

CHAPTER 2023-283

Committee Substitute for House Bill No. 967

An act relating to Medicaid coverage of continuous glucose monitors; creating s. 409.9063, F.S.; defining the term “continuous glucose monitor”; requiring the Agency for Health Care Administration, subject to the availability of funds and certain limitations and directions, to provide coverage for continuous glucose monitors for certain Medicaid recipients; providing construction; providing requirements for Medicaid recipients to continue receiving coverage for their continuous glucose monitors; requiring the agency to seek federal approval for implementation of the act, if needed; requiring the agency to include the rate impact of the act in certain rates that become effective on a specified date; providing an effective date.

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

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

409.9063 Coverage of continuous glucose monitors for Medicaid recipients.—

(1) As used in this section, the term “continuous glucose monitor” means an instrument or a device 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) Subject to the availability of funds and subject to any limitations or directions provided in the General Appropriations Act, the agency must provide coverage for a continuous glucose monitor under the Medicaid pharmacy benefit for the treatment of a Medicaid recipient if:

(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

(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.

(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 Medicaid recipient must participate in 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 follow-up care must occur at least once every 12 months.

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

Section 2. The Agency for Health Care Administration shall include the rate impact of this act in the Medicaid managed medical assistance program and long-term care managed care program rates, as applicable, that take effect on October 1, 2023.

Section 3. This act shall take effect October 1, 2023.

Approved by the Governor June 22, 2023.

Filed in Office Secretary of State June 22, 2023.