

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:

1 WHEREAS, approximately 96 million Americans or 1 in 3 people have prediabetes¹; and
2
3 WHEREAS, 80% of adults are not aware they have prediabetes and remain undetected²; and
4
5 WHEREAS, 1 out of 4 Americans aged 12 to 18 years in the United States have prediabetes,
6 placing younger generations at risk for developing type 2 diabetes and heart disease in the
7 future³; and
8
9 WHEREAS, historically marginalized and excluded populations in the United States are
10 disproportionately affected by prediabetes and type 2 Diabetes including Black Americans,
11 Hispanic/Latino Americans, American Indians, Pacific Islanders, and Asian Americans²; and
12
13 WHEREAS, the United States Preventive Services Task Force (USPSTF) recommends adults
14 aged 35 to 70 years who have certain risk factors including overweight or obesity should be
15 screened for prediabetes and type 2 diabetes by physicians and receive referrals to valuable
16 preventive interventions⁴; and
17
18 WHEREAS, the Centers for Disease Control and Prevention estimates approximately 210,000
19 children and adolescents living in the United States under the age of 20 years have diabetes
20 and of that group 23,000 children and adolescents have type 2 diabetes⁵; and
21
22 WHEREAS, Healthy People 2030 reports 2 in 5 adults and 1 in 5 children have obesity and
23 therefore are at risk of developing severe medical conditions including type 2 diabetes⁶; and
24
25 WHEREAS, non-Hispanic Black and Hispanic adults and children have a higher incidence of
26 obesity when compared to other racial groups⁷; and
27
28 WHEREAS, about 10% of Americans living with prediabetes will advance to a diabetes
29 diagnosis within a year⁸; and

30 WHEREAS, other risk factors related to prediabetes include “older age, physical inactivity,
31 unhealthy diet, and genetic predisposition⁸”, and therefore lifestyle choices related to physical
32 activity levels, weight management and choosing not to smoke decrease the risk of diabetes-
33 related complications, while also monitoring A1C, blood pressure and cholesterol levels⁹; and
34

35 WHEREAS, those living with prediabetes can also delay or prevent diabetes through engaging
36 in lifestyle prevention strategies and services which manage “psychological, social, and
37 motivational obstacles⁸”; and
38

39 WHEREAS, the United States healthcare system spends an estimated \$327 billion per year on
40 diabetes-related medical expenses and reduced productivity¹⁰; and
41

42 WHEREAS, the average American living with diabetes spends an estimated \$16,750 per year
43 on medical expenses, with \$9,600 per year on diabetes-related medical expenses¹⁰; and
44

45 WHEREAS, Healthcare providers should carefully review appropriateness of glucagon-like
46 peptide-1 (GLP-1) receptor agonist therapy as shortages within this drug class have recently
47 emerged^{11,12}; and
48

49 WHEREAS, the American College of Preventive Medicine (ACPM) in partnership with the
50 American College of Lifestyle Medicine (ACLM) developed the Lifestyle Medicine Core
51 Competencies Program for healthcare providers to address various modalities of lifestyle
52 medicine in relation to prediabetes and diabetes care management including nutrition, physical
53 activity, sleep health, health and wellness coaching, emotional wellness and weight
54 management¹³; and
55

56 WHEREAS, structured lifestyle change programs focused on healthy eating, physical activity
57 and lowering medical expenses, such as Diabetes Self-Management Education and Support
58 (DSMES)¹⁴, the National Diabetes Prevention Program (NDPP)¹⁵ and the Childhood Obesity
59 Intervention Cost-Effectiveness Study (CHOICES)¹⁶, can prevent or delay the onset of obesity,
60 prediabetes and type 2 diabetes^{14,15,16}; and
61

62 WHEREAS, 1 in 4 people who take insulin reported associated costs effecting their ability to
63 consistently and/or correctly take the medication¹⁷; and
64

65 WHEREAS, advocacy efforts are needed to continue to lower the cost of diabetes management
66 through reducing excessive insulin costs and limiting medical-related copayments¹⁷; therefore
67 be it
68

69 RESOLVED, Our AMA acknowledges prediabetes as a major health concern for chronic
70 disease prevention in the United States, and supports development of physician and patient
71 focused education, increased access to care and continued advocacy for local, state and
72 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.