

ADOPTED

Senator Echols of the 49th offered the following amendment #1:

1 *Amend the House Committee on Rules substitute to SB 35 (LC 44 2396S) by striking lines 1*
2 *through 226 and inserting in lieu thereof the following:*

3 To amend Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated,
4 relating to medical assistance generally, so as to require the Department of Community
5 Health to include continuous glucose monitors as a benefit for Medicaid recipients via the
6 most cost-effective benefit delivery channel; to provide for coverage criteria; to provide for
7 certain consultations by treating practitioners; to provide for related matters; to provide for
8 an effective date; to repeal conflicting laws; and for other purposes.

9 **BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:**

10 **SECTION 1.**

11 Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to
12 medical assistance generally, is amended by adding a new Code section to read as follows:

13 "49-4-159.2.

14 (a) On and after July 1, 2023, the department shall include coverage for continuous
15 glucose monitors as a benefit under Medicaid via the most cost-effective benefit delivery
16 channel. The criteria for such coverage shall be updated to align with current standards of
17 care and shall include, but shall not be limited to, requirements that:

18 (1) The recipient has been diagnosed with diabetes mellitus by a treating practitioner;

- 19 (2) The recipient's treating practitioner has concluded that the recipient or the recipient's
20 caregiver has had sufficient training in using a continuous glucose monitor as evidenced
21 by the provision of a prescription therefor; and
- 22 (3) The recipient:
- 23 (A) Is treated with at least one daily administration of insulin; or
24 (B) Has a history of problematic hypoglycemia with documentation of at least one of
25 the following:
- 26 (i) Recurrent level 2 hypoglycemic events (glucose less than 54 mg/dL (3.0 mmol/L))
27 that persist despite two or more attempts to adjust medication, modify the diabetes
28 treatment plan, or both; or
29 (ii) A history of a level 3 hypoglycemic event (glucose less than 54 mg/dL
30 (3.0 mmol/L)) characterized by altered mental or physical state requiring third-party
31 assistance for treatment for hypoglycemia.
- 32 (b) Within six months prior to prescribing a continuous glucose monitor for a recipient,
33 the treating practitioner shall have had an in-person or telehealth visit with the recipient to
34 evaluate the recipient's diabetes control and shall have concluded that the recipient meets
35 the criteria set forth in subsection (a) of this Code section.
- 36 (c) Every six months following the initial prescription of a continuous glucose monitor,
37 the treating practitioner shall have an in-person or telehealth visit with the recipient to
38 assess adherence to his or her continuous glucose monitor regimen and diabetes treatment
39 plan."

40 **SECTION 2.**

41 This Act shall become effective on July 1, 2023.

42 **SECTION 3.**

43 All laws and parts of laws in conflict with this Act are repealed.