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A bill to be entitled

An act relating to continuous glucose monitors;
amending s. 409.9063, F.S.; revising the definition of
the term "continuous glucose monitor"; requiring the
Agency for Health Care Administration to provide
coverage for continuous glucose monitors; providing
requirements for such coverage and reimbursement;

providing an effective date.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. Section 409.9063, Florida Statutes, is amended to read:

409.9063 Coverage of continuous glucose monitors for Medicare and Medicaid recipients.—

- (1) As used in this section, the term "continuous glucose monitor" means an instrument or a device that is considered durable medical equipment as described in s. 409.815(2)(h) and is designed for the purpose of aiding in the treatment of diabetes by measuring glucose levels on demand or at set intervals through a small, electronic sensor that slightly penetrates a person's skin when applied and that is designed to remain in place and active for at least 7 days.
- (2) $\underline{\text{(a)}}$ Subject to the availability of funds and subject to any limitations or directions provided in the General

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CODING: Words stricken are deletions; words underlined are additions.

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Appropriations Act, the agency must provide coverage for a continuous glucose monitor under the <u>Medicare or Medicaid</u> pharmacy benefit for the treatment of a <u>Medicare or Medicaid</u> recipient if:

- 1.(a) The recipient has been diagnosed by his or her primary care physician, or another licensed health care practitioner authorized to make such diagnosis, with Type 1 diabetes, Type 2 diabetes, gestational diabetes, or any other type of diabetes that may be treated with insulin; and
- 2.(b) A health care practitioner with the applicable prescribing authority has prescribed insulin to treat the recipient's diabetes and a continuous glucose monitor to assist the recipient and practitioner in managing the recipient's diabetes.
- (b) The agency shall also provide coverage for continuous glucose monitors which shall be reimbursed under the Medicare

 Part B Durable Medical Equipment benefits or under the Florida

 Medicaid durable medical equipment program. The continuous glucose monitors do not require the national drug code on the claim for reimbursement.
- (3) Coverage under this section includes the cost of any necessary repairs or replacement parts for the continuous glucose monitor.
- (4) To qualify for continued coverage under this section, the <u>Medicare or Medicaid recipient must participate in <u>followup</u></u>

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follow-up care with his or her treating health care practitioner, in person or through telehealth, at least once every 6 months during the first 18 months after the first prescription of the continuous glucose monitor for the recipient has been issued under this section, to assess the efficacy of using the monitor for treatment of his or her diabetes. After the first 18 months, such followup follow-up care must occur at least once every 12 months.

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(5) The agency shall seek federal approval, if needed, for the implementation of this section.

Section 2. This act shall take effect July 1, 2025.