



Congressional Diabetes Caucus

Monthly Newsletter

111th Congress – July 2009

MESSAGE FROM THE CAUCUS LEADERSHIP

As the chairs and vice chairs of the Congressional Diabetes Caucus, we would like to present the July edition of the Caucus Monthly Newsletter. Below you will find the latest news in diabetes, summaries of recent diabetes events, and updates on the legislative priorities of the Caucus. We hope that you and your staff find this newsletter helpful and informative.

The Caucus has a reminder:

- **Don't forget to check out the "Did You Know???" section of the newsletter. Each month the Caucus will highlight a legislative priority area or an interesting fact about diabetes policy. Please contact Heather Foster in Rep. DeGette's office or Olivia Kurtz in Rep. Castle's office if your office would like the Caucus to feature a particular policy concern.**

Please contact Heather Foster at heather.foster@mail.house.gov or 5-4431 in Rep. DeGette's office if you would like more information about the Caucus or would like to join.

Rep. Diana DeGette
Co-Chair

Rep. Michael N. Castle
Co-Chair

Rep. Xavier Becerra
Vice-Chair

Rep. Mark Steven Kirk
Vice-Chair

NEWS FROM NIH



Rituximab Slows Progression of Type 1 Diabetes in Newly-diagnosed Patients: At the June meeting of the American Diabetes Association, researchers in NIDDK's Type 1 Diabetes TrialNet reported that the drug rituximab preserved the function of insulin-producing beta cells in people newly-diagnosed with type 1 diabetes. Rituximab destroys the antibody producing B cells of the immune system and has been approved by the Food and Drug Administration for treatment of B cell non-Hodgkin's lymphoma and some autoimmune disorders, such as rheumatoid arthritis. Because B cells are thought to play a role in type 1 diabetes, scientists tested whether four separate infusions of rituximab shortly after

diagnosis could slow disease progression. After 1 year, people who had received the drug produced more insulin, had better control of their diabetes, and did not have to take as much insulin to control their blood glucose (sugar) levels, compared to people receiving placebo. The patients are being followed to assess longer-term outcomes. This research suggests that rituximab delays progression of type 1 diabetes, and also suggests that other therapies to target B cells may be useful for treating or preventing the disease.

Metformin: Old Diabetes Drug, New Insights: Doctors have been prescribing the drug metformin as a first-line treatment for people with type 2 diabetes since the 1950s. Only now has new research discovered how it works. After a meal, the pancreas releases insulin, which signals to the liver to turn off glucose production. In people with type 2 diabetes, the liver does not properly sense insulin and continues to produce glucose--a condition called insulin resistance. Scientists knew that metformin worked by making the liver more sensitive to insulin, but didn't understand the molecular mechanisms underlying metformin action. New research in mice now shows that metformin works directly in the liver cells through a protein called CBP to regulate glucose production. In the study, mice were fed a high-fat diet to induce insulin resistance. In the insulin-resistant mice treated with metformin, CBP was activated to the levels of normal mice, and the animals' blood glucose levels also normalized. However, when metformin was given to mice genetically-engineered to have defective CBP, metformin had no effect on blood glucose levels, suggesting that the drug works through CBP in the liver to exert its effects. Currently metformin is the only drug in its class and lack of understanding about its mechanism of action limited the ability to screen for similar drugs that might be more effective or be better tolerated. Now after using metformin for many decades, this research sheds light on how the drug works to treat type 2 diabetes. If metformin acts similarly in people, CBP may turn out to be a new therapeutic target for diabetes.

Identification of Several New Genes Associated with Type 1 Diabetes: Scientists in the NIDDK's Type 1 Diabetes Genetics Consortium discovered that over 40 different genetic regions influence a person's risk of developing type 1 diabetes. The scientists performed a new genome-wide association study, which is an experimental technique to identify genetic differences between people with disease and healthy individuals. They combined data from this analysis with data from previous studies. The analysis found over 40 important genetic regions, several of which house genes that play a role in the immune system. Because type 1 diabetes is an autoimmune disease, it is plausible that some of those genes may influence disease development, but further research will be needed to pinpoint the exact genes and their function in type 1 diabetes. Understanding the genetic underpinnings of type 1 diabetes can aid the ability to predict risk, as well as to inform the development of new prevention and treatment strategies.



Diabetes News

- [Flexibility important in Type 1 Diabetes diets](#)
- [Early, intense therapy cuts Type 1 Diabetes risks](#)
- [Allergy drugs fight diabetes, obesity in mice](#)
- [Rates of severe childhood obesity have tripled](#)
- [Diabetes wounds healed with oxygen under pressure](#)
- [Sotomayor manages Diabetes with discipline](#)

FASCINATING FACT – WHAT IS PRE-DIABETES?



Did You Know???

Pre-Diabetes, sometimes called borderline or early diabetes, is when your blood sugar levels are high but not quite high enough to reach the cutoff for diabetes. Specifically, if your fasting blood sugar level is above 100mg/dl but less than the 125 mg/dl that signifies diabetes, you may be told you have pre-diabetes. This means you are in danger of developing the full-blown disease.

The bad news is that nearly 28 percent of the U.S. adult population (some 60 million people) have blood glucose in the pre-diabetes range, and many of them will indeed go on to develop the disease. In addition, recent studies indicate that people with pre-diabetes have an increased risk of heart

problems or stroke even if their blood sugar never reaches diabetes cutoff.

Studies have clearly shown that modest diet and lifestyle changes can be very effective for many people with pre-diabetes--lowering their blood glucose to normal levels.

If you are diagnosed with pre-diabetes, we recommend diet and lifestyle changes first before medicines are prescribed, unless you already have heart disease or multiple risk factors for heart disease. In that case, talk to your doctor and weigh the pros and cons of taking a medicine.

Source: *What is Pre-Diabetes?*, Consumer Reports Health Best Drugs for Less 2009: 40. Consumers Union of US, Inc. Yonkers, NY.

RECENT EVENTS



Diabetes Briefings

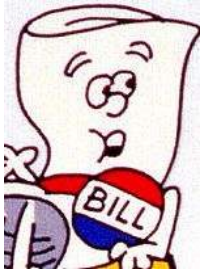
H. Res. 69, The Latino Diabetes Awareness Month Resolution

Passed the House on July 22, with 420 yeas and 0 nays

This resolution raises awareness of diabetes in the Latino community, recognizes the Latino Diabetes Association for their educational outreach efforts, and supports the recognition of July 2009 to be "Latino Diabetes

Awareness Month.” It also thanks hospitals, community clinics, educational institutes, and other organizations for their work on behalf of all patients with diabetes. An estimate of 2.0 million or 8.2% of all Latino Americans aged twenty years or older have diabetes, and are 1.5 times more likely to have diabetes than non-Latino whites of similar age. Moreover, in the Latino community, diabetes can result in high prevalence of complications such as foot problems and or amputations, kidney failure that may lead to chronic or end stage renal disease, blindness, numbness and loss of sensation in the legs, heart attacks and strokes, and eventually death.

LEGISLATIVE PRIORITIES



H.R. 1995, ***The Eliminating Disparities in Diabetes Prevention, Access and Care Act.***

The Eliminating Disparities in Diabetes Prevention, Access and Care Act is designed to promote research, treatment, and education regarding diabetes in minority populations. This specific focus will help us address the unique challenges faced by minority populations and provide more effective treatment and education. The bill currently has 14 cosponsors

H.R. 1625, the ***Equity and Access for Podiatric Physicians Under Medicaid Act.*** The bill would classify podiatrists as physicians for purposes of direct reimbursement through the Medicaid program. The Bill currently has 90 cosponsors.

H.R. 2425, the ***Medicare Diabetes Self-Management Training Act of 2009.*** The bill would make a technical clarification to recognize certified diabetes educators (CDE) as providers for Medicare diabetes outpatient self-management training services (DSMT). CDEs are the only health professionals who are specially trained and uniquely qualified to teach patients with diabetes how to improve their health and avoid serious diabetes-related complications. The 1997 authorizing DSMT statute did not include CDEs as Medicare providers and it has become increasingly difficult to ensure that DSMT is available to patients who need these services, particularly those with unique cultural needs or who reside in rural areas. The bill currently has 19 cosponsors.

H.R. 2590, the ***Preventing Diabetes in Medicare Act of 2009.*** The bill would extend Medicare coverage to medical nutrition therapy services for people with pre-diabetes and other risk factors for developing type 2 diabetes. Under current law, Medicare pays for MNT provided by a Registered Dietitian for beneficiaries with diabetes and renal diseases. Unfortunately, Medicare does not cover MNT for beneficiaries diagnosed as having pre-diabetes. Nutrition therapy services have proven very effective in preventing diabetes by providing access to the best possible nutritional advice about how to handle their condition. By helping people with pre-diabetes manage their condition, Medicare will avoid having to pay for the much more expensive treatment of diabetes. The bill currently has 7 cosponsors.