



# Congressional Diabetes Caucus

## Monthly Newsletter

111<sup>th</sup> Congress – September 2009

### MESSAGE FROM THE CAUCUS LEADERSHIP

As the chairs and vice chairs of the Congressional Diabetes Caucus, we would like to present the September 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](mailto: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

**New Insights into Treating Heart Disease in Diabetes:** Type 2 diabetes more than doubles the risk of heart attack and stroke and also worsens outcomes after these events. While revascularization--e.g., bypass surgery or angioplasty--has proven benefit in treating more severe forms of coronary artery disease, its benefits for people with diabetes and stable coronary artery disease were uncertain. New clinical trial results indicate that optimal medical therapy is as beneficial as elective revascularization procedures in patients with type 2 diabetes and stable coronary heart disease. Led by the National, Heart, Lung, and Blood Institute

with support from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the Bypass Angioplasty Revascularization Investigation 2 Diabetes (BARI 2D) multi-center, international clinical trial simultaneously compared two cardiovascular treatment approaches--revascularization procedures and optimal medical therapy--and two diabetes control strategies to improve survival and to lower the risk of heart attacks and strokes. Optimal medical therapy includes intensive drug therapy and lifestyle interventions, such as dietary changes and smoking cessation. After an average patient follow up of five years, BARI 2D found no overall difference between revascularization procedures and medical therapy in lowering the risk of death, heart attack, and stroke. Although the study was not designed to compare bypass surgery and angioplasty, researchers did find that patients who had prompt bypass surgery, rather than angioplasty, had significantly fewer non-fatal heart attacks or strokes compared to similar patients who initially received optimal medical therapy alone. However, participants in the bypass surgery group were also more likely to have had more extensive coronary artery disease when they entered the trial than those in the angioplasty group; more research is needed to confirm the findings about bypass surgery in type 2 diabetes patients for whom this is an elective procedure. Researchers also found no difference between the two diabetes control strategies tested in the trial. Because heart disease is the leading cause of death in people with diabetes, findings such as these are important to help inform treatment choices by patients and health care providers.

**Long-term Health Forecast for Type 1 Diabetes Patients is Improving:** A new study of the clinical course of type 1 diabetes concludes that starting near-normal control of blood glucose as soon as possible after diagnosis greatly improves the long-term prognosis for patients. The study also found that the outlook for people with longstanding type 1 diabetes has greatly improved over the past 20 years due to a better understanding of the importance of intensive glucose control, as well as advances in insulin formulations and delivery, glucose monitoring, and the treatment of cardiovascular disease risk factors. These findings come from analyses of the long-term health outcomes for people who participated in the NIDDK-led Diabetes Control and Complications Trial (DCCT) and its ongoing follow up study, the Epidemiology of Diabetes Interventions and Complications, which began in 1993. A third group of type 1 diabetes patients, from the population-based Pittsburgh Epidemiology of Diabetes Complications study--also NIH-funded--were included in the analyses as well. The new study reinforces and extends the DCCT's initial findings that intensive insulin therapy to bring blood glucose levels to near-normal dramatically reduces the risk of eye, kidney, and nerve damage due to diabetes. In particular, researchers found that, among DCCT participants who had received intensive glucose control during the trial, rates of vision loss and kidney failure had fallen to much lower levels than seen historically. Achieving and maintaining near-normal glucose control is not easy for people with type 1 diabetes; the 21<sup>st</sup> century picture of clinical outcomes provided by this study can aid health care providers in discussing the tremendous health benefits of good control with their patients and reinforces the need for research to develop less burdensome approaches to help patients achieve these goals.

**Poor Blood Glucose Control is Highly Prevalent in Children with Diabetes:** Despite clear evidence of the importance of achieving intensive glucose control as early as possible to help avert diabetes complications, new findings published by the SEARCH for Diabetes in Youth Study show that a

substantial subset of children with diabetes has poor control. SEARCH is an ongoing population based study of childhood diabetes in diverse youth in six regions across the U.S., co-funded by the Centers for Disease Control and Prevention and NIDDK. The current study included results from 3,947 individuals with type 1 diabetes and 552 with type 2 diabetes. Using the A1c test to assess blood glucose control, the SEARCH investigators found that 17 percent of youth with type 1 diabetes and 27 percent with type 2 diabetes had A1c values reflecting poor control ( $\geq 9.5$  percent). African American, American Indian, Hispanic, and Asian/Pacific Islander youth with type 1 diabetes were significantly more likely to have poor glucose control than non-Hispanic white youth, while for all youth, A1c values tended to worsen with duration of diabetes. Altogether, these alarming statistics reinforce the importance of finding new therapeutic approaches to improve blood glucose control in youth with diabetes, and the importance of research efforts to prevent or slow the progression of diabetes in young people who are at risk.



## Diabetes News

BD recently launched an effort with Direct Relief International to help people with diabetes that have been affected by the current economic crisis. To help eligible unemployed U.S. residents continue to manage their diabetes during these difficult economic times, BD will donate 5 million insulin syringes and pen needles through Direct Relief to more than 1,000 community health center and free clinic partners nationwide. If you have constituents who may be interested in this program, please encourage them to view the list of participating clinics on the Direct Relief site at [www.directrelief.org/uploadedFiles/BDDiabetesProductDonationSites.pdf](http://www.directrelief.org/uploadedFiles/BDDiabetesProductDonationSites.pdf).

- [ALERT: FDA Public Health Notification Concerning Glucose Monitoring Technology](#)
- [ALERT: Public Health Notification Concerning Serious Errors with Certain Test Strips](#)
- [Health Reform Should Include Diabetes “War”](#)
- [Vegan Diet May Treat Type 2 Diabetes](#)
- [Diabetic Women Less Likely to get Pap smears, Mammograms](#)
- [Poor Math Skills May Worsen Diabetes Control](#)
- [Treating Mild Diabetes During Pregnancy Beneficial](#)

## FASCINATING FACT – HIGHS AND LOWS BOTH GET POOR MATH GRADES



## Did You Know???

A study of approximately 60 elementary-schools showed that extreme in blood glucose levels can lessen children’s mental functioning. Over four to six weeks, researchers tested boys’ and girls’ ability and reaction time to doing math problems right before testing their blood glucose levels. They found that when the kids had naturally occurring low blood glucose readings (below 54 mg/dl), it was associated with slowed reaction and problem completion times. However, kids took just as long to complete math problems when their blood glucose rose above 400mg/dl.

## RECENT EVENTS



### Diabetes Briefings

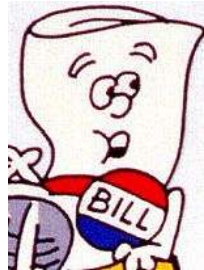
#### **Rock Stars of Science**

Thursday, September 24, 2009

11:30 a.m. – 3 p.m.

U.S. Capitol Visitors Center

Rock Stars of Science (Rock S.O.S.) will be holding a briefing and tribute to research on critical diseases. Rock S.O.S. is a campaign coalition of celebrated music artists and innovative scientists with a united mission to promote research on critical issues, increase future research funding, and to highlight the importance of the field of science to future generations. Terry Moran from ABC's *Nightlife* will be introducing and mediating the briefing. There will be a panel discussion on Alzheimer's, HIV/AIDs, Biomedical research, and Cancer. One of the panelists will include the Rock S.O.S. founder's, Joe Perry, leading guitarist of Aerosmith. For more information about Rock S.O.S., please visit [www.rockstarsofscience.org](http://www.rockstarsofscience.org).



#### **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 17 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 100 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 24 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 9 cosponsors.