



Quarterly Newsletter

113th Congress – April 2013

MESSAGE FROM THE CAUCUS LEADERSHIP

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

CHAIRS: DIANA DEGETTE & ED WHITFIELD

U.S. HOUSE OF REPRESENTATIVES CONGRESSIONAL Diabetes Caucus

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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
Academy of Nutrition and Dietetics

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 Indian 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.

Wednesday, April 24

Latest News
April 26, 2012
[Bipartisan letter to leadership on Special Diabetes Program signed by 268 members](#)

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!

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



NEWS FROM NIH

Nationwide Study Shows Substantial Improvement in Diabetes Control in Past Decades:

Newly reported research shows dramatic improvements in control of blood glucose, blood pressure and LDL “bad” cholesterol in U.S. adults with diabetes. These findings are derived from a cross-sectional study of persons participating in the National Health and Nutrition Examination Surveys (NHANES). To obtain comparisons over time, scientists looked at measures of hemoglobin A1C (for blood glucose control), blood pressure, and LDL cholesterol—the “ABCs” of diabetes control—among participants in four surveys covering 1988-1994 and 1999-2010. They found that, between 1988 and 2010, the percentage of people 20 years of age and older meeting recommended ABC goals rose from about 43 percent to 52 percent for hemoglobin A1C, from about 33 to 51 percent for blood pressure, and from about 10 to 56 percent for LDL cholesterol, while the percentage meeting all three rose from about 2 percent to nearly 19 percent. The study also examined statin use and found that it increased significantly over time, likely contributing to the observed dramatic improvements in lowering blood cholesterol. Because research has proven that control of the diabetes ABCs dramatically reduces risk of developing diabetes complications, improved control of these factors portends better future health outcomes for people with diabetes. Although the overall trend for diabetes control was positive, some significant disparities exist. For example, Mexican Americans were less likely to meet hemoglobin A1C goals than non-Hispanic whites and non-Hispanic blacks. Also, people 20 to 49 years of age were less likely to meet hemoglobin A1C and cholesterol goals. Because younger people have a greater life expectancy and the potential to develop diabetes complications increases with duration of diabetes, it is particularly alarming to find worse diabetes control in this age group. Thus, despite showing very encouraging trends in diabetes control, the study findings also demonstrate that control remains suboptimal and that there is opportunity for further improvements that can benefit the health of people with diabetes.

Community-Based Effort to Translate the Diabetes Prevention Program Still Successful after Two Years:

New findings indicate that a community-based intervention for weight loss in people with prediabetes can induce significant, long-term improvements in multiple type 2 diabetes risk factors. To stem the rising tide of type 2 diabetes, the NIH is supporting studies to translate the highly successful Diabetes Prevention Program (DPP) intensive lifestyle intervention to large numbers of people at lower cost. A number of studies have shown encouraging results, but thus far have mostly looked at short-term results (1 year or less). The Healthy Living Partnerships to Prevent Diabetes (HELP PD) clinical trial compared multiple health outcomes between overweight and obese people with prediabetes who were randomly assigned to either a 2 year lifestyle weight-loss program aimed at inducing and sustaining 5 to 7 percent weight loss, or a “usual care” intervention. To maximize the role of existing community systems and assets, the HELP PD study enlisted registered dietitians at a community diabetes care center to implement the lifestyle weight-loss intervention; they, in turn, recruited and trained community health workers, who delivered the lifestyle intervention to trial participants at parks, recreation centers, and other community-based sites. The community health workers were members of the community who had well-controlled diabetes and were themselves successful in developing healthy eating and physical activity. By 18 and 24 months, the study found that, compared to the usual care group, the lifestyle intervention group sustained significant improvements in fasting blood glucose levels as had been observed in the first year of the trial. These participants also sustained greater weight loss and greater improvements in measures of insulin, insulin resistance, waist circumference, and body mass index (BMI), a measure of weight relative to height. The results seen for blood glucose levels and weight loss are close to those seen in the DPP at 2.8 years of follow up. Encouragingly, a second study found that the direct medical costs of this group delivery of a DPP-like intervention were only

about one-third of the DPP costs. While HELP PD was not set up to assess diabetes incidence, the results of the two studies suggest that it is possible to deliver a community-based intervention that may yield the same positive results seen in the DPP at reduced cost.

- <http://www.medicalnewstoday.com/articles/259338.php> (Medical News Today)



Diabetes News

- <http://online.wsj.com/article/SB10001424127887324662404578332360916108652.html> (Wall Street Journal)
- <http://www.bostonglobe.com/opinion/2013/04/01/podium-diabetes/OXkr0uIOdgyWqRClt6N4bM/story.html> (Boston Globe)
- <http://www.medicalnewstoday.com/articles/258704.php> (Medical News Today)
- <http://www.theatlantic.com/health/archive/2013/04/the-diabetics-paradox/274507/> (The Atlantic)

FASCINATING FACT



Did You Know???

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 this program to scale nationally will save the nation \$190 billion in healthcare costs over ten years.

RECENT EVENTS

On November 8, the Diabetes Caucus hosted a conference call with the Juvenile Diabetes Research Foundation (JDRF) for staff of members who signed a letter to the Food and Drug Administration

(FDA) in April 2011. The letter asked for timely guidance so that clinical trials could begin on the artificial pancreas. An artificial pancreas will enable someone with insulin-dependent diabetes to automatically control their blood glucose levels. JDRF updated staff on the clinical trials currently under way, and explained that the artificial pancreas was a product of research funded by the Special Diabetes Program, which is set to expire in September of 2013 if Congress does not act.

On November 9, FDA finalized the guidance for the artificial pancreas (AP).

On January 2, President Obama signed into law H.R. 8, which included a one-year extension for the Special Diabetes Program. Thanks to all members of the Diabetes Caucus for their work on getting this critical program extended!

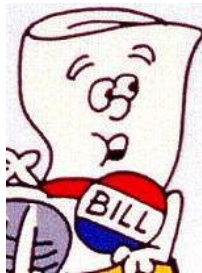
On February 13, the Diabetes Caucus held a welcome reception to kick off the 113th Congress. Thank you to the American Diabetes Association, Novo Nordisk, and the Diabetes Advocacy Alliance for partnering with the Caucus on the event, and thank you to all members and staff who attended!

On March 6, the American Diabetes Association was on the Hill to announce the results of their new study estimating the total costs of diagnosed diabetes have risen to \$245 billion in 2012 from \$174 billion in 2007, when the cost was last examined. Read more about their study [here](#).

April 18, the Congressional Caucus on Mitochondrial Disease, in partnership with the the Bipartisan Alzheimer's Disease Task Force and the Congressional Diabetes Caucus, hosted a briefing "Mitochondria: At the Heart of it All."

On May 7 at 10 am in 2168 Rayburn, the Diabetes Caucus will be holding a staff briefing "Diabetes 101: Disease and Policy Basics" with panelists from the American Diabetes Association, JDRF, and the Barbara Davis Center for Diabetes at the University of Colorado School of Medicine. We hope someone from your office can attend.

LEGISLATIVE PRIORITIES



The Special Diabetes Program (SDP) is set to expire in September 2014 and needs to be reauthorized this Congress. Last year, the Diabetes Caucus circulated a letter to House leadership on the importance of this program to advancing diabetes research. On January 2, 2013, President Obama signed into law H.R. 8, which included a one-year extension for the Special Diabetes Program to September 2014. We look forward to working with members of the caucus on another reauthorization.

H.R. 1274, the ***Access to Quality Diabetes Education Act of 2013***. 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.

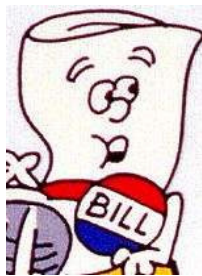
H.R. 2757, the ***Preventing Diabetes in Medicare Act of 2013***. Introduced by Representative DeGette. The bill would extend Medicare coverage to medical nutrition therapy (MNT) services for people with pre-diabetes and other risk factors for developing type 2 diabetes. Under current law, Medicare pays 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

Representative Pete Olsen introduced the ***National Diabetes Clinical Care Commission Act***. H.R. 1074 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 Susan Davis introduced the ***Medicare Diabetes Prevention Act of 2013***. H.R. 962 will extend the proven benefits of the National Diabetes Prevention Program to Medicare beneficiaries by making the community-based intervention available as a Medicare benefit.

Representative Lee Terry reintroduced the ***Equity and Access for Podiatric Physicians Under Medicaid Act***. H.R. 1761 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.



LEGISLATIVE PRIORITIES FROM THE 112TH CONGRESS THAT HAVE YET TO BE REINTRODUCED

The ***Medicare Safe Needle Disposal Coverage Act***. 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

Representative Waters introduced the ***Minority Diabetes Initiative Act***. This bill 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 Barbara Lee reintroduced the ***Health Equity and Accountability Act***. This bill 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.

Representatives Engel and Burgess introduced the *Gestational Diabetes (GEDI) Act*. This bill 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.

PLEASE CONTACT THE DIABETES CAUCUS WHEN YOU HAVE INTRODUCED OR REINTRODUCED DIABETES-RELATED LEGISLATION, SO WE CAN FEATURE IT HERE!

Contact emily.katz@mail.house.gov with Congresswoman DeGette or taylor.booth@mail.house.gov with Congressman Whitfield to have your legislation featured and/or to find out other ways the Caucus can help you promote and advance your diabetes legislative priorities.