

HB 648-FN - AS INTRODUCED

2025 SESSION

25-0120

05/11

HOUSE BILL **648-FN**

AN ACT relative to insurance coverage for glucose monitoring.

SPONSORS: Rep. Damon, Sull. 8; Rep. Balboni, Rock. 38; Rep. Beauchemin, Hills. 3; Rep. Newell, Ches. 4; Rep. Selig, Straf. 10; Rep. Spier, Hills. 6; Rep. Mandelbaum, Rock. 21; Rep. Nagel, Belk. 6; Rep. Rollins, Sull. 3; Sen. Gannon, Dist 23; Sen. Prentiss, Dist 5; Sen. Ward, Dist 8; Sen. Rochefort, Dist 1

COMMITTEE: Commerce and Consumer Affairs

ANALYSIS

This bill requires health insurance providers to cover glucose monitoring devices and supplies for individuals with diabetes.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears ~~[in brackets and struckthrough.]~~
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Five

AN ACT relative to insurance coverage for glucose monitoring.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Accident and Health Insurance; Individual; Coverage for Diabetes Services and Supplies;
2 Glucose Monitoring Devices. Amend RSA 415:6-e to read as follows:

3 415:6-e Coverage for Diabetes Services and Supplies.

4 **I.** Each insurer that issues or renews any individual policy, plan, or contract of accident or
5 health insurance providing benefits for medical or hospital expenses, shall provide to certificate
6 holders of such insurance, who are residents of this state, coverage for medically appropriate and
7 necessary outpatient self-management training and educational services, pursuant to a written
8 order of a primary care physician or practitioner, including, but not limited to medical nutrition
9 therapy for the treatment of diabetes, provided by a certified, registered, or licensed health care
10 professional with expertise in diabetes, subject to the terms and conditions of the policy. Each
11 insurer that issues or renews any individual policy, plan, or contract of accident or health insurance
12 providing benefits for medical or hospital expenses which provides a prescription rider shall cover
13 medically appropriate or necessary insulin, oral agents, and equipment used to treat diabetes subject
14 to the terms and conditions of the policy **and this section.**

15 **II.** Each insurer that provides coverage for prescription insulin drugs shall cap the total
16 amount that a covered person is required to pay for each covered insulin drug prescription at an
17 amount not to exceed \$30 for each 30-day supply of each insulin prescription. The maximum \$30
18 copayment for each 30-day supply of each covered insulin drug prescription shall apply when an
19 original prescription is dispensed as well as when refills of the prescription are dispensed, including
20 early refills. Coverage for prescription insulin drugs shall not be subject to any deductible.

21 **III.** Each insurer that issues or renews any individual policy, plan, or contract of accident or
22 health insurance providing benefits for medical or hospital expenses which provides ~~[for]~~ **pharmacy**
23 **or** durable medical equipment coverage shall provide coverage for medically appropriate or
24 necessary equipment used to treat diabetes subject to the terms and conditions of the policy **and**
25 **this paragraph. Equipment shall include traditional blood glucose monitors and**
26 **continuous glucose monitoring systems (CGMS) and the necessary supplies for any person**
27 **with a diagnosis of Type 2 diabetes or gestational diabetes. In this paragraph, a**
28 **“continuous glucose monitoring system” means an instrument or device designed for the**
29 **purpose of measuring glucose levels continuously through an in-dwelling sensor and the**
30 **necessary supplies. "Supplies" shall include, but are not limited to, sensors, transmitters,**
31 **receivers, lancets, and test strips.**

1 (a) *Coverage under this paragraph shall be provided without regard to the form*
2 *of treatment. Insulin utilization, frequency of administration of insulin, or frequency of*
3 *blood glucose testing shall not be a requirement for coverage of blood glucose monitoring*
4 *or CGMS. Preferred providers or formularies shall include at least 2 of each kind of*
5 *device. An endocrinology referral or prescription shall not be required. Prior*
6 *authorization shall not be required.*

7 (b) *To qualify for continued coverage under this paragraph, the recipient must*
8 *participate in follow-up care with their treating licensed health care practitioner, in*
9 *person or through telehealth, at least once every 6 months during the first 18 months of the*
10 *glucose monitoring, to assess the efficacy of using the monitor for treatment of his or her*
11 *diabetes. After the first 18 months, such follow-up care must occur a minimum of once*
12 *every 12 months.*

13 (c) *Glucose monitoring devices and supplies shall be covered without being*
14 *subject to a deductible. Nothing in this paragraph shall prevent an insurer from reducing*
15 *an insured's copayment or coinsurance.*

16 2 Accident and Health Insurance; Group; Coverage for Diabetes Services and Supplies; Glucose
17 Monitoring Devices. Amend RSA 415:18-f to read as follows:

18 415:18-f Coverage for Diabetes Services and Supplies.

19 **I.** Each insurer that issues or renews any policy, plan, or contract of group accident or
20 health insurance providing benefits for medical or hospital expenses, shall provide each group, or to
21 the portion of each group comprised of certificate holders of such insurance who are residents of this
22 state, coverage for medically appropriate and necessary outpatient self-management training and
23 educational services, pursuant to a written order of a primary care physician or practitioner,
24 including, but not limited to medical nutrition therapy for the treatment of diabetes, provided by a
25 certified, registered, or licensed health care professional with expertise in diabetes, subject to the
26 terms and conditions of the policy. Each insurer that issues or renews any group policy, plan, or
27 contract of accident or health insurance providing benefits for medical or hospital expenses which
28 provides a prescription rider shall cover medically appropriate or necessary insulin, oral agents, and
29 equipment used to treat diabetes subject to the terms and conditions of the policy **and this section.**

30 **II.** Each insurer that provides coverage for prescription insulin drugs shall cap the total
31 amount that a covered person is required to pay for each covered insulin drug prescription at an
32 amount not to exceed \$30 for each 30-day supply of each insulin prescription. The maximum \$30
33 copayment for each 30-day supply of each covered insulin drug prescription shall apply when an
34 original prescription is dispensed as well as when refills of the prescription are dispensed, including
35 early refills. Coverage for prescription insulin drugs shall not be subject to any deductible.

36 **III.** Each insurer that issues or renews any group policy, plan, or contract of accident or
37 health insurance providing benefits for medical or hospital expenses which provides [~~for~~] **pharmacy**

1 **or** durable medical equipment coverage shall provide coverage for medically appropriate or
2 necessary equipment used to treat diabetes subject to the terms and conditions of the policy **and**
3 **this paragraph. Equipment shall include traditional blood glucose monitors and**
4 **continuous glucose monitoring systems (CGMS) and the necessary supplies for any person**
5 **with a diagnosis of Type 2 diabetes or gestational diabetes. In this paragraph, a**
6 **“continuous glucose monitoring system” means an instrument or device designed for the**
7 **purpose of measuring glucose levels continuously through an in-dwelling sensor and the**
8 **necessary supplies. “Supplies” shall include, but are not limited to, sensors, transmitters,**
9 **receivers, lancets, and test strips.**

10 (a) **Coverage under this paragraph shall be provided without regard to the form**
11 **of treatment. Insulin utilization, frequency of administration of insulin, or frequency of**
12 **blood glucose testing shall not be a requirement for coverage of blood glucose monitoring**
13 **or CGMS. Preferred providers or formularies shall include at least 2 of each kind of**
14 **device. An endocrinology referral or prescription shall not be required. Prior**
15 **authorization shall not be required.**

16 (b) **To qualify for continued coverage under this paragraph, the recipient must**
17 **participate in follow-up care with their treating licensed health care practitioner, in**
18 **person or through telehealth, at least once every 6 months during the first 18 months of the**
19 **glucose monitoring, to assess the efficacy of using the monitor for treatment of his or her**
20 **diabetes. After the first 18 months, such follow-up care must occur a minimum of once**
21 **every 12 months.**

22 (c) **Glucose monitoring devices and supplies shall be covered without being**
23 **subject to a deductible. Nothing in this paragraph shall prevent an insurer from reducing**
24 **an insured’s copayment or coinsurance.**

25 3 Health Service Corporation; Coverage for Diabetes Services and Supplies; Glucose Monitoring
26 Devices. Amend RSA 420-A:17-a to read as follows:

27 420-A:17-a Coverage for Diabetes Services and Supplies.

28 **I.** Every health service corporation and every similar corporation licensed under the laws of
29 another state that issues or renews any policy, plan, or contract of individual or group accident or
30 health insurance providing benefits for medical or hospital expenses, shall provide to each individual
31 or group, or to the portion of each group comprised of certificate holders of such insurance who are
32 residents of this state, coverage for the medically appropriate and necessary outpatient self-
33 management training and educational services, pursuant to a written order of a primary care
34 physician or practitioner, including, but not limited to medical nutrition therapy for the treatment of
35 diabetes, provided by a certified, registered, or licensed health care professional with expertise in
36 diabetes, subject to the terms and conditions of the policy. Each health service corporation that
37 issues or renews any individual or group policy, plan, or contract of accident or health insurance

1 providing benefits for medical or hospital expenses which provides a prescription rider shall cover
 2 medically appropriate or necessary insulin, oral agents, and equipment used to treat diabetes subject
 3 to the terms and conditions of the policy **and this section.**

4 **II.** Each health service corporation that provides coverage for prescription insulin drugs
 5 shall cap the total amount that a covered person is required to pay for each covered insulin drug
 6 prescription at an amount not to exceed \$30 for each 30-day supply of each insulin prescription. The
 7 maximum \$30 copayment for each 30-day supply of each covered insulin drug prescription shall
 8 apply when an original prescription is dispensed as well as when refills of the prescription are
 9 dispensed, including early refills. Coverage for prescription insulin drugs shall not be subject to any
 10 deductible.

11 **III.** Each health service corporation that issues or renews any individual or group policy,
 12 plan, or contract of accident or health insurance providing benefits for medical or hospital expenses
 13 which provides ~~[for]~~ **pharmacy or** durable medical equipment coverage shall provide coverage for
 14 medically appropriate or necessary equipment used to treat diabetes subject to the terms and
 15 conditions of the policy **and this paragraph. Equipment shall include traditional blood**
 16 **glucose monitors and continuous glucose monitoring systems (CGMS) and the necessary**
 17 **supplies for any person with a diagnosis of Type 2 diabetes or gestational diabetes. In this**
 18 **paragraph, a “continuous glucose monitoring system” means an instrument or device**
 19 **designed for the purpose of measuring glucose levels continuously through an in-dwelling**
 20 **sensor and the necessary supplies. “Supplies” shall include, but are not limited to, sensors,**
 21 **transmitters, receivers, lancets, and test strips.**

22 (a) Coverage under this paragraph shall be provided without regard to the form
 23 of treatment. Insulin utilization, frequency of administration of insulin, or frequency of
 24 blood glucose testing shall not be a requirement for coverage of blood glucose monitoring
 25 or CGMS. Preferred providers or formularies shall include at least 2 of each kind of
 26 device. An endocrinology referral or prescription shall not be required. Prior
 27 authorization shall not be required.

28 (b) To qualify for continued coverage under this paragraph, the recipient must
 29 participate in follow-up care with their treating licensed health care practitioner, in
 30 person or through telehealth, at least once every 6 months during the first 18 months of the
 31 glucose monitoring, to assess the efficacy of using the monitor for treatment of his or her
 32 diabetes. After the first 18 months, such follow-up care must occur a minimum of once
 33 every 12 months.

34 (c) Glucose monitoring devices and supplies shall be covered without being
 35 subject to a deductible. Nothing in this paragraph shall prevent an insurer from reducing
 36 an insured’s copayment or coinsurance.

1 4 Health Maintenance Organizations; Coverage for Diabetes Services and Supplies; Glucose
2 Monitoring Devices. Amend RSA 420-B:8-k to read as follows:

3 420-B:8-k Coverage for Diabetes Services and Supplies.

4 **I.** Every health maintenance organization and every similar corporation licensed under the
5 laws of another state that issues or renews any policy, plan, or contract of individual or group health
6 insurance providing benefits for medical or hospital expenses, shall provide to each individual or
7 group, or to the portion of each group comprised of certificate holders of such insurance who are
8 residents of this state, coverage for the medically appropriate and necessary outpatient self-
9 management training and educational services, pursuant to a written order of a primary care
10 physician or practitioner, including, but not limited to medical nutrition therapy for the treatment of
11 diabetes, provided by a certified, registered, or licensed health care professional with expertise in
12 diabetes, subject to the terms and conditions of the policy. Each health maintenance organization
13 that issues or renews any individual or group policy, plan, or contract of accident or health insurance
14 providing benefits for medical or hospital expenses which provides a prescription rider shall cover
15 medically appropriate or necessary insulin, oral agents, and equipment used to treat diabetes subject
16 to the terms and conditions of the policy **and this section**.

17 **II.** Each health maintenance organization that provides coverage for prescription insulin
18 drugs shall cap the total amount that a covered person is required to pay for each covered insulin
19 drug prescription at an amount not to exceed \$30 for each 30-day supply of each insulin prescription.
20 The maximum \$30 copayment for each 30-day supply of each covered insulin drug prescription shall
21 apply when an original prescription is dispensed as well as when refills of the prescription are
22 dispensed, including early refills. Coverage for prescription insulin drugs shall not be subject to any
23 deductible.

24 **III.** Each health maintenance organization that issues or renews any individual or group
25 policy, plan, or contract of accident or health insurance providing benefits for medical or hospital
26 expenses which provides ~~for~~ **pharmacy or** durable medical equipment coverage shall provide
27 coverage for medically appropriate or necessary equipment used to treat diabetes subject to the
28 terms and conditions of the policy **and this paragraph**. **Equipment shall include traditional**
29 **blood glucose monitors and continuous glucose monitoring systems (CGMS) and the**
30 **necessary supplies for any person with a diagnosis of Type 2 diabetes or gestational**
31 **diabetes. In this paragraph, a "continuous glucose monitoring system" means an**
32 **instrument or device designed for the purpose of measuring glucose levels continuously**
33 **through an in-dwelling sensor and the necessary supplies. "Supplies" shall include, but**
34 **are not limited to, sensors, transmitters, receivers, lancets, and test strips.**

35 **(a) Coverage under this paragraph shall be provided without regard to the form**
36 **of treatment. Insulin utilization, frequency of administration of insulin, or frequency of**
37 **blood glucose testing shall not be a requirement for coverage of blood glucose monitoring**

1 *or CGMS. Preferred providers or formularies shall include at least 2 of each kind of*
2 *device. An endocrinology referral or prescription shall not be required. Prior*
3 *authorization shall not be required.*

4 *(b) To qualify for continued coverage under this paragraph, the recipient must*
5 *participate in follow-up care with their treating licensed health care practitioner, in*
6 *person or through telehealth, at least once every 6 months during the first 18 months of the*
7 *glucose monitoring, to assess the efficacy of using the monitor for treatment of his or her*
8 *diabetes. After the first 18 months, such follow-up care must occur a minimum of once*
9 *every 12 months.*

10 *(c) Glucose monitoring devices and supplies shall be covered without being*
11 *subject to a deductible. Nothing in this paragraph shall prevent an insurer from reducing*
12 *an insured's copayment or coinsurance.*

13 5 Effective Date. This act shall take effect 60 days after its passage.

HB 648-FN- FISCAL NOTE
 AS INTRODUCED

AN ACT relative to insurance coverage for glucose monitoring.

FISCAL IMPACT: This bill does not provide funding, nor does it authorize new positions.

Estimated State Impact				
	FY 2025	FY 2026	FY 2027	FY 2028
Revenue	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
<i>Revenue Fund(s)</i>	General Fund and Various Agency Funds			
Expenditures*	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
<i>Funding Source(s)</i>	NHID Operating Fund			
Appropriations*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

*Expenditure = Cost of bill

*Appropriation = Authorized funding to cover cost of bill

METHODOLOGY:

This bill requires insurance coverage for glucose monitoring devices for people with diabetes. The Insurance Department indicates this bill seeks to expand coverage for diabetes monitoring supplies and equipment for individuals living with diabetes. The bill would amend RSAs 415:6-e, 415:18-f, 420-A:17-a, and 420-B:8-k, to require insurers issuing health plans to individuals, groups, health service organizations (HSOs), and health maintenance organizations (HMOs) respectively, to cover continuous glucose monitoring devices and sensors (CGMS), as well as associated follow-up care for the first 6, 12, and 18 months of use. Coverage would be required for all forms of diabetes therapy, including insulin therapy.

The Department assumes this bill would increase the frequency, unit cost, and total cost of claims. The Department expects the extent of this increase to be non-trivial, but indeterminable at this time. This may result in upward pressure on premiums and increased premium tax revenues. To the extent insurance premiums increase county and local expenditures for health insurance would also increase.

The Department states this is a new coverage requirement that could be subject to cost defrayal of state-mandated requirements pursuant to 45 CFR §155.170. Under this federal regulation, passage of this bill could be considered a state action to add a health benefit which is above or in

addition to the Essential Health Benefits (EHB) offered in the Exchange Marketplace. This could be the case even though the specific coverage required is already subsumed under existing categories of EHB coverage. Under this regulation, the State may be required to defray the cost of the additional required benefits to Qualified Health Plan enrollees or to QHP issuers. This would represent a general fund expense which is indeterminable at this time. However, under RSA 400-A:39-b, the legislative committee, having jurisdiction over this bill, may refer the proposed mandated coverage to the Insurance Department which is authorized to retain an external actuarial to review the costs and benefits of the proposed mandate. In this manner, a qualified opinion of the cost of this bill could be obtained. The historical cost of this actuarial review is between \$20,000 to \$40,000 which would be covered under the Insurance Department's Operating Fund (NHID Operating Fund).

The Department of Administrative Services states there would be no fiscal impact to the State's health insurance plan or to their budget.

AGENCIES CONTACTED:

Insurance Department and Department of Administrative Services