AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 436
A-23

Introduced by: American College of Preventive Medicine

Subject: Prediabetes as a Major Health Concern for Chronic Disease Prevention

Sponsored by:

Referred to:

WHEREAS, approximately 96 million Americans or 1 in 3 people have prediabetes[1]; and

WHEREAS, 80% of adults are not aware they have prediabetes and remain undetected[2]; and

WHEREAS, 1 out of 4 Americans aged 12 to 18 years in the United States have prediabetes, placing younger generations at risk for developing type 2 diabetes and heart disease in the future[3]; and

WHEREAS, historically marginalized and excluded populations in the United States are disproportionately affected by prediabetes and type 2 Diabetes including Black Americans, Hispanic/Latino Americans, American Indians, Pacific Islanders, and Asian Americans[2]; and

WHEREAS, the United States Preventive Services Task Force (USPSTF) recommends adults aged 35 to 70 years who have certain risk factors including overweight or obesity should be screened for prediabetes and type 2 diabetes by physicians and receive referrals to valuable preventive interventions[4]; and

WHEREAS, the Centers for Disease Control and Prevention estimates approximately 210,000 children and adolescents living in the United States under the age of 20 years have diabetes and of that group 23,000 children and adolescents have type 2 diabetes[5]; and

WHEREAS, Healthy People 2030 reports 2 in 5 adults and 1 in 5 children have obesity and therefore are at risk of developing severe medical conditions including type 2 diabetes[6]; and

WHEREAS, non-Hispanic Black and Hispanic adults and children have a higher incidence of obesity when compared to other racial groups[7]; and

WHEREAS, about 10% of Americans living with prediabetes will advance to a diabetes diagnosis within a year[8]; and

WHEREAS, other risk factors related to prediabetes include “older age, physical inactivity, unhealthy diet, and genetic predisposition[8]”, and therefore lifestyle choices related to physical activity levels, weight management and choosing not to smoke decrease the risk of diabetes-related complications, while also monitoring A1C, blood pressure and cholesterol levels[9]; and

WHEREAS, those living with prediabetes can also delay or prevent diabetes through engaging in lifestyle prevention strategies and services which manage “psychological, social, and motivational obstacles[8]”; and

WHEREAS, the United States healthcare system spends an estimated $327 billion per year on diabetes-related medical expenses and reduced productivity[10]; and

WHEREAS, the average American living with diabetes spends an estimated $16,750 per year on medical expenses, with $9,600 per year on diabetes-related medical expenses[10]; and

WHEREAS, Healthcare providers should carefully review appropriateness of glucagon-like peptide-1 (GLP-1) receptor agonist therapy as shortages within this drug class have recently emerged[11,12]; and

WHEREAS, the American College of Preventive Medicine (ACPM) in partnership with the American College of Lifestyle Medicine (ACLM) developed the Lifestyle Medicine Core Competencies Program for healthcare providers to address various modalities of lifestyle medicine in relation to prediabetes and diabetes care management including nutrition, physical activity, sleep health, health and wellness coaching, emotional wellness and weight managment[13]; and

WHEREAS, structured lifestyle change programs focused on healthy eating, physical activity and lowering medical expenses, such as Diabetes Self-Management Education and Support (DSMES)[14], the National Diabetes Prevention Program (NDPP)[15] and the Childhood Obesity Intervention Cost-Effectiveness Study (CHOICES)[16], can prevent or delay the onset of obesity, prediabetes and type 2 diabetes[14,15,16]; and

WHEREAS, 1 in 4 people who take insulin reported associated costs effecting their ability to consistently and/or correctly take the medication[17]; and

WHEREAS, advocacy efforts are needed to continue to lower the cost of diabetes management through reducing excessive insulin costs and limiting medical-related copayments[17]; therefore be it

RESOLVED, Our AMA acknowledges prediabetes as a major health concern for chronic disease prevention in the United States, and supports development of physician and patient focused education, increased access to care and continued advocacy for local, state and nation-wide policy change within a diversity, equity, inclusion and accessibility framework.

Fiscal Note: TBD

Date Received:

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RELEVANT AMA POLICY

Strategies to Increase Diabetes Awareness D-440.935
1. Our AMA will organize a series of activities for the public in collaboration with health care workers and community organizations to bring awareness to the severity of **diabetes** and measures to decrease its incidence.

Support Efforts to Improve Access to Diabetes Self-Management Training Services H-160.899
Our AMA: (1) will actively support regulatory and legislative actions that will mitigate barriers to Diabetes Self-Management Training (DSMT) utilization; and (2) will support outreach efforts to foster increased reliance on DSMT by physician practices in order to improve quality of diabetes care.

National Diabetes Education Program H-440.861
Our AMA formally endorses the work of the National Diabetes Education Program (NDEP), a joint venture of the National Institutes of Health, the Centers for Disease Control and Prevention, and over 200 organizations, and will seek inclusion in the NDEP Steering Committee to help guide the development of diabetes educational materials in line with existing AMA policy.

Ensuring the Best In-School Care for Children with Diabetes H-60.932
Our AMA policy is that physicians, physicians-in-training, and medical students should serve as advocates for pediatric patients with diabetes to ensure that they receive the best in-school care, and are not discriminated against, based on current federal and state protections.

Genomic-Based Approaches to the Risk Assessment, Management and Prevention of Type 2 Diabetes H-440.838
Our AMA encourages continued research into the potential of genomic information to improve risk assessment, management and prevention of type 2 diabetes, and will report back on important advances as appropriate.

Expansion of National Diabetes Prevention Program H-440.844
Our AMA: (1) supports evidence-based, physician-prescribed diabetes prevention programs, (2) supports the expansion of the NDPP to more CDC-certified sites across the country; and (3) will support coverage of the NDPP by Medicare and all private insurers.

Obesity as a Major Health Concern H-440.902
The AMA: (1) recognizes obesity in children and adults as a major public health problem; (2) will study the medical, psychological and socioeconomic issues associated with obesity, including reimbursement for evaluation and management of patients with obesity; (3) will work with other professional medical organizations, and other public and private organizations to develop evidence-based recommendations regarding education, prevention, and treatment of obesity; (4) recognizes that racial and ethnic disparities exist in the prevalence of obesity and diet-

related diseases such as coronary heart disease, cancer, stroke, and diabetes and recommends that physicians use culturally responsive care to improve the treatment and management of obesity and diet-related diseases in minority populations; and (5) supports the use of cultural and socioeconomic considerations in all nutritional and dietary research and guidelines in order to treat patients affected by obesity.