



Congressional Diabetes Caucus

Monthly Newsletter

111th Congress – March 2009

MESSAGE FROM THE CAUCUS LEADERSHIP

As the chairs and vice chairs of the Congressional Diabetes Caucus, we'd like to present the March 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 you 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 become a member.

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 Research on the Burden of Diabetes in American Youth: Recent results from the SEARCH for Diabetes in Youth Study reveal unexpectedly high rates of diabetes in youth across most ethnic and racial groups in the U.S. The SEARCH study, sponsored by the Centers for Disease Control and Prevention and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), is a multi-center surveillance initiative providing the first national population based estimates of the prevalence and incidence of diagnosed type 1 and type 2 diabetes in youth aged 20 years and younger as it occurs among five major race and ethnic groups in the U.S.: non-Hispanic whites, Hispanics, Asian/Pacific Islanders, African Americans, and American Indians. The study also aims to characterize key risk factors for diabetes complications, according to race/ethnicity and diabetes type. Five articles from the SEARCH study appear in this month's issue of *Diabetes Care*, each providing a comprehensive description of diabetes in one of the major racial and ethnic groups. The articles also highlight important aspects of diabetes in youth in each of these groups, including quality-of-care, social, and behavioral aspects. The data from SEARCH will inform future research activities and targeted efforts to improve the prevention and treatment of diabetes and its complications. More information on the SEARCH for Diabetes in Youth Study can be found at: <http://www.searchfordiabetes.org>.

New Study Will Test Anti-Inflammatory Drug for Treating Type 2 Diabetes: Can an aspirin-like drug reduce blood glucose (sugar) levels in people with type 2 diabetes? To answer this question, NIDDK-funded researchers recently launched a clinical study, Targeting Inflammation with Salsalate in Type 2 Diabetes (TINSAL-T2D). Salsalate is an anti-inflammatory drug that is chemically similar to aspirin, but has fewer side effects. It is currently approved by the Food and Drug Administration to relieve mild to moderate pain, fever, arthritis, and other musculoskeletal conditions, and has been used for more than 40 years to treat pain associated with arthritis. In earlier NIDDK-supported studies, researchers demonstrated that salsalate effectively lowered blood glucose when taken for three months by adults with type 2 diabetes. Now researchers want to determine whether the drug will be well tolerated and effective over a longer period of time. If successful, the study could lead to an effective, inexpensive way to treat type 2 diabetes. For more information on the study, visit <http://tinsalt2d.org>

Improving Delivery of Diabetes Care: Most people with diabetes don't achieve levels of glucose, blood pressure and cholesterol control proven to reduce heart disease and other diabetes complications. New research shows a multi-faceted organizational intervention in community primary practices significantly improved diabetes care and outcomes. In the TRANSLATE trial, 24 community primary practices, including over 8,000 patients, tested whether specific changes to the process of delivering care could lead to improvements in the control of patients' diabetes. The intervention included establishing an electronic diabetes registry for each practice which produced visit reminders, patient-specific physician reminders, identification of patients with incomplete or overdue tests, alerts of patients with elevated clinical diabetes measures, and a monthly summary for practice staff. Use of the intervention by the practices led to increases in the percentage of patients with diabetes that met performance measures for foot and eye examinations, tests for kidney function, blood pressure monitoring, and hemoglobin A1c and cholesterol testing. In addition, after one year patients in practices using the intervention showed significant improvement in achieving the recommended levels for blood pressure and cholesterol, and hemoglobin A1c. The NIDDK supported this trial as part of an initiative to develop cost-effective and sustainable interventions that could be adapted in real-world settings for the prevention and control of diabetes and obesity.



Diabetes News

- [Health Tip: Stress and Diabetes](#)
- [Diabetes Alert Day: Silver & Fit](#)
- [Sleep "Influences diabetes risk"](#)
- [6 Reasons to Eat Fiber](#)
- [More evidence links diabetes to Alzheimer's risk](#)
- [Diabetes Forecast Gets Back to the Basics](#)
- [Merck - Launches Five-Year Effort to Close Healthcare Disparities](#)

Stem Cell Research: On Monday, March 9th President Barack Obama signed an Executive Order lifting the current federal funding restrictions on embryonic stem cell research and allowing scientists to explore the full promise and potential of this exciting field of study. This is a huge success for the scientific research community and all of those impacted by diabetes.

Research on human embryonic stem cells began in 1998 and is in its infancy. This research is critical to the development of treatments for diseases that afflict up to 100 million Americans, including Alzheimer's and Parkinson's disease, cancer, heart disease, spinal cord injuries, type 1 diabetes and other debilitating conditions.

Embryonic stem cell research has already yielded impressive results in the field of type 1 diabetes research. However, for nearly 10 years federal funding has been limited by the restrictions put in place by former President George W. Bush in 2001. Researchers believe that embryonic stem cells can be coaxed to develop into insulin-secreting cells that could be transplanted into patients with diabetes, eliminating their need to inject insulin. This research is an essential component of scientific efforts to reverse the course of type 1 diabetes through regenerative therapy.

If you would like additional information on juvenile diabetes and stem cell research please [click here](#).

RECENT EVENTS



Diabetes Briefings

Pre-Diabetes: America's Largest Healthcare Epidemic

Monday, March 23, 2009

12 noon- 1:30 p.m.

Room B-339 Rayburn House Office Building

The American Association of Clinical Endocrinologists (AACE) held a Congressional luncheon briefing on pre-diabetes. AACE is the largest association of clinical endocrinologists in the world. Founded in 1991, AACE is dedicated to the optimal care of patients with diabetes and other endocrine problems. For more information about AACE, please visit www.aace.com.

DIABETES 101:

Diabetes Alert Day

Tuesday, March 24, 2009

2105 Rayburn House Office Building

3:00 p.m. – 4:00 p.m.

The American Diabetes Association hosted a briefing on Tuesday March 24, which was *Diabetes Alert Day*: a one-day, “wake up” call to inform the American public about the seriousness of diabetes. This important briefing raised awareness about diabetes and ways to address the growing epidemic.

FASCINATING FACT – PODIATRY & DIABETES

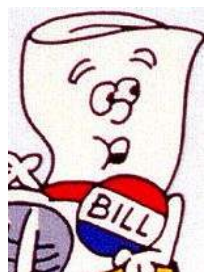


Did You Know???

Last week members of the Diabetes Caucus introduced the **Equity and Access for Podiatric Physicians Under Medicaid Act**.

Podiatric physicians, working as a team with other health care providers, can reduce the occurrence of foot ulcerations and amputations by 45 to 85 percent and save the healthcare system as much as \$21 billion a year. Foot ulcers cost between \$7,439 and \$20,622 per episode. The cost of a major limb amputation is estimated to be \$70,434. It is important that Americans have access to the preventive medical and surgical physician services that doctors of podiatric medicine provide. **H.R. 1625, the Equity and Access for Podiatric Physicians Under Medicaid Act**, helps ensure that access for Medicaid beneficiaries who suffer from diabetes and other maladies of the foot and ankle.

Contact the American Podiatric Medical Association's Legislative Advocacy Department for more information at 1-800-ASK APMA or advocacy@apma.org.



LEGISLATIVE PRIORITIES

H.R. 1625, the **Equity and Access for Podiatric Physicians Under Medicaid**. The bill would classify podiatrists as physicians for purposes of direct reimbursement through the Medicaid program. The bill already has 12 cosponsors and H.R. 1647 had 220 cosponsors in the 110th Congress.

In the 111th Congress, the Diabetes Caucus will also reintroduce the following bills:

H.R. 2210, the ***Diabetes Prevention Access and Care Act of 2007***. The 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 had 88 cosponsors in the 110th Congress.

H.R. 4218, the ***Medicare Diabetes Self-Management Training Act of 2007***. 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 had 29 cosponsors in the 110th Congress.