

111TH CONGRESS
2^D SESSION

H. R. 5354

AN ACT

To provide grants to better understand and reduce gestational diabetes, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Gestational Diabetes
3 Act of 2010” or the “GEDI Act”.

4 **SEC. 2. GESTATIONAL DIABETES.**

5 Part B of title III of the Public Health Service Act
6 (42 U.S.C. 243 et seq.) is amended by adding after section
7 317H the following:

8 **“SEC. 317H-1. GESTATIONAL DIABETES.**

9 “(a) UNDERSTANDING AND MONITORING GESTA-
10 TIONAL DIABETES.—

11 “(1) IN GENERAL.—The Secretary, acting
12 through the Director of the Centers for Disease
13 Control and Prevention, in consultation with the Di-
14 abetes Mellitus Interagency Coordinating Committee
15 established under section 429 and representatives of
16 appropriate national health organizations, shall de-
17 velop a multisite gestational diabetes research
18 project within the diabetes program of the Centers
19 for Disease Control and Prevention to expand and
20 enhance surveillance data and public health research
21 on gestational diabetes.

22 “(2) AREAS TO BE ADDRESSED.—The research
23 project developed under paragraph (1) shall ad-
24 dress—

25 “(A) procedures to establish accurate and
26 efficient systems for the collection of gestational

1 diabetes data within each State and common-
2 wealth, territory, or possession of the United
3 States;

4 “(B) the progress of collaborative activities
5 with the National Vital Statistics System, the
6 National Center for Health Statistics, and
7 State health departments with respect to the
8 standard birth certificate, in order to improve
9 surveillance of gestational diabetes;

10 “(C) postpartum methods of tracking
11 women with gestational diabetes after delivery
12 as well as targeted interventions proven to
13 lower the incidence of type 2 diabetes in that
14 population;

15 “(D) variations in the distribution of diag-
16 nosed and undiagnosed gestational diabetes,
17 and of impaired fasting glucose tolerance and
18 impaired fasting glucose, within and among
19 groups of women; and

20 “(E) factors and culturally sensitive inter-
21 ventions that influence risks and reduce the in-
22 cidence of gestational diabetes and related com-
23 plications during childbirth, including cultural,
24 behavioral, racial, ethnic, geographic, demo-
25 graphic, socioeconomic, and genetic factors.

1 “(3) REPORT.—Not later than 2 years after the
2 date of the enactment of this section, and annually
3 thereafter, the Secretary shall generate a report on
4 the findings and recommendations of the research
5 project including prevalence of gestational diabetes
6 in the multisite area and disseminate the report to
7 the appropriate Federal and non-Federal agencies.

8 “(b) EXPANSION OF GESTATIONAL DIABETES RE-
9 SEARCH.—

10 “(1) IN GENERAL.—The Secretary shall expand
11 and intensify public health research regarding gesta-
12 tional diabetes. Such research may include—

13 “(A) developing and testing novel ap-
14 proaches for improving postpartum diabetes
15 testing or screening and for preventing type 2
16 diabetes in women with a history of gestational
17 diabetes; and

18 “(B) conducting public health research to
19 further understanding of the epidemiologic,
20 socioenvironmental, behavioral, translation, and
21 biomedical factors and health systems that in-
22 fluence the risk of gestational diabetes and the
23 development of type 2 diabetes in women with
24 a history of gestational diabetes.

1 “(2) AUTHORIZATION OF APPROPRIATIONS.—

2 There is authorized to be appropriated to carry out
3 this subsection \$5,000,000 for each fiscal year 2012
4 through 2016.

5 “(c) DEMONSTRATION GRANTS TO LOWER THE RATE
6 OF GESTATIONAL DIABETES.—

7 “(1) IN GENERAL.—The Secretary, acting
8 through the Director of the Centers for Disease
9 Control and Prevention, shall award grants, on a
10 competitive basis, to eligible entities for demonstra-
11 tion projects that implement evidence-based inter-
12 ventions to reduce the incidence of gestational diabe-
13 tes, the recurrence of gestational diabetes in subse-
14 quent pregnancies, and the development of type 2 di-
15 abetes in women with a history of gestational diabe-
16 tes.

17 “(2) PRIORITY.—In making grants under this
18 subsection, the Secretary shall give priority to
19 projects focusing on—

20 “(A) helping women who have 1 or more
21 risk factors for developing gestational diabetes;

22 “(B) working with women with a history of
23 gestational diabetes during a previous preg-
24 nancy;

1 “(C) providing postpartum care for women
2 with gestational diabetes;

3 “(D) tracking cases where women with a
4 history of gestational diabetes developed type 2
5 diabetes;

6 “(E) educating mothers with a history of
7 gestational diabetes about the increased risk of
8 their child developing diabetes;

9 “(F) working to prevent gestational diabe-
10 tes and prevent or delay the development of
11 type 2 diabetes in women with a history of ges-
12 tational diabetes; and

13 “(G) achieving outcomes designed to assess
14 the efficacy and cost-effectiveness of interven-
15 tions that can inform decisions on long-term
16 sustainability, including third-party reimburse-
17 ment.

18 “(3) APPLICATION.—An eligible entity desiring
19 to receive a grant under this subsection shall submit
20 to the Secretary—

21 “(A) an application at such time, in such
22 manner, and containing such information as the
23 Secretary may require; and

24 “(B) a plan to—

1 “(i) lower the rate of gestational dia-
2 betes during pregnancy; or

3 “(ii) develop methods of tracking
4 women with a history of gestational diabe-
5 tes and develop effective interventions to
6 lower the incidence of the recurrence of
7 gestational diabetes in subsequent preg-
8 nancies and the development of type 2 dia-
9 betes.

10 “(4) USES OF FUNDS.—An eligible entity re-
11 ceiving a grant under this subsection shall use the
12 grant funds to carry out demonstration projects de-
13 scribed in paragraph (1), including—

14 “(A) expanding community-based health
15 promotion education, activities, and incentives
16 focused on the prevention of gestational diabe-
17 tes and development of type 2 diabetes in
18 women with a history of gestational diabetes;

19 “(B) aiding State- and tribal-based diabe-
20 tes prevention and control programs to collect,
21 analyze, disseminate, and report surveillance
22 data on women with, and at risk for, gesta-
23 tional diabetes, the recurrence of gestational di-
24 abetes in subsequent pregnancies, and, for

1 women with a history of gestational diabetes,
2 the development of type 2 diabetes; and

3 “(C) training and encouraging health care
4 providers—

5 “(i) to promote risk assessment, high-
6 quality care, and self-management for ges-
7 tational diabetes and the recurrence of ges-
8 tational diabetes in subsequent preg-
9 nancies; and

10 “(ii) to prevent the development of
11 type 2 diabetes in women with a history of
12 gestational diabetes, and its complications
13 in the practice settings of the health care
14 providers.

15 “(5) REPORT.—Not later than 4 years after the
16 date of the enactment of this section, the Secretary
17 shall prepare and submit to the Congress a report
18 concerning the results of the demonstration projects
19 conducted through the grants awarded under this
20 subsection.

21 “(6) DEFINITION OF ELIGIBLE ENTITY.—In
22 this subsection, the term ‘eligible entity’ means a
23 nonprofit organization (such as a nonprofit academic
24 center or community health center) or a State, trib-
25 al, or local health agency.

1 “(7) AUTHORIZATION OF APPROPRIATIONS.—
2 There is authorized to be appropriated to carry out
3 this subsection \$5,000,000 for each fiscal year 2012
4 through 2016.

5 “(d) POSTPARTUM FOLLOW-UP REGARDING GESTA-
6 TIONAL DIABETES.—The Secretary, acting through the
7 Director of the Centers for Disease Control and Preven-
8 tion, shall work with the State- and tribal-based diabetes
9 prevention and control programs assisted by the Centers
10 to encourage postpartum follow-up after gestational diabe-
11 tes, as medically appropriate, for the purpose of reducing
12 the incidence of gestational diabetes, the recurrence of
13 gestational diabetes in subsequent pregnancies, the devel-
14 opment of type 2 diabetes in women with a history of ges-
15 tational diabetes, and related complications.”.

 Passed the House of Representatives September 30
(legislative day September 29), 2010.

Attest:

Clerk.

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