



# 17. Diabetes Advocacy: *Standards of Medical Care in Diabetes—2022*

American Diabetes Association  
Professional Practice Committee\*

*Diabetes Care* 2022;45(Suppl. 1):S254–S255 | <https://doi.org/10.2337/dc22-S017>

The American Diabetes Association (ADA) “Standards of Medical Care in Diabetes” includes ADA’s current clinical practice recommendations and is intended to provide the components of diabetes care, general treatment goals and guidelines, and tools to evaluate quality of care. Members of the ADA Professional Practice Committee, a multidisciplinary expert committee (<https://doi.org/10.2337/dc22-SPPC>), are responsible for updating the Standards of Care annually, or more frequently as warranted. For a detailed description of ADA standards, statements, and reports, as well as the evidence-grading system for ADA’s clinical practice recommendations, please refer to the Standards of Care Introduction (<https://doi.org/10.2337/dc22-SINT>). Readers who wish to comment on the Standards of Care are invited to do so at [professional.diabetes.org/SOC](https://professional.diabetes.org/SOC).

Managing the daily health demands of diabetes can be challenging. People living with diabetes should not have to face discrimination due to diabetes. By advocating for the rights of those with diabetes at all levels, the American Diabetes Association (ADA) can help to ensure that they live a healthy and productive life. A strategic goal of the ADA is for more children and adults with diabetes to live free from the burden of discrimination. The ADA is also focused on making sure cost is not a barrier to successful diabetes management.

One tactic for achieving these goals has been to implement the ADA Standards of Care through advocacy-oriented position statements. The ADA publishes evidence-based, peer-reviewed statements on topics such as diabetes and employment, diabetes and driving, insulin access and affordability, and diabetes management in certain settings such as schools, childcare programs, and correctional institutions. In addition to the ADA’s clinical documents, these advocacy statements are important tools in educating schools, employers, licensing agencies, policy makers, and others about the intersection of diabetes medicine and the law and for providing scientifically supported policy recommendations.

## ADVOCACY STATEMENTS

The following is a partial list of advocacy statements ordered by publication date, with the most recent statement appearing first.

### Insulin Access and Affordability

The ADA’s Insulin Access and Affordability Working Group compiled public information and convened a series of meetings with stakeholders throughout the insulin supply chain to learn how each entity affects the cost of insulin for the consumer. Their conclusions and recommendations are published in the following ADA statement: Cefalu WT, Dawes DE, Gavlak G, et al.; Insulin Access and Affordability Working Group. Insulin Access and Affordability Working Group: conclusions and recommendations. *Diabetes*

\*A complete list of members of the American Diabetes Association Professional Practice Committee can be found at <https://doi.org/10.2337/dc22-SPPC>.

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Care 2018;41:1299–1311 [published correction appears in Diabetes Care 2018;41:1831]; <https://doi.org/10.2337/dci18-0019> (first publication 2018).

### Diabetes Care in the School Setting

A sizable portion of a child's day is spent in school, so close communication with and cooperation of school personnel are essential to optimize diabetes management, safety, and academic opportunities. See the following ADA position statement for diabetes management information for students with diabetes in the elementary and secondary school settings.

Jackson CC, Albanese-O'Neill A, Butler KL, et al.; American Diabetes Association. Diabetes care in the school setting: a position statement of the American Diabetes Association. *Diabetes Care* 2015; 38:1958–1963; <https://doi.org/10.2337/dc15-1418> (first publication 1998; latest revision 2015).

### Care of Young Children With Diabetes in the Childcare Setting

Very young children (aged <6 years) with diabetes have legal protections and can be safely cared for by childcare providers with appropriate training, access to resources, and a system of communication with parents and the child's diabetes provider. See the following ADA position statement for information on young children aged <6 years in settings such as day care centers, preschools, camps, and other programs.

Siminerio LM, Albanese-O'Neill A, Chiang JL, et al.; American Diabetes Association. Care of young children with diabetes in the childcare setting: a position statement of the American Diabetes Association. *Diabetes Care* 2014;37:2834–2842; <https://doi.org/10.2337/dc14-1676> (first publication 2014).

### Diabetes and Driving

People with diabetes who wish to operate motor vehicles are subject to a great variety of licensing requirements applied by both state and federal jurisdictions. For an overview of existing licensing rules for people with diabetes, factors that impact driving for this population, and general guidelines for assessing driver fitness and determining appropriate licensing restrictions, see the following ADA position statement.

*Editor's note: Federal commercial driving rules for individuals with insulin-treated diabetes changed on 19 November 2018. These changes will be reflected in a future updated ADA statement.*

Lorber D, Anderson J, Arent S, et al.; American Diabetes Association. Diabetes and driving. *Diabetes Care* 2014;37(Suppl. 1):S97–S103; <https://doi.org/10.2337/dc14-S097> (first publication 2012).

### Diabetes and Employment

Any person with diabetes, whether insulin treated or non-insulin treated, should be eligible for any employment for which

he or she is otherwise qualified. Employment decisions should never be based on generalizations or stereotypes regarding the effects of diabetes. For a general set of guidelines for evaluating individuals with diabetes for employment, including how an assessment should be performed and what changes (accommodations) in the workplace may be needed for an individual with diabetes, see the following ADA position statement.

Anderson JE, Greene MA, Griffin JW Jr, et al.; American Diabetes Association. Diabetes and employment. *Diabetes Care* 2014;37(Suppl. 1):S112–S117; <https://doi.org/10.2337/dc14-S112> (first publication 1984; latest revision 2009).

### Diabetes Care in Correctional Institutions

People with diabetes in correctional facilities should receive care that meets national standards. Correctional institutions should have written policies and procedures for the management of diabetes and for the training of medical and correctional staff in diabetes care practices. For a general set of guidelines for diabetes care in correction institutions, see the following ADA position statement.

American Diabetes Association. Diabetes management in correctional institutions. *Diabetes Care* 2014;37(Suppl. 1):S104–S111; <https://doi.org/10.2337/dc14-S104> (first publication 1989; latest revision 2008).