

AN ACT concerning regulation.

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

Section 5. The Illinois Insurance Code is amended by adding Section 356z.25 as follows:

(215 ILCS 5/356z.25 new)

Sec. 356z.25. Dry needling by a physical therapist. A group or individual policy of accident and health insurance or a qualified health plan offered through the health insurance market place is not required to provide coverage for dry needling performed by a physical therapist as described in Section 1.5 of the Illinois Physical Therapy Act.

Section 10. The Illinois Physical Therapy Act is amended by changing Section 1 and by adding Section 1.5 as follows:

(225 ILCS 90/1) (from Ch. 111, par. 4251)

(Section scheduled to be repealed on January 1, 2026)

Sec. 1. Definitions. As used in this Act:

(1) "Physical therapy" means all of the following:

(A) Examining, evaluating, and testing individuals who may have mechanical, physiological, or developmental impairments, functional limitations, disabilities, or

other health and movement-related conditions, classifying these disorders, determining a rehabilitation prognosis and plan of therapeutic intervention, and assessing the on-going effects of the interventions.

(B) Alleviating impairments, functional limitations, or disabilities by designing, implementing, and modifying therapeutic interventions that may include, but are not limited to, the evaluation or treatment of a person through the use of the effective properties of physical measures and heat, cold, light, water, radiant energy, electricity, sound, and air and use of therapeutic massage, therapeutic exercise, mobilization, and rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental impairment, functional limitation, or disability.

(C) Reducing the risk of injury, impairment, functional limitation, or disability, including the promotion and maintenance of fitness, health, and wellness.

(D) Engaging in administration, consultation, education, and research.

"Physical therapy" includes, but is not limited to: (a) performance of specialized tests and measurements, (b) administration of specialized treatment procedures, (c) interpretation of referrals from physicians, dentists, advanced practice nurses, physician assistants, and podiatric

physicians, (d) establishment, and modification of physical therapy treatment programs, (e) administration of topical medication used in generally accepted physical therapy procedures when such medication is either prescribed by the patient's physician, licensed to practice medicine in all its branches, the patient's physician licensed to practice podiatric medicine, the patient's advanced practice nurse, the patient's physician assistant, or the patient's dentist or used following the physician's orders or written instructions, ~~and~~ (f) supervision or teaching of physical therapy, and (g) dry needling in accordance with Section 1.5. Physical therapy does not include radiology, electrosurgery, chiropractic technique or determination of a differential diagnosis; provided, however, the limitation on determining a differential diagnosis shall not in any manner limit a physical therapist licensed under this Act from performing an evaluation pursuant to such license. Nothing in this Section shall limit a physical therapist from employing appropriate physical therapy techniques that he or she is educated and licensed to perform. A physical therapist shall refer to a licensed physician, advanced practice nurse, physician assistant, dentist, podiatric physician, other physical therapist, or other health care provider any patient whose medical condition should, at the time of evaluation or treatment, be determined to be beyond the scope of practice of the physical therapist.

(2) "Physical therapist" means a person who practices

physical therapy and who has met all requirements as provided in this Act.

(3) "Department" means the Department of Professional Regulation.

(4) "Director" means the Director of Professional Regulation.

(5) "Board" means the Physical Therapy Licensing and Disciplinary Board approved by the Director.

(6) "Referral" means a written or oral authorization for physical therapy services for a patient by a physician, dentist, advanced practice nurse, physician assistant, or podiatric physician who maintains medical supervision of the patient and makes a diagnosis or verifies that the patient's condition is such that it may be treated by a physical therapist.

(7) "Documented current and relevant diagnosis" for the purpose of this Act means a diagnosis, substantiated by signature or oral verification of a physician, dentist, advanced practice nurse, physician assistant, or podiatric physician, that a patient's condition is such that it may be treated by physical therapy as defined in this Act, which diagnosis shall remain in effect until changed by the physician, dentist, advanced practice nurse, physician assistant, or podiatric physician.

(8) "State" includes:

(a) the states of the United States of America;

(b) the District of Columbia; and

(c) the Commonwealth of Puerto Rico.

(9) "Physical therapist assistant" means a person licensed to assist a physical therapist and who has met all requirements as provided in this Act and who works under the supervision of a licensed physical therapist to assist in implementing the physical therapy treatment program as established by the licensed physical therapist. The patient care activities provided by the physical therapist assistant shall not include the interpretation of referrals, evaluation procedures, or the planning or major modification of patient programs.

(10) "Physical therapy aide" means a person who has received on the job training, specific to the facility in which he is employed.

(11) "Advanced practice nurse" means a person licensed as an advanced practice nurse under the Nurse Practice Act.

(12) "Physician assistant" means a person licensed under the Physician Assistant Practice Act of 1987.

(Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15; 99-229, eff. 8-3-15; 99-642, eff. 7-28-16; revised 10-27-16.)

(225 ILCS 90/1.5 new)

Sec. 1.5. Dry needling.

(a) For the purpose of this Act, "dry needling", also known as intramuscular therapy, means an advanced needling skill or technique limited to the treatment of myofascial pain, using a

single use, single insertion, sterile filiform needle (without the use of heat, cold, or any other added modality or medication), that is inserted into the skin or underlying tissues to stimulate trigger points. Dry needling may apply theory based only upon Western medical concepts, requires an examination and diagnosis, and treats specific anatomic entities selected according to physical signs. Dry needling does not include the stimulation of auricular points, utilization of distal points or non-local points, needle retention, application of retained electric stimulation leads, or the teaching or application of other acupuncture theory.

(b) A physical therapist licensed under this Act may only perform dry needling under the following conditions as determined by the Department by rule:

(1) Prior to completion of the education under paragraph (2) of this subsection, successful completion of 50 hours of instruction in the following areas:

(A) the musculoskeletal and neuromuscular system;

(B) the anatomical basis of pain mechanisms, chronic pain, and referred pain;

(C) myofascial trigger point theory; and

(D) universal precautions.

(2) Completion of at least 30 hours of didactic course work specific to dry needling.

(3) Successful completion of at least 54 practicum hours in dry needling course work approved by the

Federation of State Boards of Physical Therapy or its successor (or substantial equivalent), as determined by the Department. Each instructional course shall specify what anatomical regions are included in the instruction and describe whether the course offers introductory or advanced instruction in dry needling. Each instruction course shall include the following areas:

(A) dry needling technique;

(B) dry needling indications and contraindications;

(C) documentation of dry needling;

(D) management of adverse effects;

(E) practical psychomotor competency; and

(F) the Occupational Safety and Health Administration's Bloodborne Pathogens standard.

Postgraduate classes qualifying for completion of the mandated 54 hours of dry needling shall be in one or more modules, with the initial module being no fewer than 27 hours, and therapists shall complete at least 54 hours in no more than 12 months.

(4) Completion of at least 200 patient treatment sessions under supervision as determined by the Department by rule.

(5) Successful completion of a competency examination as approved by the Department.

Each licensee is responsible for maintaining records of the

completion of the requirements of this subsection (b) and shall be prepared to produce such records upon request by the Department.

(c) A newly-licensed physical therapist shall not practice dry needling for at least one year from the date of initial licensure unless the practitioner can demonstrate compliance with subsection (b) through his or her pre-licensure educational coursework.

(d) Dry needling may only be performed by a licensed physical therapist and may not be delegated to a physical therapist assistant or support personnel.

(e) A physical therapist shall not advertise, describe to patients or the public, or otherwise represent that dry needling is acupuncture, nor shall he or she represent that he or she practices acupuncture unless separately licensed under the Acupuncture Practice Act.

Section 99. Effective date. This Act takes effect upon becoming law.