



Quarterly Newsletter

112th Congress – January 2012

MESSAGE FROM THE CAUCUS LEADERSHIP

As the chairs and vice-chairs of the Congressional Diabetes Caucus, we would like to present the January edition of the Caucus Quarterly 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.

C H A I R S : D I A N A D E G E T T E & E D W H I T F I E L D

U.S. HOUSE OF REPRESENTATIVES
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American Diabetes Association
 Juvenile Diabetes Research Foundation
 American Association of Diabetes Educators
 Diabetes Research and Wellness Foundation
 The National Institutes of Health
 The Centers for Disease Control and Prevention
 Diabetes Advocacy Alliance

The Congressional Diabetes Caucus was formed in 1996 and has grown to be the largest caucus in Congress with close to 230 members in the 112th Congress. The mission of the Congressional Diabetes Caucus is to educate members of Congress and their staff about diabetes and to support legislative activities that would improve diabetes research, education and treatment. Our achievements have been significant. We were successful in obtaining \$1.5 billion for the Special Diabetes Program, a program that funds juvenile diabetes research and Native American treatment and prevention programs through the Department of Health Service.

We played a key role in helping to enact legislation to provide Medicare coverage for blood testing strips, glucose monitors and diabetes self-management education. We successfully urged the Centers for Medicare and Medicaid Services to provide coverage for insulin infusion pumps. The Postal Service unveiled a diabetes awareness stamp - a measure we actively supported.

While we continue to advocate for the funding recommendations put forth by the Diabetes Research Working Group, increases in research dollars at the CDC and NIH have begun to show results. Islet transplantation trials show promise for curing type 1 (juvenile) diabetes in the near future. Our efforts will continue on type 2 (adult onset) diabetes, which is now beginning to strike individuals in their youth.

Monday, January 23

Latest News

Upcoming Events

There are no upcoming events scheduled at this time.

Can't find last quarter's newsletter? Want to learn about Diabetes Caucus legislation? Head to the Diabetes Caucus website at <http://www.house.gov/degette/diabetes/>. If you introduce diabetes legislation, please let emily.katz@mail.house.gov know so it can be featured on the site!

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Co-Chair

Rep. Ed Whitfield
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Co-Chair

Rep. Xavier Becerra
D-CA
Vice-Chair

Rep. Tom Reed
R-NY
Vice-Chair



NEWS FROM NIH

NIDDK Research to Develop Artificial Pancreas: Artificial pancreas technology holds great promise to help people with type 1 diabetes safely achieve the tight blood glucose (sugar) control associated with preventing or delaying life-threatening disease complications. In addition, this technology could have a positive impact on patients' health and quality of life and alleviate an enormous amount of patient burden. Such a system would automatically link the measurement of blood glucose levels to a practical, precise, and real-time insulin-dosing system. The *Special Statutory Funding Program for Type 1 Diabetes Research*, administered by the NIDDK, supports research being conducted by small businesses, academic investigators, and national research networks to test current systems and develop new technologies toward an artificial pancreas. For example, a collaborative clinical trial is underway between NIDDK's Type 1 Diabetes TrialNet and NICHD's Diabetes Research in Children Network, testing whether early and intensive blood glucose control can protect patients' remaining beta cells from the toxic effects of high blood glucose. Trial participants are using an artificial pancreas system (in a hospital setting only) to intensively manage their blood glucose levels shortly after disease onset. In addition, through an innovative grant program called the Type 1 Diabetes Impact Award, engineers and physicians are collaborating to develop an artificial pancreas system that will monitor and adapt to changes in people's behavior and physiology. To bring in new ideas and cultivate the next generation of scientists pursuing artificial pancreas research, the NIDDK is supporting research training of engineers and behavioral scientists—fields that are critical for propelling progress in this area. Research to develop and test artificial pancreas technologies is important to ensure that, in the future, people with type 1 diabetes can use this technology to improve their health and quality of life.

Intensive Blood Glucose Control Reduces Kidney Disease: New results from the NIDDK's Diabetes Control and Complications Trial (DCCT) and its follow-up, the Epidemiology of Diabetes Interventions and Complications (EDIC) study, show that controlling blood glucose early in the course of type 1 diabetes yields huge dividends, preserving kidney function for decades. The DCCT began in 1983, but because it can take years or decades for diabetes complications to develop, it was not until 1993 that sufficient time had passed for the trial to prove that intensive blood glucose control reduced early signs of complications. DCCT participants were invited to join the EDIC follow-up study, nearly 3 decades after the start of the DCCT, about 95 percent of DCCT participants continue to be followed to determine the long-term effects of the therapies beyond the initial treatment period. EDIC has previously demonstrated the benefit of intensive blood glucose control in reducing the risk of eye, nerve, and cardiovascular complications. Now, after an average 22-year follow-up, EDIC has demonstrated that controlling blood glucose prevents loss of kidney function and reduces kidney failure. Compared to conventional therapy, near-normal control of blood glucose—beginning soon after diagnosis of type 1 diabetes and continuing an average 6.5 years—reduced the long-term risk of developing kidney disease by 50 percent. DCCT and EDIC illustrate the value of long-term studies, have revolutionized disease management, and led to greatly improved outcomes for people with type 1 diabetes.

Prediabetes May Not Raise Cardiovascular Disease Risk: Results from the NHLBI’s Multi-Ethnic Study of Atherosclerosis (MESA) suggest that prediabetes is not independently associated with an increased short-term risk for cardiovascular disease. An estimated 79 million adults in the U.S. have a condition called “prediabetes,” in which blood glucose levels are higher than normal, but not as high as in type 2 diabetes. This population is at high risk of developing type 2 diabetes. People with type 2 diabetes are at a 2- to 4-fold higher risk of dying from heart disease than individuals of the same age without diabetes. It was unclear, however, whether people with prediabetes were also at a higher risk for cardiovascular disease. MESA researchers compared the number of cardiovascular events in people without prediabetes or type 2 diabetes, people with prediabetes, and people with type 2 diabetes. They found that while diabetes increases the risk of cardiovascular disease, prediabetes doesn’t increase the risk of cardiovascular disease in the short term (participants were followed for 7.5 years in this study). The NIDDK’s Diabetes Prevention Program (DPP) previously demonstrated that type 2 diabetes can be prevented or delayed in overweight people with blood glucose levels that were higher than normal. Therefore, preventing progression from prediabetes to type 2 diabetes may prevent risk of cardiovascular disease as well; researchers are currently investigating this possibility in the DPP. The MESA study includes over 6,000 ethnically diverse participants without cardiovascular disease at the start of the study, and seeks to identify the characteristics associated with progression to cardiovascular disease.



Diabetes News

- <http://www.nanowerk.com/news/newsid=23948.php> (Nanowerk News)
- http://online.wsj.com/article/SB10001424052970203513604577140830225124226.html?mod=googlenews_wsj (Wall Street Journal)
- http://www.sciencedaily.com/releases/2012/01/120104115051.htm?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+sciencedaily+%28ScienceDaily%3A+Latest+Science+News%29 (ScienceDaily)
- <http://medicalxpress.com/news/2012-01-pivotal-immune-cell-diabetes-humans.html> (Medical Xpress)



Did You Know???

FASCINATING FACT

Prediabetes

79 million Americans—more than three times the number who have diabetes—have prediabetes and are at elevated risk for developing type 2 diabetes. Sadly, only about 7 percent even know they have prediabetes. The good news is there is a proven, evidence-based program, showing that with modest weight loss through healthy eating

and increased physical activity, individuals with prediabetes can prevent or delay the disease. The successful NIH clinical trial, the Diabetes Prevention Program, showed that people with prediabetes can reduce their risk of diabetes by 58 percent with this lifestyle intervention. The CDC further showed that this program can be effectively translated to community setting, providing the intervention to at-risk individuals for a much lower cost. This program is the basis for the national network of community-based programs called the National Diabetes Prevention Program, which was authorized by Congress in the 111th Congress. Once funded and implemented, the National Diabetes Prevention Program will provide access to this proven intervention to many of the 79 million Americans with prediabetes and bring us closer to stopping diabetes. It has been estimated that bringing these programs to scale nationally will save the nation \$190 billion in healthcare costs over ten years.

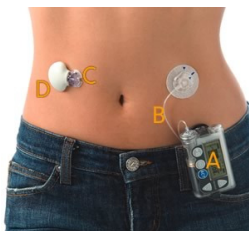
RECENT EVENTS

This summer, the Diabetes Caucus in both the House and Senate teamed up to spend a day at the National Institute of Diabetes and Digestive and Kidney Diseases at the National Institutes of Health. The Caucus heard from Director Griffin Rogers, skyped with a patient who participated in the artificial pancreas clinical trial, and toured metabolic laboratories.

The NIH visited the Hill in September, participating in a briefing “Advancing Discovery: The Role of NIH Research in Fighting Diabetes” hosted by the Federation of American Societies for Experimental Biology (FASEB) and other groups.

In November, the Diabetes Caucus offered the opportunity for members to record public service announcements. Members then used social media and local media to spread awareness about their state’s statistics on diabetes and how to find resources to get tested.

This January, Health Affairs released an issue devoted to diabetes policy research entitled, “Confronting The Growing Diabetes Crisis.” Included is a CDC study on the potential cost-savings for a national Diabetes Prevention Program, a life-style intervention program that caucus leadership and many members have urged the Secretary to fund. The CDC found that within 25 years, the program would prevent or delay about 885,000 cases of type 2 diabetes in the United States and produce savings of \$5.7 billion nationwide. If restricted to people ages 65-84, the program would save \$2.4 billion.



REGULATORY PRIORITIES

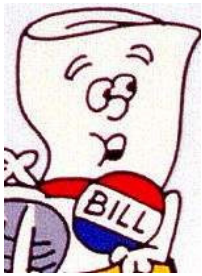
Artificial Pancreas Technology at the U.S. Food and Drug Administration (FDA)

Thank you to the 252 of our House colleagues and members of the Diabetes Caucus who signed the letter to FDA Commissioner Margaret Hamburg, 134 Democrats and 118 Republicans, in bipartisan support of advancing artificial pancreas technology

guidance. The artificial pancreas is a potentially life-saving technology that would minimize dangerous high and low blood sugar levels, and would help prevent the devastating and costly long-term complications of type 1 diabetes such as: seizures, coma, kidney failure, heart disease, blindness, and amputations. The artificial pancreas draft guidance is under consideration at the agency and will allow outpatient trials to begin so that this technology can be made available to those with type 1 diabetes in the near future.

The artificial pancreas essentially combines a continuous glucose monitor (CGM) and insulin pump to act in place of a person's pancreas. When the CGM detects an abnormal blood sugar level, it speaks to the insulin pump, which then automatically delivers a dose of insulin or sugar to bring blood sugar levels back to normal. This system is regarded by clinical experts as being the most groundbreaking development in type 1 diabetes care since the discovery of insulin. The Caucus' work to help it along has been noted by FDA and led to the publication of its draft guidance by its previously announced December deadline.

LEGISLATIVE PRIORITIES



H.R. 2787, the ***Medicare Diabetes Self-Management Training Act of 2011***. Introduced by Representative Whitfield. 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.

H.R. 2741, the ***Preventing Diabetes in Medicare Act of 2011***. Introduced by Representative DeGette. 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.

H.R. 3150, the ***Medicare Safe Needle Disposal Coverage Act of 2011***. Introduced by Representative Whitfield. The bill would provide Medicare Part D coverage of needle disposal supplies such as sharps containers or other destruction devices. The legislation would protect type 1 and type 2 insulin-dependent Medicare diabetes patients as well as caregivers and handlers of waste from accidental needle-stick injuries

CAUCUS MEMBERS WITH DIABETES LEGISLATION

Representatives Engel and Burgess have reintroduced the ***Gestational Diabetes (GEDI) Act***. H.R. 2194 directs the Director of the Centers for Disease Control and Prevention (CDC) to develop a multisite gestational diabetes research project within the diabetes program of the CDC to expand and enhance surveillance data and public health research on gestational diabetes.

Representative Waters reintroduced the ***Minority Diabetes Initiative Act***. H.R. 2799 allows the Secretary of Health and Human Services (HHS) to make grants to public and nonprofit private health care providers to provide treatment for diabetes in minority communities.

Representative Pete Olsen introduced the ***National Diabetes Clinical Care Commission Act***. H.R. 2960 establishes a National Diabetes Clinical Care Commission comprised of diabetes experts to provide a mechanism for federal engagement with professionals and advocates who will bring clinical expertise to implementing initiatives intended to improve diabetes care.

Representative Barbara Lee reintroduced the ***Health Equity and Accountability Act***. H.R. 2954 improves and guides federal efforts in the following vital areas: data collection and reporting; culturally and linguistically appropriate health care; health workforce diversity, improvement of health outcomes for women, children and families; mental health; high impact minority diseases (hepatitis B, HIV/AIDS, diabetes, cancer); health information technology; emboldened accountability and evaluation; and, addressing social determinants of health.

Representative Lee Terry reintroduced the ***Equity and Access for Podiatric Physicians Under Medicaid Act***. H.R. 3364 amends title XIX of the Social Security Act to cover physician services delivered by podiatric physicians, ensuring that Medicaid beneficiaries have access to appropriate quality foot and ankle care.