108TH CONGRESS
1ST SESSION

# S. 1666

To amend the Public Health Service Act to establish comprehensive State diabetes control and prevention programs, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

SEPTEMBER 26, 2003

Mr. COCHRAN (for himself and Mr. KENNEDY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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# A BILL

To amend the Public Health Service Act to establish comprehensive State diabetes control and prevention programs, and for other purposes.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the ''Diabetes Prevention and Treatment Act''.

**SEC. 2. FINDINGS.**

Congress finds the following:

(1) Diabetes occurs in 2 forms, type 1 and type 2 diabetes. Type 1 diabetes usually occurs during

childhood or adolescence and type 2 diabetes, which accounts for more than 9 out of 10 cases of diabetes, usually occurs after age 40. Type 1 diabetes is a disease that results from the body's failure to produce insulin, the hormone that ''unlocks'' the cells of the body, allowing glucose, or sugar, to enter and fuel the cells. People with type 1 diabetes must take daily insulin injections to stay alive. Type 2 diabetes results from insulin resistance, a condition in which the body cannot properly use insulin and cannot make enough insulin to compensate for the increased bodily need. Although some people with type 2 diabetes also require daily insulin injections, often type 2 diabetes can be controlled through healthy diet, nutrition, and lifestyle changes. If not, medication and insulin shots may be used to control diabetes.

(2) There are approximately 17,000,000 individuals in the United States with diabetes, almost ⅓ of whom are unaware that they have the disease.

(3) Diabetes is the sixth leading cause of death in the United States, contributing to over 200,000 deaths every year.

(4) Another 16,000,000 individuals in the United States have a condition known as ''pre-diabe-

tes'', or impaired glucose tolerance. Unless treated, ''pre-diabetes'' dramatically increases the risk for developing type 2 diabetes and increases the risk of heart disease by nearly 50 percent.

(5) Prevention efforts against type 2 diabetes that consisted of diet and exercise (such as cutting fat and calories and walking at least 30 minutes, 5 days a week, resulting in a 5- to 7-percent weight loss) lowered the incidence of type 2 diabetes by 58 percent.

(6) There is a growing epidemic of type 2 diabetes in children and adolescents that may be linked to obesity and physical inactivity. Type 2 diabetes now accounts for between 8 and 46 percent of all new cases of diabetes among children who are referred to pediatric centers for care.

(7) Diabetes is also a major contributor to heart disease, stroke, and high blood pressure. In adults, diabetes is the leading cause of new blindness, end-stage renal failure, and nontraumatic lower limb amputations. People with diabetes are 2 to 4 times more likely than the general population to have heart disease or to suffer a stroke.

(8) Diabetes disproportionately affects communities of color. Type 2 diabetes is prevalent at rates

2.6 times higher among American Indians and Alaska Natives than among whites. African-American adults have a 100-percent higher rate, and Hispanics a 90-percent higher rate, of type 2 diabetes than whites.

(9) The African-American and Hispanic death rates from diabetes are twice that for whites. Among American Indians and Alaska Natives, the death rate from diabetes is 3 times higher than for whites.

(10) More than 1 out of every 10 health care dollars, and at least 1 out of 4 dollars provided under the medicare program carried out under title XVIII of the Social Security Act, are spent on individuals in the United States with diabetes.

(11) The economic cost of diabetes is conservatively estimated at $132,000,000,000 annually. This includes $92,000,000,000 in direct medical expenditures and $40,000,000,000 attributable to disability and premature mortality.

(12) Reducing the progression of pre-diabetes to diabetes with the level of success achieved by the National Institutes of Health's Diabetes Prevention Program could save $4,290,000,000 annually.

# TITLE I—CENTERS FOR DISEASE CONTROL AND PREVENTION

**SEC. 101. COMPREHENSIVE STATE DIABETES CONTROL AND PREVENTION PROGRAMS.**

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by striking section 316 and inserting the following;

**"SEC. 316. STATE DIABETES CONTROL AND PREVENTION PROGRAMS.**

''(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with appropriate agencies, shall support comprehensive diabetes control and prevention programs by awarding grants to eligible entities to provide public health surveillance, prevention, and control activities, and to assure affordable, high-quality diabetes care.

''(b) ELIGIBILITY.—A State or territory is an eligible entity under this section.

''(c) USE OF FUNDS.—Consistent with the comprehensive diabetes control and prevention plan submitted under subsection (d), an eligible entity that receives a grant under this section may use funds received under such grant to—

''(1) conduct health and community research, including research on behavioral interventions, to prevent type 1 and 2 diabetes (including the development of related complications) and the onset of type 2 diabetes in persons with pre-diabetes or persons at high risk for developing diabetes;

''(2) conduct demonstration projects, including community-based programs of diabetes control and prevention, and similar collaborations with academic institutions, hospitals, community centers, health insurers, researchers, health professionals, and nonprofit organizations;

''(3) conduct public health surveillance and epidemiological activities relating to the prevalence of type 1 and 2 diabetes and assessing disparities in diabetes control and prevention, including such disparities in underserved populations;

''(4) provide public information and education programs; and

''(5) provide education and training for health professionals, including allied health professionals.

''(d) APPLICATION.—An eligible entity that seeks funding under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, in-

cluding a comprehensive plan for diabetes-related prevention and control strategies and activities to be undertaken or supported by the eligible entity, which—

''(1) is developed with the advice of stakeholders from the public, private, and nonprofit sectors with expertise relating to diabetes control, prevention, and treatment;

''(2) is intended to reduce the incidence, morbidity, and mortality of type 1 and 2 diabetes, with a priority on preventing and controlling diabetes in at-risk populations and reducing disparities in underserved populations; and

''(3) describes the diabetes-related services and activities to be undertaken or supported by the eligible entity.''.

**SEC. 102. CDC DIABETES CONTROL AND PREVENTION ACTIVITIES.**

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) (as amended by section 101) is further amended by inserting after section 316, the following:

**''SEC. 316A. DIABETES CONTROL, PREVENTION, AND RESEARCH ACTIVITIES.**

''(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Pre-

vention, and in collaboration with appropriate agencies, shall conduct, support, and promote the coordination of research, including translational and preventive investigations and studies, demonstrations and pilot programs, training and studies relating to surveillance, control, and prevention of type 1 and 2 diabetes (including the development of related complications) and the onset of type 2 diabetes in persons with pre-diabetes or persons at high risk for developing diabetes.

''(b) ACTIVITIES.—Activities that the Secretary shall conduct, support, and promote as described in subsection (a) shall include—

''(1) the collection, analysis, and publication of biennial data on the prevalence and incidence of type 1 and 2 diabetes and of pre-diabetes, in coordination with activities undertaken under section 317H;

''(2) the development of uniform data sets for public health surveillance and clinical quality improvement activities;

''(3) the identification of evidence-based and cost-effective public health best practices, including practices and models developed through grants awarded under section 316;

''(4) the development of early detection and prevention programs, such as screening to identify

diabetic retinopathy and to prevent blindness, as well as neuropathy, nephropathy, peripheral vascular disease, podiatric examinations to prevent foot ulcers, and lower extremity amputations; and

''(5) the establishment and operation of a national diabetes laboratory to develop and improve laboratory methods to assist in the diagnosis, treatment, and prevention of diabetes, including the development of less invasive ways to monitor blood glucose, such as nonmydriatic retinal imaging, and to prevent hypoglycemia, and the improvement of existing glucometers that measure blood glucose.

''(c) PRIORITY.—The Secretary shall give priority to programs and activities to reduce disparities in diabetes prevention, diagnosis, management, and care for high-risk or underserved populations. Such programs and activities may include—

''(1) refinement of the National Health and Nutrition Examination Survey to address the lifestyle of such populations;

''(2) enhanced efforts to develop culturally appropriate interventions; and

''(3) strategies to enhance the quality, accuracy, and timeliness of diabetes-related morbidity and mortality data for such populations.

''(d) COLLABORATIVE ACTIVITIES.—The activities described in subsection (b) may be conducted in collaboration with eligible entities that are awarded a grant under section 316.

''(e) TRAINING AND TECHNICAL ASSISTANCE.—The Secretary may provide training, technical assistance, supplies, equipment, and services, and may detail any officer or employee of the Department of Health and Human Services, to State and local health agencies, or to any public or nonprofit entity designated by a State health agency, with respect to the planning, development, and operation of any program or service carried out pursuant to subsection (a) or in lieu of grant funds provided under section 316.

''(f) IMPROVEMENT OF MORTALITY DATA COLLECTION.—

''(1) ASSESSMENT.—The activities described in subsection (b)(1) shall include an assessment of diabetes as a primary or underlying cause of death and analysis of any under-reporting of diabetes as a primary or underlying cause of death in order to provide an accurate estimate of yearly deaths related to diabetes.

''(2) DEATH CERTIFICATE ADDITIONAL LANGUAGE.—In carrying out the activities described in

subsection (b)(1), the Secretary may promote the addition of language to death certificates to improve collection of diabetes mortality data, including adding questions for the individual certifying to the cause of death regarding whether the deceased had diabetes and whether diabetes was an immediate, underlying, or contributing cause of or condition leading to death.

''(g) REPORT.—

''(1) IN GENERAL.—The Director shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives annual reports describing the activities undertaken under this section and section 316.

''(2) CONTENT.—The reports shall include an—

''(A) evaluation of the accuracy of data regarding the incidence, prevalence, complications, and costs of diabetes; and

''(B) projections regarding trends in each of the areas described in subparagraph (A).

''(3) AVAILABILITY.—The Director shall make such reports publicly available in print and on the Centers for Disease Control and Prevention website.

**"SEC. 316B. AUTHORIZATION OF APPROPRIATIONS.**

"There are authorized to be appropriated to carry out sections 316 and 316A, $120,000,000 for fiscal year 2004, and such sums as may be necessary for each of fiscal years 2005 through 2008.".

# TITLE II—IMPROVING THE QUALITY OF DIABETES PREVENTION AND CARE

**SEC. 201. DIABETES CARE QUALITY IMPROVEMENT GRANTS.**

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) (as amended by section 102) is further amended by inserting after section 316B the following:

**"SEC. 316C. IMPROVING QUALITY OF DIABETES PREVENTION AND CARE.**

"(a) IN GENERAL.—After completion of activities under subsection (d), the Secretary, acting through the Director of the Centers for Disease Control and Prevention, and in collaboration with the Director of the Agency for Healthcare Research and Quality, shall award competitive grants to eligible entities to apply the best practices identified by the Secretary under subsection (d) for diabetes prevention and control.

"(b) ELIGIBILITY.—An entity is eligible for a grant under this section if such entity is—

''(1) a State, territory, Indian tribe, tribal organization, public or nonprofit entity; or

''(2) a partnership of an entity described in paragraph (1) and an appropriate private sector organization.

''(c) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to eligible entities that propose to carry out programs to reduce disparities in diabetes prevention and control for high-risk or underserved populations.

''(d) BEST PRACTICES.—

''(1) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Secretary shall identify evidence-based best practices, evidence-based guidelines and other effective models for diabetes prevention and control, which may be adopted and applied by eligible entities under this section.

''(2) SPECIFIC BEST PRACTICES.—Best practices, as described in paragraph (1), may include—

''(A) State or community-based interventions, school-based screening, care and prevention programs, health systems improvement strategies, and health and environmental policies that promote improved nutrition and physical activity;

"(B) case management or disease management quality improvements programs;

"(C) appropriate communication, training, or regional outreach and health promotion initiatives, including Internet-based initiatives; or

"(D) models developed or validated by diabetes research and training centers established under section 431.

"(e) APPLICATION.—An eligible entity that seeks funding under this section shall prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary determines to be necessary, including information regarding how such entity would use funds received under this section to supplement activities carried out under such entity's comprehensive diabetes control and prevention plan under section 316.

"(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, $50,000,000 for fiscal year 2004, and such sums as may be necessary for each of fiscal years 2005 through 2008.".

**SEC. 202. ENHANCEMENT OF DIABETES EDUCATION AND OUTREACH.**

Part P of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by adding at the end the following:

**"SEC. 399O. NATIONAL DIABETES EDUCATION AND OUTREACH.**

''(a) PURPOSE.—The Secretary, acting through the Diabetes Mellitus Interagency Coordinating Committee, shall coordinate a national diabetes education program to support, develop, and implement education initiatives and outreach strategies appropriate for both type 1 and 2 diabetes. Such activities may include public awareness campaigns, public service announcements and community partnership workshops, as well as programs targeted at businesses and employers, managed care organizations, and health care providers.

''(b) PRIORITY.—The Secretary shall emphasize translation of new scientific and clinical findings into utilizable information for health care providers and patients. The Secretary shall also give priority to reaching high-risk or underserved populations.

''(c) COLLABORATION.—In carrying out this section, the Secretary shall consult and collaborate with stakeholders from the public, private, and nonprofit sectors

with expertise relating to diabetes control, prevention, and treatment.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $15,000,000 for fiscal year 2004 and such sums as may be necessary for each of fiscal years 2005 through 2008.''.

**SEC. 203. DIABETES QUALITY MEASURES.**

Section 912 of the Public Health Service Act (42 U.S.C. 299b–1) is amended by adding at the end the following:

''(d) QUALITY MEASURES.—In carrying out subsection (a), the Director shall—

''(1) develop and periodically update, lists of scientifically validated, evidence-based quality measures for assessing and improving clinical services and counseling related to diabetes; and

''(2) support the development and validation of needed measures.''.

**SEC. 204. DIABETES QUALITY IMPROVEMENT PROGRAM.**

(a) DIABETES QUALITY IMPROVEMENT PROGRAM.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall establish a Diabetes Quality Improvement Program to disseminate and promote the widespread use of national performance measures for diabetes

care and for quality improvement to all diabetes prevention and control programs under the authority of the Secretary. The National Diabetes Quality Improvement Program shall promote the adoption of these national performance measures to public and private health care systems providing care to persons with diabetes and expand the number and scope of public-private partnerships implementing such Program.

(b) EVALUATION.—The Secretary of Health and Human Services, acting through the Director of the Agency for Healthcare Research and Quality and the Director of the Centers for Disease Control and Prevention, shall undertake an evaluation of quality improvement initiatives supported under this section.

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal years 2004 through 2008.

**SEC. 205. MONITORING THE QUALITY AND DISPARITIES IN DIABETES CARE.**

Part A of title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is amended by adding at the end the following:

**''SEC. 904. AREAS OF SPECIAL EMPHASIS.**

''The Secretary, acting through the Director, shall incorporate within the annual quality report required under section 913(b)(2) and the annual disparities report required under section 903(a)(6), scientific evidence and information appropriate for monitoring the quality and safety of diabetes care and identifying, understanding, and reducing disparities in care.''.

# TITLE III—NATIONAL INSTITUTES OF HEALTH

**SEC. 301. ENHANCEMENT OF DIABETES RESEARCH AND TRAINING CENTERS.**

(a) IN GENERAL.—Section 431(a)(1) of the Public Health Service Act (42 U.S.C. 285c–5(a)(1)) is amended by striking ''Consistent with applicable recommendations of the National Commission on Diabetes,'' and inserting ''Consistent with applicable recommendations of the Diabetes Research Working Group and with updated strategic research plans developed through the Diabetes Mellitus Interagency Coordinating Committee,''.

(b) AUTHORIZED RESEARCH.—Section 431(a)(1)(B)(i) of the Public Health Service Act (42 U.S.C. 285c–5(a)(1)(B)(i)) is amended by inserting ''basic, clinical, behavioral, translational, and preventative'' before ''research''.

(c) EDUCATION AND TRAINING.—Section 431(a)(2) of the Public Health Service Act (42 U.S.C. 285c–5(a)(2)) is amended by striking ''paragraph (1)(B)(ii).'' and inserting ''paragraph (1)(B)(ii). Such funds may also be used for pre- and post-doctoral research fellowship training and for research career development, meeting such requirements as the Secretary may prescribe.''.

**SEC. 302. DIABETES RESEARCH PLANNING AND COORDINATION.**

Section 429 of the Public Health Service Act (42 U.S.C. 285c–3) is amended by adding at the end the following:

''(d) The Diabetes Mellitus Interagency Coordinating Committee shall develop and periodically update a strategic research plan for diabetes, building upon and updating the overall scientific guidance provided by the 1999 Strategic Plan of the congressionally established Diabetes Research Working Group. In engaging in strategic research planning for diabetes, the Committee shall address broad, multiple avenues of current and emerging research needs and opportunity, including clinical research in diabetes, the genetics of diabetes, diabetes in children and youth, and diabetes in underserved or high-risk populations. The Committee shall also coordinate the efforts of the National Diabetes Education Program.''.

**SEC. 303. GENETICS OF DIABETES.**

Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended by inserting after section 430 the following:

**"SEC. 430A. GENETICS OF DIABETES.**

"The Diabetes Mellitus Interagency Coordinating Committee, in collaboration with the Directors of the National Human Genome Research Institute, the National Institute of Diabetes and Digestive and Kidney Diseases, and the National Institute of Environmental Health Sciences, and other voluntary organizations and interested parties, shall—

"(1) coordinate and assist efforts of the Type 1 Diabetes Genetics Consortium, which will collect and share valuable DNA information from type 1 diabetes patients from studies around the world; and

"(2) provide continued coordination and support for the consortia of laboratories investigating the genomics of diabetes.".

**SEC. 304. RESEARCH AND TRAINING ON DIABETES IN UNDERSERVED AND MINORITY POPULATIONS.**

(a) RESEARCH.—Subpart 3 of part C of title IV of the Public Health Service Act (42 U.S.C. 285c et seq.) is amended by adding at the end the following:

**"SEC. 434B. RESEARCH ON DIABETES IN UNDERSERVED AND MINORITY POPULATIONS.**

''(a) IN GENERAL.—The Director of the Institute, in coordination with the Director of the National Center on Minority Health and Health Disparities and other appropriate institutes and centers, shall expand, intensify, and coordinate research programs on pre-diabetes, type 1 diabetes and type 2 diabetes in underserved populations and minority groups.

''(b) RESEARCH.—The research described in subsection (a) shall include research on—

''(1) behavior, including diet and physical activity and other aspects of behavior;

''(2) environmental factors related to type 2 diabetes that are unique to, more serious, or more prevalent, among underserved or high-risk populations;

''(3) research on the prevention of complications, which are unique to, more serious, or more prevalent among minorities, as well as research on how to effectively translate the findings of clinical trials and research to improve methods for self-management and health care delivery; and

''(4) genetic studies of diabetes, consistent with research conducted under section 430A.

''(c) DEFINITION.—In this section, the term 'minority group' has the meaning given the term 'racial and ethnic minority group' in section 1707.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated for purposes of carrying out this section $20,000,000 for fiscal year 2004 and such sums as may be necessary for each of fiscal years 2005 through 2008.''.

(b) DIVISION DIRECTORS.—Section 428 of the Public Health Service Act (42 U.S.C. 285c–2) is amended—

(1) in subsection (b)(1), by inserting ''(including research training of members of minority populations in order to facilitate their conduct of diabetes-related research in underserved populations and minority groups)'' after ''research programs''; and

(2) by adding at the end the following:

''(c) DEFINITION OF MINORITY GROUP.—In this section, the term 'minority group' has the meaning given the term 'racial and ethnic minority group' in section 1707.''.

**SEC. 305. AUTHORIZATION OF APPROPRIATIONS.**

Subpart 3 of part C of title IV of the Public Health Service Act (42 U.S.C. 285c et seq.) (as amended by section 304(a)) is amended by adding at the end the following:

**"SEC. 434C. AUTHORIZATION OF APPROPRIATIONS.**

"For the purpose of carrying out this subpart with respect to the programs of the National Institute of Diabetes and Digestive and Kidney Diseases, other than section 434B, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2004 through 2008.".

# TITLE IV—REDUCING DIABETES AMONG CHILDREN AND YOUTH

**SEC. 401. PROGRAMS OF CENTERS FOR DISEASE CONTROL AND PREVENTION.**

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by striking section 317H and inserting the following:

**"SEC. 317H. DIABETES IN CHILDREN AND YOUTH.**

"(a) SURVEILLANCE ON TYPE 1 DIABETES.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with the Director of the National Institutes of Health, shall develop a sentinel system to collect data on type 1 diabetes, including the incidence and prevalence of type 1 diabetes and shall establish a national database for such data.

"(b) TYPE 2 DIABETES IN YOUTH.—The Secretary shall implement a national public health effort to address type 2 diabetes in youth, including—

''(1) enhancing surveillance systems and expanding research to better assess the prevalence and incidence of type 2 diabetes in youth and determine the extent to which type 2 diabetes is incorrectly diagnosed as type 1 diabetes among children;

''(2) standardizing and improving methods to assist in the diagnosis, treatment, and prevention of diabetes including developing less invasive ways to monitor blood glucose to prevent hypoglycemia such as nonmydriatic retinal imaging and improving existing glucometers that measure blood glucose; and

''(3) developing methods to identify obstacles facing children in traditionally underserved populations to obtain care to prevent or treat type 2 diabetes.

''(c) LONG-TERM EPIDEMIOLOGICAL STUDIES ON DIABETES IN CHILDREN.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and the Director of the National Institute of Diabetes and Digestive and Kidney Diseases, shall conduct or support long-term epidemiology studies in children with diabetes or at risk for diabetes. Such studies shall investigate the causes and characteristics of the disease and its complications.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, $20,000,000 for fiscal year 2004 and such sums as may be necessary for each of fiscal years 2005 through 2008.''.

**SEC. 402. PROGRAMS OF NATIONAL INSTITUTES OF HEALTH.**

Subpart 3 of part C of title IV of the Public Health Service Act (42 U.S.C. 285c et seq.) is amended by striking section 434A and inserting the following:

**''SEC. 434A RESEARCH ON DIABETES IN CHILDREN AND YOUTH.**

''(a) IN GENERAL.—Consistent with the Pediatric Research Initiative established under section 409D, the Director of the Institute shall expand, intensify, and coordinate research programs and efforts of the National Institutes of Health to treat, cure, and prevent diabetes in children.

''(b) CLINICAL TRIAL INFRASTRUCTURE; INNOVATIVE TREATMENTS.—The Secretary, acting through the Director of the National Institutes of Health, shall support clinical research centers and testing of innovative treatments for the prevention, detection, treatment, and cure of diabetes. Such treatments may include testing of islet cell transplantation, new insulin preparations, insulin delivery methods, and blood sugar monitoring devices.

''(c) PREVENTION OF DIABETES.—The Secretary, acting through the appropriate agencies, shall provide for a national effort to prevent diabetes. Such effort shall provide for a combination of increased research and development of prevention strategies, such as consideration of vaccine development, coupled with the appropriate ability to test the effectiveness of such strategies in clinical trials, including strategies to prevent the onset and progression of type 1 diabetes.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2004 through 2008.''.

# TITLE V—REPORTS

## SEC. 501. SURGEON GENERAL'S REPORT ON THE PUBLIC HEALTH IMPACT OF DIABETES.

(a) IN GENERAL.—The Surgeon General may prepare a report on diabetes, including the prevalence of diabetes and the adequacy of data collection and analysis concerning diabetes.

(b) CONTENTS.—The report described in subsection (a) shall—

(1) set forth recommendations to address underserved and high-risk populations;

(2) set forth recommendations to reduce the morbidity, mortality, and prevalence of diabetes in the United States; and

(3) contain an action plan to implement the recommendations under paragraphs (1) and (2).

(b) ISSUANCE OF REPORT.—Not later than 3 years after the date of enactment of this Act, the Surgeon General shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives the report described in subsection (a).

(c) DEFINITION OF DIABETES.—In this section, the term ''diabetes'' means type 1 diabetes and its complications, type 2 diabetes and its complications, and pre-diabetes or impaired glucose tolerance.

(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $1,000,000 for fiscal year 2004, and such sums as may be necessary for each of fiscal years 2005 and 2006.

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