

119TH CONGRESS  
1ST SESSION

# S. RES. \_\_\_\_\_

Designating November 2025 as “American Diabetes Month”.

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## IN THE SENATE OF THE UNITED STATES

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Mrs. SHAHEEN (for herself and Ms. COLLINS) submitted the following resolution; which was referred to the Committee on \_\_\_\_\_

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# RESOLUTION

Designating November 2025 as “American Diabetes Month”.

Whereas, according to the Centers for Disease Control and Prevention—

(1) an estimated 38,400,000 individuals in the United States have diabetes; and

(2) an estimated 97,600,000 individuals in the United States who are 18 years of age or older have prediabetes;

Whereas diabetes is a serious chronic condition that affects individuals of every age, race, ethnicity, and income level;

Whereas the Centers for Disease Control and Prevention reports that—

(1) Hispanic, Black, Asian, American Indian, and Alaska Native adults in the United States are disproportionately affected by diabetes and develop the disease at

much higher rates than the general population of the United States; and

(2) an estimated 23 percent of individuals with diabetes in the United States have not yet been diagnosed with the disease;

Whereas, in the United States, an estimated 11.6 percent of the population, including 29.2 percent of individuals who are 65 years of age or older, have diabetes;

Whereas, of the approximately 15,800,000 veterans in the United States, nearly 1 in 4 receiving care in the Department of Veterans Affairs system receive treatment for diabetes, representing more than double the rate found in the general population;

Whereas the risk of developing type 2 diabetes at some point in life is 40 percent for adults in the United States;

Whereas, according to the American Diabetes Association—

(1) in 2022, the estimated direct and indirect medical costs in the United States for cases of diagnosed diabetes was \$412,900,000,000; and

(2) as insulin prices remain high for some patients, 1 in 4 individuals using insulin report reducing use due to insulin cost;

Whereas the American Diabetes Association reports that, in 2022, care for individuals with diagnosed diabetes accounted for 1 in 4 health care dollars in the United States;

Whereas medical costs are estimated to be 2.6 times higher for individuals in the United States with diabetes than those without diabetes;

Whereas, as of November 2025, a cure for diabetes does not exist;

Whereas there are successful means to reduce the incidence,  
and delay the onset, of type 2 diabetes;

Whereas, with proper management and treatment, individuals  
with diabetes live healthy and productive lives; and

Whereas individuals in the United States celebrate American  
Diabetes Month in November: Now, therefore, be it

1       *Resolved*, That the Senate—

2               (1) designates November 2025 as “American  
3       Diabetes Month”; and

4               (2) supports the goals and ideals of American  
5       Diabetes Month, including—

6                       (A) encouraging individuals in the United  
7       States to fight diabetes through public aware-  
8       ness of prevention and treatment options;

9                       (B) enhancing diabetes education;

10               (C) recognizing the importance of aware-  
11       ness and early detection, including awareness of  
12       symptoms and risk factors such as—

13                       (i) being—

14                               (I) older than 45 years of age; or

15                               (II) overweight; and

16                       (ii) having—

17                               (I) a particular racial and ethnic  
18       background;

19                               (II) a low level of physical activ-  
20       ity;

1 (III) high blood pressure;

2 (IV) a family history of diabetes;

3 or

4 (V) a history of diabetes during  
5 pregnancy;

6 (D) supporting a decrease in the preva-  
7 lence of type 1, type 2, and gestational diabetes  
8 in the United States through research, treat-  
9 ment, and prevention; and

10 (E) recognizing the importance of address-  
11 ing barriers to health care that—

12 (i) leave many communities at a  
13 heightened risk for diabetes; and

14 (ii) limit access to health care re-  
15 sources that are needed to effectively pre-  
16 vent the onset, and to manage the condi-  
17 tion, of diabetes.