Quarterly Newsletter

113th Congress – June2014

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.

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/.

Rep. Diana DeGette	Rep. Ed Whitfield	Rep. Xavier Becerra	Rep. Tom Reed
D-CO	R-KY	D-CA	R-NY
Co-Chair	Co-Chair	Vice-Chair	Vice-Chair

NEWS FROM NIH

Smartphone Technology Advances Progress toward Developing an Artificial Pancreas for People with Type 1 Diabetes: An artificial pancreas, or a "closed-loop system," is technology in which a computer calculates insulin dose based on glucose levels measured by a continuous glucose monitor and delivers insulin automatically through an insulin pump with minimal human input. Such technology holds great promise to help people with type 1 diabetes safely achieve recommended levels of blood glucose control, as well as to alleviate an enormous amount of patient burden. Significant progress toward developing an artificial pancreas has been achieved in recent years in hospital settings using systems controlled by laptop computers, but patients need a convenient, portable system they can wear in their daily lives. In new NIH-supported research, scientists tested whether a new smartphone technology called the Diabetes Assistant (DiAs) could replace laptops to control a closed-loop system. They tested their new technology in 20 people with type 1 diabetes at 4 sites in the U.S. and Europe. Participants used the system on their own, stayed in real world settings, and ate whatever they wanted—while being closely monitored by study personnel to ensure that they were safe at all times. The study found that the artificial pancreas system had proper system communication 98 percent of the time, suggesting that smartphone technology could be used to run a closed-loop system and that DiAs is a promising platform for future study. This research is an important step forward toward developing a portable and safe artificial pancreas system, and sets the stage for future clinical trials.

NIH Begins Large Study to Examine if Vitamin D Prevents Diabetes: NIH-supported researchers have begun the first definitive, large-scale clinical trial to investigate if a vitamin D supplement helps prevent or delay type 2 diabetes in adults aged 30 or older who are at high risk for developing the disease. The multiyear Vitamin D and Type 2 Diabetes (D2d) study will include approximately 2,500 people at about 20 study sites across the country. Half of the D2d participants will receive vitamin D and the other half will receive a placebo — a pill that has no drug effect. Participants will have check-ups for the study twice a year and will receive regular health care through their own health care providers for the length of the study, likely about four years. The study will also examine if sex, age, or race affect the potential of vitamin D to reduce type 2 diabetes risk. If the trial results are positive, vitamin D supplementation could provide an affordable and accessible therapy to help prevent or delay type 2 diabetes in those at high risk for the disease–an estimated 79 million people in the U.S. Researchers are currently recruiting volunteers to take part in D2d. More information on the study can be found at: *www.d2dstudy.org*

Study Finds Exercise, Lifestyle Program Improves Glucose Metabolism in Adolescents at Risk for Type 2 Diabetes: Associated with increased rates of obesity, type 2 diabetes is becoming more common in young people, particularly in youth from minority populations. However, lifestyle changes such as increasing exercise and eating a healthy diet can reduce or reverse risk factors for type 2 diabetes, as illustrated by a recent NIH-supported study. The study focused on a racially/ethnically diverse group of adolescents (10-16 years old) with prediabetes, a condition in

which blood glucose levels are higher than normal but not as high as in diabetes. Study participants were randomly assigned to one of two groups. One group received standard care for their condition, including instructions on eating a healthy diet and increasing exercise. The other group received a more intensive, family-based lifestyle intervention called the Bright Bodies Program, which uses a standardized curriculum that has served as a basis for multiple pediatric obesity programs across the U.S. and abroad. The Bright Bodies Program consists of two guided exercise sessions per week, a weekly weigh-in, and a 40-minute nutrition/behavior modification class. Participants were further encouraged to exercise three additional days per week and to keep an exercise log. Bright Bodies participants also received small rewards for losing or maintaining their weight every week, and their parents and caregivers took part in a support class. At the end of the six-month study, the researchers found that the Bright Bodies participants had significantly more favorable changes in their glucose metabolism than did the standard care group. They also reduced their percentage body fat and gained less weight during the study than did the standard care group. These results further support the growing evidence that early lifestyle interventions can effectively limit weight gain and improve the health of young people at risk for type 2 diabetes.

Diabetes News

- With New Health Law, Insurers Target Diabetics (AP)
- Artificial pancreas offers hope to diabetes patients (Boston Globe)
- Advances Made in Regulating Type 1 Diabetes (WSJ)
- CDC: Diabetes count rises to 29 million, 12% of adults (USA Today)
- Major Medical Organizations Establish Ambitious Diabetes Registry (Forbes)

FASCINATING FACTS


Did You Know???

How many Americans have diabetes and prediabetes?

- 25.8 million Americans have diabetes — 8.3 percent of the U.S. population. Of these, 7 million do not know they have the disease.
- In 2010, about 1.9 million people ages 20 or older were diagnosed with diabetes.
- The number of people diagnosed with diabetes has risen from 1.5 million in 1958 to 18.8 million in 2010, an increase of epidemic proportions.
- It is estimated that 79 million adults aged 20 and older have prediabetes. Prediabetes is a condition where blood glucose levels are higher than normal but not high enough to be called diabetes. Studies have shown that by losing weight and increasing physical activity people can prevent or delay prediabetes from progressing to diabetes.

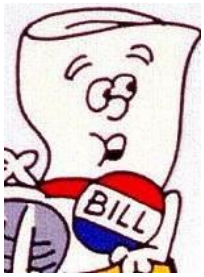
What is the prevalence of diabetes by type?

- Type 1 (previously called insulin-dependent or juvenile-onset) diabetes accounts for approximately 5 percent of all diagnosed cases of diabetes in adults.
- Type 2 (previously called non-insulin-dependent or adult-onset) diabetes accounts for 90 to 95 percent of all diagnosed cases of diabetes in adults. Type 2 diabetes is increasingly being diagnosed in children and adolescents.
- Gestational diabetes occurs in 2 to 10 percent of pregnancies. Women who have had gestational diabetes have a 35 to 60 percent chance of developing diabetes, mostly type 2, in the next 10 to 20 years.

RECENT EVENTS

On June 15, 2014, a letter was sent to FDA seeking the agency's careful consideration of comments from the public on recent proposed guidance related to the treatment of blood glucose monitoring systems for both at-home, over-the-counter use, as well as in point-of-care settings like hospitals.

LEGISLATIVE PRIORITIES FROM THE 113TH CONGRESS



The **Special Diabetes Program** (SDP) was reauthorized and funded via the one-year SGR patch that was signed into law in March 2014. In late 2013, the Diabetes Caucus circulated a letter to House leadership with 334 signatures on the importance of this program to advancing diabetes research.

H.R. 1257, 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.

H.R. 1274, the ***Access to Quality Diabetes Education Act of 2013.*** Introduced by Representative Whitfield. The bill would improve Medicare by recognizing state-licensed or -registered certified diabetes educators or state-licensed or -registered health care professionals, who specialize in teaching individuals with diabetes, to develop the necessary skills and knowledge to manage the individual's diabetic condition. These professionals would be certified as a diabetes educator by a recognized certifying body. Additionally, there is a required study on the barriers that exist for Medicare beneficiaries with diabetes in accessing diabetes self-management training services under the Medicare program. The bill also would lead to a series of recommendations on effective outreach methods to educate primary care physicians and other health care providers as well as the public about the benefits of diabetes self-management training.

H.R. 3322, the ***Eliminating Disparities in Diabetes Prevention, Access, and Care Act of 2013*.** Introduced by Representative DeGette. The bill would promote diabetes research, treatment, and prevention in minority populations. Through a focus on the National Institutes of Health (NIH), the

Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), and the Institute of Medicine (IOM), the bill seeks to enhance research and treatment, improve prevention efforts, and strengthen the health workforce.

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

Contact rachel.stauffer@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.