



## Monthly Newsletter

111<sup>th</sup> Congress – October 2010

### MESSAGE FROM THE CAUCUS LEADERSHIP

As the chairs and vice-chairs of the Congressional Diabetes Caucus, we would like to present the October 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 Congressional Diabetes Caucus Website Gets a New Look!

The Congressional Diabetes Caucus recently launched a new and improved website. It can be found at

<http://www.house.gov/degette/diabetes/>. Can't find last

month's newsletter? Want to learn about Diabetes Caucus legislation? The new website will be up-to-date with the most recent newsletters and contain a legislative section with caucus-endorsed legislation. If you introduce diabetes legislation, please let [Brendan.Devine@mail.house.gov](mailto:Brendan.Devine@mail.house.gov) know so it can be featured it on the site!



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

#### Lifestyle intervention improves risk factors in type 2 diabetes

An intensive lifestyle intervention program designed to achieve and maintain weight loss improves diabetes control and cardiovascular disease risk factors in overweight and obese individuals with type 2 diabetes, according to four-year results of the Look AHEAD study, funded by the National Institutes of Health and the Centers for Disease Control and Prevention. The results are published in the Sept. 27, 2010, issue of the Archives of Internal Medicine.

<http://www.nih.gov/news/health/sep2010/niddk-30.htm>

## **NIH study shows how insulin stimulates fat cells to take in glucose** *Findings could aid in understanding diabetes, related conditions*

Using high-resolution microscopy, researchers at the National Institutes of Health have shown how insulin prompts fat cells to take in glucose in a rat model. The findings were reported in the Sept. 8 issue of the journal *Cell Metabolism*.

By studying the surface of healthy, live fat cells in rats, researchers were able to understand the process by which cells take in glucose. Next, they plan to observe the fat cells of people with varying degrees of insulin sensitivity, including insulin resistance — considered a precursor to type 2 diabetes (<http://diabetes.niddk.nih.gov>). These observations may help identify the interval when someone becomes at risk for developing diabetes.

<http://www.nih.gov/news/health/sep2010/nichd-07.htm>



### **Diabetes News**

- [Study: 'Safe' Levels of Soot Linked to Diabetes](#) (*New York Times*)
- [UPDATE: European Regulator Suspends Glaxo's Diabetes Drugs](#) (*Wall Street Journal*)
- [F.D.A. to Restrict Avandia, Citing Heart Risk](#) (*New York Times*)
- [When Drugs Cause Problems They Are Supposed to Prevent](#) (*New York Times*)
- [New PREDIMED data: Mediterranean diet halves incidence of new-onset diabetes](#) (theheart.org)
- [India's Biocon partners with Pfizer to market insulin products](#) (*International Business Times*)



### **Did You Know???**

#### **FASCINATING FACT**

#### **Hemoglobin A1c Test**

The Hemoglobin A1c (HbA1c) test is a simple blood test that can be done in just a short visit to a Doctor's office or a laboratory. The test is used to measure the amount of glycated hemoglobin in the blood stream and tracks blood glucose levels over a period of time. This simple blood test is now being recommended by the American Diabetes Association as an effective and more affordable diagnostic tool. The simplicity, standardization, and reliability of the HbA1c test allows it to be more widely administered, increasing the amount of cases of pre-diabetes and diabetes that can be discovered and diagnosed. A study done in September 2009 by *The Lewin Group* found that "the high association between HbA1c levels and cardiovascular risk and mortality make it an important biomarker for diabetic and other high risk individuals". The study also concluded that the HbA1c test improves consistency of test results, more effectively identifies pre-diabetes, and provides a more cost-effective screening method, especially for specific at-risk

groups. Additionally, a *Health Affairs* study on “The Economic Burden of Diabetes” found that the United States economic burden for pre-diabetes and diabetes reached \$218 billion dollars in 2007. With widespread implementation of the HbA1c test, which can be reimbursed by Medicare for an annual cost of \$14.17 per test, prevention of diabetes could be greatly improved and the overall economic burden could be drastically reduced.

## RECENT EVENTS

### Diabetes Medical Technology Exhibit

September 30, 2010 10:30 am – 1:30 pm Rayburn Foyer

The American Diabetes Association (ADA), American Association of Diabetes Educators (AADE), Juvenile Diabetes Research Foundation (JDRF), the Endocrine Society and AdvaMed sponsored a Medical Technology Exhibit to feature the latest advancements in innovative solutions in diabetes management and care that are being developed and manufactured by America’s medical device and diagnostics companies. Patient education organizations and medical societies were available to provide more information about diabetes.

## HOUSE PASSED LEGISLATION

[H.R. 5354](#), the *Gestational Diabetes Act (GEDI Act) (Rep. Eliot Engel)* The GEDI Act aims to lower the incidence of gestational diabetes and prevent women afflicted with this condition and their children from developing Type 2 diabetes. This legislation:

- Creates a Research Advisory Committee headed by CDC to develop multi-site gestational diabetes research projects to enhance surveillance
- Provides demonstration grants to focus on reducing the incidence of gestational diabetes
- Expands basic, clinical and public health research investigating gestational diabetes and current treatments and therapies **(PASSED 9/30/10)**

[H.R. 6012](#), To Direct the Secretary of HHS to review utilization of diabetes screening benefits and make recommendations on outreach programs with respect to such benefits, and for other purposes. *(Rep. Zack Space)*. This legislation will:

- Review uptake and utilization of diabetes screening benefits to identify and address any existing problems with regard to uptake and utilization and related data collection mechanisms
- Establish an outreach program to identify existing efforts by agencies of the Department of Health and Human Services and by the private and nonprofit sectors to increase awareness among seniors and providers of diabetes screening benefits **(PASSED 9/28/10)**

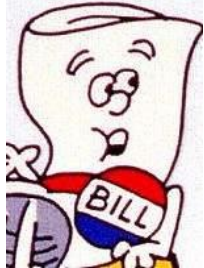
H.R. 1995, the *Diabetes in Minority Populations Evaluation Act of 2010* This legislation:

- Direct the Secretary of Health and Human Services to submit a report to Congress on research and other public health activities with respect to diabetes among minority populations.
- Specifies four areas to be evaluated: research, surveillance and data collection, community-based interventions, and education and training of health professionals

- Instructs the Secretary to provide recommendations on how the Department can improve its research and other public health activities, including recommendations for coordination and comprehensive planning of these activities.

**(PASSED 9/28/10)**

## 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 42 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 167 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 47 cosponsors.

H.R. 2590, the ***Preventing Diabetes in Medicare Act of 2009***. The bill would extend Medicare coverage to medical nutrition therapy (MNT) 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 with 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 11 cosponsors.

H.R. 3668, an amendment to the Public Health Service Act to ***Reauthorize the Special Diabetes Programs for Type 1 Diabetes and Indians***. This program provides federal funding for the Special Statutory Funding Program for Type 1 Diabetes Research at the National Institutes of Health and the Special Diabetes Program for Indians at the Indian Health Service. H.R. 3668 would extend these critical programs through 2016 and increase funding for both programs to \$200 million a year. This bill currently has 293 cosponsors.