



# 17. Diabetes Advocacy: *Standards of Care in Diabetes—2024*

American Diabetes Association  
Professional Practice Committee\*

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The American Diabetes Association (ADA) “Standards of Care in Diabetes” includes the 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, an interprofessional expert committee, 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 and a full list of Professional Practice Committee members, please refer to Introduction and Methodology. 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 detention facilities. 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 management 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. A comprehensive list of advocacy statements is available at [professional.diabetes.org/content/key-statements-and-reports](https://professional.diabetes.org/content/key-statements-and-reports).

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

Very young children (aged <5 years) with diabetes have legal protections and can be safely cared for by childcare professionals with appropriate training, access to resources, and a communication system with parents/guardians and the child’s diabetes health care professional. Refer to the published ADA advocacy statement for information on young children aged <5 years in settings such as childcare centers, pre-schools, camps, and other programs (1).

\*A complete list of members of the American Diabetes Association Professional Practice Committee can be found at <https://doi.org/10.2337/dc24-SINT>.

Duality of interest information for each author is available at <https://doi.org/10.2337/dc24-SDIS>.

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### 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 an ADA statement (2).

### Diabetes Care in the School Setting

A sizable portion of a child's day is spent in school, so close communication with and training and cooperation of school personnel are essential to optimize diabetes management, safety, and access to all school-sponsored opportunities. Refer to the published ADA position statement for diabetes management information for students with diabetes in elementary and secondary school settings (3).

### Diabetes and Driving

People with diabetes who wish to operate motor vehicles are subject to various

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, refer to the published ADA position statement (4).

*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.*

### Diabetes and Employment

Any person with diabetes, whether insulin treated or noninsulin treated, should be eligible for any employment for which they are 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, refer to the published ADA position statement (5).

### References

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3. Jackson CC, Albanese-O'Neill A, Butler KL, et al. Diabetes care in the school setting: a position statement of the American Diabetes Association. *Diabetes Care* 2015;38:1958–1963
4. Lorber D, Anderson J, Arent S, et al.; American Diabetes Association. Diabetes and driving. *Diabetes Care* 2014;37(Suppl. 1):S97–S103
5. Anderson JE, Greene MA, Griffin JW Jr, et al.; American Diabetes Association. Diabetes and employment. *Diabetes Care* 2014;37(Suppl. 1):S112–S117