Advocacy in Action



American Diabetes Association.

WINTER 2025

INSIDE THIS ISSUE

Diabetes Advocates continue to make a difference.
Findings from our second annual Access and Affordability survey on diabetes and obesity suggest positive trends in access to diabetes technology, significantly improving the lives of those who utilize them.

Advocate stories and experiences had a major impacts in the second half of the year:

- The Congress at Home campaign during the congressional summer recess resulted in meetings with members of Congress.
- During the September fly-in, advocate stories gave context to the importance of federal funding of diabetes research and prevention programs and even helped release funding for several grant programs.
- Calls to Action on research funding and preserving health care generated thousands of letters to members of Congress.
- The collective voices of Diabetes and Obesity Advocates were able to prevent cuts that limit access to diabetes technology and vital medications in states across the country.

Despite 2025 nearing a close, our work is not yet done.
While the federal government shutdown has come to an end, the ADA remains concerned about the impact of cuts to Medicaid, the loss of the **Affordable Care Act (ACA) premium subsidies**, and the future of federal funding of important research and prevention programs. We will need to use our collective voice for change as we navigate the upcoming months.

FROM THE DESK OF THE CHIEF ADVOCACY OFFICER

As the year ends, I'm reflecting on the many developments Diabetes and Obesity Advocates and ADA staff have navigated in government affairs and advocacy in 2025. There was a mix of things to celebrate and some things we'd like to forget, including the longest government shutdown in U.S. history. On the positive side of the ledger, my home state of California became the 29th state (plus Washington, DC) to enact an out-of-pocket cost-sharing limit on insulin. This cap and the others we've passed across the country bring economic relief to those on state-regulated plans who rely on insulin to live. Access and affordability continue to be a major focal point of the ADA's advocacy work with our half-million advocates leading the charge for greater access to all the components of the care they need to thrive.

Findings from our annual survey on access and affordability suggest progress has been made across the nation in access to diabetes technology, helping transform not only how people living with diabetes manage their disease, but also lessening risks for potentially life-threatening complications. While the news on this front is positive, the survey results suggest we still have work to do. People in commercial

plans are still waiting for members of Congress to take action to limit cost sharing on insulin with too many still concerned about the monthly cost of this lifesaving drug. Survey results indicated respondents want increased access to diabetes education, and they want the care and treatment they need to prevent amputation, kidney disease, and other comorbidities without having to jump through hoops that make it harder to get what has been prescribed for them.

This month, the ADA hosted a National Policy Summit on Preventive Health and Diabetes Comorbidities, bringing together key decision makers, regulators, advocates, and stakeholders who discussed, debated, and collectively arrived at policy solutions for some of the most challenging issues facing our community. The discussion from this event will help shape the ADA's policy strategies for the coming year.

Before I close with warmest wishes for the holiday season and new year, I want to take a moment to acknowledge the incredible strain the government shutdown placed on individuals living with diabetes, obesity, or both, and their families, across America. Thousands of you stepped up to our call, reaching out to your members of Congress urging them to end the shutdown and fund key programs that ensure individuals living with chronic conditions have access to the care, nutrition, and resources they need to live healthy, productive lives. The current continuing resolution expires on January 30, 2026, and the ADA will be working tirelessly with Congress to ensure the needs of our community are not forgotten as future decisions are made. Our fight to ensure robust funding for diabetes research and prevention programs continues along with our efforts to lessen the impact of cuts to Medicaid programs and extend ACA enhanced premium tax credits which enabled millions of Americans to afford health care premiums.

My holiday wish is that everyone is able to enjoy a peaceful and healthy holiday season—because we're counting on each and every one of you to recharge and gear up for new advocacy efforts in the coming year.

Best wishes for a happy and healthy holiday and new year!



Lisa Murdock
Chief Advocacy Officer
American Diabetes Association

FEATURE UPDATES



We couldn't do this critical work without the efforts and voices of all our Diabetes and Obesity Advocates.
Thank you for the generosity with which you share your stories with the ADA and policy makers. You've made phone calls, sent letters, attended meetings, and shared your stories with us and other dedicated advocates. Your advocacy is invaluable to the ADA's ability to achieve our policy goals together and advance our mutual mission to prevent and cure diabetes and to improve the lives of all people affected by diabetes, obesity, or both.

Action Needed: Help the ADA Protect Health Insurance Access

Right now, Congress is considering extending tax credits that make health insurance coverage more affordable for millions of working Americans. Unless Congress acts soon, these credits will expire on December 31, 2025, and millions of people with diabetes will face steep premium increases or lose coverage entirely in 2026. Please **send a letter** to your members of Congress today, urging them to extend the enhanced premium tax credits beyond 2025 and make them permanent.



2025 Access and Affordability Survey Findings Summary

Earlier this year, the ADA conducted our annual survey to better understand how the cost of managing diabetes and preventing obesity has impacted daily life, as well as the role that good health insurance and access to care play in health journeys. While the findings were unsurprising based on what we understand about the cost of health care and barriers to access, survey respondents living with diabetes, obesity, or both confirmed and identified those elements that are particularly challenging. The high cost of health care—ranging from insulin and continuous glucose monitors (CGMs) to doctor visits, hospital care, and nutrition counseling—is the primary barrier to staying healthy, which is consistent with survey results from 2024. The data suggest that when care becomes too expensive, people are forced to make impossible choices: skipping insulin doses, avoiding routine doctor appointments, or delaying preventive care.

When asked for suggestions to break down barriers to a healthier life, a majority of survey respondents noted they'd like to see coverage for diabetes education services and obesity medications. This makes sense as diabetes is such a personal illness that those diagnosed with it need the knowledge, skills, and confidence to thrive with diabetes. This finding suggests major progress in the space of diabetes technology access. In 2024, the number one desired national insurance benefit change was improved coverage of diabetes technology, such as CGMs and insulin pumps, yet this year it moved to number five on the list. This is a major win for the diabetes and obesity communities as diabetes technologies such as these have transformed both the diabetes and obesity management landscapes by improving outcomes and making the conditions easier to live and thrive with.

National Policy Summit on Preventive Health and Diabetes Comorbidities



On December 10, 2025, the ADA convened leaders across clinical care, research, policy, technology, and advocacy for a National Policy Summit on Preventive Health and Diabetes Comorbidities. The convening brought together experts from health systems, federal agencies, industry, patient advocacy organizations, and policy leadership to examine the advancement of affordable, evidence-based diabetes care and the prevention of avoidable complications, particularly in primary care.

The summit explored how early detection, advanced monitoring, and prevention strategies can reduce the burden of neuropathy, chronic pain, metabolic disorders, and diabetes-related amputations through three panel discussions entitled:

- Managing Blood Glucose – Innovation and Integration in Care
- The Metabolic Connection – Addressing Cardiovascular, Liver, and Kidney Complications
- Reducing the Toll of Amputation – Pain, Neuropathy, and Prevention

The ADA looks forward to continuing this work with partners and stakeholders to advance equitable, patient-centered diabetes care, strengthen adoption of the Standards of Care in Diabetes, and reduce preventable complications through sustained advocacy, collaboration, and system-level change.

Storytelling Webinar—More to Come

The ADA partnered with MomsRising, the Tennessee Health Care Campaign and Raben Group, to host a webinar exploring storytelling and techniques for using your voice to drive policy change. Some key takeaways from the webinar include:

- **Your voice matters.** While sharing your story can be scary or intimidating, it's your own experience, it has value, and puts humanity behind a topic.
- **Policymakers care about on-the-ground impact on their communities.** Your story can help state or federal policymakers understand how their position on an issue impacts their constituents.
- **Your story will likely inspire others.** Often the toughest thing about sharing your story is starting, because it's scary to share something personal, but in doing so you may help someone else feel less alone and inspire them to advocate for themselves.

The ADA is working on more webinars and informational resources related to storytelling for policy change. In the meantime, we encourage you to **share your story with us**.

FEDERAL UPDATES

Federal Government Shutdown Ends, Funding Discussions Ongoing

On November 12, Congress and the administration passed a continuing resolution (CR) and funding package to end the shutdown that began on October 1, the first day of the new fiscal year (FY 2026). The CR will fund the federal government through January 30, 2026, and extend important health care programs and services of note for Diabetes and Obesity Advocates, including:

- The Supplemental Nutrition Assistance Program (SNAP), which helps feed an average of 42 million Americans every month (funded through September 2026)
- Telehealth, which allows seniors to access health care services virtually
- Community health centers, which provide health care for vulnerable Americans
- The Special Diabetes Program and the Special Diabetes Program for Indians, which carry out research for cures, as well as prevention and treatment programs

In our statement, the ADA calls for quick resumption of federal operations that provide necessary health services to individuals living with chronic conditions like diabetes, obesity, or both and the full restoration of SNAP. Additionally, we continue to express concern about the impact of cuts to Medicaid, the loss of the ACA premium subsidies, and the future of federal funding of important research and prevention programs, as well as will continue to work with members of Congress to secure these priorities.

Access our **full statement** on the end of the shutdown in the ADA Newsroom and consider **taking action**, urging Congress to protect health insurance access before the end of the year.

White House Announces Initiative to Increase Access to Obesity Medications

On November 6, President Trump **announced** an initiative to lower prescription drug prices for obesity medications. Specifically, the agreements written with the pharmaceutical manufacturers will lower prices of Ozempic, Wegovy, Zepbound, Orforglipron, and other similar GLP-1-based medications to come from Eli Lilly and Company and Novo Nordisk when purchased through TrumpRx. Other medications from those two companies, including Trulicity, which is commonly used for diabetes, and several insulin products such as NovoLog and Tresiba, will be available at a significant discount as well.

The ADA was pleased by the White House's announcement of its plan to increase access to obesity medications and lower prices of these life-changing medications for individuals, including Medicare beneficiaries who have not had access. Our **full statement** on this initiative is available online in our Newsroom.

STATE UPDATES

Our next e-newsletter will feature a full round-up of state wins in 2025, but here are some recent policy wins:

- **Alabama expands access to diabetes technology to improve management.** As of October 1, Alabama expanded Medicaid coverage for CGMs. Under the new coverage policy, effective October 1, adults with type 1 diabetes are now covered, as are people with type 2 diabetes who administer insulin multiple times a day. This change marks a critical step forward in improving diabetes care and health outcomes for Alabamians living with diabetes.

- **Tennessee, Ohio, and North Carolina support improved access to obesity care.** Tennessee Medicaid (TennCare) added coverage for GLP-1-based obesity medications, not only helping to address the disease of obesity, but lowering risk for the development of type 2 diabetes and over 200 other diseases and medical conditions related to obesity.

  In Ohio, the Ohio Department of Administrative Services ended coverage of GLP-1-based medications for weight reduction and management. Through coordinated efforts of the ADA and coalition partners stressing the importance of this coverage in obesity treatment and diabetes prevention, the department announced they would be adding back some level of coverage, though at a reduced level. The ADA continues to advocate for more comprehensive coverage but appreciates the recognition that access to obesity treatments is critical for Ohio's residents.

  In North Carolina, Governor Josh Stein reversed the administration's October decision to cut Medicaid provider rates. The ADA anticipates that GLP-1-based medication coverage for Medicaid beneficiaries, which was also terminated on October 1 as part of the Medicaid cuts package, will be reinstated as well. The ADA has been actively working in NC to ensure Medicaid beneficiaries retain access to GLP-1-based medication coverage for obesity, including working with other stakeholder advocacy groups and raising awareness through social media campaigns, op-eds, and letters to the governor and legislature.

- **California makes strides in insulin affordability.** In October, Governor Gavin Newsom signed legislation into law capping copayments for insulin at $35 for state-regulated plans. This makes California the 29th state (plus Washington, DC) to cap cost sharing for insulin on state regulated health plans. Additionally, other approved legislation prohibits a health care service plan or disability insurer from imposing step therapy protocols as a prerequisite to authorizing coverage of insulin.



Save the Date for Our State Government Affairs Webinar

The ADA's State Government Affairs team will be holding an informative webinar on Thursday, January 15, from 1:00–1:45 p.m. ET. Attendees will be introduced to our team and learn about our state advocacy initiatives and priorities for 2026, such as health care affordability, diabetes and obesity complications, discrimination, obesity, and more. This webinar will empower attendees with the tools and updates needed to take meaningful action on diabetes and obesity policy. To attend, please **complete the registration form**.

POLICY AND REGULATORY

The ADA Submits Public Comments to the CMS

The ADA has submitted several public comments to the Centers for Medicare & Medicaid Services (CMS) over the last few months, including the following:

- **Calendar year 2026 Medicare Physician Fee Schedule (PFS).** In September, the ADA submitted comments to the CMS in response to the Calendar Year 2026 PFS, which was finalized in November. The ADA comment letter responded to proposed physician payment proposals, changes to the Medicare Diabetes Prevention Program (MDPP), and requests for information regarding chronic conditions, among other proposals, specifically including the following points:
  - Support for the CMS's proposal to allow MDPP suppliers to deliver MDPP services online independently through a pilot project, ending on December 31, 2029, something the ADA has championed for many years and is grateful that CMS heard our requests and finalized this proposal in the final rule in November.
  - Request the CMS to continue to algin its programming and other requirements with the CDC's National Diabetes Prevention Program (National DPP) to ensure as many suppliers are able to provide services to beneficiaries of both the MDPP and National DPP.
  - Appreciation to the administration for its focus on preventing and improving the management of chronic diseases, highlighting the importance of providing coverage for the intensive behavioral therapy benefit for Medicare beneficiaries living with obesity, as well as updating the regulations for outpatient diabetes self-management and training benefit. Changes to both programs would have vast impacts on the health of Medicare beneficiaries with diabetes, obesity, or both.

- **Coverage changes for diabetes technology in Medicare.** As part of the Calendar Year 2026 Medicare Home Health Final Rule, the CMS included major changes to how CGMs and insulin pumps are covered for people with diabetes on Medicare.

  The ADA submitted public comments to the CMS in response to the proposed changes this past summer, which expressed concern that the payment and coverage proposals related to CGMs and insulin pumps—along with the CMS's intent to apply CGMs and insulin pumps to the next, or a future, round of competitive bidding—may unintentionally restrict access to these critically important technologies for Medicare beneficiaries with diabetes.

  The ADA spent the past few months educating policymakers and regulators about the importance of prioritizing patient and health care professional choice for CGMs and insulin pumps, and we continue to stress that the type and selection of devices should be individualized based on a person's specific needs, circumstances, preferences, and skill level, as reflected in the ADA's *Standards of Care in Diabetes*.

  The ADA will continue to collaborate with the CMS to work closely with the diabetes community to ensure Medicare beneficiaries do not experience gaps in access, coverage, or affordability as these changes roll out. Our priority is ensuring everyone with diabetes can continue to access the lifesaving devices they need.

LEGAL ADVOCACY

Brown Bag Webinar for School Nurses

Safe at School® working group member Jacqueline McManemin, BSN, RN, CDCES, presented a webinar, *School Lockdowns and Evacuation Best Practice*, on September 29 as part of the ADA's *Brown Bag* series. The webinar provided recommendations and tips for preparedness to ensure the safety of students with diabetes during a lockdown or evacuation at school. **View this webinar and others in the series.**

School Cell Phone Restrictions Laws

As the 2026 school year begins, most states have passed laws or created policies around restricting cell phone and other smart device use in the school setting. Fortunately, through our advocacy efforts, nearly all those laws and policies have exceptions for those on 504 plans, individual education plans, or with medical conditions (such as diabetes) who require the use of these devices. This means that students with diabetes can still access their smart devices to manage their diabetes. In addition, we recommend to parents that they include a smart device access provision in their child's 504 or other written accommodations plans. Find **cell phone restriction resources and information** about your specific state.

Updated Education Resources Webpage for Attorneys

The ADA's Legal Advocacy team has recently updated the education **resource page** for attorneys. Find the ADA's most up-to-date legal resources and guidance related to students with diabetes, including recent Department of Justice settlements addressing CGM use in schools.

Safe at School Undesignated Glucagon Toolkit Now Available

The Safe at School campaign has recently developed a new toolkit and guidance for obtaining, stocking, and administering undesignated glucagon in schools as allowed by state law. Recently, some states have passed undesignated glucagon laws, also called standing order laws, to enable schools to stock glucagon without a student-specific prescription. **Learn more about acquiring undesignated glucagon for a school, training resources, and a list of states with undesignated glucagon laws.**

ADVOCATE SPOTLIGHT



Meet Brittany Bruggeman, MD (Florida)

What does being a Diabetes Advocate mean?

"Advocacy" means to publicly support a cause or policy. For me, diabetes advocacy is a way to support my patients in living their fullest lives by promoting policies that break down barriers and support advancements in diabetes treatment and care.

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

I strongly suggest working within an organization to learn how to be an effective advocate, amplify the power of your voice, and to make lifelong advocacy connections. The American Diabetes Association is a national leader in diabetes advocacy and fights to improve the lives of people with diabetes every day. They are a great home for Diabetes Advocates! **Joining a Regional Advocacy Council** (RAC) can be a good entry point for people to get involved.

Why do you fight?

I was first inspired to be a pediatric endocrinologist as a counselor at diabetes camp. Kids with diabetes and their parents are some of the toughest and most incredible people I know. They deserve to have easy access to the care they need. Diabetes is hard enough without worrying about the cost of medications, health insurance coverage, discrimination at work or school, and the myriad of other barriers that people with diabetes face. I fight so my patients with diabetes can be empowered to lead their healthiest, happiest, and fullest lives.

Want to be featured in a future issue of **Advocacy in Action**? **Fill out our form.**

GET INVOLVED AND TAKE ACTION

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 legislating 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.

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