

January 28, 2010

Honorable Charles E. Grassley
Ranking Member
Committee on Finance
United States Senate
Washington, D.C. 20510-6200

Dear Senator Grassley:

The American Diabetes Association (the Association) is pleased to provide this letter and supporting documentation in response to your request of December 7, 2009.

Overview and Mission

The Association is the nation's leading 501(c)(3) voluntary health organization providing diabetes research, information, advocacy, and public awareness. Founded in 1940, the Association conducts programs in all 50 states and the District of Columbia, reaching hundreds of communities. Diabetes has reached epidemic proportions: almost 24,000,000 men, women and children in America have diabetes, and another 57,000,000 have pre-diabetes.

The mission of the Association is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. To fulfill this mission, the Association funds scientific research, publishes scientific findings, provides information and other services to people with diabetes, their families, health professionals and the public. The Association is also actively involved in advocating for more scientific research and for the rights of people with diabetes.

To help us fulfill our mission, the Association has an ongoing process of identifying, developing and maintaining positive relationships with corporations, in order to reach people, raise dollars and recruit volunteers.

Financial Support

The Association's total financial support in 2009 is projected to be \$205 million. Most of the support comes from individual donations, including participation in the Association's special events. The Association generated \$15.4 million from pharmaceutical, medical device and insurance companies, and foundations established by these companies representing 7.5% of total support.

Revenues from these companies are primarily in two categories:

1) Grants, contributions and sponsorships which include:

- Unrestricted support for continuing medical education programs. These programs help to keep health professionals up to date with the latest information about the disease and its related comorbidities and complications.
- Sponsorships of Association events, programs and initiatives--at both the national and local level. These programs include the Association's educational and fundraising *Step Out For Diabetes®* Walks, the Association educational and fundraising *Tour de Cure®* bicycling events, and the Association's consumer educational exhibition, *Diabetes EXPO®*.

- Support for educational initiatives reaching healthcare professionals and consumers such as the *Cardiometabolic Risk Initiative*, designed to increase awareness about the prevention of diabetes and heart disease.

2) "Fee for Exchange" transactions which include:

- Advertising in the Association's journals and publications such as *Diabetes*®, *Diabetes Care*®, *Clinical Diabetes*®, and *Diabetes Forecast*®.
- Exhibiting at the Association's meetings such as the annual Scientific Sessions, the world's largest diabetes scientific conference.

Specific Information Requested

Question 1: Please explain what policies, if any that the American Diabetes Association plans to adopt to ensure transparency of funding in order to provide a greater public trust in the independence of your organization.

The Association has been and will be transparent in disclosing and publicizing our support from corporate sources, and will continue to follow established best practices for voluntary health organizations.

A few examples:

- We have clear guidelines on the acceptance/rejection of revenue found in "Guidelines For Implementing The Uniform Policy for the Acceptance/Rejection of Revenue." (See Attachment A.)
- The Association discloses the financial support of companies at various financial levels, including the Banting Circle (\$500,000 and above) and Banting Circle Elite (\$1 million +). We publish on our website the total annual revenues each pharmaceutical and device company provides. In addition, advertisements acknowledging the Banting Circle Elite and Banting Circle companies appear in our consumer and professional journals.
- As a member of the National Health Council, we comply with their policies on disclosing corporate revenue.
- As a provider of continuing medical education, it is the Association's policy to ensure balance, independence, objectivity, and scientific rigor in all of its educational activities. All participating faculty and planning committee members are required to disclose to the program audience any financial relationships related to the subject matter of the program prior to participation. Disclosure information is reviewed in advance in order to manage and resolve any possible conflicts of interest. The intent of the disclosure is not to prevent a planner or presenter from being involved in the activity, but rather to provide participants with information on which they can make their own judgments. All disclosures are printed in the final program and presenters are required to have a slide at the beginning of the presentation. Employees of pharmaceutical companies are not permitted to serve on a planning committee nor serve as faculty, if the program is accredited.

Question 2: Please explain your policies on disclosure of outside income by your top executives and board members.

The Association requires all members of the Board of Directors, members of Board appointed committees and staff to act solely in the best interest of the Association without regard to their personal or business interests.

The Association recognizes that there may be instances where a person in a position listed above may appear to have a conflict of interest, if that person has a business or personal interest that is related to an interest of the Association.

To identify and manage potential conflicts of interest, Officers, Directors, members of select Board appointed committees and their related subcommittees, journal/periodical editors, and senior staff of the Association must annually disclose any potential conflicts of interest. Our legal staff provides in-person training on Fiduciary Duties to new Board members.

These requirements were originally established as the *Duality of Interest Policy* in June 1979. The policy has been updated over the years and is now known as the Association's *Conflict of Interest Policy*. The *Conflict of Interest Policy* is reviewed by the Board of Directors at least once every three years for confirmation or adjustment.

A copy of the policy and a *Conflict of Interest Disclosure Policy* (Attachment C) is attached.

Question 3: Please provide the disclosures of outside income filed with your organizations by your top executives and board members.

(See Attachment D)

Please let Tekisha Dawn Everette, our Director of Federal Government Affairs, know if you have any additional questions. She can be reached at (703) 253-4375 or teverette@diabetes.org.

Sincerely,



M. Vaheeda Bennett
Executive Vice-President, Development

Attachments

- A_ Guidelines For Implementing The Uniform Policy For Acceptance/Rejection of Revenue
- B_ Summary of Pharmaceutical Contributions 2006-2009
- C_ Conflict of Interest Policy
- D_ Association Conflict of Interest Disclosures

American Diabetes Association
Summary of Pharmaceutical Revenues
2006-2009
Attachment B

	2006	2007	2008	2009
Abbott Laboratories	\$ 453,647	\$ -	\$ -	\$ -
Abbott Laboratories/Abbott Diabetes Care	\$ 862,251	\$ 636,675	\$ 1,113,040	\$ 722,298
Aetna	\$ 99,241	\$ 243,474	\$ 225,616	\$ 277,096
Amylin Pharmaceuticals	\$ 318,174	\$ 1,145,860	\$ 845,410	\$ 907,600
Anthem Blue Cross Blue Shield	\$ 32,252	\$ 29,211	\$ 38,900	\$ -
AstraZeneca LP	\$ 429,557	\$ 246,550	\$ 73,437	\$ 184,412
AstraZeneca/ Bristol-Myers Squibb	\$ -	\$ -	\$ 318,085	\$ 684,000
Baxter Healthcare	\$ 500,000	\$ 500,000	\$ -	\$ -
Bayer Healthcare, Diagnostics Corp.	\$ 1,154,043	\$ 775,029	\$ 308,613	\$ 292,677
BD Consumer Healthcare	\$ 1,285,050	\$ 423,795	\$ 714,286	\$ 552,617
Blue Cross Blue Shield	\$ 241,720	\$ 275,130	\$ 294,774	\$ 119,147
Boehringer-Ingelheim	\$ -	\$ 152,600	\$ 266,000	\$ 413,600
Bristol-Myers Squibb	\$ 392,644	\$ 190,284	\$ 254,648	\$ 232,551
Eli Lilly and Company	\$ 1,460,942	\$ 1,987,109	\$ 1,443,588	\$ 1,107,399
Daiichi-Sankyo Pharmaceuticals	\$ -	\$ -	\$ -	\$ 155,401
GlaxoSmithKline	\$ 1,532,916	\$ 296,698	\$ 524,520	\$ 50,473
Humana	\$ 56,288	\$ 58,800	\$ 64,025	\$ 92,375
Johnson & Johnson	\$ 16,268	\$ 17,287	\$ 22,919	\$ 146,901
King Pharmaceuticals	\$ -	\$ 100,000	\$ -	\$ -
LifeScan, Inc.	\$ 1,211,769	\$ 1,105,866	\$ 319,752	\$ 170,450
Medtronic MiniMed	\$ 195,579	\$ 335,565	\$ 387,068	\$ 286,056
Merck & Co., Inc.	\$ 860,500	\$ 3,100,195	\$ 1,436,690	\$ 1,166,018
Merck/ Schering-Plough	\$ 158,194	\$ 206,000	\$ 108,600	\$ 122,900
Novartis Pharmaceuticals Corp.	\$ 2,493,450	\$ 1,491,280	\$ 287,980	\$ 23,495
Novo Nordisk Pharmaceuticals	\$ 1,878,611	\$ 2,122,385	\$ 2,028,210	\$ 2,209,292
Pfizer Inc	\$ 1,424,025	\$ 2,245,882	\$ 704,491	\$ 578,021
Roche Pharmaceuticals	\$ -	\$ -	\$ -	\$ 500,000
Roche Diagnostics Corporation	\$ 520,170	\$ 555,360	\$ 581,636	\$ 371,541
sanofi-aventis	\$ 2,224,366	\$ 2,114,731	\$ 2,260,448	\$ 1,075,903

American Diabetes Association
Summary of Pharmaceutical Revenues
2006-2009
Attachment B

	2006	2007	2008	2009
SOILL	\$ 100,000	\$ -	\$ -	\$ -
Solvay Pharmaceuticals	\$ -	\$ -	\$ 2,400,000	\$ 690,000
Takeda Pharmaceuticals North America, Inc.	\$ 1,489,153	\$ 1,993,593	\$ 2,833,900	\$ 1,448,457
United Healthcare	\$ 123,860	\$ 68,170	\$ 86,666	\$ 381,783
WellPoint Foundation	\$ 33,507	\$ 36,957	\$ 1,049	\$ 669,526

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
<u>Abbott Laboratories, Abbott Diabetes Care</u>	2006	
A1C Project		\$150,000
Support of Local Events and Programs		\$30,975
Advertising in ADA Publications		\$381,676
Corporate Sponsored Symposia		\$25,000
Diabetes Care Coalition		\$275,000
<i>Sub-Total</i>		\$862,651
<u>Abbott Laboratories/Abbott Diabetes Care</u>	2007	
Latino Initiative (Year 1 of 2)		\$100,000
Support of Local Events and Programs		\$241,410
ADA Latino Initiative- Chicago (Year 1)		\$75,000
EXPO		\$38,665
Corporate Sponsored Symposia		\$25,000
Exhibiting		\$156,600
<i>Sub-Total</i>		\$636,675
<u>Abbott Laboratories, Abbott Diabetes Care</u>	2008	
Latino Initiative (Year 2 of 2)		\$150,000
Support of Local Events and Programs		\$386,064
EXPO		\$56,900
Product Education Showcase at Postgraduate Course		\$5,000
Advertising in ADA Publications		\$329,476
Exhibiting at Scientific Sessions		\$185,600
<i>Sub-Total</i>		\$1,113,040
<u>Abbott Laboratories, Abbott Diabetes Care</u>	2009	
Support of Local Events and Programs		\$274,389
EXPO		\$43,000
Safe at School Program		\$35,000
Advertising in ADA Publications		\$216,109
Exhibiting at Scientific Sessions		\$148,800
Product Education Showcase at Postgraduate Course		\$5,000
<i>Sub-Total</i>		\$722,298
<u>Abbott Laboratories</u>	2006	
African-American Program		\$100,000
Support of Local Events and Programs		\$82,526
Advertising in ADA Publications		\$41,097
EXPO		\$53,824
Exhibiting at Scientific Sessions		\$151,200
Corporate Supported Symposia		\$25,000
<i>Sub-Total</i>		\$453,647

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
Aetna	2006	
Support of Local Events, Expo and Programs		\$99,241
	<i>Sub-Total</i>	\$99,241
Aetna	2007	
Support of Local Events, Expo and Programs		\$243,474
	<i>Sub-Total</i>	\$243,474
Aetna	2008	
Support of Local Events, Expo and Programs		\$225,616
	<i>Sub-Total</i>	\$225,616
Aetna	2009	
Support of Local Events, Expo and Programs		\$277,096
	<i>Sub-Total</i>	\$277,096
Amylin Pharmaceuticals	2006	
Beta Cell Research Conference		\$93,187
Support of Local Events and Programs		\$36,775
Advertising in ADA Publications		\$9,012
EXPO		\$7,400
Scientific Sessions--Exhibiting		\$44,800
Corporate Sponsored Symposia		\$25,000
Scientific Sessions Sponsorship of Bus Routes		\$100,000
PostGraduate Course--Product Showcase		\$2,000
	<i>Sub-Total</i>	\$318,174
Amylin Pharmaceuticals	2007	
ADA Research (Year 1 of 3)		\$500,000
Support of Local Events and Programs		\$71,350
Advertising in ADA Publications		\$29,680
Expo		\$4,200
Scientific Sessions Webcast		\$150,000
Scientific Sessions Final Program		\$100,000
Scientific Sessions Corporate Sponsored Symposia		\$50,000
Scientific Sessions Bus Route Sponsorship		\$50,000
Exhibiting at Scientific Sessions		\$70,000
2008 Scientific Sessions		\$115,000
PostGraduate Course Product Showcase		\$5,000
	<i>Sub-Total</i>	\$1,145,230

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
Amylin Pharmaceuticals	2008	
Support of Local Events and Programs		\$6,000
Advertising in ADA Publications		\$68,410
Expo		\$3,500
ADA Research Foundation		\$500,000
Scientific Sessions Bus Route & Final Program		\$190,000
Product Education Showcase at Postgraduate Course		\$5,000
Exhibiting at Scientific Sessions		\$72,500
	<i>Sub-Total</i>	\$845,410
Amylin Pharmaceuticals	2009	
Support of Local Events and Programs		\$172,900
Expo		\$900
ADA Research Grant		\$500,000
Scientific Sessions Day-At-A-Glance & Corporate Symposia		\$85,000
Exhibiting at Scientific Sessions		\$148,800
	<i>Sub-Total</i>	\$907,600
Anthem Blue Cross Blue Shield	2006	
Support of Local Events, Expo and Programs		\$32,252
	<i>Sub-Total</i>	\$32,252
Anthem Blue Cross Blue Shield	2007	
Support of Local Events, Expo and Programs		\$29,211
	<i>Sub-Total</i>	\$29,211
Anthem Blue Cross Blue Shield	2008	
Support of Local Events, Expo and Programs		\$38,900
	<i>Sub-Total</i>	\$38,900
AstraZeneca	2006	
Research Conference (Advanced Glycation End Products)		\$15,000
Support of Local Events and Programs (AstraZeneca Charity Challenge)		\$100,000
Advertising in ADA Publications		\$71,257
EXPO		\$2,750
Scientific Sessions Exhibiting		\$80,800
Scientific Sessions Corporate Sponsored Symposia		\$25,000
Scientific Sessions Sponsorship--Posters 2 View		\$85,000

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
PostGraduate Course (General Session Sponsorship)		<u>\$10,000</u>
	<i>Sub-Total</i>	\$429,557
AstraZeneca	2007	
Support of Local Events and Programs		\$129,550
EXPO		<u>\$50,000</u>
Scientific Sessions Corporate Symposia		<u>\$25,000</u>
Scientific Sessions Exhibiting		<u>\$42,000</u>
	<i>Sub-Total</i>	\$246,550
AstraZeneca	2008	
Support of Local Events and Programs		\$63,437
EXPO		<u>\$10,000</u>
	<i>Sub-Total</i>	\$73,437
AstraZeneca	2009	
Support of Local Events and Programs		\$48,900
Advertising in ADA Publications		<u>\$135,512</u>
	<i>Sub-Total</i>	\$184,412
AstraZeneca/Bristol-Myers Squibb	2008	
Support of Local Events and Programs		\$108,635
Scientific Sessions Corporate Symposia & Final Program		<u>\$95,000</u>
Advertising in ADA Publications		<u>\$114,450</u>
	<i>Sub-Total</i>	\$318,085
AstraZeneca/Bristol-Myers Squibb	2009	
EAG Toolkit		\$400,000
Scientific Sessions (2) Corporate Symposia & Advance Program		<u>\$160,000</u>
Scientific Sessions Exhibiting		<u>\$124,000</u>
	<i>Sub-Total</i>	\$684,000
Baxter Healthcare		
Study on Developing a Healthcare Efficiency Measure (Year 1); Sponsorship of Kidney Disease module for African-American program	2006	<u>\$500,000</u>
	<i>Sub-Total</i>	\$500,000
Study on Developing a Healthcare Efficiency Measure (Year 2); Sponsorship of Kidney Disease module for African-American program	2007	<u>\$500,000</u>

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
	Sub-Total	\$500,000
Bayer HealthCare	2006	
A1c Project		\$300,000
Support of Local Events and Programs		\$63,425
Advertising in ADA Publications		\$368,266
EXPO		\$35,352
Exhibiting (Scientific Sessions)		\$112,000
Diabetes Care Coalition		\$275,000
	Sub-Total	\$1,154,043
Bayer HealthCare	2007	
Diabetes Screening Project		\$175,000
Support of Local Events and Programs		\$38,200
Advertising in ADA Publications		\$104,604
EXPO		\$31,025
Exhibiting (Scientific Sessions)		\$121,800
Corporate Donation		\$30,000
Diabetes Care Coalition		\$275,000
	Sub-Total	\$775,029
Bayer HealthCare	2008	
Support of Local Events and Programs		\$61,949
Advertising in ADA Publications		\$191,814
EXPO		\$34,000
Exhibiting (Scientific Sessions)		\$116,800
	Sub-Total	\$404,563
Bayer HealthCare	2009	
Support of Local Events and Programs		\$41,757
Advertising in ADA Publications		\$21,520
EXPO		\$30,600
Exhibiting (Scientific Sessions)		\$148,800
Scientific Sessions-Corporate Symposia		\$50,000
	Sub-Total	\$292,677
BD Diabetes	2006	
ADA Research Grant		\$100,000
Support of Local Events and Programs		\$95,900
Advertising in ADA Publications		\$612,986
EXPO		\$58,400
Exhibiting (Scientific Sessions)		\$70,000
PG Product Showcase		\$2,000
In-Kind Contributions For Diabetes Camps		\$183,750

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
BD Diabetes Care		\$275,000
	<i>Sub-Total</i>	\$1,285,050
BD Diabetes	2007	
Support of Local Events and Programs		\$37,500
Advertising in ADA Publications		\$261,295
EXPO		\$52,500
Exhibiting		\$72,500
	<i>Sub-Total</i>	\$423,795
BD Diabetes	2008	
Support of Local Events and Programs		\$296,256
Advertising in ADA Publications		\$375,695
EXPO		\$14,135
Exhibiting		\$23,200
Product Education Showcase at Postgraduate Course		\$5,000
	<i>Sub-Total</i>	\$714,286
BD Diabetes	2009	
Support of Local Events and Programs		\$89,327
Advertising in ADA Publications		\$421,190
EXPO		\$17,300
Exhibiting		\$24,800
	<i>Sub-Total</i>	\$552,617
Blue Cross Blue Shield	2006	
Support of Local Events, Expo and Programs		\$241,720
	<i>Sub-Total</i>	\$241,720
Blue Cross Blue Shield	2007	
Support of Local Events, Expo and Programs		\$275,130
	<i>Sub-Total</i>	\$275,130
Blue Cross Blue Shield	2008	
Support of Local Events, Expo and Programs		\$294,774
	<i>Sub-Total</i>	\$294,774
Blue Cross Blue Shield	2009	
Support of Local Events, Expo and Programs		\$119,147
	<i>Sub-Total</i>	\$119,147

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
<u>Boehringer-Ingelheim</u>	2007	
Exhibiting (Scientific Sessions)		\$127,600
Scientific Sessions Corporate Sponsored Symposia		\$25,000
	<i>Sub-Total</i>	\$152,600
<u>Boehringer-Ingelheim</u>	2008	
Exhibiting (Scientific Sessions)		\$116,000
Scientific Sessions 2 Bus Routes		\$150,000
	<i>Sub-Total</i>	\$266,000
<u>Boehringer-Ingelheim</u>	2009	
Support of Local Events and Programs		\$10,000
Diabetes Case Simulations		\$200,000
Exhibiting (Scientific Sessions)		\$18,600
Scientific Sessions Bus Routes, Corporate Symposia & Patron		\$185,000
	<i>Sub-Total</i>	\$413,600
<u>Bristol Myers-Squibb</u>	2006	
Tour de Cure Sponsorship		\$250,000
Support of Local Events and Programs		\$230,000
Advertising in ADA Publications		\$76,944
EXPO		\$900
Exhibiting (Scientific Sessions)		\$16,800
Scientific Sessions (Corporate Sponsored Symposia)		\$25,000
	<i>Sub-Total</i>	\$392,644
<u>Bristol Myers-Squibb</u>	2007	
Support of Local Events and Programs		\$24,290
Advertising in ADA Publications		\$120,994
Exhibiting (Scientific Sessions)		\$20,000
Scientific Sessions (Corporate Sponsored Symposia)		\$25,000
	<i>Sub-Total</i>	\$190,284
<u>Bristol Myers-Squibb</u>	2008	
Support of Local Events and Programs		\$45,198
Advertising in ADA Publications		\$114,450

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
Scientific Sessions (Corporate Symposia & Advance Program)		\$95,000
	<i>Sub-Total</i>	\$254,648
Bristol Myers-Squibb	2009	
Support of Local Events and Programs		\$23,522
Advertising in ADA Publications		\$113,030
Scientific Sessions (Corporate Symposia & Advance Program)		\$95,000
EXPO		\$1,000
	<i>Sub-Total</i>	\$232,551
Daiichi-Sankyo Pharmaceuticals	2009	
Support of Local Events and Programs		\$10,400
Advertising in ADA Publications		\$77,801
Scientific Sessions (2 Rotating Ads)		\$30,000
Scientific Sessions Exhibit		\$37,200
	<i>Sub-Total</i>	\$155,401
Eli Lilly & Company	2006	
Support of Gestational Diabetes Conference		\$15,000
Advanced Glycation End Products Research Conference		\$15,000
Make The Link! Diabetes/Cardiovascular Initiative		\$75,000
Cardiometabolic Risk Initiative		\$250,000
Beta Cell Research Conference		\$93,187
Support of Local Events and Programs		\$145,173
Advertising in ADA Publications		\$427,682
Expo		\$139,900
Exhibiting (Scientific Sessions)		\$138,000
Scientific Sessions (Corporate Sponsored Symposia)		\$75,000
Scientific Sessions Awards		\$20,000
Scientific Sessions (Bus Route Sponsorship)		\$50,000
PostGraduate Course Notepads		\$15,000
PostGraduate Course Showcase		\$2,000
	<i>Sub-Total</i>	\$1,460,942
Eli Lilly & Company	2007	
Cardiometabolic Risk Initiative		\$250,000
Make The Link		\$50,000
Inspired By Diabetes (Camp Scholarships)		\$50,000
ADA Youth Initiative		\$351,400
Foundation Donation		\$27,400
Support of Local Events and Programs		\$115,563
Advertising in ADA Publications		\$509,976
Expo		\$211,300

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
Membership		\$36,270
Scientific Sessions (Awards)		\$20,000
Scientific Sessions (Bus Route sponsorships)		\$100,000
Scientific Sessions (Corporate Sponsored Symposia)		\$25,000
Exhibiting (Scientific Sessions)		\$185,600
Scientific Sessions Awards (2008)		\$20,000
PostGraduate Course Notepads		\$15,000
PostGraduate Course Product Shwocase		\$5,000
PostGraduate Course Notepads		\$15,000
	<i>Sub-Total</i>	\$1,987,109
<u>Eli Lilly & Company</u>	2008	
Cardiometabolic Risk Initiative		\$250,000
Support of Local Events and Programs		\$211,050
Advertising in ADA Publications		\$526,089
Expo		\$202,250
Exhibiting (Scientific Sessions)		\$139,200
Scientific Sessions Awards		\$20,000
Scientific Sessions (Bus Route Sponsorship)		\$75,000
PostGraduate Course Notepads		\$15,000
PostGraduate Course Showcase		\$5,000
	<i>Sub-Total</i>	\$1,443,589
<u>Eli Lilly & Company</u>	2009	
ADA Camperships		\$50,000
Support of Local Events and Programs		\$137,148
Advertising in ADA Publications		\$540,253
Expo		\$142,600
Exhibiting (Scientific Sessions)		\$130,200
Scientific Sessions Awards		\$20,000
ADA Research Foundation		\$3,198
Health Disparities Forum		\$34,000
Diabetes & Cancer Conference		\$50,000
	<i>Sub-Total</i>	\$1,107,399
<u>GlaxoSmithKline</u>	2006	
A1C Research Study		\$300,000
Shaping America's Health		\$150,000
Cardiometabolic Risk Initiative		\$250,000
Make The Link! Diabetes/Cardiovascular Initiative		\$75,000
Support of Local Events and Programs		\$44,250
Advertising in ADA Publications		\$243,866
Expo		\$40,800
Scientific Sessions (Exhibiting)		\$154,000
Scientific Sessions (Patron Sponsorship)		\$60,000
Scientific Sessions (Registration Briefcase)		\$100,000
Scientific Sessions (Abstracts Online)		\$30,000

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
Scientific Sessions (Council Meeting)		\$10,000
Scientific Sessions (Corporate Sponsored Symposia)		\$25,000
Scientific Sessions (Bus Route Sponsorship)		\$35,000
	<i>Sub-Total</i>	\$1,532,916
GlaxoSmithKline	2007	
Support of Local Events and Programs		\$72,750
Advertising in ADA Publications		\$58,398
Expo		\$35,050
Scientific Sessions (Corporate Sponsored Symposia)		\$25,000
Exhibiting (Scientific Sessions)		\$10,500
	<i>Sub-Total</i>	\$296,698
GlaxoSmithKline	2008	
Support of Local Events and Programs		\$113,100
Advertising in ADA Publications		\$45,720
Expo		\$6,800
Scientific Sessions (Patron)		\$60,000
Scientific Sessions (Best of Sessions)		\$179,461
Scientific Sessions DVDs		\$73,039
Exhibiting (Scientific Sessions)		\$46,400
	<i>Sub-Total</i>	\$524,520
GlaxoSmithKline	2009	
Support of Local Events and Programs		\$14,793
Advertising in ADA Publications		\$32,480
Expo		\$3,200
	<i>Sub-Total</i>	\$50,473
Humana	2006	
Support of Local Events, Expo and Programs		\$56,288
	<i>Sub-Total</i>	\$56,288
Humana	2007	
Support of Local Events, Expo and Programs		\$58,800
	<i>Sub-Total</i>	\$58,800
Humana	2008	
Support of Local Events, Expo and Programs		\$64,025
	<i>Sub-Total</i>	\$64,025
Humana	2009	
Support of Local Events, Expo and Programs		\$92,375
	<i>Sub-Total</i>	\$92,375
Johnson & Johnson	2006	

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
Support of Local Events, Expo and Programs		<u>\$16,268</u>
<i>Sub-Total</i>		\$16,268
Johnson & Johnson	2007	
Support of Local Events, Expo and Programs		<u>\$17,287</u>
<i>Sub-Total</i>		\$17,287
Johnson & Johnson	2008	
Support of Local Events, Expo and Programs		<u>\$22,919</u>
<i>Sub-Total</i>		\$22,919
Johnson & Johnson	2009	
Support of Local Events, Expo and Programs		<u>\$145,901</u>
<i>Sub-Total</i>		\$145,901
LifeScan, a Johnson & Johnson Company	2006	
Diabetes Care Supplement		\$158,644
Consumer Survey		\$2,800
Support of Local Events and Programs		\$125,225
Advertising in ADA Publications		\$385,000
Expo		\$11,900
Exhibiting (Scientific Sessions)		\$127,400
Diabetes Care Coalition		<u>\$400,000</u>
<i>Sub-Total</i>		\$1,211,769
LifeScan, a Johnson & Johnson Company	2007	
Support of Local Events and Programs		\$105,385
Advertising in ADA Publications		\$189,501
Expo		\$33,420
Diabetes Care (CD of Clinical Practice Recommendations)		\$247,060
Exhibiting (Scientific Sessions)		\$130,500
Diabetes Care Coalition		<u>\$400,000</u>
<i>Sub-Total</i>		\$1,105,866
LifeScan, a Johnson & Johnson Company	2008	
Support of Local Events and Programs		\$125,449
Advertising in ADA Publications		\$70,648
Expo		\$19,255
Exhibiting (Scientific Sessions)		<u>\$104,400</u>
<i>Sub-Total</i>		\$319,752
LifeScan, a Johnson & Johnson Company	2009	
Support of Local Events and Programs		\$24,150
Expo		\$18,300
Asian American Program		\$35,000
Exhibiting (Scientific Sessions)		<u>\$93,000</u>
<i>Sub-Total</i>		\$170,450
Medtronic Diabetes	2006	

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
National Support		\$30,000
Advertising in ADA Publications		\$104,864
EXPO		\$31,500
Support of Local Events and Programs		\$29,215
	<i>Sub-Total</i>	\$195,579
Medtronic Diabetes	2007	
Support of Local Events and Programs		\$57,550
Advertising in ADA Publications		\$59,400
Expo		\$38,315
Exhibiting (Scientific Sessions)		\$101,500
Scientific Sessions (Corporate Sponsored Symposia)		\$25,000
Medtronic Foundation Grant		\$53,800
	<i>Sub-Total</i>	\$335,565
Medtronic Diabetes	2008	
Support of Local Events and Programs		\$173,320
Advertising in ADA Publications		\$41,580
Expo		\$37,168
Exhibiting (Scientific Sessions)		\$101,500
Scientific Sessions (Corporate Symposia)		\$25,000
Product Education Showcase at Postgraduate Course		\$5,000
Medtronic Foundation Grant		\$3,500
	<i>Sub-Total</i>	\$387,068
Medtronic Diabetes	2009	
Support of Local Events and Programs		\$113,724
Expo		\$39,832
Exhibiting (Scientific Sessions)		\$77,500
Scientific Sessions (Corporate Symposia)		\$50,000
Product Education Showcase at Postgraduate Course		\$5,000
	<i>Sub-Total</i>	\$286,056
Merck & Company	2006	
A1C Research Study		\$300,000
Research Conference on Advanced Glycation Products		\$5,000
Support of Local Events and Programs		\$18,110
Advertising in ADA Publications		\$122,000
Exhibiting (Scientific Sessions)		\$170,400
Scientific Sessions (Corporate Sponsored Symposia)		\$50,000

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
Scientific Sessions (Bottled Water)		\$15,000
Scientific Sessions (Sponsorship of Symposia)		\$10,000
Scientific Sessions (Meeting Notebooks)		\$110,000
	<i>Sub-Total</i>	\$860,500
Merck & Company	2007	
Self-Assessment Course On Diabetes		\$425,000
Cardiometabolic Risk Initiative		\$260,000
Support of Local Events and Programs		\$40,950
Advertising in ADA Publications		\$173,436
Book Purchase		\$1,509,309
Exhibiting (Scientific Sessions)		\$159,500
Scientific Sessions (Corporate Sponsored Symposia)		\$25,000
Scientific Sessions (Support of Educational Session)		\$10,000
Scientific Sessions (Council Meeting)		\$10,000
Scientific Sessions (Patron Sponsor)		\$60,000
Scientific Sessions (Meeting Notebooks)		\$110,000
Scientific Sessions (Meeting Notebooks)		\$120,000
Scientific Sessions (Patron Sponsor)		\$60,000
PostGraduate Course (Meeting Guide)		\$35,000
PostGraduate Course (Patron Sponsor)		<u>\$20,000</u>
	<i>Sub-Total</i>	\$3,100,195
Merck & Company	2008	
Patient Management Problem Project		\$220,000
Cardiometabolic Risk Initiative		\$188,000
Support of Local Events and Programs		\$140,750
Advertising in ADA Publications		\$180,840
EXPO		\$1,000
Exhibiting (Scientific Sessions)		\$171,100
Scientific Sessions (Patron Sponsor)		\$60,000
Scientific Sessions (Meeting Notebooks)		\$120,000
PostGraduate Course (Meeting Guide)		\$35,000
PostGraduate Course (Patron Sponsor)		\$20,000
ADA Clinical/Translational Research Grant		<u>\$300,000</u>
	<i>Sub-Total</i>	\$1,436,690
Merck & Company	2009	
Cardiometabolic Risk Initiative		\$200,000
Support of Local Events and Programs		\$58,100
Advertising in ADA Publications		\$404,418
Exhibiting (Scientific Sessions)		\$108,500
Scientific Sessions (Corporate Symposia)		\$50,000
Scientific Sessions (Patron & Benefactor Sponsor)		\$95,000
ADA Research Fellowship Award Program		\$150,000
Diabetes & Cancer Consensus Development Conference		\$10,000

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
Health Disparities Forum		\$35,000
Postgraduate Course (Meeting Guide)		\$35,000
Postgraduate Course (Patron)		\$20,000
<i>Sub-Total</i>		\$1,166,018
Merck/Schering-Plough Pharmaceuticals	2006	
Advertising in ADA Publications		\$21,194
Exhibiting (Scientific Sessions)		\$112,000
Scientific Sessions (Corporate Symposia Fee)		\$25,000
<i>Sub-Total</i>		\$158,194
Merck/Schering-Plough Pharmaceuticals	2007	
Cardiometabolic Risk Initiative		\$65,000
Exhibiting (Scientific Sessions)		\$116,000
Scientific Sessions (Corporate Symposia Fee)		\$25,000
<i>Sub-Total</i>		\$206,000
Merck/Schering-Plough Pharmaceuticals	2008	
Cardiometabolic Risk Initiative		\$62,000
Exhibiting (Scientific Sessions)		\$11,600
Scientific Sessions (Educational Support)		\$10,000
Scientific Sessions (Corporate Symposia Fee)		\$25,000
<i>Sub-Total</i>		\$108,600
Merck/Schering-Plough Pharmaceuticals	2009	
Cardiometabolic Risk Initiative		\$60,000
Exhibiting (Scientific Sessions)		\$27,900
Scientific Sessions (Benefactor)		\$35,000
<i>Sub-Total</i>		\$122,900
Novartis Pharmaceuticals	2006	
Make The Link! Diabetes/Cardiovascular Initiative		\$75,000
Support of Local Events and Programs		\$24,750
EXPO		\$28,000
Exhibiting (Scientific Sessions)		\$58,200
Scientific Sessions (Corporate Symposia Fees)		\$25,000
PostGraduate Course (Corporate Symposia Fees)		\$15,000
I Decide To Fight Diabetes Campaign		\$350,000
African American Program		\$575,000
Cardiometabolic Risk Initiative		\$250,000
Latino Education Initiative (1st Payment of Grant)		\$692,500
Diabetes Care Coalition		\$400,000
<i>Sub-Total</i>		\$2,493,450
Novartis Pharmaceuticals	2007	
Latino Initiative (2nd Payment of Grant)		\$757,500
Support of Local Events and Programs		\$152,350
Advertising in ADA Publications		\$110,730
EXPO		\$18,100

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
Exhibiting (Scientific Sessions)		\$2,600
Scientific Sessions (Corporate Symposia Fees)		\$50,000
Diabetes Care Coalition		\$400,000
<i>Sub-Total</i>		\$1,491,280
Novartis Pharmaceuticals	2008	
Cardiometabolic Risk Initiative		\$250,000
Support of Local Events and Programs		\$1,500
Advertising in ADA Publications		\$20,080
EXPO		\$8,000
Exhibiting (Scientific Sessions)		\$8,400
<i>Sub-Total</i>		\$287,980
Novartis Pharmaceuticals	2009	
Support of Local Events and Programs		\$17,295
EXPO		\$6,200
<i>Sub-Total</i>		\$23,495
Novo Nordisk Inc.	2006	
Ecnomic Cost of Diabetes Study		\$150,000
Psychology Meeting		\$15,000
Research Studies		\$120,000
Support of Local Events and Programs		\$181,450
Advertising in ADA Publications		\$400,611
EXPO		\$101,750
Diabetes Care Coalition		\$400,000
Scientific Sessions Sponsorships	<i>Sub-Total</i>	\$1,878,611
Novo Nordisk	2007	
Safe at School Trainings		\$100,000
Diabetes Screening Project		\$175,000
Support of Local Events and Programs		\$340,185
Advertising in ADA Publications		\$375,320
Expo		\$9,780
Scientific Sessions Sponsorships		\$150,000
Exhibiting (Scientific Sessions)		\$287,100
PostGraduate Course (Corporate Symposia)		\$15,000
Diabetes Care Coalition		\$400,000
<i>Sub-Total</i>		\$2,122,385
Novo Nordisk	2008	
Safe at School Trainings		\$200,000
Incretin Webcast		\$159,995
Support of Local Events and Programs		\$498,440
Advertising in ADA Publications		\$622,795
Expo		\$122,880
Scientific Sessions Sponsorships		\$122,000

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
Exhibiting (Scientific Sessions)		\$287,100
PostGraduate Course (Corporate Symposia)		\$15,000
	<i>Sub-Total</i>	\$2,028,210
Novo Nordisk	2009	
Support of Local Events and Programs		\$431,283
Advertising in ADA Publications		\$329,233
Expo		\$94,375
Scientific Sessions (3 corporate symposia & Hotel Key Cards)		\$210,000
Exhibiting (Scientific Sessions)		\$306,900
Postgraduate Course (Key Cards & Corporate Symposia)		\$25,000
Research Foundation		\$400,000
Legal Advocacy		\$250,000
Diabetes & Cancer Conference		\$50,000
Diabetes Management Initiative		\$112,500
	<i>Sub-Total</i>	\$2,209,292
Pfizer Inc.	2006	
Project Power		\$200,000
Support of Local Events and Programs		\$137,625
Advertising in ADA Publications		\$500,000
Expo		\$115,400
Scientific Sessions Exhibiting		\$196,000
Scientific Sessions Sponsorships		\$160,000
Scientific Sessions (Corporate Sponsored Symposia fees)		\$100,000
PostGraduate Course (Corporate Sponsored Symposia Fee)		\$15,000
	<i>Sub-Total</i>	\$1,424,025
Pfizer Inc.	2007	
Cardiometabolic Risk Initiative		\$750,000
Diabetes Community Screenings		\$250,000
Diabetes Screening Research study		\$167,900
Support of Local Events and Programs		\$127,650
EXPO		\$135,550
Scientific Sessions Sponsorships		\$294,000
Scientific Sessions (Corporate Symposia fees)		\$75,000
	<i>Sub-Total</i>	\$2,245,882
Pfizer Inc.	2008	
Primary Care Needs Assessment		\$250,000
Support of Local Events and Programs		\$16,000
EXPO		\$16,500
Scientific Sessions Sponsorships		\$85,000
Postgraduate Course Patron Supporter		\$10,000

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
Advertising in ADA Publications		\$251,591
Exhibiting (Scientific Sessions)		<u>\$75,400</u>
<i>Sub-Total</i>		\$704,491
Pfizer Inc.	2009	
Support of Local Events and Programs		\$72,281
EXPO		\$4,200
Cardiometabolic Risk Initiative		\$250,000
Stop Diabetes		\$50,000
Exhibiting (Scientific Sessions)		\$62,000
Advertising in ADA Publications		<u>\$139,540</u>
<i>Sub-Total</i>		\$578,021
Roche Pharmaceuticals Corporation	2009	
ADA's Master's Course		<u>\$500,000</u>
		\$500,000
Roche Diagnostics Corporation	2006	
Support of Local Events and Programs		\$124,925
Advertising in ADA Publications		\$249,564
EXPO		\$27,400
Scientific Sessions Exhibiting		\$57,500
In-Kind Contributions For Diabetes Camps		<u>\$60,781</u>
<i>Sub-Total</i>		\$520,170
Roche Diagnostics Corporation	2007	
Support of Local Events and Programs		\$151,420
Advertising in ADA Publications		\$249,599
Indianapolis Kiss-a-Pig Event		\$15,691
EXPO		\$55,650
Scientific Sessions Exhibiting		\$58,000
Scientific Sessions (Corporate Sponsored Symposia Fee)		<u>\$25,000</u>
<i>Sub-Total</i>		\$555,360
Roche Diagnostics Corporation	2008	
Support of Local Events and Programs		\$210,848
Advertising in ADA Publications		\$232,488
EXPO		\$65,800
Scientific Sessions Exhibiting		<u>\$72,500</u>
<i>Sub-Total</i>		\$581,636
Roche Diagnostics Corporation	2009	
Support of Local Events and Programs		\$122,741
Advertising in ADA Publications		\$146,200
EXPO		\$25,100
Scientific Sessions Exhibiting		<u>\$77,500</u>
<i>Sub-Total</i>		\$371,541

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
sanofi-aventis	2006	
Cardiometabolic Risk Initiative		\$600,000
Insulin Grand Rounds Program		\$150,000
Doing Better: Tools for Diabetes Care		\$125,000
Support of Local Events and Programs		\$84,525
Advertising in ADA Publications		\$327,391
EXPO		\$76,850
Scientific Sessions (Exhibiting)		\$215,600
Scientific Sessions (Sponsorships)		\$160,000
Scientific Sessions (Corporate Sponsored Symposia)		\$75,000
Diabetes Care Coalition		\$400,000
PostGraduate Course (Lanyards Sponsorships)		\$10,000
	<i>Sub-Total</i>	\$2,224,366
sanofi-aventis	2007	
Cardiometabolic Risk Initiative (Year Two of Three)		\$600,000
Feria Outdoor Festival Program		\$65,000
Support of Local Events and Programs		\$78,320
Advertising in ADA Publications		\$466,461
EXPO		\$244,950
Scientific Sessions (Corporate Symposia fees)		\$50,000
Scientific Sessions (Sponsorships)		\$140,000
2008 Scientific Sessions (Sponsorships)		\$70,000
Diabetes Care Coalition		\$400,000
	<i>Sub-Total</i>	\$2,114,731
sanofi-aventis	2008	
Cardiometabolic Risk Initiative (Year 3 of 3)		\$600,000
Postgraduate Course (Lanyards)		\$10,000
Support of Local Events and Programs		\$161,709
Advertising in ADA Publications		\$796,389
EXPO		\$180,250
Scientific Sessions (Corporate Symposia, Attendee Badges, Lanyards and Posters2View)		\$225,000
Scientific Sessions (Exhibit)		\$287,100
	<i>Sub-Total</i>	\$2,260,448
sanofi-aventis	2009	
Support of Local Events and Programs		\$128,355
Advertising in ADA Publications		\$487,961
EXPO		\$153,000
Scientific Sessions (Corporate Symposia & Posters2View)		\$135,000
Scientific Sessions (Exhibiting)		\$77,500
Diabetes & Cancer Conference		\$50,000

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
Advocacy		<u>\$44,087</u>
	<i>Sub-Total</i>	\$1,075,903
SOILL	2006	
ADA Research Foundation		<u>\$100,000</u>
	<i>Sub-Total</i>	\$100,000
Solvay Pharmaceuticals	2008	
Men's Health Campaign		\$2,400,000
	<i>Sub-Total</i>	\$2,400,000
Solvay Pharmaceuticals	2009	
Men's Health Campaign		\$690,000
	<i>Sub-Total</i>	\$690,000
Takeda Pharmaceuticals North America	2006	
Advanced Glycation Research Conference		\$15,000
Cardiovascular Research Grant		\$700,000
Cardiometabolic Risk Initiative		\$250,000
Support of Local Events and Programs		\$67,250
Advertising in ADA Publications		\$172,903
EXPO		\$63,000
Scientific Sessions Sponsorships		\$171,000
Scientific Sessions Corporate Sponsored Symposia		<u>\$50,000</u>
	<i>Sub-Total</i>	\$1,489,153
Takeda Pharmaceuticals North America	2007	
Cardiovascular Research Grant		\$288,000
Cardiometabolic Risk Initiative		\$250,000
Support of Local Events and Programs		\$232,090
Advertising in ADA Publications		\$243,603
EXPO		\$225,900
Scientific Sessions Sponsorships		\$160,000
Scientific Sessions Corporate Sponsored Symposia		\$50,000
Scientific Sessions Exhibiting		\$116,000
PostGraduate Course corporate Sponsored Symposia		<u>\$15,000</u>
	<i>Sub-Total</i>	\$1,993,593
Takeda Pharmaceuticals North America	2008	
ADA Research Grant		\$1,056,500
Physician Self-Assessment Program		\$397,250
Patient Management Problem Project		\$163,550
Advertising in ADA Publications		\$330,739
EXPO		\$141,200
Scientific Sessions Sponsorships		\$405,000
Best of Sessions Webcast		\$178,661
Scientific Sessions Exhibiting		\$116,000
PostGraduate Course Sponsorships		<u>\$45,000</u>

American Diabetes Association
Pharmaceutical Industry Revenues
2006-2009

Company/Source	Year	Revenue
	<i>Sub-Total</i>	\$2,833,900
Takeda Pharmaceuticals North America	2009	
Support of Local Events and Programs		\$141,603
Cardiometabolic Risk Initiative		\$250,000
ADA Research Foundation		\$464,000
Advertising in ADA Publications		\$21,004
EXPO		\$162,850
Scientific Sessions Abstracts2View		\$70,000
Scientific Sessions Corporate Symposia		\$50,000
Scientific Sessions E-mail Stations		\$115,000
Scientific Sessions 2 Rotating Ads		\$30,000
Scientific Sessions Exhibitng		\$124,000
e (Corporate Symposia, Product Education Showcase)		<u>\$20,000</u>
	<i>Sub-Total</i>	\$1,448,457

POLICY STATEMENT

Name of Policy: **Conflict of Interest**

Originally Passed: June 1979

Reviewed: September 20, 2008 (revised)

Policy

The American Diabetes Association and its subsidiaries (collectively, the Association) requires all members of the Board of Directors, members of Board appointed committees and staff to act solely in the best interest of the Association without regard to their personal or business interests.

The Association recognizes that there may be instances where a person in the positions listed above may appear to have a conflict of interest, if that person has a business or personal interest that is related to an interest of the Association. To ensure independence and transparency, such person may be asked to abstain from discussion or vote on the related issue, or the person may be asked to move to a location where the discussion cannot be heard. Such action is not intended to suggest that the person would not act in the best interest of the Association or that the person cannot be trusted to act in the best interest of the Association. Instead, the action protects the Association by removing any suggestion that decisions are made without the appearance of a conflict of interest.

Identifying Conflicts of Interest

To identify potential conflicts of interest with appropriate due diligence, Officers, Directors, members of select Board appointed committees and their related subcommittees, journal/periodical editors, and senior staff of the Association and its subsidiaries must annually disclose any potential conflicts of interest. The Audit Committee and senior staff in Legal Affairs will manage the disclosure and monitoring processes.

Through review of the annual disclosures and review of the agendas of relevant Board, Committee and other meetings, appropriate efforts will be made in advance of the meetings to identify potential conflicts of interest. However, each person has the responsibility to report his/her own conflicts of interest (actual or perceived) as those conflicts may arise during a meeting.

The following list outlines several types of transactions that should be considered a potential conflict of interest. Although it is impractical to list every situation that leads to a conflict of interest, this listing includes the minimum circumstances that should be disclosed. In addition, these circumstances not only apply to the individual serving in the Association's designated position, but also his/her relatives (as a spouse, sibling, parent or child) or someone with whom he/she resides.

1. Direct Transactions with the Association

A person, his/her relative, or someone with whom he/she resides benefits from any entity, company or person (including themselves) involved in a direct transaction with the Association.

Examples include:

- a) sale of goods or services to the Association;
- b) sale, purchase, lease or rental of property or assets to/from the Association
- c) award or receipt of a contract or subcontract from the Association;
- d) purchase or sale of securities or other investment funds;
- e) application or award of any grant, sponsorship or contribution from the Association

2. *Outside Activities Indirectly Related to the Association*

A person, his/her relative, or someone with whom he/she resides benefits from any entity, company or person (including themselves) that provides diabetes related products, services or research, even if that entity, company or person is not involved in a direct transaction with the Association.

Examples of benefits include:

- a) consulting fees, honoraria, employee compensation, or any other income of \$1,000 or more
- b) an equity interest of \$5,000 or more through direct stock ownership or through an actively managed investment fund (excluding mutual funds)
- c) research funding or pending grant application of \$15,000 or more
- d) a position on the company's Board of Directors or Board Committee

3. *Acceptance of Gifts*

Volunteers and staff serving in the positions listed above may not accept gifts from any entity or person which does, or is seeking to do, business with the ADA, or is a competitor of ADA, which includes diabetes related organizations/companies

Examples of gifts include:

- a) entertainment (including meals, alcohol),
- b) or other benefits (e.g. transportation).

This restriction does not include acceptance of gifts, entertainment or other benefit of minor value (less than \$250 per item or occasion) which are of such a nature as to indicate that they are merely tokens of respect, independent friendship, or convenience.

Managing a Conflict of Interest

Conflicts of interest exist to varying degrees based on the issue under discussion and the nature of the conflicting interest. Based on the situation, senior volunteers and staff presiding over the discussion are responsible to ensure appropriate action is taken: for the individual to publicly disclose the conflict, for the individual to recuse him or herself from the discussion, vote or room as appropriate and to ensure the disclosure and action is documented in the minutes of the meeting. With regard to the Board of Directors meetings, the Audit Committee Chair and senior Legal Affairs staff will determine the appropriate action of members with conflicts of interest on a specific issue. In addition, the Audit Committee Chair and senior Legal Affairs staff will resolve any disputes regarding the determination of appropriate action to a conflict of interest involving other committees and proceedings.

When a person has been asked to refrain from discussion or vote due to a conflict of interest, the affected person may not attempt to exert his or her personal influence with respect to the matter, either at or outside the meeting or discussion. Further, a person who has been asked to refrain from participation in a matter at a meeting shall not be counted in determining the presence of a quorum for purposes of the vote on that matter. Such person's ineligibility to vote shall be reflected in the minutes of the meeting.

Persons with a less significant conflict of interest may be asked to disclose that interest to the meeting prior to any participation in the discussion or vote. Such disclosure will be reflected in the minutes of the meeting.

Additional Responsibilities Related to Proprietary/Confidential Information

Through the course of serving in the positions listed in the *Policy* section above, volunteers and staff will be exposed to proprietary and confidential Association information. Such information may not be disclosed or used for the personal benefit or advantage of another, where such disclosure may do the Association harm or provide financial benefit to the persons receiving the information.

Examples include:

- a) Disclosure of part or all of Association financial information to a person who might disclose the information in a fashion that brings discredit upon the ADA. This limitation excludes information that is publicly available at the time;
- b) Disclosure of plans regarding an Association initiative to a person who may use this information to influence the plans of a competitor organization;
- c) Disclosure of plans or activities of the Association before broad public disclosure to others who might improperly accrue financial benefit.

Policy Review

The Conflict of Interest Policy will be reviewed by the Board of Directors at least once every three years for confirmation or adjustment.

Industry Sources

2006		Disclosure Information for ADA Executive Staff & Board of Directors							
Name			Disclosure Affiliation			Type	<\$5K	>\$5K	
	Executives								
Vaneeda Bennett			None						
Tom Bognanno			None						
Maura Connell			None						
Frank Hoose			None						
Deborah Johnson			None						
Richard Kahn			None						
Lynn Nicolas			None						
James Schlicht			Johnson & Johnson			Shareholder		yes	
	Board								
Ann Albright			Pfizer Health Solutions			Honoraria		yes	
			Centers for Disease Control and Prevention, LifeScan			Research		yes	
Greig Anderson			None						
Cathy Bernstein			None						
Karen Bolderman			None						
Michael Brownlee			None						
John Buse			Insulet			Stockholder		yes	
			Amylin, Eli Lilly, Merck, BMS, Insulet, BD, PPD, LipoScience, Optima, Medikinetix, ACCESS Medical, NDEI, VoxMedica, AACE, Scherer			Honoraria		yes	
			Pfizer, Novartis, BMS, NHLBI, NIDDK, Fujisawa, Dexcom, Tome, BD, Lilly, Roche			Research		Yes	
Darlene Cain			Numedics Inc., Johnson & Johnson, St. Jude Medical			Stockholder		yes	
Wayman Cheatham			Not on file						
Barbara Corkey			Sanofi-Aventis, Meta-Cure			Honoraria		yes	
Yanira Cruz			Not on file						
Majorie Cypress			None						
Larry Deeb			Vectrean, 3M, Pfizer, Johnson & Johnson, Amgen, GE, Medtronic, Merck			Stockholder		yes	
			Aventis			Honoraria		yes	
			Novo Nordisk			Research		yes	
Betsy Dokken			Aventis			Honoraria		yes	
Vivian Fonseca			Pfizer			Shareholder			
			Glaxo, Takeda, Eli Lilly, Pfizer, Novartis, Sanofi-Aventis			Honoraria		yes	
Janine Freeman			None						
James Garcia			None						
Robert Garrett			None						

Industry Sources

			Abbott Laboratories, Bristol Myers-Squibb Co, Cardinal Health Inc., General Electric Company, Johnson & Johnson, Medtronic Inc., Pfizer IncorporatedWyeth						
John Griffin						Stockholder		yes	
Karen Grishaber			GE and Abbott			Stockholder		yes	
Ronald Hall						Stockholder		yes	
			DBM, Ambassador Funds, United American Health Corp.			Honoraria		yes	
Robert Henry			Amylin, GlaxoSmithKline, Pfizer, Diobex			Stockholder		yes	
			Amgen, Amylin, AstraZenica, Boehringer, Ingelheim, Bristol Myers-Squibb, Diobex, GlaxoSmithKline, Isis, Lilly, Pfizer, Sankyo, Sanofi-Aventis, takeda			Honoraria		yes	
			American Diabetes Association, Boehringer Ingelheim, Department of Veterans Affairs, DexCom, GlaxoSmithKline, Mannkind, Metricka, National Institutes of Health/NIDDK, Novartis, Novo Nordisk, Sanyo, Sanofi-Aventis, Takeda			Research		yes	
Irl Hirsh			Sanofi Aventis, Eli Lilly, Novo Nordisk, Abbott Diabetes Care			Honoraria		yes	
			Sanofi Aventis, Medtronic			Research		yes	
Dwight Holing			Medtronic, Johnson & Johnson, Pfizer			Stockholder		yes	
Carol Homko			Abbott Diabetes Care			Honoraria		yes	
George Huntley			None						
Ronald Kapche			None						
Karmeen Kulkarni			Eli Lilly & Company, Pfizer			Stockholder		yes	
			LifeScan, Eli Lilly & Company			Honararia		yes	
L. Hunter Limbaugh			None						
Daniel Lorber			Medacomp			Honoraria		yes	
			Eli Lilly, MannKind, Novartis, Merck, GSK, Dainippon,			Research		yes	
Elizabeth Mayer-Davis			None						
Robin Nwankwo			None						
Stan Panasewicz			Johnson & Johnson			Stockholder		yes	
R. Steward Perry			None						
Diane M. Reader			Association of Family Medicine Residency Director			Honoraria		yes	
Robert Rizza			Amylin			Stockholder		yes	
			Merck, Novo Nordisk, Pfizer, Diobex, GlaxoSmithKline, Sanofi-Aventis, Sankyo			Honoraria		yes	
R. Paul Robertson			None						

[illegible][illegible]

Industry Sources

<u>2007</u>		Disclosure Information for ADA Executive Staff & Board of Directors						
Name			Disclosure Affiliation			Type	<\$10K	>\$10K
	Executives							
Vaneeda Bennett			None					
Maura Connell			None					
Gary Deverman			American College of Cardiology			Spouse Employee		Yes
Michael Farley			None					
Frank Hoose			None					
Debbie Johnson			Merck			Stockholder		Yes
Richard Kahn			CVS Pharmacy			Stockholder		Yes
Jim Schlicht			Johnson & Johnson, Merck & Company			Stockholder		Yes
	Board							
Ann Albright			Eli Lilly			Honoraria	Yes	
Cathy Bernstein			None					
George Booker			Abbott Labs, GE			Stockholder		Yes
Michael Brownlee			Novo-Nordisk			Honoraria		Yes
John Buse			See Attached List					
Darlene Cain			Numedics, Inc, St. Jude, Johnson & Johnson			Stockholder		Yes
Wayman Cheatham			Takeda, Bidel, ATCC			Consulting/Speaker Fee	Yes	
			Pfizer, Merck, Takeda, BlueCross/BlueShield			Research		Yes
Barbara Corkey			Sanofi-Aventis			Honoraria		Yes
			Sanofi-Aventis			Consulting/Speaker Fee		Yes
						Research		Yes
Kermit Crawford			None					
Marjorie Cypress			None					
Larry Deeb			Vectrean, 3M, Pfizer, Johnson & Johnson, Amgen, Medtronic, Merck			Stockholder		Yes
			Aventis			Honoraria		Yes

Industry Sources

Vivian Forseca			GlaxoSmithKline, Novartis, Novo Nordisk, Takeda, Astra-Zeneca, Pfizer, Sanofi-Aventis, Eli Lilly, Daiichi-Sankyo, Novartis, NIH, ADA			Research		Yes
			GlaxoSmithKline, Novartis, Takeda, Pfizer, Sanofi-Aventis, Eli Lilly			Honoraria		Yes
Janine Freeman			Abbott Diabetes Care			Employee		Yes
James Garcia			None					
Robert Garrett			None					
John Griffin			None					
Phillip Higdon			None					
Irl Hirsch			Amylin, Sanofi-Aventis, JDRF, ADA, MannKind			Research		Yes
			Abbott, Novo, Sanofi- Aventis, Eli Lilly, Roche, Johnson & Johnson			Consulting/Speaker Fee	Yes	
Dwight Holing			Johnson & Johnson, Medtronic, Veras			Stockholder		Yes
Carol Homko			Pfizer Inc., Abbott Diabetes Care			Consulting/Speaker Fee		Yes
George Huntley			None					
Ronald Kapche			None					
L. Hunter Limbaugh			Pfizer Inc.			Stockholder		Yes
Daniel Lorber			Merck, Sanofi-Aventis, Eli Lilly, Novartis, MannKind, Dainippon, Wyeth, Amgen, Johnson & Johnson, Orexigen			Research		Yes
			Merck, Novo Nordisk, Sanofi-Aventis, Eli Lilly			Consulting/Speaker Fee		Yes
			MannKind			Honoraria		Yes
Rita Louard			Aventis/Sanofi, Merck, King Pharma, MannKind			Consulting/Speaker Fee		Yes
Elizabeth Mayer-Davis			NIH, CDC			Research		Yes
Susan McLaughlin			Roche			Honoraria	Yes	
Brenda Montgomery			None					

Industry Sources

Robin Nwankwo			American Association of Diabetes Educators			Consulting/Speaker Fee	Yes	
R. Stewart Perry			None					
William Popik			None					
Diane M. Reader			None					
Richard Rubin			Amylin, Eli Lilly, MannKind, Medtronic, Novo Nordisk, NIDDK, NHLBI			Consulting/Speaker Fee		Yes
			Amylin, MannKind, Medtronic, Novo Nordisk, NIDDK, NHLBI			Research		Yes
Peter Sheehan			Advanced Bio Healing, Greystone, Athenogen, Calvetex, Cardinn, Heal Or, Taisho, Nic Ox, Hypermed, Palatin Technologies, Fox Hollow, BMS/Sanofi, Merck, Organogenesis			Consulting/Speaker Fee		Yes
Gerallyn Spollett			Sanofi Aventis, Lilly, Medtronic Minimed, Amylin			Consulting /Speaker Fee		Yes
R. Paul Robertson			CDEF, Endocrine Society, Uptodate, ULLA, Univ. Pittsburgh, EASD			Honoraria		Yes
T. Edwin Stinson			None					
Robert Stovall			None					
Karen Talmadge			Veralight, Inc			Stockholder		Yes
William Tyree			None					
Nickolas Vitale			None					

Industry Sources

			ABK Ventures LLC, Biosafe Inc., Bt Stagemark Investments LLC, Celgene Corp, Diabetes Institute University of PittsburgMedSage Technologies, Johnson & Johnson, Stennion LLC					
Donald Wagner						Stockholder		Yes
Janel Wright			None					

Industry Sources

2008		Disclosure Information for ADA Executive Staff & Board of Directors						
Name			Disclosure Affiliation			Type	<\$10K	>\$10K
	Executives							
Vaneeda Bennett			None					
Gary Deverman			American College of Cardiology			Spouse Employee		Yes
Greg Elfers			None					
Catherine Harvey			None					
Larry Hausner			None					
Debbie Johnson			Merck			Stockholder		Yes
Richard Kahn			CVS Pharmacy			Stockholder		Yes
Jim Schlicht			Johnson & Johnson, Merck & Company			Stockholder		Yes
	Board							
Ann Albright			CDC			Employee		Yes
Richard Bergenstal			ResMed, Sanofi-Aventis, Novo Nordisk, Medtronic, Mannkind, LifeScan, Eli Lilly, Bayer Diabetes Care, Amylin, NIH			Research		Yes
			Sanofi- Aventis, Roche, Novo Nordisk, Medtronic-mannKind, Eli Lilly, Bayer Diabetes Care, Valeritas,			Advisory Board	Yes	
John Buse			See Attached					
Nash Childs			None					
Barbara Corkey			Sanofi-Aventis			Honoraria		Yes
			Sanofi-Aventis			Consulting/Speaker Fee		Yes
						Research		Yes
Kermit Crawford			None					
Marjorie Cypress			None					
Vivian Fonseca			GlaxoSmithKline, Novartis, Novo Nordisk, Takeda, Astra-Zeneca, Pfizer, Sanofi-Aventis, Eli Lilly, Daiichi-Sankyo, Novartis, NIH, ADA			Research		Yes

Industry Sources

			GlaxoSmithKline, Novartis, Takeda, Pfizer, Sanofi-Aventis, Eli Lilly			Honoraria		Yes
Janine Freeman			Abbott Diabetes Care			Employee		Yes
Jim Garcia			None					
Robert Garrett			None					
Kenneth Gerston			CVS Pharmacy, Sears Holding Company/K- Mart			Stockholder		Yes
John Griffin			None					
Philip Higdon			None					
Dwight Holing			Johns & Johnson, Medtronic, Veras			Stockholder		Yes
George Huntley			None					
Wahida Karmally			None					
Lori Laffel			Abbott Diabetes Care, Novo Nordisk, Sanofi- Aventis, Medtronic, Roche, Johnson & Johnson, Eli Lilly			Honoraria		Yes
Rita Louard			Novo Nordisk			Honoraria		Yes
Elizabeth Mayer-Davis			CDC, NIH			Research		Yes
Maren McGowan			Novo Nordisk			Spouse Employee		Yes
Susan McLaughlin			PRMI, Intuity Medical			Honoraria		Yes
Brenda Montgomery			Lifescan			Employee		Yes
			Lifescan			Stockholder		Yes
Gerard Nee			KMPG			Indirect Conflict Sister employee with Audit partner for ADA	Yes	
Robin Nwankwo			McNeil Nutritionals, Foundation for Informed Medical Decision Making			Consulting Fee/Speaker		Yes
R. Stewart Perry			None					
William Popik			None					
Robin Richardson			ODS Companies			Employee		Yes
			American Diabetes Association, PBM MedImpact			Research	Yes	
R. Paul Robertson			Merck			Research		Yes
			Merck			Honoraria	Yes	

Industry Sources

Peter Sheehan			Advanced Bio Healing, Greystone, Athenogen, Calvetex, Cardinn, Heal Or, Taisho, Nic Ox, Hypermed, Palatin Technologies, Fox Hollow, BMS/Sanofi, Merck, Organogenesis			Consulting/Speaker Fee		Yes
Steven Smith			None					
T. Edwin Stinson			None					
Christine Tobin			Eli Lilly			Consulting/Speaker		Yes
William Tyree			None					
Nickolas Vitale			None					
Donald Wagner			ABK Ventures LLC, Biosafe Inc., Bt Stagemark Investments LLC, Celgene Corp, Diabetes Institute University of PittsburgMedSage Technologies, Johnson & Johnson, Stennion LLC			Stockholder		Yes

Industry Sources

2009		Disclosure Information for ADA Executive Staff & Board of Directors						
Name			Disclosure Affiliation			Type	<\$10K	>\$10K
	Executives							
Shereen Arent			None					
Vaneeda Bennett			None					
Greg Elfers			None					
Larry Hausner			None					
Catherine Harvey			None					
Debbie Johnson			Merck			Stockholder		Yes
			Abbott Diabetes Care, Amylin Pharmaceuticals, Bayer Diabetes Care, Dexcom, Eli Lilly and Co, ManKind, Medtronic/MiniMed, NIH-NHLBI, Novo Nordisk, Roche, Sanofi- Aventis					
David Kendall						Research Support		Yes
	Board							
Ann Albright			CDC			Employee		Yes
Richard Bergenstal			ResMed, Sanofi- Aventis, Novo Nordisk, Medtronic, Mannkind, LifeScan, Eli Lilly, Bayer Diabetes Care, Amylin, NIH			Research		Yes
			Sanofi- Aventis, Roche, Novo Nordisk, Medtronic-mannKind, Eli Lilly, Bayer Diabetes Care, Valeritas,			Advisory Board	Yes	
			Merck			Stockholder		Yes
John Buse			See Attached					
Nash Childs			None					
Kermit Crawford			None					
Lurelean Gaines			None					
Robert Garrett			Spouse CDE			Indirect Conflict	Yes	
John Griffin			None					

Industry Sources

			Amylin, Astrazeneca, Boehringer Ingelheim, Bristol-Myers Squibb/Astrazeneca, Daiichi Sankyo, Dainippon, Dr. Reddy, GlaxoSmithKline, Intarcia, Novartis, Novo Nordisk, Roche, Sanofi, Takeda, Valeritas			Advisory Board Member/Consultant		Yes
Robert Henry								
			Amylin, GlaxoSmithKline, Merck			Stockholder		Yes
			VMRF-ADA Distinguished Award, VMRF - Amylin, VMRF-biodel-Viajet, VMRF-BMS, VMRF-BMS (2), VMRF-Fibrogen, VMRF-GlaxoSmithKline, VMRF-Lifescan, VMRF-Merck, VMRF-Novartis, VMRF-Novartis(2), VMRF-Novartis (3), UCSD-NIH/Joslin			Research Grant		Yes
Dwight Holing			Novartis, Johnson & Johnson			Stockholder		Yes
George Huntley			None					
Wahida Karmally			None					
			Abbott Diabetes Care, Novo Nordisk, Sanofi-Aventis, Medtronic, Roche, Johnson & Johnson, Eli Lilly			Honoraria		Yes
Lori Laffel								
Rita Louard			Novo Nordisk			Honoraria		Yes
			Pfizer, Schering Plough Corp			Stockholder		Yes
Dennis Marco			Pfizer			Indirect Conflict	No	
			Medco Health Solutions			Client		Yes

Industry Sources

David Marrero			Taking Control of Your Diabetes			Honoraria		Yes
Elizabeth Mayer-Davis			CDC, NIH			Research		Yes
Susan McLaughlin			PRMI, Intuity Medical			Honoraria		Yes
Brenda Montgomery			Lifescan			Employee		Yes
			Lifescan			Stockholder		Yes
Gerard Nee			KPMG			Indirect Conflict Sister employee with Audit partner for ADA	Yes	
R. Stewart Perry			Novo Nordisk			Consulting		Yes
Louis Philipson			None					
William Popik			None					
Robin Richardson			ODS			Employee		Yes
Paul Robertson			Merck			Research		Yes
			Merck			Honoraria	Yes	
Thomas Ryan			None					
Patrick Shuler			None					
Steven Smith			None					
T. Edwin Stinson			None					
Christine Tobin			Lilly			Consulting Speaker		Yes
Nickolas Vital			None					

GUIDELINES FOR IMPLEMENTING THE UNIFORM POLICY for the Acceptance/Rejection of Revenue from not-for-profit organizations or for-profit companies or entities

The association may accept revenue from a variety of not-for-profit organizations or for-profit companies or entities (hereafter “organization or organizations”) seeking to promote themselves or their products or services, or to be acknowledged for their qualified corporate sponsorship.

The policy is: Applications for participation in ADA revenue-generating activities may be rejected for any reason, which need not be disclosed.

In most cases, accepting this revenue is well within the scope and intent of the Uniform Policy; however, there are a number of reasons an organization and/or its products/services may be rejected:

1. **Rejection for Reason of Competition:** The Association reserves the right to reject revenue from any organization or, whether the revenue is for sponsorship, exhibition, or advertising, if the products, publications, programs, events, or services may *directly* compete with those of the Association. Such activities and products may include:
 - ❑ Newsletters, newspapers, magazines, journals, books, CDs, videos, audiocassettes, or online or electronic media on diabetes, metabolism, or endocrinology
 - ❑ Online diabetes sites for health professionals or people with diabetes
 - ❑ Diabetes expos or educational meetings/programs for people with diabetes
 - ❑ Meetings or educational programs for health professionals in diabetes, metabolism, or endocrinology
 - ❑ Camps for children with diabetes
 - ❑ Organizations competing for consumer or professional members
 - ❑ Organizations competing for donations or sponsorships

Exceptions:

Revenue may be accepted from not-for-profit organizations that collaborate with the Association on selected products, publications, programs, events, or services, within the scope and terms of those collaborations. Promotion of products, publications, programs, events, or services, or the acknowledgments of corporate sponsorship, that fall outside the terms and scope of the collaboration will be handled on a case-by-case basis, with the advice and consent of the affected ADA business unit(s).

- Revenue may be accepted from ADA Recognized Programs for the purpose of promoting those programs.
- Revenue may be accepted for the promotion of non-directly-competing diabetes products, publications, programs, events, or services with the advice and consent of the affected ADA business unit(s).

Rationale: We need to protect ourselves from a variety of competing organizations, products, and services. At the same time, we need to make exceptions for collaborative relationships with outside organizations, for ADA Recognized Programs, and for gray areas where products/services may not *directly* compete with our own.

- 2. Rejection for Failure to Comply with FDA or FTC Requirements:** Revenue shall not be accepted for the promotion of a product — nor shall qualified sponsorship revenue be accepted if it identifies such product — if the product has not met all FDA and FTC requirements, as applicable. For example, revenue shall not be accepted for the promotion of foods or nutritional vitamins or supplements that are not in compliance with regulations of the Food and Drug Administration (for labeling) or the Federal Trade Commission (for advertising).

Rationale: We rely on the FDA to identify qualified FDA-regulated products and to monitor their labeling, and on the FTC to assure that the products/services meet their specific advertising rules.

- 3. Rejection for Reasons of Safety or Efficacy:** Revenue shall not be accepted for the promotion of a product or service — nor shall qualified sponsorship revenue be accepted if it identifies such product — that have not been proven to be safe or effective.

Rationale: Many products make false or misleading diabetes claims, and we should not help them promote those claims to our members or the public.

- 4. Rejection for Unsubstantiated Health Claims:** Revenue shall not be accepted for the promotion of a product or service — nor shall qualified sponsorship revenue be accepted if it identifies such product — that makes unsubstantiated health claims or specific diabetes claims prohibited by the FDA.

Rationale: We should not promote products that violate FDA labeling guidelines by making diabetes claims.

5. **Rejection for Negative Impact on Health:** Revenue shall not be accepted for the promotion of tobacco or alcohol products, nor shall qualified sponsorship revenue be accepted from an organization identified as a tobacco or alcohol organization. Sponsorship revenue includes cash contributions and non-cash items.

Exceptions:

- ❑ Revenue may be accepted from non-tobacco, non-alcohol subsidiary companies of a parent company, e.g. Kraft Foods, a subsidiary of Altria, Inc., which also owns Phillips Morris.
- ❑ Revenue may be accepted for the purpose of providing alcohol at events where alcohol is permitted under ADA's Cost Reimbursement Policy. Currently, those events include only black tie galas, golf tournaments and approved receptions at ADA meetings. Revenue under this exception includes cash contributions and in-kind contributions of alcohol.

Rationale: Tobacco is harmful to everyone, so we should not promote it. Although alcohol does have some health benefits, it also comes with risks for certain people with diabetes, e.g. those with pancreatitis, neuropathy, high triglycerides, and other conditions. And even generally healthy people with diabetes have to be alert for drug-alcohol interactions, which can cause dangerous hypoglycemia. At the same time, ADA has traditionally accepted revenue and contributions-in-kind at events, e.g., Black Tie Events, where alcohol is served. We see no harm in making this an exception to the otherwise blanket ban on alcohol.

6. **Selective Acceptance:** Revenue may be accepted for the promotion of legal, travel, insurance, or other services or programs *specific to people with diabetes and their medical condition* — and qualified sponsorship revenue identified with such services or programs may be accepted — subject to ADA review on a case-by-case basis.

Rationale: Not all legal services are bad, not all diabetes travel/education programs are bad, etc. Rather than rejecting all such services out of hand, we should determine their acceptability/unacceptability on a case-by-case basis. Rejections would fall under the “any reason” wording of the Policy.

7. **Rejection for failure to comply with ADA guidelines for food products, specifically:**

Per Serving Criteria:

- ❑ The total calories per serving should be based on what a reasonable person would believe to be of modest caloric content. For example, products containing 25% fewer calories than a comparable product, or fresh fruits and vegetables would be acceptable.

AND –

- ❑ Low in saturated fat: ≤ 1 g saturated fat per serving or less than or equal to 1 g/100g if a main dish or meal

Naturally occurring products (e.g. nuts) may be exempt from the criteria above.

Main Dish Definition

A "main dish" is defined as a food that:

- ❑ Weighs at least 6 oz per labeled serving; and
- ❑ Containing not less than 40 g (1 ½ oz) of food, or combinations of foods, from each of at least two of the following four food groups, except as noted in parenthesis:
 - a) Bread, cereal, rice, and pasta group;
 - b) Fruits and vegetables group
 - c) Milk, yogurt, and cheese group;
 - d) Meat, poultry, fish, dry beans, eggs, and nuts group (exception is, no sauces, not a beverage or a dessert)

A "meal" is defined as a food:

- ❑ Weighing at least 10 oz per labeled serving; and
- ❑ Containing not less than three 40 g (1 ½ oz) portions of food, or combinations of foods, from two or more of the following four food groups, except as noted in parenthesis:
 - e) Bread, cereal, rice, and pasta group;
 - f) Fruits and vegetables group
 - g) Milk, yogurt, and cheese group;
 - h) Meat, poultry, fish, dry beans, eggs, and nuts group (exception is, no sauces)

Criteria for Recipes

These are general rules. Specifics should be calculated on approximate gram weight.

- ❑ As a general rule, to meet the FDA definition above, a main dish can have less than 2.5 grams of saturated fat. (Calculated values are rounded.)
- ❑ As a general rule, to meet the FDA definition above, a meal can have less than 3.5 grams of saturated fat. (Calculated values are rounded.)
- ❑ As a general rule, a small serving or a side dish (<100 grams) can contain less than 1.5 grams of saturated fat. (Calculated values are rounded.)
Examples of side dishes include vegetables, grains, soups, salads, appetizers, beverages and desserts.

Exception Criteria for Recipes

Main Dish

- ❑ Meat or meat alternative that would be considered by a reasonable person to be a main dish for a meal but does not meet the above definition for a main dish or meal:
ounces of meat or meat alternatives from the extra lean and lean category of the 2003 Edition of Exchange Lists for Meal Planning. (i.e. salmon, sirloin, ground round, cheese with less than 3 grams of fat or less per ounce)

Nuts, Seed and Whole Grains

- ❑ The use of these foods in recipes is acceptable because of their natural fiber content and proportion of healthy fatty acids.

- ❑ Main and side dishes containing nuts, seeds and whole grains, may contain more saturated fat than previously specified because of their fatty acid profile.
- ❑ Caution must be exercised to limit caloric contribution of nuts.
- ❑ Recipes will be evaluated on an individual basis considering all ingredients and preparation techniques.

Other Exceptions

- ❑ Because of the wide-variety of food products that can be prepared or are commercially available, ADA reserves the right to deviate from the above guidelines when it is difficult to evaluate a food or food product based on the above criteria. Such exceptions shall be considered on a case by case basis.
- ❑ Only food products (or advertisements featuring food products) that meet the criteria may be distributed by ADA at meetings or events, since such distribution may be construed to be ADA promoting a food.

Nutrition Claims “Net” and “Impact” Carbs

The FDA is currently examining claims related to carbohydrates particularly as these terms often result in consumer confusion. Once the FDA has standardized these terms, ADA may reconsider requests to allow its Proud Sponsor logo on such products. Until such time, the ADA proud sponsor logo may not appear in conjunction with net/impact labeling nor shall such advertisements be featured in ADA publications.

Rationale:

General:

ADA publishes evidence-based nutrition recommendations for those with diabetes. ADA believes there is no one specific “diabetic diet” but that all people with diabetes should have a personalized meal plan tailored to their individual goals for glycemic control, blood lipids, blood pressure and weight management. Although people with diabetes may choose from the full range of foods available, we urge people to maintain (or achieve) a healthy weight and reduce consumption of foods known not to be beneficial (e.g. those high in saturated fat). A healthy diet consists of foods consumed from day to day over time, not a single meal. However, we’d like to encourage everyone to make better food choices at every meal.

Since obesity is the leading risk factor for developing diabetes and a major risk factor associated with cardiovascular disease, a diet that is reduced in calories and low in saturated fat are the two major guiding principles, advocated by ADA. Another important factor is that food and food products with which ADA is associated should be perceived by the public, volunteers, and staff as appropriate.

Net Carbs:

Manufacturers are calculating “net carb”, “impact carb” etc. by subtracting all of the dietary fiber, sugar alcohols and glycerol from their products.

The ADA is concerned about the use of these terms because it can be misleading for people who need to carefully plan their dietary intake to manage blood glucose levels.

Because sugar-alcohols do have an effect on blood glucose levels and some fibers are partially digested, the ADA recommends that people with diabetes carefully examine the full nutrition label on the food product and primarily use the total carbohydrate and total calorie content to manage dietary intake.

For people who are more skilled at carbohydrate counting, many diabetes educators use the following guidelines:

- ❑ For foods with less than 5 grams of fiber, use the total carbohydrate content.
- ❑ For foods with 5 grams or more of fiber, the dietary fiber can be subtracted from the total carbohydrate.
- ❑ For foods containing sugar alcohols, subtract half of the sugar alcohol content from the total carbohydrate content

The above guidelines are used in calculating dietary exchanges for meal planning and are significantly different than those used to determine net carbs.

IMPLEMENTATION:

All related forms and applications, such as for advertising in ADA publications or exhibiting at an ADA meeting, shall contain disclaimer language to the effect that revenue may be rejected for any reason, as stated in the Uniform Policy.

In addition, staff shall develop guidelines, procedures, and systems to assure this policy is consistently and effectively implemented throughout the association, and that the policy is appropriately communicated to current and potential sponsors, advertisers, exhibitors, etc.

Policies at the division/department level will be focused primarily on procedures, requirements, and other details that set forth additional criteria for compliance, e.g., advertising content, use of ADA logo, placement of event banner, etc. Such policies should not conflict with the Uniform Policy, these Guidelines, or another business unit's policies and guidelines.