cord,  
11 peripheral nerves (other than the seventh and eighth cranial  
12 nerve), cerebral hemispheres, or brainstem. Neurophysiologic  
13 intraoperative monitoring may be performed by an audiologist  
14 only if authorized by the physician performing the surgical  
15 procedure.

16 (Source: P.A. 100-530, eff. 1-1-18.)

17 (225 ILCS 110/8.4 new)

18 Sec. 8.4. Diagnosing autism spectrum disorders. A  
19 speech-language pathologist may diagnose autism spectrum  
20 disorders if:

21 (1) the child is under 3 years of age; and

22 (2) the speech-language pathologist is trained in  
23 autism diagnostic evaluation methods:

24 (A) as part of the curriculum of an approved  
25 program;

1                   (B) through worksite training; or

2                   (C) through continuing education.

3           If a diagnosis requires a plan of care that includes  
4 elements that are outside the scope of practice of a  
5 speech-language pathologist, the speech-language pathologist  
6 must refer the patient to the appropriate medical personnel  
7 for further evaluation or management.

8           Section 15. The Illinois Public Aid Code is amended by  
9 changing Section 5-30.11 as follows:

10           (305 ILCS 5/5-30.11)

11           Sec. 5-30.11. Treatment of autism spectrum disorder.  
12 Treatment of autism spectrum disorder through applied behavior  
13 analysis shall be covered under the medical assistance program  
14 under this Article for children with a diagnosis of autism  
15 spectrum disorder when (1) ordered by a physician licensed to  
16 practice medicine in all its branches, ~~or~~ or a psychologist  
17 licensed by the Department of Financial and Professional  
18 Regulation, or a speech-language pathologist licensed by the  
19 Department of Financial and Professional Regulation and (2)  
20 evaluated by a behavior analyst as recognized by the  
21 Department or licensed by the Department of Financial and  
22 Professional Regulation to practice applied behavior analysis  
23 in this State. Such coverage may be limited to age ranges based  
24 on evidence-based best practices. Appropriate State plan

1 amendments as well as rules regarding provision of services  
2 and providers will be submitted by September 1, 2019. Pursuant  
3 to the flexibilities allowed by the federal Centers for  
4 Medicare and Medicaid Services to Illinois under the Medical  
5 Assistance Program, the Department shall enroll and reimburse  
6 qualified staff to perform applied behavior analysis services  
7 in advance of Illinois licensure activities performed by the  
8 Department of Financial and Professional Regulation. These  
9 services shall be covered if they are provided in a home or  
10 community setting or in an office-based setting. The  
11 Department may conduct annual on-site reviews of the services  
12 authorized under this Section. Provider enrollment shall occur  
13 no later than September 1, 2023.

14 (Source: P.A. 102-558, eff. 8-20-21; 102-953, eff. 5-27-22;  
15 103-102, eff. 7-1-23.)

16 Section 99. Effective date. This Act takes effect July 1,  
17 2027.