



Rep. Jenn Ladisch Douglass

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10300HB5382ham001

LRB103 39371 RPS 71255 a

1 AMENDMENT TO HOUSE BILL 5382

2 AMENDMENT NO. _____. Amend House Bill 5382 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) In this Section, "diabetes mellitus" includes all
9 forms of diabetes, a chronic condition where the pancreas does
10 not produce insulin or does not produce enough insulin or the
11 body cannot effectively use the insulin it produces.

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

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

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

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

25 (c) Any individual who is diagnosed with diabetes mellitus
26 and meets the requirements of this Section shall not be

1 required to obtain prior authorization for coverage for a
2 continuous glucose monitor, and coverage shall be continuous
3 once the continuous glucose monitor is prescribed.

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

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

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

17 (305 ILCS 5/5-16.8a new)

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

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

24 (1) the ordering provider must be any physician

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

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

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

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

11 (5) if the beneficiary has gestational diabetes, the
12 beneficiary is not required to have suboptimal glyemic
13 control that is likely to harm the beneficiary or the
14 fetus;

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

21 (7) the beneficiary is not required to obtain prior
22 authorization for coverage for a continuous glucose
23 monitor, and that coverage is continuous once the
24 continuous glucose monitor is prescribed.

25 (b) The fee-for-service medical assistance program shall
26 comply with the requirements of Section 356z.59 of the

1 Illinois Insurance Code.

2 Section 99. Effective date. This Act takes effect January
3 1, 2025.".