



Sen. Julie A. Morrison

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10300SB3414sam003

LRB103 38590 RPS 71896 a

1 AMENDMENT TO SENATE BILL 3414

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 3414, 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) A group or individual policy of accident and health  
10 insurance or a managed care plan that is amended, delivered,  
11 issued, or renewed before January 1, 2026 ~~on or after January~~  
12 ~~1, 2024~~ shall provide coverage for medically necessary  
13 continuous glucose monitors for individuals who are diagnosed  
14 with any form of diabetes mellitus ~~type 1 or type 2 diabetes~~  
15 and require insulin for the management of their diabetes. A  
16 group or individual policy of accident and health insurance or

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

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

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

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

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

23 (5) the individual either:

24 (A) uses insulin for treatment via one or more  
25 injections or infusions of insulin per day, and only  
26 one injection or infusion of one type of insulin shall

1           be sufficient utilization of insulin to qualify for a  
2           continuous glucose monitor under this Section; or

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

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

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

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

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

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

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

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

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

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

4 (305 ILCS 5/5-16.8a new)

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

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

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

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

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

1           (5) if the beneficiary has gestational diabetes, the  
2           beneficiary is not required to have suboptimal glycemic  
3           control that is likely to harm the beneficiary or the  
4           fetus;

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

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

15          Section 99. Effective date. This Act takes effect July 1,  
16          2024."