

AN ACT concerning regulation.

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

Section 5. The Illinois Insurance Code is amended by changing Section 356z.59 as follows:

(215 ILCS 5/356z.59)

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

(a) A group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed before January 1, 2026 ~~on or after January 1, 2024~~ shall provide coverage for medically necessary continuous glucose monitors for individuals who are diagnosed with any form of diabetes mellitus ~~type 1 or type 2 diabetes~~ and require insulin for the management of their diabetes. A group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2026 shall provide coverage for continuous glucose monitors, related supplies, and training in the use of continuous glucose monitors for any individual if the following requirements are met:

(1) the individual is diagnosed with diabetes mellitus;

(2) the continuous glucose monitor has been prescribed

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

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

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

(5) the individual either:

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

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

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

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

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

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

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

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

medical provider, subject to the terms of the policy.

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

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

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

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

(305 ILCS 5/5-16.8a new)

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

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

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

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

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

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

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

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

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

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

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