



Rep. Jenn Ladisch Douglass

Filed: 4/2/2024

10300HB5382ham002

LRB103 39371 RPS 71744 a

1 AMENDMENT TO HOUSE BILL 5382

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 5382, 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.59 as follows:

7 (215 ILCS 5/356z.59)

8 Sec. 356z.59. Coverage for continuous glucose monitors.

9 (a) In this Section, "diabetes mellitus" includes all  
10 forms of diabetes, a chronic condition where the pancreas does  
11 not produce insulin or does not produce enough insulin or the  
12 body cannot effectively use the insulin it produces.

13 (b) A group or individual policy of accident and health  
14 insurance or a managed care plan that is amended, delivered,  
15 issued, or renewed on or after January 1, 2024 and before  
16 January 1, 2026 shall provide coverage for medically necessary

1 continuous glucose monitors for individuals who are diagnosed  
2 with type 1 or type 2 diabetes and require insulin for the  
3 management of their diabetes. A group or individual policy of  
4 accident and health insurance or a managed care plan that is  
5 amended, delivered, issued, or renewed on or after January 1,  
6 2026 shall provide coverage for continuous glucose monitors,  
7 related supplies, and training in the use of continuous  
8 glucose monitors for any individual who is diagnosed with  
9 diabetes mellitus, and the coverage shall fully align with the  
10 coverage for continuous glucose monitors under Medicare and  
11 the eligibility requirements shall be no more restrictive than  
12 the eligibility requirements for continuous glucose monitors  
13 under Medicare.

14 Notwithstanding any other provision of this Section, to  
15 qualify for a continuous glucose monitor under this Section,  
16 an individual is not required to have a diagnosis of  
17 uncontrolled diabetes; have a history of emergency room visits  
18 or hospitalizations; or show improved glycemic control.

19 All continuous glucose monitors covered under this Section  
20 shall be approved for usage by individuals, and the choice of  
21 device shall be made based upon the individual's  
22 circumstances, preferences, and needs in consultation with the  
23 individual's medical provider so long as the continuous  
24 glucose monitor has been approved by the United States Food  
25 and Drug Administration.

26 (c) Any individual who is diagnosed with diabetes mellitus

1 and meets the requirements of this Section shall not be  
2 required to obtain prior authorization for coverage for a  
3 continuous glucose monitor, and coverage shall be continuous  
4 once the continuous glucose monitor is prescribed.

5 (d) A group or individual policy of accident and health  
6 insurance or a managed care plan that is amended, delivered,  
7 issued, or renewed on or after January 1, 2026 shall not impose  
8 a deductible, coinsurance, copayment, or any other  
9 cost-sharing requirement on the coverage provided under this  
10 Section for a one-month supply of continuous glucose monitors,  
11 including a transmitter if necessary. The provisions of this  
12 subsection do not apply to coverage under this Section to the  
13 extent such coverage would disqualify a high-deductible health  
14 plan from eligibility for a health savings account pursuant to  
15 the federal Internal Revenue Code, 26 U.S.C. 23.

16 (Source: P.A. 102-1093, eff. 1-1-23; 103-154, eff. 6-30-23.)

17 Section 10. The Illinois Public Aid Code is amended by  
18 adding Section 5-16.8a as follows:

19 (305 ILCS 5/5-16.8a new)

20 Sec. 5-16.8a. Continuous glucose monitor coverage.

21 (a) The Department shall adopt rules to implement the  
22 changes made to Section 356z.59 of the Illinois Insurance  
23 Code, as applied to the medical assistance program, including  
24 the fee-for-service medical assistance program. The rules

1 shall, at a minimum, provide that:

2 (1) the ordering provider must be any physician  
3 licensed under the Medical Practice Act of 1987 or  
4 certified nurse practitioner or physician assistant with a  
5 collaborative agreement with the physician;

6 (2) the beneficiary is not required to have a  
7 diagnosis of uncontrolled diabetes;

8 (3) the beneficiary is not required to need intensive  
9 insulin therapy, to take multiple injections of insulin  
10 per day, or to use more than one type of insulin;

11 (4) the beneficiary is not required to have a recent  
12 history of emergency room visits or hospitalizations  
13 related to hypoglycemia, hyperglycemia, or ketoacidosis;

14 (5) if the beneficiary has gestational diabetes, the  
15 beneficiary is not required to have suboptimal glycemc  
16 control that is likely to harm the beneficiary or the  
17 fetus;

18 (6) if a beneficiary has diabetes mellitus and the  
19 beneficiary does not meet the coverage requirements or if  
20 the beneficiary is in a population in which continuous  
21 glucose monitor usage has not been well-studied, requests  
22 shall be reviewed, on a case-by-case basis, for medical  
23 necessity and approved if appropriate;

24 (7) the beneficiary is not required to obtain prior  
25 authorization for coverage for a continuous glucose  
26 monitor, and that coverage is continuous once the

1 continuous glucose monitor is prescribed; and

2 (8) continuous glucose monitors covered under this  
3 Section shall not be required to have alarms or predictive  
4 alerts and shall only be required to have United States  
5 Food and Drug Administration approval to be covered.

6 (b) The fee-for-service medical assistance program shall  
7 comply with the requirements of Section 356z.59 of the  
8 Illinois Insurance Code.

9 Section 99. Effective date. This Act takes effect January  
10 1, 2026.".