

111TH CONGRESS  
2D SESSION

# H. R. 5354

To establish an Advisory Committee on Gestational Diabetes, to provide grants to better understand and reduce gestational diabetes, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 20, 2010

Mr. ENGEL (for himself, Mr. BURGESS, Ms. DEGETTE, Mr. CASTLE, Mr. GENE GREEN of Texas, Mr. KING of New York, Mrs. CAPPS, Mr. GONZALEZ, Ms. BALDWIN, Mr. RANGEL, Mr. HIGGINS, Mrs. MALONEY, Mr. ACKERMAN, Ms. CLARKE, Ms. LEE of California, Mr. SERRANO, and Mr. DOYLE) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To establish an Advisory Committee on Gestational Diabetes, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Gestational Diabetes  
5 Act of 2009” or the “GEDI Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds the following:

1           (1) The prevalence of gestational diabetes  
2 among pregnant women in the United States is in-  
3 creasing.

4           (2) Gestational diabetes, which is similar to  
5 chronic forms of diabetes, normally appears at 24 to  
6 28 weeks gestation and occurs in approximately 4 to  
7 8 percent of pregnant women.

8           (3) The associated risk factors for gestational  
9 diabetes include overweight, obesity, lack of physical  
10 activity, genetics, ethnicity, and age.

11           (4) There is disagreement among physicians  
12 about how to treat gestational diabetes, as well as  
13 the effectiveness of current treatment regimens.

14           (5) Gestational diabetes, which increases the  
15 risk of preeclampsia, also increases a pregnant wom-  
16 an's risk for developing gestational diabetes in sub-  
17 sequent pregnancies.

18           (6) Infants of women who develop gestational  
19 diabetes may have extreme increases in birth weight  
20 and the risks related to difficulties during the birth-  
21 ing process, and infants born to these women—

22                   (A) may subsequently have low blood sugar  
23 or jaundice during the newborn period;

24                   (B) are at increased risk for birth trauma;  
25 and

1 (C) may be at increased risk of developing  
2 type 2 diabetes and obesity as an adolescent or  
3 adult.

4 (7) Improved nutrition and increased physical  
5 activity before, during, and after pregnancy may sig-  
6 nificantly decrease the rates of gestational diabetes  
7 and its recurrence.

8 (8) Obese pregnant women have a three-fold  
9 risk for the development of gestational diabetes as  
10 compared with normal weight women.

11 **SEC. 3. GESTATIONAL DIABETES.**

12 The Public Health Service Act (42 U.S.C. 201 et  
13 seq.) is amended by adding at the end the following:

14 **“TITLE XXXIII—GESTATIONAL**  
15 **DIABETES**

16 **“SEC. 3301. UNDERSTANDING AND MONITORING GESTA-**  
17 **TIONAL DIABETES DURING PREGNANCY.**

18 “(a) IN GENERAL.—The Secretary of Health and  
19 Human Services, acting through the Director of the Cen-  
20 ters for Disease Control and Prevention, shall convene a  
21 Research Advisory Committee.

22 “(b) MEMBERSHIP.—The members of the Research  
23 Advisory Committee—

24 “(1) shall include—

1           “(A) a representative from the Agency for  
2           Healthcare Research and Quality;

3           “(B) a representative from the Centers for  
4           Disease Control and Prevention;

5           “(C) a representative from the National  
6           Institutes of Health;

7           “(D) a representative from the Office of  
8           Minority Health;

9           “(E) a representative from the Indian  
10          Health Service;

11          “(F) a representative from the National  
12          Center for Health Statistics; and

13          “(G) representatives from other appro-  
14          priate Federal agencies; and

15          “(2) may include representatives from other ap-  
16          propriate organizations.

17          “(c) MATTERS TO BE STUDIED.—The Director of  
18          the Centers for Disease Control and Prevention, in con-  
19          sultation with the Research Advisory Committee, shall de-  
20          velop a multisite, gestational diabetes research project  
21          within the diabetes program of the Centers for Disease  
22          Control and Prevention to expand and enhance surveil-  
23          lance data and public health research on gestational diabe-  
24          tes. The project shall address—

1           “(1) the procedures to establish accurate and  
2           efficient systems for the collection of gestational dia-  
3           betes data within each State and commonwealth,  
4           territory, or possession of the United States;

5           “(2) the progress of collaborative activities with  
6           the National Vital Statistics System, the National  
7           Center for Health Statistics, and State health de-  
8           partments with respect to the standard birth certifi-  
9           cate, in order to improve surveillance of gestational  
10          diabetes;

11          “(3) postnatal methods of tracking women who  
12          had gestational diabetes after delivery as well as tar-  
13          geted interventions proven to lower the incidence of  
14          type 2 diabetes in that population;

15          “(4) variations in the distribution of diagnosed  
16          and undiagnosed diabetes, and of impaired fasting  
17          glucose tolerance and impaired fasting glucose, with-  
18          in and among groups of women; and

19          “(5) factors and culturally sensitive interven-  
20          tions that influence risks and reduce the incidence of  
21          gestational diabetes during pregnancy and complica-  
22          tions during childbirth, including cultural, behav-  
23          ioral, racial, ethnic, geographic, demographic, socio-  
24          economic, and genetic factors.

1       “(d) MEETINGS.—Not later than 1 year after the es-  
2       tablishment of the gestational diabetes research project  
3       under subsection (c), and annually thereafter, the Re-  
4       search Advisory Committee shall meet to assess the  
5       progress of the project and to update the Secretary of  
6       Health and Human Services, if necessary.

7       “(e) REPORT.—Not later than 2 years after the date  
8       of the enactment of this title, and annually thereafter, the  
9       Director of the Centers for Disease Control and Preven-  
10      tion shall generate a report on the prevalence and trends  
11      of gestational diabetes and disseminate the report to the  
12      Secretary of Health and Human Services and appropriate  
13      Federal and non-Federal agencies.

14      **“SEC. 3302. DEMONSTRATION GRANTS TO LOWER THE RATE**  
15                              **OF GESTATIONAL DIABETES DURING PREG-**  
16                              **NANCY.**

17      “(a) IN GENERAL.—The Secretary of Health and  
18      Human Services, acting through the Director of the Cen-  
19      ters for Disease Control and Prevention, in consultation  
20      with the Research Advisory Committee established under  
21      section 3301, shall award grants, on a competitive basis,  
22      to eligible entities for demonstration projects that build  
23      capacity with key stakeholders, build new surveillance sys-  
24      tems, and implement and evaluate evidence-based inter-  
25      ventions to reduce the incidence of gestational diabetes

1 and its recurrence and prevent type 2 diabetes after preg-  
2 nancy. In making such grants, the Director give priority  
3 to projects focusing on—

4 “(1) helping women who have 1 or more risk  
5 factors for developing diabetes;

6 “(2) working with women who have had gesta-  
7 tional diabetes during a previous pregnancy;

8 “(3) providing postnatal care for women who  
9 had gestational diabetes;

10 “(4) tracking cases where gestational diabetes  
11 led to the development of type 2 diabetes;

12 “(5) educating mothers about the increased risk  
13 of their child developing diabetes;

14 “(6) working to prevent or delay gestational di-  
15 abetes and subsequent type 2 diabetes; and

16 “(7) achieving outcomes designed to assess effi-  
17 cacy and cost-effectiveness of interventions that can  
18 inform decisions on long-term sustainability, includ-  
19 ing third-party reimbursement.

20 “(b) APPLICATION.—An eligible entity desiring to re-  
21 ceive a grant under this section shall submit to the Direc-  
22 tor of the Centers for Disease Control and Prevention—

23 “(1) an application at such time, in such man-  
24 ner, and containing such information as the Director  
25 may require; and

1 “(2) a plan to—

2 “(A) lower the rate of gestational diabetes  
3 during pregnancy; or

4 “(B) develop methods of tracking women  
5 who had gestational diabetes and develop effec-  
6 tive interventions to lower the incidence of the  
7 recurrence of gestational diabetes and the devel-  
8 opment of type 2 diabetes.

9 “(c) USES OF FUNDS.—An entity receiving a grant  
10 under this section shall use the grant funds to carry out  
11 demonstration projects that implement evidence-based  
12 interventions to reduce the incidence of gestational diabe-  
13 tes and its recurrence, which may include—

14 “(1) expanding community-based health pro-  
15 motion education, activities, and incentives focused  
16 on the prevention of gestational diabetes and type 2  
17 diabetes after pregnancy;

18 “(2) aiding State-based diabetes prevention and  
19 control programs to collect, analyze, disseminate,  
20 and report surveillance data on women with, and at  
21 risk for, gestational diabetes and its recurrence and  
22 prevention of type 2 diabetes after pregnancy;

23 “(3) building capacity with State-based part-  
24 ners to implement programs and interventions to re-



1       duce the occurrence of gestational diabetes based on  
2       surveillance data; and

3               “(4) training and encouraging health care pro-  
4       viders—

5                       “(A) to promote risk assessment, high-  
6       quality care, and self-management for gesta-  
7       tional diabetes and its recurrence; and

8                       “(B) to prevent type 2 diabetes after preg-  
9       nancy and its complications in the practice set-  
10      tings of the health care providers.

11      “(d) REPORTS.—

12                       “(1) CDC REPORT.—Not later than 4 years  
13      after the date of the enactment of this title, the Di-  
14      rector of the Centers for Disease Control and Pre-  
15      vention shall prepare and submit a report to the  
16      Secretary of Health and Human Services concerning  
17      the results of the studies conducted through the  
18      grants awarded under this section.

19                       “(2) SECRETARY REPORT.—Not later than 90  
20      days after receiving the report described in para-  
21      graph (1), the Secretary shall prepare and submit a  
22      report to the Congress concerning the results and  
23      findings of the report.

24      “(e) DEFINITION OF ELIGIBLE ENTITY.—In this sec-  
25      tion, the term ‘eligible entity’ means a nonprofit organiza-

1 tion (such as a nonprofit academic center or community  
2 health center) or a State or local health agency.

3 “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
4 is authorized to be appropriated to carry out this section  
5 \$5,000,000 for each fiscal year 2010 through 2014.

6 **“SEC. 3303. RESEARCH EXPANSION OF GESTATIONAL DIA-**  
7 **BETES DURING PREGNANCY.**

8 “(a) IN GENERAL.—The Director of the Centers for  
9 Disease Control and Prevention shall conduct and support  
10 public health research regarding gestational diabetes.  
11 Such research shall include—

12 “(1) developing and testing novel approaches  
13 for improving postpartum diabetes testing or screen-  
14 ing and for preventing type 2 diabetes in women  
15 with a history of gestational diabetes; and

16 “(2) conducting public health research to fur-  
17 ther understanding of the epidemiologic,  
18 socioenvironmental, behavioral, translation, and bio-  
19 medical factors and health systems that influence  
20 risk of gestational diabetes and progression to type  
21 2 diabetes.

22 “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
23 is authorized to be appropriated to carry out this section  
24 \$5,000,000 for each fiscal year 2010 through 2014.

1 **“SEC. 3304. SCREENING FOR GESTATIONAL DIABETES.**

2       “The Director of the Centers for Disease Control and  
3 Prevention shall encourage postpartum screenings after  
4 gestational diabetes within the State-based diabetes pre-  
5 vention and control programs assisted by the Centers for  
6 Disease Control and Prevention, for the purpose of reduc-  
7 ing the incidence of gestational diabetes and its recur-  
8 rence, progression to type 2 diabetes, and its related com-  
9 plications.”.

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