

INSIDE THIS ISSUE

Diabetes Advocates' stories make a difference. Whether we're engaging in federal or state legislation or addressing a legal advocacy challenge, the voices and stories of Diabetes Advocates are instrumental in achieving critical policy changes. Recently, the American Diabetes Association® (ADA) created new story bank platform you can use to easily share your stories. Please help us personalize our policy requests by [sharing your stories](#) about how diabetes impacts you, as well as your hope for a cure and better treatments for those living with the disease.

Many state legislative sessions are ending, but we need Diabetes Advocates to continue taking action on federal priorities. As Congress and the administration continue to work through the federal budget process, we need all hands on deck to protect diabetes research and prevention programs. [Take action on one of our active alerts now!](#)

Help us shape the future of diabetes care and obesity prevention. Take our [Access and Affordability survey by August 25](#) to make a real difference in our efforts to improve care and access for the diabetes and obesity communities.

FROM THE DESK OF THE CHIEF ADVOCACY OFFICER

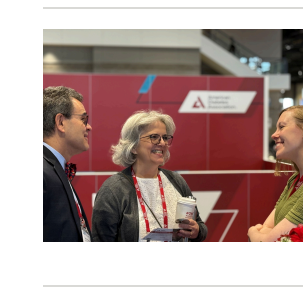
As the first half of 2025 has flown by, I cannot help but reflect on the past seven months of progress for those living with diabetes and obesity. Policy work has its highs and lows, and we've certainly experienced both in 2025. There have been inspirational moments, including the time the ADA's Chief Government Affairs and Advocacy team spent engaging with the nation's premiere diabetes researchers, clinicians, and partners at the ADA's 85th Scientific Sessions held in June.

The televisions in the trade show interactions sparked renewed energy to achieve our advocacy goals, including fighting for federal funding for research for a cure and prevention programs. We're facing an uphill battle on many policy fronts, but with your support, the ADA will continue to be the leader you want and need working hard to ensure the United States:

- Continues robust funding for diabetes research and prevention programs
- Increases affordability and access to care
- Advances technology and access to it
- Reduces obstacles that prevent wellness, including access to appropriate nutrition
- Safeguards fair treatment of the constituencies we serve through our legal advocacy efforts

But I want to take a moment to share how encouraged I was by the bipartisan support for diabetes research and prevention programs that was evident in the U.S. Senate Appropriations Committee FY 2026 Labor, Health and Human Services bill. The ADA is grateful to the Senate Appropriations Committee for protecting funding for vital research that could lead to a cure for diabetes and for also ensuring funding for proven prevention programs. The ADA issued this [statement](#) praising the committee's actions.

The ADA has some of the country's best diabetes champions in congress and states across the country. And of course, we continue to be amazed by our advocates. Your passion and commitment to advocacy shines through, even in the most trying times. Throughout the summer and into the second half of the year, we'll be reaching out to you with ways to elevate your voice and help us drive change for those living with diabetes, prediabetes, and obesity.



Lisa Murdoch
Chief Advocacy Officer
American Diabetes Association

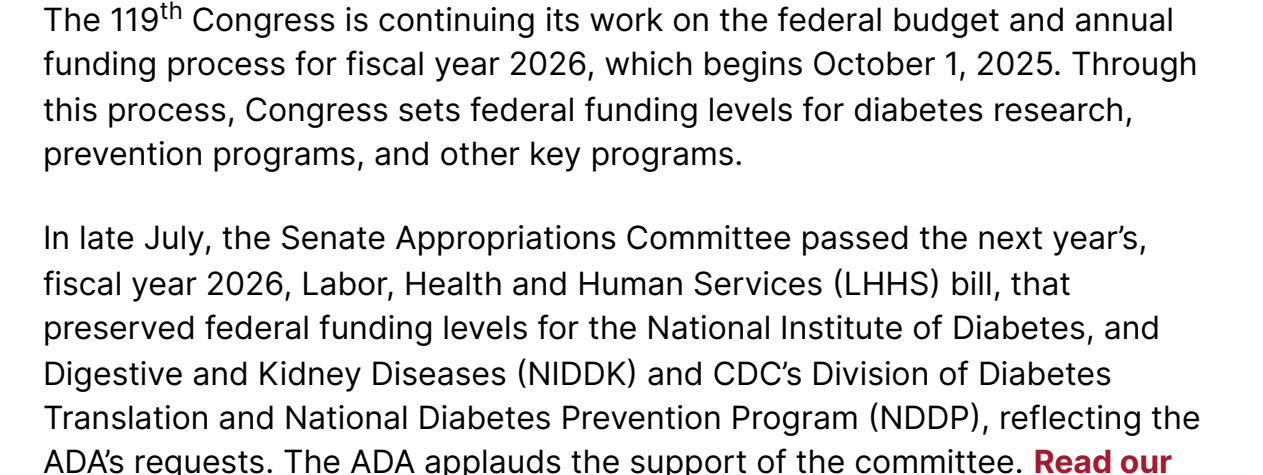
COMPLETE OUR ACCESS AND AFFORDABILITY SURVEY BY AUGUST 25

Your experiences and insights are crucial in shaping the future of diabetes care and obesity prevention. The ADA is conducting an important survey to better understand how the cost of managing diabetes and preventing obesity has impacted your daily life, as well as the role that good health insurance and access to care play in your health journey. Your participation will make a real difference in our efforts to improve care and access for the diabetes and obesity communities. [Please consider completing our survey](#)—it should only take approximately 10 minutes.

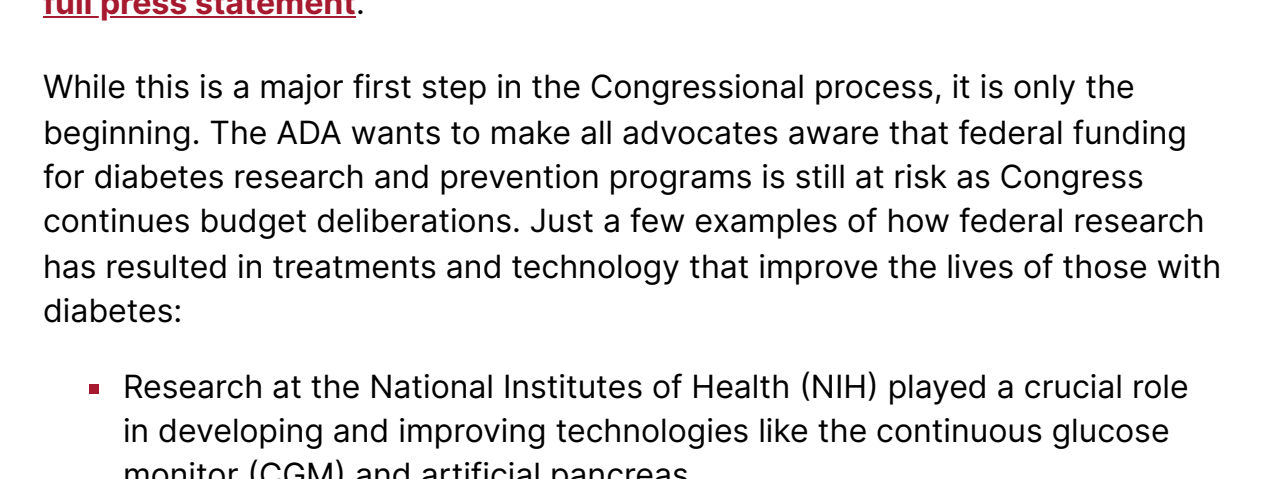
ADVOCACY SCIENTIFIC SESSIONS RECAP

The ADA hosted its 85th Scientific Sessions from June 20-23 in Chicago. This year's sessions included more advocacy activations than ever before, including a call to action in support of protecting federal funding for diabetes research and prevention programs. During opening remarks, the ADA's Chief Executive Officer, Charles "Chuck" Henderson, highlighted the important work the ADA has done in the advocacy space, and encouraged all session attendees to participate in the robust advocacy activations taking place at the event. Lisa Murdoch, the ADA's chief advocacy officer, echoed those sentiments, expressing gratitude for ADA executive leadership staff about the ADA's *Standards of Care in Diabetes* and how it drives practice and policy.

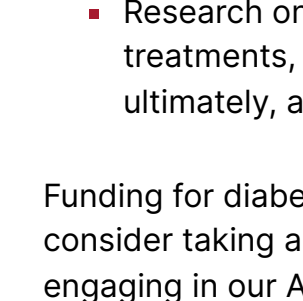
Below [\(and in this video\)](#) are a few highlights of the Scientific Sessions advocacy activations:



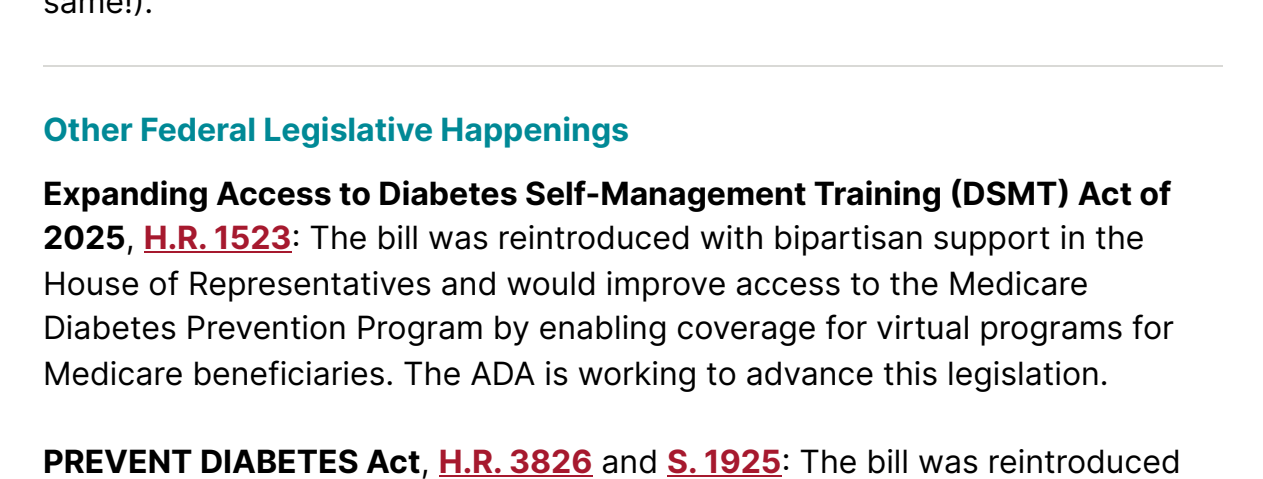
Collected powerful stories through our video storytelling booth. Attendees were asked to share their research is important to not only themselves, but in the journey to finding a cure.



Called on Congress to protect research funding: Attendees completed our action alert urging Congress to protect research funding. You can still take action at [diabetes.org/ResearchSaves](#).



Grew our advocacy family: ADA advocacy staff met with thousands of researchers, practitioners, students, and others in the diabetes community at our Advocacy booth to discuss current initiatives, policy happenings, and what to get involved with ADA advocacy.



Raised awareness: The Government Affairs & Advocacy team hosted a special hour in the ADA Member Lounge to share information about the current policy landscape and the ADA's policy priorities and initiatives.

ADVOCACY STORIES NOW AVAILABLE IN VIDEO

As noted throughout this e-newsletter, your story has the power to drive change. The ADA has recently launched a [Diabetes Advocacy Stories Video Blog](#)—a platform dedicated to amplifying the voices of people living with diabetes, their families, and Diabetes Advocates across the nation. Through this video blog, we're inviting advocates to tell their stories, not only to inspire others in the diabetes community, but to also play a vital role in shaping future advocacy campaigns and outreach efforts. Record and share your story today. Because when legislators hear from you, we all move one step closer to change.

FEDERAL UPDATES

Federal Funding Negotiations Continue Despite Congressional Cuts

Earlier this summer, the ADA was disappointed by congressional action that resulted in harsh cuts to critical safety net programs, including Medicaid, the Children's Health Insurance Program (CHIP), the Affordable Care Act (ACA) insurance marketplace, and premium tax credits, and hunger and nutrition assistance programs. The ADA applauds the support of the committee. [Read our full press statement.](#)

People living with diabetes are more likely to receive their health care through government-sponsored programs like Medicaid. Research shows that loss of health care coverage can lead to increased costs, including hospitalizations that could have been prevented, to manage their disease and treat serious associated comorbidities.

The ADA will continue to urge members of Congress to support policies that protect people living with diabetes who could be impacted by these cuts, including looking for stronger clarification around exemptions to the work requirements.

Federal Research and Prevention Funding at Risk—Action Needed

The 119th Congress is continuing its work on the federal budget and annual funding process for fiscal year 2026, which begins October 1, 2025. Through this process, Congress sets federal funding levels for diabetes research, prevention programs, and other key programs.

In late July, the Senate Appropriations Committee passed the next year's, fiscal year 2026, Labor, Health and Human Services (LHHS) bill, that preserved federal funding levels for the National Institute of Diabetes, and Digestive and Kidney Diseases (NIDDK) and CDC's Division of Diabetes Translation and National Diabetes Prevention Program (NDPP), reflecting the ADA's requests. The ADA applauds the support of the committee. [Read our full press statement.](#)

While this is a major first step in the Congressional process, it is only the beginning. The ADA wants to make all advocates aware that federal funding for diabetes research and prevention programs is still at risk as Congress continues future deliberations. Just a few examples of how federal research has resulted in treatments and technology that improve the lives of those with diabetes:

- Research at the National Institutes of Health (NIH) played a crucial role in developing and improving technologies like the continuous glucose monitor (CGM) and artificial pancreas.
- Research funded as part of the Special Diabetes Programs (SDP) has led to a deeper understanding of diabetes complications, such as cardiovascular disease, kidney disease, and nerve damage.
- Research on diabetes complications is helping to develop new treatments, strategies to manage and prevent these complications, and ultimately, a cure.

Funding for diabetes research is critical to finding cures for diabetes. Please consider taking action to protect diabetes research and prevention funding by engaging in our Action Alert (and encourage your friends and family to do the same):

Other Federal Legislative Happenings

Expanding Access to Diabetes Self-Management Training (DSMT) Act of 2025, H.R. 1528: The bill was reintroduced with bipartisan support by the House of Representatives and would improve access to the Medicare Diabetes Prevention Program by enabling coverage for virtual programs for Medicare beneficiaries. The ADA is working to advance this legislation.

PREVENT DIABETES ACT, H.R. 3828 and S. 1925: The bill was reintroduced with bipartisan support in the House and Senate and would improve access to diabetes self-management training (DSMT) services and require the Centers for Medicare & Medicaid Services to test providing virtual DSMT in outpatient settings.

Treat and Reduce Obesity Act (TROA): The Senate and House both recently reintroduced the TROA. Introduced as [S.1973](#) and [H.R.4231](#) respectively, the TROA is bipartisan legislation to address the obesity crisis for over 41% of America's seniors. The ADA applauds reintroduction of this legislation as it would improve obesity treatment access for Medicare beneficiaries both to nutritional counseling and medications.

Operational Readiness through Continuous Evaluation of Fitness with Integrated Technology (FORCE-FIT) Act: The ADA continues to work to improve access to diabetes technology. In an effort to curb growing rates of diabetes and obesity in the military, we supported the introduction of the FORCE-FIT act, which would pilot use of CGMs for services members, in collaboration with evidence-based interventions, at risk of diabetes or with obesity to support personal health decision making.

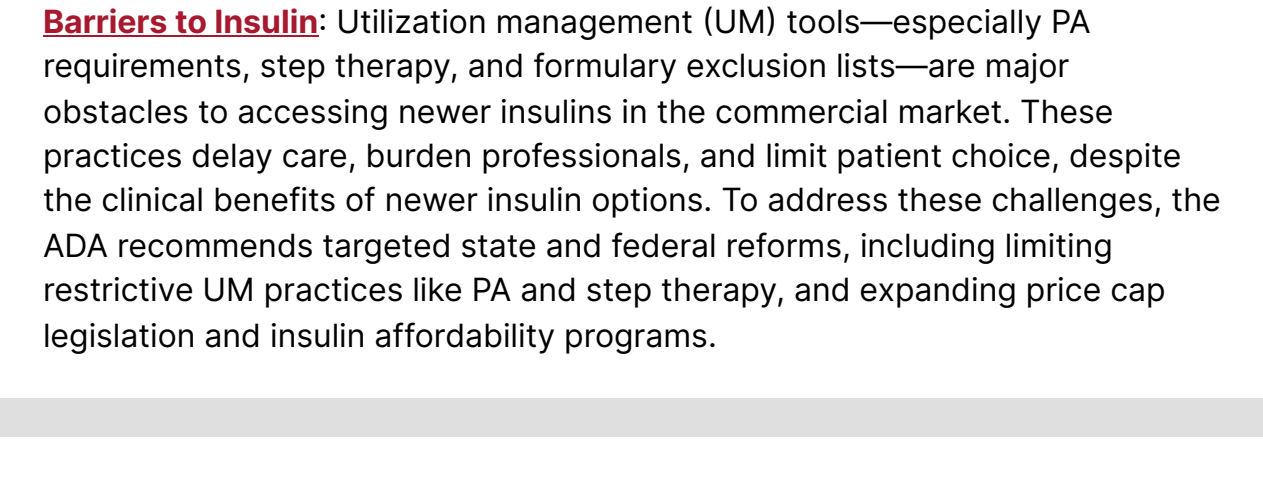
STATE UPDATES

State Legislative Session Updates

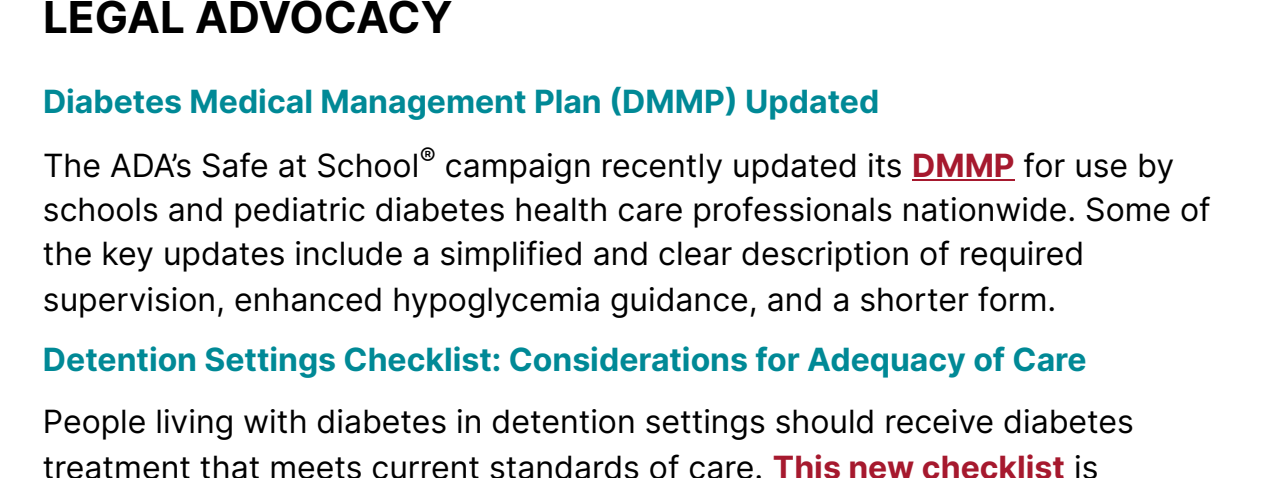
While most state legislative sessions concluded by the end of June, we continue to advocate with state agencies throughout the year. As of June 30, the ADA obtained some hard-fought wins. While multi-faceted, our work has especially focused on improving access to diabetes- and obesity-related care. We also weighed in with state policy makers as to the importance of federal funding decisions related to:

- Medicaid programs
- Subsidies that allow many people to buy health insurance through marketplace plans
- Resources to address food insecurity through SNAP

Some key state policy wins over the last quarter include:

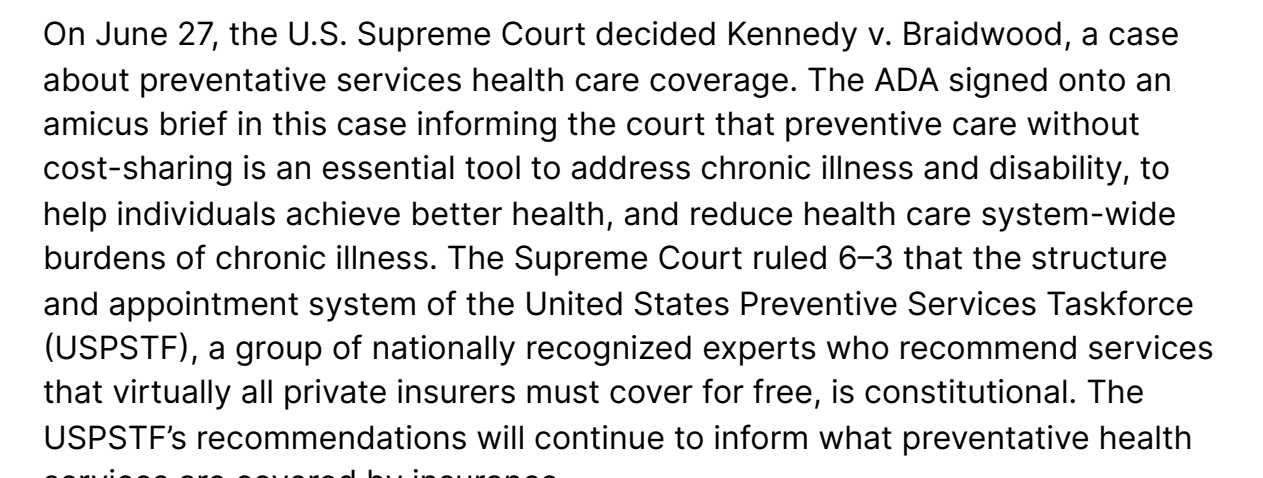


Nevada becomes 28th state to enact insulin patient cost-sharing limits. In June, Gov. Lombardo signed legislation lowering out-of-pocket costs for insulin to \$35 for a 30-day supply for those on state-regulated commercial health insurance plans.

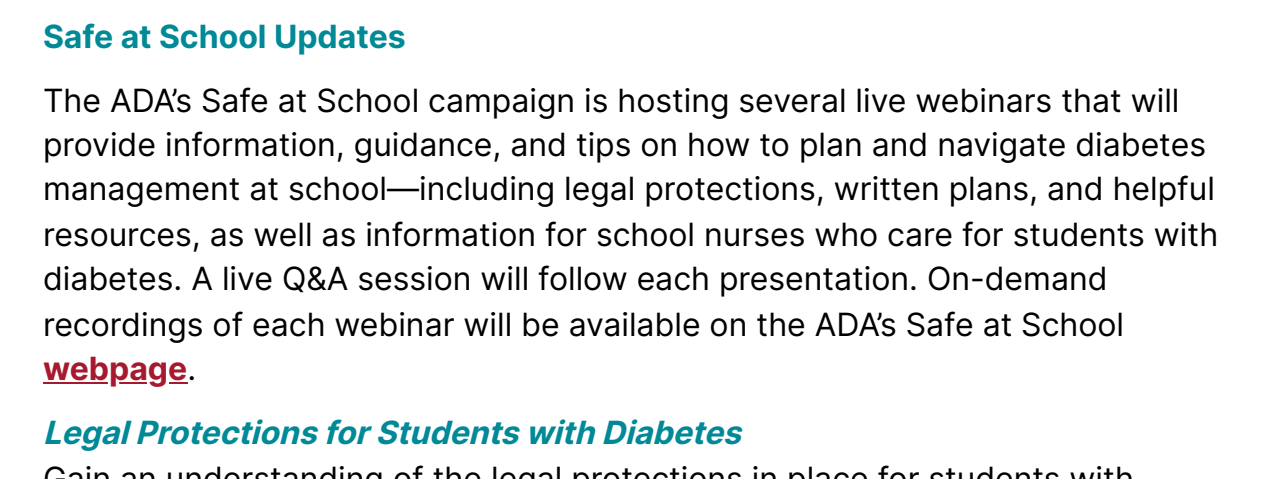


Florida, Massachusetts, and West Virginia support students with diabetes:

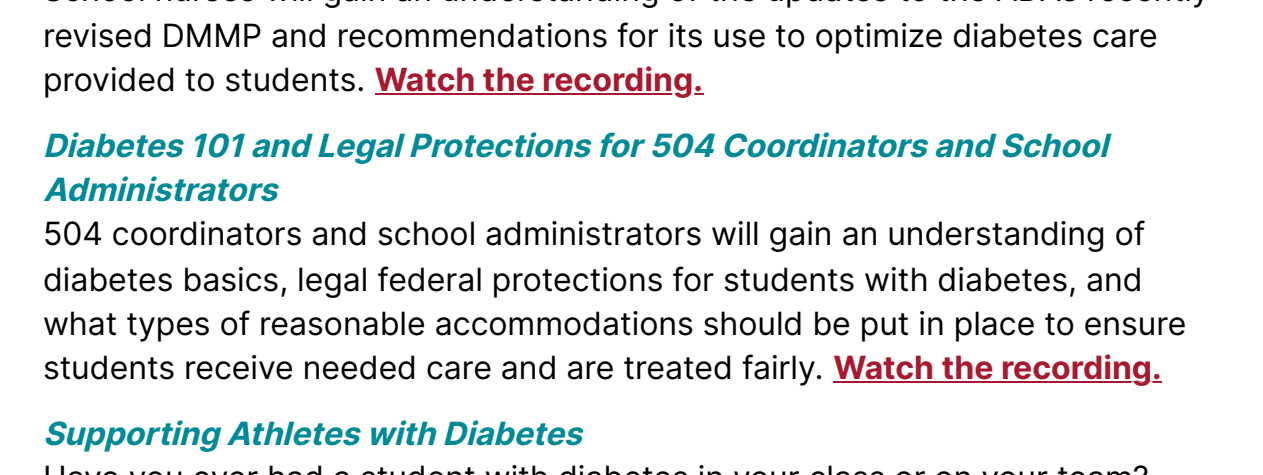
- In April, ADA-supported legislation in Florida was signed into law allowing schools to stock undesignated glucagon which can be administered in an emergency to a child living with diabetes whose glucagon prescription has expired or is not available.
- Massachusetts recently updated their school medication administration regulations to allow for the training of non-medical staff in schools to administer glucagon in a hypoglycemic emergency.
- West Virginia added ADA-recommended access to their school cell phone ban bill, ensuring students with diabetes will continue to have access to their smart phones to monitor and treat their diabetes with linked technology. This was signed into law.



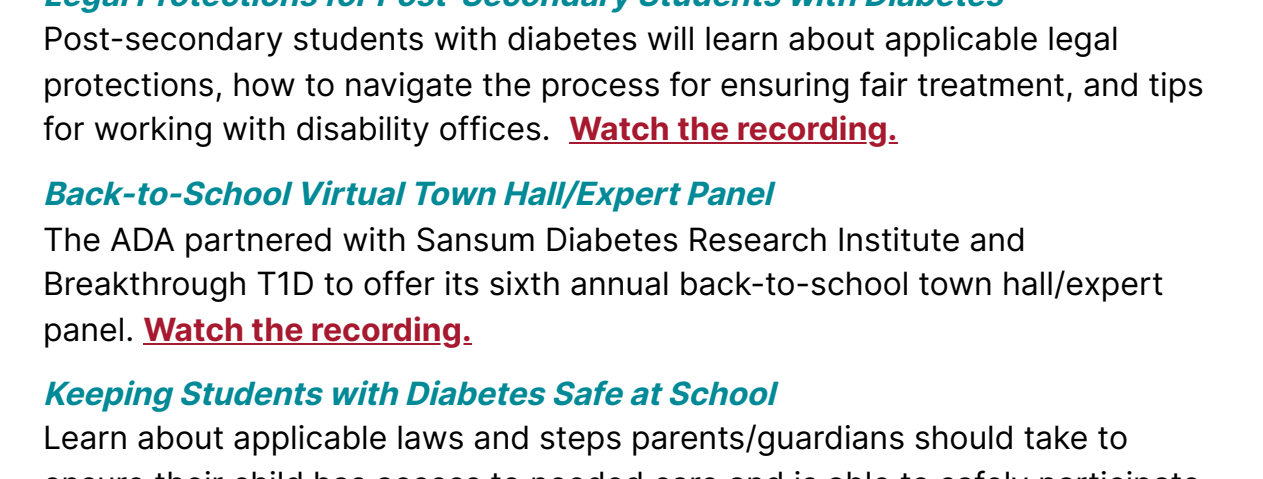
Texas enacts amputation and diabetes prevention studies: ADA-championed legislation was enacted requiring an assessment of amputation prevention measures and policy recommendations for the legislature and executive branch on ways to reduce diabetes amputation. Texas has one of the highest rates of diabetes-related amputations in the nation. The legislature also approved a study under the Health and Human Services Commission to evaluate the feasibility of a diabetes prevention program for Medicaid recipients, including alternative weight loss interventions to lower risk for type 2 diabetes.



Maryland exempts insulin from step therapy: ADA-sponsored legislation prohibiting step therapy for insulin prescriptions was signed into law. Step therapy is a tool that insurers use to restrict access to medication that may be prescribed by a doctor. As the first law of its kind, this is an important step forward for diabetes-centered care.



Washington and Virginia expanding access to CGMs: The ADA continues to make important progress in improving access to CGMs. Washington state recently approved coverage changes for CGMs. These ADA-championed changes are expected to apply to Medicaid, private employee, and school employee plans, increasing eligibility for people living with type 2 diabetes. We'll continue to work on implementation of these changes in 2026. And in Virginia, recent budget action included language reducing barriers to CGM access among Medicaid beneficiaries.



Colorado, Arizona, and Washington seek to address obesity coverage: In Colorado, legislation was signed into law requiring large group insurance plans to cover obesity-related treatments and to provide employers with the option to add coverage for weight-management medications. And in Arizona and Washington, laws were passed to assess expanding access to weight-management treatments.

POLICY AND REGULATORY

Public Comment Needed by August 29: Protect CGM and Pump Coverage in Medicare

Included in the [Calendar Year 2026 Medicare Home Health Benefit Rule](#), the Centers for Medicare & Medicaid Services (CMS) is proposing to their coverage policies for diabetes technology for people with type 2 diabetes, and critically important technologies like continuous glucose monitors (CGMs), insulin pumps, and automated insulin delivery (AID) systems for Medicare beneficiaries.

There is no question that advancements in diabetes technology have better enabled people to effectively manage their condition. [The ADA's Standards of Care in Diabetes—2025 \(Standards of Care\)](#) states that technology is rapidly changing, and the types of and selection of devices should be individualized based on a person's specific needs, circumstances, preferences, and skill level.

To this end, the ADA is concerned that the payment and coverage proposals related to CGMs and insulin pumps laid out in this rule—along with CMS' intent to apply CGMs and insulin pumps to the next, or a future, round of competitive bidding—may unintentionally restrict access to technology and technology to people living with diabetes who need it. The ADA is committed to ensuring that people living with diabetes have access to the technology they need to manage their condition. We are currently working on a public comment in opposition to the proposed CMS policy by 5:00 p.m. ET on August 29. [Access a sample letter and guidance on how to submit.](#)

The ADA Publishes White Papers on Diabetes Technologies

The ADA is committed to advocating for better access to diabetes technology and often uses white papers to spotlight critical roadblocks in diabetes care and propose solutions that can drive meaningful change at the federal, state, and health system levels. White papers are in-depth research reports that present complex issues, present research findings, and offer actionable policy recommendations. Our new white papers below examine what's limiting access to diabetes technology and offer policy recommendations for improved access. Below are quick summaries of our recently released white papers.

Barriers to CGM Access for Medicaid and Medicare Beneficiaries: In a study on barriers to CGM access for Medicare and Medicaid beneficiaries, the ADA revealed that access is often delayed or denied. This is most prominently due to:

- Burdensome prior authorization (PA) and restrictive coverage requirements
- Formularies that do not allow for patient and prescriber choice
- Limited prescribing authority

Recommendations include:

- Eliminating PA requirements
- Allowing more health care professionals to prescribe CGMs
- Offering robust formularies
- Investing in education and training for both patients and health care professionals to ensure effective and informed use of CGM technology

Barriers to Insulin: Utilization management (UM) tools—especially PA requirements, step therapy, and formulary exclusion lists—are major obstacles to accessing newer insulins in the commercial market. These practices delay care, burden professionals, and limit patient choice, despite the clinical benefits of newer insulin options. To address these challenges, the ADA recommends targeted state and federal reforms, including limiting restrictive UM practices like PA and step therapy, and expanding price cap legislation and insulin affordability programs.

LEGAL ADVOCACY

Diabetes Medical Management Plan (DMMP) Updated

The ADA's Safe at School® campaign recently updated its [DMMP](#) for use by schools and pediatric diabetes health care professionals nationwide. Some of the key updates include a simplified and clear description of required supervision, enhanced hypoglycemia guidance, and a shorter form.

Detention Settings Checklist: Considerations for Adequacy of Care

People living with diabetes in detention settings should receive diabetes treatment that meets current standards of care. [This new checklist](#) is intended to be used by advocates and attorneys advocating for people living with diabetes in detention settings. The resource includes questions that may be used to assess whether an individual is receiving diabetes care that meets standards of care.

Social Worker Resources

A new webpage dedicated to legal resources for social workers, guidance counselors, and other behavioral health professionals in school settings is now available. [Check it out or view our other resources.](#)

Case Updates

Texas v. Kennedy, formerly called Texas v. Becerra, is currently pending in district court. In April, the parties filed their second joint status report which reiterated that they are not challenging Section 504 as whole. However, the ADA remains concerned that the case continues to be delayed, making no briefing is scheduled.

On June 27, the U.S. Supreme Court decided Kennedy v. Braikwood, a case about preventative services health care coverage. The ADA signed onto an amicus brief in this case informing the court that preventive care without cost-sharing is an essential tool to address chronic illness and disability, to help individuals achieve better health, and reduce health care system-wide burdens of chronic illness. The Supreme Court ruled 6-3 that the structure and appointment system of the United States Preventive Services Taskforce (USPSTF), a group of nationally recognized experts who recommend services that virtually all private insurers must cover for free, is constitutional. The USPSTF's recommendations will continue to inform what preventative health services are covered by insurance.

Safe at School Updates

The ADA's Safe at School campaign is hosting several live webinars that will provide information, guidance, and tips on how to plan and navigate diabetes management at school—including legal protections, written plans, and helpful resources, as well as information for school nurses who care for students with diabetes. A live Q&A session will follow each presentation. On-demand recordings of each webinar will be available on the ADA's Safe at School [webpage](#).

Legal Protections for Students with Diabetes

Gain an understanding of the legal protections in place for students with diabetes, the importance of written plans, and the ADA's resources for educating and training school staff. [Watch the recording.](#)

How to Use the ADA's Updated Diabetes Medical Management Plan

School nurses will gain an understanding of the updates to the ADA's recently revised DMMP and recommendations for its use to optimize diabetes care provided to students. [Watch the recording.](#)

Diabetes 101 and Legal Protections for 504 Coordinators and School Administrators

504 coordinators and school administrators for students with diabetes, and what types of reasonable accommodations should be put in place to ensure students receive needed care and are treated fairly. [Watch the recording.](#)

Supporting Athletes with Diabetes

Have you ever had a student with diabetes in your class or on your team? Athletic trainers and coaches will gain an understanding of diabetes basics, how to meet the needs of athletes with diabetes, and legal obligations to provide access to care and fair treatment. [Watch the recording.](#)

Legal Protections for Post-Secondary Students with Diabetes

Post-secondary students with diabetes will learn about applicable legal protections, how to navigate the process for ensuring fair treatment, and tips for working with disability offices. [Watch the recording.](#)

Back-to-School Virtual Town Hall/Expert Panel

The ADA partnered with Sansum Diabetes Research Institute and Breakthrough T1D to offer its sixth annual back-to-school town hall/expert panel. [Watch the recording.](#)

Keeping Students with Diabetes Safe at School

Learn about applicable laws and steps parents/guardians should take to ensure their child has access to needed care and is able to safely participate in school-sponsored activities. [Watch the recording.](#)

School Lockdowns and Emergency Evacuation Best Practices

September 29 from 12:00-12:30 p.m. ET. Discover how to safely care for students with diabetes in the event of a school lockdown, shelter-in-place, or emergency evacuation. [Register now.](#)

Continuous Glucose Monitoring in the School Setting

December 8 from 12:00-12:30 p.m. ET. An increasing number of students with diabetes use a CGM to monitor blood glucose levels. Learn more about how you can best support these students. [Register now.](#)

Cases of Note

The ADA's Legal Advocacy team is monitoring Texas v. Becerra, which is pending in district court. This case was brought by a number of states challenging several provisions of the Health and Human Services 504 rule that came out last summer. The complaint also challenged the ADA's constitutionality of Section 504 as a whole, which is integral to protecting students with diabetes in schools and other places that receive federal funding. The case is pending and the parties are sending a status report to the judge once a month.

ADVOCATE SPOTLIGHT

Meet Bridgette Walton (Georgia)

What does being a Diabetes Advocate mean?

To me, being a Diabetes Advocate means sharing my stories of inspiration and hope to other people who are living with diabetes, their loved ones, and their caregivers to be a catalyst for change. It means rallying with our lawmakers and advocating for affordable medications and supplies to those living with diabetes. And most importantly, it means doing what I can to raise funds for continued research and a cure. I'm not just a Diabetes Advocate, I'm a Diabetes Warrior!

Do you have any advice for other advocates on how to get involved?

Start small in your community with family and friends who may be impacted by diabetes to gather information and stay abreast of laws and major issues that impact us. Remain steadfast with the mission when your time, energy, and talent allow you to do so, and ask for help as you forge ahead. Engage with your local and state lawmakers with messages of positivity while seeking their support for the cause. Utilize your network of influence to share your story and raise your voice for those who may be silenced or unsure how to proceed. Your voice matters! Our voices matter, our stories matter!

Why do you fight?

I have been managing diabetes since 2010 with an A1C in the double digits for over a decade. I have struggled with my diet, weight, sleep habits, blood sugar levels, and maintaining a positive outlook. I tried a variety of strategies that were unsuccessful. However, ironically the pandemic was the catalyst to get my health back on track. During COVID, I connected with the Walk With A Doc program and started walking in local parks and made realistic, attainable goals over time. Gradually the weight came off, I was sleeping better, and my diabetes became much more well controlled. As of today, I am proud to share that I am thriving with a healthier lifestyle, eating better, focusing on wellness and self-care, and maintaining an A1C between 5 to 6. I am motivated by movement and appointment system of the United States Preventive Services Taskforce (USPSTF), a group of nationally recognized experts who recommend services that virtually all private insurers must cover for free, is constitutional. The USPSTF's recommendations will continue to inform what preventative health services are covered by insurance.

Want to be featured in a future issue of [Advocacy in Action](#)? [Fill out our form.](#)

GET INVOLVED AND TAKE ACTION

Participate in Congress at Home Campaign

In August, members of Congress return to their home districts, providing a unique opportunity for Diabetes and Obesity Advocates to make a significant impact. During this time, the ADA has developed [resources and information](#) to empower you to meet with your congressional members, talk to them directly, and share your experiences and concerns. Members of Congress how to participate in the ADA's Congress at Home campaign can be found in our [Congress at Home Quick Guide](#).

Advocacy News: Available in the ADA Newsroom

In addition to finding real-time diabetes advocacy news in our X and Threads social media accounts (@AmDiabetesAssn), advocacy news can now be found in its own section of the ADA newsroom. [Get the latest news from the ADA](#), including press releases and research announcement.

Active Action Alerts: Make Your Voice Heard

The ADA's Engagement Platform makes it easy to use your voice to help support the diabetes community on the issues that matter most. Take action on one of our [live alerts](#) now!

Regional Advocacy Councils (RACs)

RACs support the ADA's advocacy goals in several ways, including council members acting on alerts advocating for better access to care and treatment, sharing their personal stories, participating in meetings with legislators, raising awareness about diabetes issues in their community, recruiting new advocates, and more. To join, please complete our [sign-up form](#).

Legal Advocacy Attorney and Health Care Professional Networks

The ADA's Legal Advocacy team is seeking attorneys and health care professionals to help end discrimination against people living with diabetes. Help us educate others about this disease by negotiating appropriate diabetes care and accommodations, litigating to protect the rights of people living with diabetes, and registering to ensure people living with diabetes are protected from discrimination. For questions or to join, please visit our [Know Your Rights](#) webpage.

State Fact Sheets: Federal Funding Cuts, Diabetes, and Obesity Impacts

The ADA published state-specific fact sheets to demonstrate what impact federal research funding cuts would have on each state. Additionally, fact sheets are available to help your legislators understand the prevalence and impact of diabetes and obesity in their state. Consider using them in your advocacy discussions or to learn more about the state of diabetes.