

Governor's Office of Management and Budget

Alexis Sturm

Director



Regulatory Sunset Act Study of

The Marriage and Family Therapy Licensing Act

May 8, 2026

**To the Honorable JB Pritzker
Governor of Illinois**

Governor Pritzker:

As required by Section 5 of the Regulatory Sunset Act (5 ILCS 80/1 et seq.), GOMB facilitated a study with the Illinois Department of Financial and Professional Regulation's (IDFPR), the agency responsible for oversight of the Marriage and Family Therapy Licensing Act (225 ILCS 55) (the Act), which is scheduled to be repealed on January 1, 2027. This report provides justification for the recommendation to modify this Act.

GOMB's examination of this Act was conducted considering the factors set out in Sections 6 and 7 of the Regulatory Sunset Act. The following report outlines the work of GOMB's study and details the criteria and data utilized to arrive at the above recommendation.

Respectfully,

Alexis Sturm
Director
Governor's Office of Management and Budget

GOMB Regulatory Sunset Act Report: Marriage and Family Therapy Licensing Act

The State of Illinois, acting through the Illinois Department of Financial and Professional Regulation (IDFPR), licenses Marriage and Family Therapy professionals pursuant to the Act. The scope of responsibilities of the marriage and family therapy profession consists of the evaluation and treatment of mental and emotional problems within the context of human relationships. Marriage and family therapy involves the use of psychotherapeutic methods to ameliorate interpersonal and intrapersonal conflict and to modify perceptions, beliefs and behavior in areas of human life that include, but are not limited to, premarriage, marriage, sexuality, family, divorce adjustment, and parenting.

This regulation positions qualified professionals to deliver sensitive services directly related to health, safety and welfare of the public. An unqualified marriage and family therapist might employ techniques unsuitable for a client's situation, potentially causing further distress or harm. Therapists must be equipped to handle complex cases or situations requiring specialized knowledge. An unqualified marriage and family therapist may struggle to remain objective, letting personal beliefs or biases influence their judgment and potentially skewing assessments or treatment approaches. Confidentiality is a cornerstone of the therapeutic relationship, and an unqualified individual may not fully understand or adhere to legal and ethical requirements regarding the protection of patient information. This can erode trust and damage the therapeutic process. Failed ethical judgment and professional misconduct can include neglecting the client's well-being for personal gain, crossing professional boundaries, or engaging in other unethical practices that exploit or harm the client.

1. License Count and Fee Structure (5 ILCS 80/6(1) and (3))

As of July 31, 2025, IDFPR states that there are 1,196 active licenses for marriage and family therapists in Illinois. See the following table for the number licenses issued by IDFPR under this act in the fiscal years indicated:

License, Credential, Certification Type	FY21	FY22	FY23	FY24	FY25
Licensed marriage and family therapist	92	63	96	164	197
Licensed associate marriage and family therapist	88	89	88	150	161

Marriage and family therapists have the following licensure fee structure:

License, Credential, or Certification Type	Fee Amount	Online Payment Option
Application Fee Marriage and Family Therapist	\$100	<input checked="" type="checkbox"/>
Renewal Fee	\$120 every two years	<input checked="" type="checkbox"/>
Duplicate Fee	N/A	<input type="checkbox"/>
Examination Fee	\$477	<input checked="" type="checkbox"/>
Endorsement Fee	\$200	<input checked="" type="checkbox"/>

License, Credential, or Certification Type	Fee Amount	Online Payment Option
--	------------	-----------------------

Application Fee Associate Marriage and Family Therapist	\$100	<input checked="" type="checkbox"/>
Renewal Fee	N/A	<input type="checkbox"/>
Duplicate Fee	N/A	<input type="checkbox"/>
Examination Fee	N/A	<input type="checkbox"/>

2. Obtaining Certification as a Marriage and Family Therapy Professional in Illinois (5 ILCS 80/6(11))

Standards for testing and licensure are established by statute and rule-225 ILCS 55 and 68 IL Admin. Code Part 1283.

To obtain a license, applicants are required to submit an application through the Department's CORE licensing system which provides a step-by-step process for applying. The Department uses a guide that includes qualifications: <https://idfpr.illinois.gov/content/dam/soi/en/web/idfpr/core/dpr/166-qualifications-for-licensure.pdf>.

Applicants receive an approval letter to sit for the exam, which is given by Continental Testing Service, Inc (CTS). CTS provides an approval code to register for the Association of Marital and Family Therapy Regulatory Board's Marriage and Family Therapy Examination. Applicants must receive a passing score to become licensed. Information about the exam may be found here: <https://amftrb.org/exam-info/>.

Education opportunities are available nationwide, and the national exams are offered in many locations. The exam for a marriage and family therapist license may be taken at any Prometric testing center.

CTS forwards the exam score to IDFPR in a file format that allows for licenses to be issued automatically upon completion of the required exam.

3. Equity Concerns (5 ILCS 80/6(10), (12) and (13))

IDFPR states that equity issues may have an impact on individuals seeking to become licensed in the State of Illinois. These issues include financial challenges to obtain an undergrad and an advanced degree before obtaining obtain licensure. Additionally, persons with disadvantaged backgrounds may not pursue this profession due to training and education requirements.

For persons who speak English as a Second Language, the Department interprets the Language Equity and Access Act to permit reasonable accommodations for language, including use of a word-for-word language dictionary and additional time to complete the exam.

The Department of Professional Regulation Law (20 ILCS 2105/2105-165) and elucidate further in 68 IAC Par 1130, Subpart C provides a list of criminal convictions that bar profession licensure.

IDFPR asserts that it has done its best to minimize any barriers to licensure by requiring universally accepted qualification requirements and imposing fair standards of professionalism.

4. Agency recommendations to change the statute (5 ILCS 80/6(4) and (9))

Department oversight of the profession is generally enhanced through recommendations proposed during the Regulatory Sunset Act study. The Regulatory Sunset Act report formalizes proposed solutions to problems articulated as a result of the study.

IDFPR recommends the Department be given authority to take action against unlicensed individuals while they are obtaining required experience if they violate the Act or Administrative Rules in the course of providing marriage and family therapy services to the public (Title 68, Part 1283).

Section 15(f)(3) of the Act exempts “[a] person from practicing marriage and family therapy if the person is obtaining experience for licensure as a marriage and family therapist, provided the person is designated by a title that clearly indicates training status.” To qualify for a license as a marriage and family therapist, a graduate of a Marriage and Family Training program must obtain two years of clinical experience under the supervision of a licensed professional. During the clinical experience period, the individual’s practice is not currently regulated by the Act. The Department has no authority to take action if misconduct occurs while the clinician is providing therapy.

This is an issue for all four mental health professions regulated by the Department – Marriage and Family Therapists, Counselors, Social Workers, and Clinical Psychologists. Three of these professions offer a subordinate license: associate licensed marriage and family therapist, licensed professional counselor, and licensed social worker. There is currently no requirement that a candidate for these clinical licenses obtain the subordinate license prior to providing therapy under supervision. Amending the Act to require a subordinate license would give the Department authority to address misconduct to further protect Illinoisans.

Under a separate Regulatory Sunset Act report for the regulation of clinical psychologists, IDFPR will propose language to strengthen oversight of clinical psychologists during their supervised clinical experience.

5. Agency efforts to comply with enabling laws (5 ILCS 80/6(3), (4) and (5))

At the time of this study, GOMB is not aware of any compliance issues by IDFPR related to the provisions of the Act.

6. Recent bills introduced by the General Assembly (5 ILCS 80/6(9))

According to IDFPR, the CORE licensing system provides an optional, voluntary opportunity for applicants to provide demographic data, which currently includes sex, ethnicity, race, and disability. The 104th General Assembly sent HB 3487 to the Governor for signature. This bill adds primary language spoken, anticipated date of retirement, type of employment, and zip code to the data sets that can be provided by an applicant.

The following bills were introduced in the General Assembly in the last five years.

Public Act 102-1053 amended Section 65, by revising licensure by endorsement and allowing applicants licensed in another jurisdiction for 5 consecutive years (reduced from 10 years) without discipline to qualify without submitting proof of education and supervised experience requirements. It also clarified application procedures, including documentation requirements and a 3-year limit to complete the licensure process.

Public Act 102-1117 amended Section 85, by clarifying grounds for disciplinary action and adding protections that prohibit Illinois from disciplining licensees solely for providing lawful health care services, even if those services are restricted in another state. The amendment also ensured that out-of-state disciplinary actions based solely on such lawful services cannot be used as the basis for discipline in Illinois.

Public Act 103-0708 amended Section 35 to require the Department notify testing authorities of an applicant's authorization to take the exam when the Department is in receipt of a good faith application including required documentation and fees.

Public Act 103-715 amended sections 30, 32, 45, and 85 to prohibit denial of an applicant on the basis of immigration status. Added individual taxpayer identification number as an optional field applicants can complete on the license application, added reasonable accommodations to examinations for applicants whose primary language is not English, and prohibited the revocation or suspension of the license on the sole basis of an immigration violation.

Public Act 103-0955 revised licensure by endorsement requirements, allowing applicants with at least 30 months of experience in the five years prior, and no record of disciplinary action, to obtain Illinois licensure without submitting proof of the education, professional, and supervision requirements.

7. Stakeholder Feedback and Protocols for Licensure (5 ILCS 80/6(5), (6), (7), (8), (10) and 5 ILCS 80/7)

IDFPR conducts public Marriage and Family Therapy Licensing and Disciplinary Board meetings to discuss the status of this Act and the profession. Boards meetings also include an open forum to receive and respond to public inquiries and feedback received through emails submitted to the Department's website. Following protocol, feedback is also considered when the Department proposes changes to the Act and Administrative Rules

Before publishing rules with JCAR, IDFPR shares the Governor's Office approved rules with board members and associations in the industry for their feedback. Following ruling making protocol, the Department participates in the public comment process.

Industry states that timeliness to process application is their most pressing concern. IDFPR is Implementing CORE, IDFPR's online licensing system to improve efficiencies.

8. Public Outreach (5 ILCS 80/6(5), (6), (7) and (8) and 5 ILCS 80/7)

IDFPR provides multiple avenues for members of the public to contact the Department with comments or concerns about the programs it oversees or the Department's Administrative Rules governing its programs. IDFPR conducts public outreach through social media and other external-facing means.

The Marriage and Family Therapy Licensing and Disciplinary Board is strictly advisory to the Department. It makes recommendations related to discipline and changes needed to the Act and its rules. It is established by statute and appointed by the Secretary. It is composed of seven persons: "Five members of the Board shall be marriage and family therapists who have been in active practice for at least 5 years immediately preceding their appointment, or engaged in the education and training of masters,

doctoral, or post-doctoral students of marriage and family therapy, or engaged in marriage and family therapy research. Each marriage or family therapy teacher or researcher shall have spent the majority of the time devoted to the study or research of marriage and family therapy during the 2 years immediately preceding his or her appointment to the Board” and “Two members shall be representatives of the general public who have no direct affiliation or work experience with the practice of marriage and family therapy and who clearly represent consumer interests”

The Board generally meets two times a year, which is how it interacts with the public and the Department. Individual board members are called upon to assist Prosecutions in disciplinary matters.

Public comments are reviewed by the Department and, where the Department agrees with the proposed changes, the Department incorporates those changes into its Second Notice rules to JCAR. When the Department disagrees, it provides justification.

9. Industry Standards (5 ILCS 80/6(11) and (12))

IDFPR states that the Illinois personal qualifications required for this profession are in line with industry standards.

Generally, the national standards for licensure as a marriage and family therapist include a master's or doctoral degree in marriage and family therapy or a related field, supervised clinical experience, and passing the Association of Marital and Family Therapy Regulatory Board's National Marriage and Family Therapy Examination. Minimal standards in most other states are substantially the same as in Illinois.

Telehealth is the main technological change impacting the profession. While this has permitted greater public access to this profession's services, it has not necessitated any update to the profession's qualifications.

The biggest potential harm to the marriage and family therapy industry is reputational. By ensuring licensed marriage and family therapists practice their profession ethically and competently, the profession maintains a good reputation with the public. Regulation of this industry is paramount to ensuring consistency within this profession.

10. Public Complaint Resolution (5 ILCS 80/6(3), (7), (8) and (10) and 5 ILCS 80/7)

IDFPR has received seventy-seven complaints from the public regarding regulated marriage and family therapists over the past five fiscal years. The Department does not have a way to distinguish the type of complainant. Responsibility for complaint resolution depends upon the outcome of a complaint. Complaints may be closed by investigations or prosecutions. If a case becomes a disciplinary matter, the Director issues the final administrative order. This can come via a consent order, or after a disciplinary hearing in front of an Administrative Law Judge who makes a recommendation to the Board which then makes a recommendation to the Director.

The average time for resolution of a complaint is six to seven months. Matters where the Respondent does appear and participate in the process can take longer, up to a year or more, depending on the allegations involved, if the matter is resolved by agreement between the Department and Respondent in an informal conference, if the Respondent requests continuances, or if it goes to formal hearing and then findings are made by the Administrative Law Judge with a Director's Order to follow. Similar to litigation, variables impact the time from complaint to resolution.

The table below outlines the number of complaints received by the Department in the last five years.

License, Credentials, or Certifications Type	FY21	FY22	FY23	FY24	FY25
Marriage and family therapist	17	16	10	15	19
Associate marriage and family therapist	0	2	2	2	6

11. Disciplinary Action (5 ILCS 80/6(14))

IDFPR's authority to enforce the Act ensures that allegations of professional incompetence, gross negligence, malpractice, and unprofessional conduct are investigated and that substantiated allegations are prosecuted by the IDFPR for appropriate discipline.

The statute describes the range of disciplinary actions and the reasons they may be taken:

(225 ILCS 55/85) (from Ch. 111, par. 8351-85)

Sec. 85. Refusal, revocation, or suspension.

(a) The Department may refuse to issue or renew a license, or may revoke, suspend, reprimand, place on probation, or take any other disciplinary or non-disciplinary action as the Department may deem proper, including the imposition of fines not to exceed \$10,000 for each violation, with regard to any license issued under the provisions of this Act for any one or combination of the following grounds....

12. Conclusion

The Act governs the licensure of marriage and family therapy professionals in the State of Illinois. The absence of licensing criteria for this profession would pose a significant and direct harm to the health, safety, and welfare of the public and specifically the State's healthcare system.

The practice of marriage and family therapy deeply impacts the mental and behavioral health of the public. By requiring persons to meet professional standards for education and training to be licensed to provide these services, the Department prevents harm that could be imposed by unqualified individuals. Additionally, the Department is empowered to investigate complaints against marriage and family therapists and take disciplinary action when warranted.

The lack of regulation would eliminate the professional standards for this significant segment of Illinois' healthcare system. IDFPR's authority under this Act protects the public's health, safety, and welfare by allowing a review of the qualifications to ensure individuals have completed requisite education, examinations, and training to practice their profession with reasonable judgment, skill, and safety. The provisions within the Act and the Administrative Rules have been modeled with the intent of ensuring the public's health, safety, and welfare are the principal focus. The promulgated provisions of the Act and the Rules mitigate risk by establishing a basis for determining whether an applicant for licensure is fit to practice in Illinois.

Based on the factors in 5 ILCS 80/6 and the additional criteria in 5 ILCS 80/7, GOMB finds that the Act should be recommended for modification and continuation. The record should expressly state that the public protection benefits of regulation outweigh the regulatory costs and that no less restrictive alternative would adequately address the significant and discernible harms identified in this report.

The Act should be continued to promote and enhance the safety and welfare of the public, without burdening licensees or commerce.

REDLINE INSERTIONS FOR STATUTORY COMPLIANCE REVIEW

[ADD] The following edits should be incorporated into the report before finalization to better demonstrate compliance with Sections 6 and 7 of the Regulatory Sunset Act, 5 ILCS 80/6 and 5 ILCS 80/7.

A. Section 6 Factor-by-Factor Findings

5 ILCS 80/6(1): The report should expressly state that the scope reviewed includes the full range and variety of regulated practices, including any subspecialties, credentials, permits, entities, facilities, or modes of practice identified in the report. For this Act, the scope finding should expressly connect to psychotherapeutic treatment of mental and emotional conditions within family and relationship systems, including confidentiality, boundary, crisis, and mandated-reporting concerns.

5 ILCS 80/6(3): Add a public-interest finding that the administering agency or program has operated primarily to protect the public, and identify any statutory, procedural, budgetary, staffing, technology, or interagency constraints that have impeded or enhanced performance.

5 ILCS 80/6(4) and (9): Where the report states that no statutory changes are recommended, add an affirmative finding explaining why continuation without amendment is sufficient. If modifications are recommended, identify the specific statutory provisions to be amended and explain how each change benefits the public rather than the regulated profession.

5 ILCS 80/6(5) and (6): Add a clearer discussion of whether regulated persons are required to report information concerning the public impact of agency rules, service quality, service availability, economy of service, or industry problems affecting the public. If no such reporting requirement exists, state that fact and explain whether the absence of such a requirement affects the recommendation.

5 ILCS 80/6(7): Add a public participation finding that describes rulemaking notice, public comment, advisory board meetings, stakeholder outreach, or other mechanisms through which the public may participate in agency rules and decisions. The finding should distinguish public participation from participation by regulated licensees only.

5 ILCS 80/6(8): Add complaint-processing metrics or identify the data limitation. The minimum recommended data fields are: number of complaints received, number closed, average or median days to closure, pending inventory, referral to prosecution or hearing, and final outcomes. Metrics should be specific to complaints involving professional boundaries, confidentiality, standard of care, impaired practice, fraud, and disciplinary outcomes.

5 ILCS 80/6(10) and (14): Strengthen the harm finding by distinguishing significant and discernible public harm from technical noncompliance. The report should use examples, enforcement categories, or complaint data regarding complaints involving professional boundaries, confidentiality, standard of care, impaired practice, fraud, and disciplinary outcomes.

5 ILCS 80/6(11) and (12): Tie each personal qualification to the public harm it mitigates. Do not merely list education, training, examination, experience, or continuing education requirements; explain why each requirement is necessary for each major activity within the scope of practice.

5 ILCS 80/6(13): Expand the equity discussion to address cost, income, completion/pass rates where available, criminal history barriers, language access, and geographic distribution. For this Act, the equity analysis should specifically address graduate degree costs, supervised clinical hours, examination fees, associate-license pathway barriers, and supervisor availability.

B. Section 7 Continuation Criteria

5 ILCS 80/7(a)(1): Add an express finding that absence or modification of regulation would significantly harm or endanger the public health, safety, or welfare because of psychotherapeutic treatment of mental and emotional conditions within family and relationship systems, including confidentiality, boundary, crisis, and mandated-reporting concerns.

5 ILCS 80/7(a)(2): Add a police-power nexus finding explaining the reasonable relationship between the State's regulation and protection of the public health, safety, welfare, consumer protection, or market integrity.

5 ILCS 80/7(a)(3) and 7(b): Add a less-restrictive-alternative analysis. The report should evaluate whether private certification, title protection, business registration, bonding, insurance, inspections, civil remedies, facility regulation, disclosures, or government certification would protect the public. The recommended finding is that registration or private certification would not provide a sufficiently enforceable standard of competence for clients who cannot evaluate clinical quality before harm occurs.

5 ILCS 80/7(a)(4) and (5): Add a cost-benefit finding addressing whether regulation increases the cost of goods or services, the likely degree of that increase if known, and why the cost is justified by the public harm avoided.

5 ILCS 80/7(a)(6): Add a final primary-effect finding stating whether all facets of the regulatory process are designed solely for, and have as their primary effect, protection of the public rather than economic protection of the regulated occupation.

C. Recommended Report-Level Conclusion Language

[ADD] Based on the factors in 5 ILCS 80/6 and the additional criteria in 5 ILCS 80/7, GOMB finds that the Act should be recommended for modification and continuation. The record should expressly state that the public protection benefits of regulation outweigh the regulatory costs and that no less restrictive alternative would adequately address the significant and discernible harms identified in this report.

D. Data Requests Before Final Publication

Complaint data: Insert annual complaint counts, closure rates, average/median processing time, pending caseload, and dispositions for the most recent five fiscal years, or state that the administering agency could not provide reliable data.

Discipline data: Separate discipline that addresses significant public harm from discipline based only on technical noncompliance.

Equity data: Add available information on fees, education/training costs, examination costs, pass rates, income estimates, geographic access, language access, and criminal-history barriers.

Public participation: Identify JCAR/public-comment procedures, board or committee meetings, stakeholder notices, and public-facing complaint or outreach channels.