

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

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
17 renewed on or after January 1, 2026 shall provide coverage for
18 continuous glucose monitors, related supplies, and training in
19 the use of continuous glucose monitors for any individual if
20 the following requirements are met:

21 (1) the individual is diagnosed with diabetes
22 mellitus;

23 (2) the continuous glucose monitor has been prescribed

1 by a physician licensed under the Medical Practice Act of
2 1987 or a certified nurse practitioner or physician
3 assistant with a collaborative agreement with the
4 physician;

5 (3) the continuous glucose monitor has been prescribed
6 in accordance with the Food and Drug Administration's
7 indications for use;

8 (4) the prescriber has concluded that the individual
9 or individual's caregiver has sufficient training in using
10 the continuous glucose monitor, which may be evidenced by
11 the prescriber having prescribed a continuous glucose
12 monitor, and has attested that the patient will be
13 provided with that training;

14 (5) the individual either:

15 (A) uses insulin for treatment via one or more
16 injections or infusions of insulin per day, and only
17 one injection or infusion of one type of insulin shall
18 be sufficient utilization of insulin to qualify for a
19 continuous glucose monitor under this Section; or

20 (B) has reported a history of problematic
21 hypoglycemia with documentation to the individual's
22 medical provider showing at least one of the
23 following:

24 (i) recurrent hypoglycemic events
25 characterized by an altered mental or physical
26 state, despite multiple attempts to adjust

1 medications or modify the diabetes treatment plan,
2 as documented by a medical provider; or

3 (ii) a history of at least one hypoglycemic
4 event characterized by an altered mental or
5 physical state requiring third-party assistance
6 for treatment of hypoglycemia, as documented by
7 the individual's medical provider, which may be
8 self-reported by the individual; third-party
9 assistance shall not, in any event, be deemed to
10 require that the individual had been admitted to a
11 hospital or visited an emergency department; and

12 (6) within 6 months prior to prescribing a continuous
13 glucose monitor, the medical provider prescribing the
14 continuous glucose monitor had an in-person or covered
15 telehealth visit with the individual to evaluate the
16 individual's diabetes control and has determined that the
17 criteria of paragraphs (1) through (5) are met.

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

23 All continuous glucose monitors covered under this Section
24 shall be approved for use by individuals, and the choice of
25 device shall be made based upon the individual's circumstances
26 and medical needs in consultation with the individual's

1 medical provider, subject to the terms of the policy.

2 (b) Any individual who is diagnosed with diabetes mellitus
3 and meets the requirements of this Section shall not be
4 required to obtain prior authorization for coverage for a
5 continuous glucose monitor, and coverage shall be continuous
6 once the continuous glucose monitor is prescribed.

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

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

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

21 (305 ILCS 5/5-16.8a new)

22 Sec. 5-16.8a. Rules concerning continuous glucose monitor
23 coverage. The Department shall adopt rules to implement the
24 changes made to Section 356z.59 of the Illinois Insurance

1 Code, as applied to the medical assistance program. The rules
2 shall, at a minimum, provide that:

3 (1) the ordering provider must be a physician licensed
4 under the Medical Practice Act of 1987 or a certified
5 nurse practitioner or physician assistant with a
6 collaborative agreement with the physician; the ordering
7 provider is not required to obtain continuing medical
8 education in order to prescribe a continuous glucose
9 monitor;

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

16 (3) the beneficiary is not required to need intensive
17 insulin therapy;

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

21 (5) if the beneficiary has gestational diabetes, the
22 beneficiary is not required to have suboptimal glyceic
23 control that is likely to harm the beneficiary or the
24 fetus;

25 (6) if a beneficiary has diabetes mellitus and the
26 beneficiary does not meet the coverage requirements or if

1 the beneficiary is in a population in which continuous
2 glucose monitor usage has not been well-studied, requests
3 shall be reviewed, on a case-by-case basis, for medical
4 necessity and approved if appropriate; and

5 (7) prior authorization is required for a prescription
6 of a continuous glucose monitor; once a continuous glucose
7 monitor is prescribed, the prior authorization shall be
8 approved for a 12-month period.

9 Section 99. Effective date. This Act takes effect July 1,
10 2024.