



Rep. Natalie A. Manley

Filed: 3/24/2026

10400HB5225ham002

LRB104 20453 CCC 35738 a

1 AMENDMENT TO HOUSE BILL 5225

2 AMENDMENT NO. _____. Amend House Bill 5225 by replacing
3 everything after the enacting clause with the following:

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.

1 (b) Coverage provided under this Section shall be subject
2 to a maximum benefit of \$36,000 per year but shall not be
3 subject to any limits on the number of visits to a service
4 provider. The Director of Insurance shall, on an annual basis,
5 adjust the maximum benefit for inflation using the Medical
6 Care Component of the United States Department of Labor
7 Consumer Price Index for All Urban Consumers. Payments made by
8 an insurer on behalf of a covered individual for any care,
9 treatment, intervention, service, or item, the provision of
10 which was for the treatment of a health condition not
11 diagnosed as an autism spectrum disorder, shall not be applied
12 toward any maximum benefit established under this subsection.

13 (c) Coverage under this Section shall be subject to
14 copayment, deductible, and coinsurance provisions of a policy
15 of accident and health insurance or managed care plan to the
16 extent that other medical services covered by the policy of
17 accident and health insurance or managed care plan are subject
18 to these provisions.

19 (d) This Section shall not be construed as limiting
20 benefits that are otherwise available to an individual under a
21 policy of accident and health insurance or managed care plan
22 and benefits provided under this Section may not be subject to
23 dollar limits, deductibles, copayments, or coinsurance
24 provisions that are less favorable to the insured than the
25 dollar limits, deductibles, or coinsurance provisions that
26 apply to physical illness generally.

1 (e) An insurer may not deny or refuse to provide otherwise
2 covered services, or refuse to renew, refuse to reissue, or
3 otherwise terminate or restrict coverage under an individual
4 contract to provide services to an individual because the
5 individual or the individual's dependent is diagnosed with an
6 autism spectrum disorder or due to the individual utilizing
7 benefits in this Section.

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

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

26 (g) When making a determination of medical necessity for a

1 treatment modality for autism spectrum disorders, an insurer
2 must make the determination in a manner that is consistent
3 with the manner used to make that determination with respect
4 to other diseases or illnesses covered under the policy,
5 including an appeals process. During the appeals process, any
6 challenge to medical necessity must be viewed as reasonable
7 only if the review includes a physician with expertise in the
8 most current and effective treatment modalities for autism
9 spectrum disorders.

10 (h) Coverage for medically necessary early intervention
11 services must be delivered by certified early intervention
12 specialists, as defined in 89 Ill. Adm. Code 500 and any
13 subsequent amendments thereto.

14 (h-5) If an individual has been diagnosed as having an
15 autism spectrum disorder, meeting the diagnostic criteria in
16 place at the time of diagnosis, and treatment is determined
17 medically necessary, then that individual shall remain
18 eligible for coverage under this Section even if subsequent
19 changes to the diagnostic criteria are adopted by the American
20 Psychiatric Association. If no changes to the diagnostic
21 criteria are adopted after April 1, 2012, and before December
22 31, 2014, then this subsection (h-5) shall be of no further
23 force and effect.

24 (h-10) An insurer may not deny or refuse to provide
25 covered services, or refuse to renew, refuse to reissue, or
26 otherwise terminate or restrict coverage under an individual

1 contract, for a person diagnosed with an autism spectrum
2 disorder on the basis that the individual declined an
3 alternative medication or covered service when the
4 individual's health care provider has determined that such
5 medication or covered service may exacerbate clinical
6 symptomatology and is medically contraindicated for the
7 individual and the individual has requested and received a
8 medical exception as provided for under Section 45.1 of the
9 Managed Care Reform and Patient Rights Act. For the purposes
10 of this subsection (h-10), "clinical symptomatology" means any
11 indication of disorder or disease when experienced by an
12 individual as a change from normal function, sensation, or
13 appearance.

14 (h-15) If, at any time, the Secretary of the United States
15 Department of Health and Human Services, or its successor
16 agency, promulgates rules or regulations to be published in
17 the Federal Register or publishes a comment in the Federal
18 Register or issues an opinion, guidance, or other action that
19 would require the State, pursuant to any provision of the
20 Patient Protection and Affordable Care Act (Public Law
21 111-148), including, but not limited to, 42 U.S.C.
22 18031(d)(3)(B) or any successor provision, to defray the cost
23 of any coverage outlined in subsection (h-10), then subsection
24 (h-10) is inoperative with respect to all coverage outlined in
25 subsection (h-10) other than that authorized under Section
26 1902 of the Social Security Act, 42 U.S.C. 1396a, and the State

1 shall not assume any obligation for the cost of the coverage
2 set forth in subsection (h-10).

3 (i) As used in this Section:

4 "Autism spectrum disorders" means pervasive developmental
5 disorders as defined in the most recent edition of the
6 Diagnostic and Statistical Manual of Mental Disorders,
7 including autism, Asperger's disorder, and pervasive
8 developmental disorder not otherwise specified.

9 "Diagnosis of autism spectrum disorders" means one or more
10 tests, evaluations, or assessments to diagnose whether an
11 individual has autism spectrum disorder that is prescribed,
12 performed, or ordered by (A) a physician licensed to practice
13 medicine in all its branches, ~~or~~ (B) a licensed clinical
14 psychologist with expertise in diagnosing autism spectrum
15 disorders, or (C) a licensed speech-language pathologist with
16 expertise in diagnosing autism spectrum disorders.

17 "Medically necessary" means any care, treatment,
18 intervention, service, or item which will or is reasonably
19 expected to do any of the following: (i) prevent the onset of
20 an illness, condition, injury, disease, or disability; (ii)
21 reduce or ameliorate the physical, mental, or developmental
22 effects of an illness, condition, injury, disease, or
23 disability; or (iii) assist to achieve or maintain maximum
24 functional activity in performing daily activities.

25 "Treatment for autism spectrum disorders" shall include
26 the following care prescribed, provided, or ordered for an

1 individual diagnosed with an autism spectrum disorder by (A) a
2 physician licensed to practice medicine in all its branches or
3 (B) a certified, registered, or licensed health care
4 professional with expertise in treating effects of autism
5 spectrum disorders when the care is determined to be medically
6 necessary and ordered by a physician licensed to practice
7 medicine in all its branches:

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

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

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

24 (4) Therapeutic care, including behavioral, speech,
25 occupational, and physical therapies that provide
26 treatment in the following areas: (i) self care and

1 feeding, (ii) pragmatic, receptive, and expressive
2 language, (iii) cognitive functioning, (iv) applied
3 behavior analysis, intervention, and modification, (v)
4 motor planning, and (vi) sensory processing.

5 (j) Rulemaking authority to implement this amendatory Act
6 of the 95th General Assembly, if any, is conditioned on the
7 rules being adopted in accordance with all provisions of the
8 Illinois Administrative Procedure Act and all rules and
9 procedures of the Joint Committee on Administrative Rules; any
10 purported rule not so adopted, for whatever reason, is
11 unauthorized.

12 (Source: P.A. 103-154, eff. 6-30-23; 104-28, eff. 1-1-26;
13 104-417, eff. 8-15-25.)

14 Section 10. The Illinois Speech-Language Pathology and
15 Audiology Practice Act is amended by changing Section 3 and by
16 adding Section 8.4 as follows:

17 (225 ILCS 110/3) (from Ch. 111, par. 7903)

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

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

22 (a) "Department" means the Department of Financial and
23 Professional Regulation.

24 (b) "Secretary" means the Secretary of Financial and

1 Professional Regulation.

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

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

7 (e) "Audiologist" means a person who has received a
8 license pursuant to this Act and who engages in the practice of
9 audiology.

10 (f) "Public member" means a person who is not a health
11 professional. For purposes of board membership, any person
12 with a significant financial interest in a health service or
13 profession is not a public member.

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

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

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

7 (3) the evaluation, fitting, dispensing, or servicing
8 of hearing instruments and auditory prosthetic devices,
9 such as cochlear implants, auditory osseointegrated
10 devices, and brainstem implants;

11 (4) cerumen removal;

12 (5) performing basic speech and language screening
13 tests and procedures consistent with audiology training;
14 and

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

17 (h) "The practice of speech-language pathology" is the
18 application of nonmedical methods and procedures for the
19 identification, measurement, testing, appraisal, prediction,
20 habilitation, rehabilitation, and modification related to
21 communication development, and disorders or disabilities of
22 speech, language, voice, swallowing, and other speech,
23 language and voice related disorders. These procedures are for
24 the purpose of counseling, consulting and rendering or
25 offering to render services, or for participating in the
26 planning, directing or conducting of programs that are

1 designed to modify communicative disorders and conditions in
2 individuals or groups of individuals involving speech,
3 language, voice and swallowing function.

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

6 (1) hearing screening tests and aural rehabilitation
7 procedures consistent with speech-language pathology
8 training;

9 (2) tasks, procedures, acts or practices that are
10 necessary for the evaluation of, and training in the use
11 of, augmentative communication systems, communication
12 variation, cognitive rehabilitation, non-spoken language
13 production and comprehension;

14 (3) the use of rigid or flexible laryngoscopes for the
15 sole purpose of observing and obtaining images of the
16 pharynx and larynx in accordance with Section 9.3 of this
17 Act; ~~and~~

18 (4) performing basic health screenings in accordance
19 with Section 8.3 of this Act; ~~and-~~

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

22 (i) "Speech-language pathology assistant" means a person
23 who has received a license pursuant to this Act to assist a
24 speech-language pathologist in the manner provided in this
25 Act.

26 (j) "Physician" means a physician licensed to practice

1 medicine in all its branches under the Medical Practice Act of
2 1987.

3 (k) "Email address of record" means the designated email
4 address recorded by the Department in the applicant's
5 application file or the licensee's license file, as maintained
6 by the Department's licensure maintenance unit.

7 (l) "Address of record" means the designated address
8 recorded by the Department in the applicant's or licensee's
9 application file or license file as maintained by the
10 Department's licensure maintenance unit.

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

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

24 (225 ILCS 110/8.4 new)

25 Sec. 8.4. Diagnosing autism spectrum disorders. A

1 speech-language pathologist may diagnose autism spectrum
2 disorders if:

3 (1) the child is under 3 years of age and has no known
4 co-occurring medical conditions, such as seizures,
5 gastrointestinal problems, or sleep disorders;

6 (2) the speech-language pathologist is trained in
7 autism diagnostic evaluation methods as part of an
8 approved Illinois Early Intervention training; and

9 (3) the diagnosis occurs as part of the Illinois Early
10 Intervention Program.

11 If a diagnosis requires a plan of care that includes
12 elements that are outside the scope of practice of a
13 speech-language pathologist (such as seizures,
14 gastrointestinal problems, or sleep disorders), the
15 speech-language pathologist must refer the patient to the
16 appropriate medical personnel for further evaluation or
17 management.

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

20 (305 ILCS 5/5-30.11)

21 Sec. 5-30.11. Treatment of autism spectrum disorder.
22 Treatment of autism spectrum disorder through applied behavior
23 analysis shall be covered under the medical assistance program
24 under this Article for children with a diagnosis of autism

1 spectrum disorder when (1) ordered by a physician licensed to
2 practice medicine in all its branches, ~~or~~ a psychologist
3 licensed by the Department of Financial and Professional
4 Regulation, or a speech-language pathologist licensed by the
5 Department of Financial and Professional Regulation and (2)
6 evaluated by a behavior analyst as recognized by the
7 Department or licensed by the Department of Financial and
8 Professional Regulation to practice applied behavior analysis
9 in this State. Such coverage may be limited to age ranges based
10 on evidence-based best practices. Appropriate State plan
11 amendments as well as rules regarding provision of services
12 and providers will be submitted by September 1, 2019. Pursuant
13 to the flexibilities allowed by the federal Centers for
14 Medicare and Medicaid Services to Illinois under the Medical
15 Assistance Program, the Department shall enroll and reimburse
16 qualified staff to perform applied behavior analysis services
17 in advance of Illinois licensure activities performed by the
18 Department of Financial and Professional Regulation. These
19 services shall be covered if they are provided in a home or
20 community setting or in an office-based setting. The
21 Department may conduct annual on-site reviews of the services
22 authorized under this Section. Provider enrollment shall occur
23 no later than September 1, 2023.

24 (Source: P.A. 102-558, eff. 8-20-21; 102-953, eff. 5-27-22;
25 103-102, eff. 7-1-23.)

1 Section 20. The Department of Early Childhood Act is
2 amended by adding Section 10-125 and 10-130 as follows:

3 (325 ILCS 3/10-125 new)

4 Sec. 10-125. Autism spectrum disorders. The Department
5 shall adopt rules consistent with the purposes of this
6 amendatory Act of the 104th General Assembly authorizing
7 speech-language pathologists licensed by the Department of
8 Financial and Professional Regulation to diagnose autism
9 spectrum disorders under the Illinois Early Intervention
10 Program. When developing rules, the Department shall consult
11 with relevant stakeholders, including developmental and
12 behavioral pediatricians, a statewide association representing
13 peditricians, a statewide association representing child and
14 adolescent psychiatrists, a statewide association representing
15 psychologists, and a statewide association representing
16 speech-language pathologists.

17 Section 99. Effective date. This Act takes effect January
18 1, 2028."