



Quarterly Newsletter

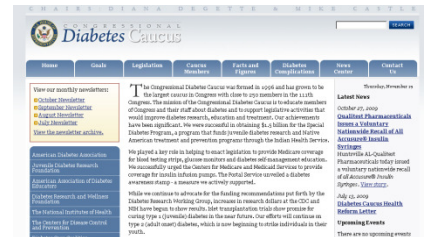
112th Congress – October 2011

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 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.

The Congressional Diabetes has New Leadership!

The Congressional Diabetes Caucus announced at the beginning of the 112th Congress that Rep. Ed Whitfield would be joining Rep. Diana DeGette as co-chair. In addition, Rep. Tom Reed joins Rep. Xavier Becerra as vice-chair.



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 it on the site!

Rep. Diana DeGette
D-CO
Co-Chair

Rep. Ed Whitfield
R-KY
Co-Chair

Rep. Xavier Becerra
D-CA
Vice-Chair

Rep. Tom Reed
R-NY
Vice-Chair

November is Diabetes Awareness Month!

The Diabetes Caucus will be launching several initiatives on Diabetes Awareness Month, to be announced. Please check with Emily Katz at Emily.katz@mail.house.gov or Taylor Booth at taylor.booth@mail.house.gov if you would like some ideas or you would like to share an idea about how to improve Diabetes awareness during November!



NEWS FROM NIH

Molecular Insights Can Lead to Improved Type 2 Diabetes Drugs: Some type 2 diabetes drugs target a protein called PPAR-gamma that plays a role in insulin sensitivity. The drugs make the body more sensitive to insulin, but come with unwanted side effects such as weight gain and an increased risk of heart failure.

NIDDK-supported researchers have identified the molecular mechanism by which PPAR-gamma regulates insulin sensitivity, which involves a specific chemical modification to PPAR-gamma. They also found that the diabetes drugs block this modification to counter insulin resistance. The drugs also broadly stimulate PPAR-gamma, which may be responsible for the negative side effects. The research suggests that a new generation of type 2 diabetes drugs could be designed to block the chemical modification only, without broadly stimulating PPAR-gamma, to improve insulin sensitivity without the unwanted side effects.

Research Progress Toward Less Burdensome Glucose Monitoring: People with type 1 diabetes must monitor their blood glucose levels and administer insulin to keep glucose levels in a healthy range. Monitoring is done through multiple daily finger sticks; some people use continuous glucose monitors in combination with finger sticks. NIDDK-supported bioengineers have paved the way toward less burdensome glucose monitoring by developing an implantable glucose sensor that monitors tissue glucose and reports data to an external wireless receiver. The system functioned continuously for over a year when implanted into a pig. The scientists plan to conduct clinical trials to test the sensor in people. The system does not automatically deliver insulin, so patients would still need to administer insulin based on the sensor readings. However, an implantable device could reduce the need for finger sticks and also potentially be used in the future as part of an artificial pancreas to automate glucose sensing and insulin delivery.

Studying Environmental Contributors to Type 2 Diabetes: Type 2 diabetes has a genetic basis that is modified by environmental factors. Through genome-wide association studies (GWAS), scientists have made unprecedented discoveries in type 2 diabetes genetics. Taking inspiration from GWAS, NIH-supported scientists recently conducted a pilot “environmental-wide association study” (EWAS) and uncovered environmental factors associated with type 2 diabetes, such as certain pesticides, polychlorinated biphenyls, and a form of vitamin E. They also found factors associated with protection against the disease, such as beta carotenes. The findings do not mean that these factors are causative or protective. Rather, the results open up new avenues for research and suggest that the factors should be further studied for their possible link to type 2 diabetes. EWAS may also be useful for examining environmental contributors to other diseases.



Diabetes News

- <http://health.usnews.com/health-news/diet-fitness/diabetes/articles/2011/09/29/new-genes-revealed-for-type-1-diabetes> (US News and World Report)
- <http://www.businessweek.com/ap/financialnews/D9Q1JK700.htm> (Bloomberg Business Week)
- <http://www.diabeteshealth.com/read/2011/09/29/7298/a-type-1-diabetes-cure-in-the-pipeline/> (Diabetes Health)
- <http://www2.hernandotoday.com/content/2011/sep/29/HBNEWS01-diabetes-service-dogs-save-lives/> (Hernando Today, Tampa Bay)
- <http://www.sciencedaily.com/releases/2011/09/110926173123.htm> (Science Daily)
- <http://children.webmd.com/news/20110926/kids-with-diabetes-may-be-more-likely-to-have-asthma> (WebMD)



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.

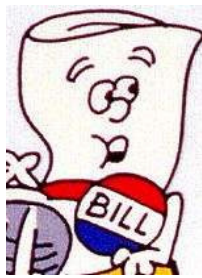
RECENT EVENTS

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 October, the Entertainment Industries Council and Novo Nordisk held a briefing on work being done locally and nationally to address diabetes communication and awareness efforts to improve the prevention and early detection of the disease.



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.

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.