



Rep. Natalie A. Manley

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1 AMENDMENT TO HOUSE BILL 5225

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

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

7 (215 ILCS 5/356z.14)

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

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

1 insurance or managed care plan.

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

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

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

1 apply to physical illness generally.

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

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

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

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

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

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

25 (h-10) An insurer may not deny or refuse to provide
26 covered services, or refuse to renew, refuse to reissue, or

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

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

1 1902 of the Social Security Act, 42 U.S.C. 1396a, and the State
2 shall not assume any obligation for the cost of the coverage
3 set forth in subsection (h-10).

4 (i) As used in this Section:

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

10 "Diagnosis of autism spectrum disorders" means one or more
11 tests, evaluations, or assessments to diagnose whether an
12 individual has autism spectrum disorder that are ~~is~~
13 prescribed, performed, or ordered by (A) a physician licensed
14 to practice medicine in all its branches, ~~or~~ (B) a licensed
15 clinical psychologist with expertise in diagnosing autism
16 spectrum disorders, or (C) a licensed speech-language
17 pathologist with expertise in diagnosing autism spectrum
18 disorders in children under age 3.

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

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

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

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

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

26 (4) Therapeutic care, including behavioral, speech,

1 occupational, and physical therapies that provide
2 treatment in the following areas: (i) self care and
3 feeding, (ii) pragmatic, receptive, and expressive
4 language, (iii) cognitive functioning, (iv) applied
5 behavior analysis, intervention, and modification, (v)
6 motor planning, and (vi) sensory processing.

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

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

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

19 (225 ILCS 110/3) (from Ch. 111, par. 7903)

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

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

24 (a) "Department" means the Department of Financial and

1 Professional Regulation.

2 (b) "Secretary" means the Secretary of Financial and
3 Professional Regulation.

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

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

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

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

16 (g) "The practice of audiology" is the application of
17 nonsurgical methods and procedures for the screening,
18 identification, measurement, monitoring, testing, appraisal,
19 prediction, interpretation, habilitation, rehabilitation, or
20 instruction related to audiologic or vestibular disorders,
21 including hearing and disorders of hearing. These procedures
22 are for the purpose of counseling, consulting and rendering or
23 offering to render services or for participating in the
24 planning, directing or conducting of programs that are
25 designed to modify communicative disorders involving speech,
26 language, auditory, or vestibular function related to hearing

1 loss. The practice of audiology may include, but shall not be
2 limited to, the following:

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

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

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

13 (4) cerumen removal;

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

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

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

1 offering to render services, or for participating in the
2 planning, directing or conducting of programs that are
3 designed to modify communicative disorders and conditions in
4 individuals or groups of individuals involving speech,
5 language, voice and swallowing function.

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

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

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

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

20 (4) performing basic health screenings in accordance
21 with Section 8.3 of this Act; ~~and~~

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

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

1 Act.

2 (j) "Physician" means a physician licensed to practice
3 medicine in all its branches under the Medical Practice Act of
4 1987.

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

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

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

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

1 (225 ILCS 110/8.4 new)

2 Sec. 8.4. Diagnosing autism spectrum disorders. A
3 speech-language pathologist may diagnose autism spectrum
4 disorders if:

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

8 (2) the speech-language pathologist has an active
9 autism evaluation credential issued by the Illinois Early
10 Intervention Program;

11 (3) the speech-language pathologist has, upon renewal
12 of the speech-language pathologist's license, certified to
13 the Department that at least 5 of the speech-language
14 pathologist's required continuing education hours were in
15 age-appropriate autism diagnostic evaluation methods
16 provided by an approved continuing education sponsor; and

17 (4) the diagnosis occurs as part of the Illinois Early
18 Intervention Program.

19 The speech-language pathologist must refer the child to
20 the appropriate medical personnel for further evaluation or
21 management for services outside the scope of practice of a
22 speech-language pathologist.

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

1 (305 ILCS 5/5-30.11)

2 Sec. 5-30.11. Treatment of autism spectrum disorder.
3 Treatment of autism spectrum disorder through applied behavior
4 analysis shall be covered under the medical assistance program
5 under this Article for children with a diagnosis of autism
6 spectrum disorder when (1) ordered by a physician licensed to
7 practice medicine in all its branches, ~~or~~ a psychologist
8 licensed by the Department of Financial and Professional
9 Regulation, or a speech-language pathologist licensed by the
10 Department of Financial and Professional Regulation, so long
11 as the diagnosis by the speech-language pathologist occurs as
12 part of the Illinois Early Intervention Program, and (2)
13 evaluated by a behavior analyst as recognized by the
14 Department or licensed by the Department of Financial and
15 Professional Regulation to practice applied behavior analysis
16 in this State. Such coverage may be limited to age ranges based
17 on evidence-based best practices. Appropriate State plan
18 amendments as well as rules regarding provision of services
19 and providers will be submitted by September 1, 2019. Pursuant
20 to the flexibilities allowed by the federal Centers for
21 Medicare and Medicaid Services to Illinois under the Medical
22 Assistance Program, the Department shall enroll and reimburse
23 qualified staff to perform applied behavior analysis services
24 in advance of Illinois licensure activities performed by the
25 Department of Financial and Professional Regulation. These
26 services shall be covered if they are provided in a home or

1 community setting or in an office-based setting. The
2 Department may conduct annual on-site reviews of the services
3 authorized under this Section. Provider enrollment shall occur
4 no later than September 1, 2023.

5 (Source: P.A. 102-558, eff. 8-20-21; 102-953, eff. 5-27-22;
6 103-102, eff. 7-1-23.)

7 Section 99. Effective date. This Act takes effect January
8 1, 2028."