



Sen. Julie A. Morrison

Filed: 3/8/2024

10300SB3414sam002

LRB103 38590 RPS 70809 a

1 AMENDMENT TO SENATE BILL 3414

2 AMENDMENT NO. _____. Amend Senate Bill 3414 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.59 as follows:

6 (215 ILCS 5/356z.59)

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

8 (a) A group or individual policy of accident and health
9 insurance or a managed care plan that is amended, delivered,
10 issued, or renewed before January 1, 2026 ~~on or after January~~
11 ~~1, 2024~~ shall provide coverage for medically necessary
12 continuous glucose monitors for individuals who are diagnosed
13 with any form of diabetes mellitus ~~type 1 or type 2 diabetes~~
14 and require insulin for the management of their diabetes. A
15 group or individual policy of accident and health insurance or
16 a managed care plan that is amended, delivered, issued, or

1 renewed on or after January 1, 2026 shall provide coverage for
2 continuous glucose monitors, related supplies, and training in
3 the use of continuous glucose monitors for any individual if
4 the policy is in full alignment with Medicare and the
5 following requirements are met:

6 (1) the individual is diagnosed with diabetes
7 mellitus;

8 (2) the continuous glucose monitor has been prescribed
9 by a physician licensed under the Medical Practice Act of
10 1987 or a certified nurse practitioner or physician
11 assistant with a collaborative agreement with the
12 physician;

13 (3) the continuous glucose monitor has been prescribed
14 in accordance with the Food and Drug Administration's
15 indications for use;

16 (4) the prescriber has concluded that the individual
17 or individual's caregiver has sufficient training in using
18 the continuous glucose monitor, which may be evidenced by
19 the prescriber having prescribed a continuous glucose
20 monitor, and has attested that the patient will be
21 provided with that training;

22 (5) the individual either:

23 (A) uses insulin for treatment via one or more
24 injections or infusions of insulin per day, and only
25 one injection or infusion of one type of insulin shall
26 be sufficient utilization of insulin to qualify for a

1 continuous glucose monitor under this Section; or

2 (B) has reported a history of problematic
3 hypoglycemia with documentation to the individual's
4 medical provider showing at least one of the
5 following:

6 (i) recurrent hypoglycemic events
7 characterized by an altered mental or physical
8 state, despite multiple attempts to adjust
9 medications or modify the diabetes treatment plan,
10 as documented by a medical provider; or

11 (ii) a history of at least one hypoglycemic
12 event characterized by an altered mental or
13 physical state requiring third-party assistance
14 for treatment of hypoglycemia, as documented by
15 the individual's medical provider, which may be
16 self-reported by the individual; third-party
17 assistance shall not, in any event, be deemed to
18 require that the individual had been admitted to a
19 hospital or visited an emergency department; and

20 (6) within 6 months prior to prescribing a continuous
21 glucose monitor, the medical provider prescribing the
22 continuous glucose monitor had an in-person or covered
23 telehealth visit with the individual to evaluate the
24 individual's diabetes control and has determined that the
25 criteria of paragraphs (1) through (5) are met.

26 Notwithstanding any other provision of this Section, to

1 qualify for a continuous glucose monitor under this Section,
2 an individual is not required to have a diagnosis of
3 uncontrolled diabetes; have a history of emergency room visits
4 or hospitalizations; or show improved glycemic control.

5 All continuous glucose monitors covered under this Section
6 shall be approved for use by individuals, and the choice of
7 device shall be made based upon the individual's circumstances
8 and medical needs in consultation with the individual's
9 medical provider, subject to the terms of the policy.

10 (b) Any individual who is diagnosed with diabetes mellitus
11 and meets the requirements of this Section shall not be
12 required to obtain prior authorization for coverage for a
13 continuous glucose monitor, and coverage shall be continuous
14 once the continuous glucose monitor is prescribed.

15 (c) A group or individual policy of accident and health
16 insurance or a managed care plan that is amended, delivered,
17 issued, or renewed on or after January 1, 2026 shall not impose
18 a deductible, coinsurance, copayment, or any other
19 cost-sharing requirement on the coverage of one continuous
20 glucose monitor, as provided under this Section. The
21 provisions of this subsection do not apply to coverage under
22 this Section to the extent such coverage would disqualify a
23 high-deductible health plan from eligibility for a health
24 savings account pursuant to the federal Internal Revenue Code,
25 26 U.S.C. 23.

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

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

3 (305 ILCS 5/5-16.8a new)

4 Sec. 5-16.8a. Rules concerning continuous glucose monitor
5 coverage. The Department shall adopt rules to implement the
6 changes made to Section 356z.59 of the Illinois Insurance
7 Code, as applied to the medical assistance program. The rules
8 shall, at a minimum, provide that:

9 (1) the ordering provider must be a physician licensed
10 under the Medical Practice Act of 1987 or a certified
11 nurse practitioner or physician assistant with a
12 collaborative agreement with the physician;

13 (2) continuous glucose monitors are not required to
14 have an alarm when glucose levels are outside the
15 pre-determined range; the capacity to generate predictive
16 alerts in case of impending hypoglycemia; or the ability
17 to transmit real-time glucose values and alerts to the
18 patient and designated other persons;

19 (3) the beneficiary is not required to need intensive
20 insulin therapy;

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

24 (5) if the beneficiary has gestational diabetes, the

1 beneficiary is not required to have suboptimal glycemic
2 control that is likely to harm the beneficiary or the
3 fetus;

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

10 (7) the beneficiary is not required to obtain prior
11 authorization for coverage for a continuous glucose
12 monitor, and that coverage is continuous once the
13 continuous glucose monitor is prescribed.

14 Section 99. Effective date. This Act takes effect July 1,
15 2024."