American College of Preventive Medicine
physicians dedicated to prevention

ACPM Policy Statement on Diabetes Prevention and Management

Key Issues:

Diabetes is among the top ten leading causes of death in the United States. According to the CDC's 2023 National Diabetes Statistics Report, over 37 million U.S. adults are living with diabetes and an additional 96 million have prediabetes.[1,2] Over the past two decades, the prevalence of diagnosed diabetes cases has more than doubled, diabetes is estimated to directly contribute to over 100,000 deaths annually.[2,3]

Diabetes significantly increases the risk of life-threatening complications, including heart disease, stroke, limb amputation, end-stage kidney disease and vision loss. It is a major driver of morbidity and mortality, both through its direct effects and by amplifying the severity of coexisting conditions.[4] Diabetes-related complications contribute substantially to healthcare spending. In 2022, diabetes-related expenditures encompassing both direct medical expenses and indirect costs (i.e. lost productivity) totaled nearly $413 billion -- an $80 billion increase since 2017.[5]

The American College of Preventive Medicine (ACPM) recognizes diabetes as a pressing public health issue that requires a coordinated, multidisciplinary approach for prevention and control. ACPM supports evidence-based, community-level strategies and a greater emphasis on early intervention to improve health outcomes for individuals at-risk of developing diabetes and its complications.

Policy Recommendations:

Workforce Training

Addressing the growing diabetes epidemic requires a healthcare workforce that is adequately trained and equipped with the necessary knowledge and resources to deliver comprehensive, evidence-based care across diverse settings.

ACPM supports:

- Interdisciplinary collaboration among clinicians, dietitians and other allied health professionals to design and implement innovative strategies for diabetes prevention and management.
- Integration of diabetes prevention and management efforts into primary care practices and community health programs to expand reach and improve early intervention.
- Reform of clinical education curricula to include core competencies for diabetes prevention, nutrition counseling, physical activity promotion and behavior change techniques.[6]
- Training healthcare providers on the most current, effective and cost-efficient pharmacologic diabetes treatments in accordance with evolving clinical guidelines.[7]
- Utilization of electronic health records (EHRs) to integrate diabetes and prediabetes care pathways and registries to enable proactive early intervention and monitoring.

Research and Program Initiatives

ACPM urges Congress to expand federal investments in diabetes-related research and public health programs, as well as foster strategic partnerships between clinicians, researchers and policymakers to align innovation with implementation.

ACPM supports:

- Diabetes research initiatives that aim to better define the national burden of diabetes and prediabetes, as well as identify effective prevention and treatment strategies.[8]
- Increased visibility and sustained funding for the NIH National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), whose research leadership has shaped advancements in diabetes detection, treatments modalities and prevention.
- Ongoing investment in the CDC Division of Diabetes Translation (DDT) to continue its critical work in translational research, national surveillance and expansion of evidence-based prevention programs.
- Ongoing investment in the Special Diabetes Program (SDP/SDPI), which supports Type 1 diabetes research and Type 2 diabetes prevention and management initiatives for Native American and Alaska Native communities.
- Expansion of access to the CDC National Diabetes Prevention Program (NDPP) to support community-based interventions targeting underserved and marginalized populations at high risk for progression of prediabetes and Type 2 diabetes.

Accessibility to Affordable Care

Access to affordable, high quality diabetes care is essential for improving outcomes and preventing complications. Treatment success is heavily influenced by factors such as age, socioeconomic status and insurance coverage. Critical resources such as continuous glucose monitoring and insulin therapy exist but are underutilized due to cost-related barriers embedded within current reimbursement and insurance structures.[6,10] Professional medical organizations recognize the cruciality of comprehensive insurance coverage, consistent access to essential screenings and medications and financial support mechanisms. There is a united effort among the medical community to reform payment policies and insurance regulations to ensure comprehensive, clinically appropriate care for all individuals affected by or at-risk of developing diabetes.

ACPM Supports:

- Expansion of health insurance coverage to all individuals who have or are at risk for developing diabetes.
- Uniform coverage across insurers for HbA1c and other pertinent laboratory tests used in the screening, diagnosis and monitoring of glycemic control for both diabetes and prediabetes ICD-10 codes.
- Access to financial assistance programs (i.e. co-pay cards, sliding scale models) to reduce out-of-pocket costs associated with diabetes care.
- Caps on out-of-pocket insulin expenses applicable to both Medicare and non-Medicare individuals to ensure affordability regardless of financial or insurance status.
- Supply chain transparency within the insulin market for consumer updates and hold stakeholders accountable for price increases.[9]
- Equitable access to CGM technologies (i.e. receivers, sensors, compatible devices) for individuals not prescribed insulin and expansion of CGM coverage under Medicare and Medicaid plans.[6,10]

- Availability of updated formulary and pricing information within electronic medical records to support shared decision-making and cost transparency.
- Prohibiting non-clinical formulary changes (i.e. by annual insurance-mandated substitutions) unless clinically justified by patient-specific need or medical necessity.
- Reform of prior authorization processes to reduce administrative delays and ensure timely access to diabetes medications, devices, labs and supplies as guided by established clinical practice standards.
- Expansion of Diabetes Self-Management Education and Support (DSMES) benefits to all Medicare beneficiaries including individuals with prediabetes, obesity and cardiovascular disease.[7]

Health Equity and Anti-Discriminatory Practices

Health equity is a cornerstone of effective diabetes management and prevention. Diabetes is recognized as a disability under the Americans with Disabilities Act (ADA) and the Rehabilitation Act due to its physiologic impacts and potential for significant impairment if not managed adequately. Individuals with diabetes may face systemic discrimination given the disease's varied presentations and requirement of consistent self-care behaviors.[11]

Non-medical drivers of health (i.e. income level, food insecurity) exert a disproportionate influence on diabetes outcomes. Unlike many other chronic conditions, diabetes management requires intensive, daily behavioral and lifestyle decisions that are often constrained by unequal access to resources.[13]

ACPM is committed to advancing health equity and promoting anti-discriminatory practices for all individuals affected by or at-risk of developing diabetes.

ACPM Supports:

- Equitable treatment of individuals with diabetes in the workplace, educational institutions and public accommodations, including legal protections under the ADA.
- Elimination of non-clinical barriers to obtaining private and commercial driver's licenses for individuals with diabetes who are undergoing treatment by a physician and do not impose threats to public safety.
- Increased research and programmatic efforts to address diabetes-related non-medical drivers of health in all populations, including those in diverse, historically underserved and vulnerable populations.[12]
- Promotion of equitable health outcomes among populations disproportionately impacted by prediabetes and diabetes, including through culturally responsive interventions.
- Screening for diabetes in populations experiencing food insecurity, accompanied by policies and targeted interventions that improve access to affordable and nutritious food options.[13]

If you have any questions, please contact Noah Isenstein; Manager, Communications and Advocacy at nisenstein@acpm.org.

References:

1. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2021, and from provisional data for years 2022-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10-provisional.html on Apr 14, 2024.
2. Centers for Disease Control and Prevention. National Diabetes Statistics Report. 2023.
3. Centers for Disease Control and Prevention. Diabetes: quick facts. Atlanta (GA): US Department of Health and Human Services, CDC; [updated 2022 Aug 8; cited 2024 Apr 18]. Available from: https://www.cdc.gov/diabetes/basics/quick-facts.html
4. Barron E, Bakhai C, Kar P, Weaver A, Bradley D, Ismail H, Knighton P, Holman N, Khunti K, Sattar N, Wareham NJ, Young B, Valabhji J. Associations of type 1 and type 2 diabetes with COVID-19-related mortality in England: A whole-population study. Lancet Diabetes Endocrinol. 2020 Oct;8(10):813-822.
5. Parker ED, Lin J, Mahoney T, Ume N, Yang G, Gabbay RA, ElSayed NA, Bannuru RR. Economic Costs of Diabetes in the U.S. in 2022. Diabetes Care. 2024 Jan 1;47(1):26-43. doi: 10.2337/dci23-0085. PMID: 37909353.
6. American Diabetes Association. Comprehensive medical evaluation and assessment of comorbidities: Standards of medical care in diabetes—2020. Diabetes Care. 2020 Jan;43(Suppl 1):S37-S47.
7. Powers MA, Bardsley JK, Cypress M, Duker P, Funnell MM, Fischl AH, Maryniuk MD, Siminerio L, Vivian E. Diabetes self-management education and support in adults with type 2 diabetes: A consensus report of the American Diabetes Association, the Association of Diabetes Care & Education Specialists, and the Academy of Nutrition and Dietetics. Diabetes Care. 2020 Jul;43(7):1636-1649.
8. Bullard KM, Cowie CC, Lessem SE, Saydah SH, Menke A, Geiss LS, Orchard TJ, Imperatore G, Gregg EW. Prevalence of diagnosed diabetes in adults by diabetes type — United States, 2016. MMWR Morb Mortal Wkly Rep. 2020;69(12):339-343.
9. Luo J, Kesselheim AS. Insulin access and affordability in the USA: anticipating the first interchangeable insulin product. Lancet Diabetes Endocrinol. 2021 Jul;9(7):465-468.
10. Klupa T, Czupryniak L, Dzida G, Fichna P, Jarosz-Chobot P, Gumprecht J, Mysliwiec M, Szadkowska A, Bomba-Opon D, Czajkowski K, Malecki MT, Zozulinska-Ziolkiewicz DA. Expanding the Role of Continuous Glucose Monitoring in Modern Diabetes Care Beyond Type 1 Disease. Diabetes Ther. 2023 Aug;14(8):1241-1266. doi: 10.1007/s13300-023-01431-3. Epub 2023 Jun 16. PMID: 37322319; PMCID: PMC10299981.
11. American Diabetes Association. Proving Diabetes is a Disability. Available from: https://diabetes.org/advocacy/attorney-resources/proving-diabetes-is-a-disability.
12. Zhu Y, Sidell MA, Arterburn D, Daley MF, Desai J, Fitzpatrick SL. Racial/Ethnic disparities in the prevalence of diabetes and prediabetes by BMI: Patient Outcomes Research to Advance Learning (PORTAL) multisite cohort of adults in the U.S. Diabetes Care. 2021 Jan;44(1):251-259.
13. Seligman HK, Smith M, Rosenmoss S, Marshall MB, Waxman E. Food insecurity, glycemic control, and diseases in US adults: Findings from the National Health and Nutrition Examination Survey, 2013-2014. Ann Intern Med. 2020 Jun;172(12):826-834. DOI:10.7326/M19-2471.