

110TH CONGRESS
1ST SESSION

H. R. 1544

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

IN THE HOUSE OF REPRESENTATIVES

MARCH 15, 2007

Mr. ENGEL (for himself and Mr. FOSSELLA) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To establish an Advisory Committee on Gestational Diabetes,
to provide grants to better understand and reduce gesta-
tional 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 2007” or the “GEDI Act”.

6 **SEC. 2. FINDINGS.**

7 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
7 to 8 percent of pregnant women.

8 (3) The causes of gestational diabetes are un-
9 known, but genetics, excess weight, ethnicity, and
10 age are considered risk factors for the condition.

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 the condition in subsequent
17 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 some of the infants born to these
22 women—

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

1 (B) are at an increased risk for obesity
2 and birth trauma; and

3 (C) are at an increased risk of developing
4 type 2 diabetes as an adolescent or adult.

5 (7) About 15 percent of infertility cases are
6 linked to weight disorders, most often being over-
7 weight or obese. Obesity affects fertility and is also
8 associated with increased morbidity for both the
9 mother and the child.

10 (8) Improved nutritional and physical health
11 care, both before and during pregnancy, may signifi-
12 cantly decrease the rates of gestational diabetes.

13 (9) Ten percent of obese pregnant women are
14 estimated to have gestational diabetes.

15 (10) Obesity potentially leads to a higher rate
16 of induction and primary caesarean section.

17 **SEC. 3. GESTATIONAL DIABETES.**

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

**“TITLE XXX—GESTATIONAL
DIABETES**

**“SEC. 3001. UNDERSTANDING AND MONITORING GESTA-
TIONAL DIABETES AND OBESITY DURING
PREGNANCY.**

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

“(b) MEMBERSHIP.—Membership in the Research
Advisory Committee—

“(1) shall include—

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

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

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

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

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

“(F) representatives from other appro-
priate Federal agencies; and

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

3 “(c) MATTERS TO BE STUDIED.—The Director of
4 the Centers for Disease Control and Prevention, in con-
5 sultation with the Research Advisory Committee, shall de-
6 velop a multisite, gestational diabetes research project
7 within the diabetes program of the Centers for Disease
8 Control and Prevention to expand and enhance surveil-
9 lance data and public health research on gestational diabe-
10 tes. The project shall address—

11 “(1) the use of consistent standards to measure
12 gestational diabetes;

13 “(2) the procedures to establish accurate and
14 efficient systems for the collection of gestational dia-
15 betes data within each State;

16 “(3) the progress of collaborative activities with
17 the National Vital Statistics System, the National
18 Center for Health Statistics, and State health de-
19 partments with respect to the standard birth certifi-
20 cate, in order to improve surveillance of gestational
21 diabetes;

22 “(4) the establishment of procedures for report-
23 ing gestational diabetes data to the Centers for Dis-
24 ease Control and Prevention;

1 “(5) post-natal methods of tracking women who
2 had gestational diabetes after delivery and the devel-
3 opment of ways to lower the incidence of type 2 dia-
4 betes in that population;

5 “(6) variations in the distribution of diagnosed
6 and undiagnosed diabetes and of impaired fasting
7 glucose tolerance and impaired fasting glucose with-
8 in and among groups of women; and

9 “(7) factors that influence risks for gestational
10 diabetes and obesity during pregnancy and complica-
11 tions during childbirth among women, including cul-
12 tural, racial, ethnic, geographic, demographic, socio-
13 economic, and genetic factors.

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

20 “(e) REPORT.—Not later than 2 years after the date
21 of enactment of the Gestational Diabetes Act of 2007, and
22 annually thereafter, the Director of the Centers for Dis-
23 ease Control and Prevention shall generate a report on
24 the prevalence of gestational diabetes and disseminate the

1 report to the Secretary of Health and Human Services and
2 appropriate Federal and non-Federal agencies.

3 **“SEC. 3002. DEMONSTRATION GRANTS TO LOWER THE RATE**
4 **OF GESTATIONAL DIABETES AND OBESITY**
5 **DURING PREGNANCY.**

6 “(a) IN GENERAL.—The Secretary of Health and
7 Human Services, acting through the Director of the Cen-
8 ters for Disease Control and Prevention, in consultation
9 with the Research Advisory Committee established under
10 section 3001, shall award grants, on a competitive basis,
11 to eligible entities for demonstration projects that test
12 specified hypotheses about interventions designed to re-
13 duce the incidence of gestational diabetes and obesity
14 among young women and implement relevant activities. In
15 making such grants, the Director shall act on scientific
16 findings that—

17 “(1) the prevention or delay of type 2 diabetes
18 is possible for older adults;

19 “(2) the diabetes risk status of an individual is
20 likely established during the individual’s earlier age
21 (adolescence through the age of 30);

22 “(3) women are uniquely capable of dem-
23 onstrating their diabetes risk status, through acquir-
24 ing gestational diabetes during the challenge of preg-
25 nancy;

1 “(4) gestational diabetes itself is a well-estab-
2 lished risk factor for a woman’s subsequent transi-
3 tion to type 2 diabetes; and

4 “(5) gestational diabetes may confer risks of fu-
5 ture obesity and type 2 diabetes on the children of
6 a mother with gestational diabetes.

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

10 “(1) an application at such time, in such man-
11 ner, and containing such information as the Director
12 may require; and

13 “(2) a plan to—

14 “(A) lower the rate of gestational diabetes
15 and obesity during pregnancy; or

16 “(B) conduct post-natal methods of track-
17 ing women who had gestational diabetes in
18 order to develop ways to lower the incidence of
19 such mothers developing type 2 diabetes.

20 “(c) USES OF FUNDS.—An entity receiving a grant
21 under this section shall use grant funds to carry out dem-
22 onstration projects, which may include—

23 “(1) expanding community-based health pro-
24 motion education, activities, and incentives focused

1 on the prevention of gestational diabetes and obesity
2 during pregnancy;

3 “(2) aiding State-based diabetes prevention and
4 control programs to collect, analyze, disseminate,
5 and report surveillance data on women with, and at
6 risk for, gestational diabetes and obesity during
7 pregnancy;

8 “(3) building capacity with State-based part-
9 ners to implement programs and interventions based
10 on surveillance data; and

11 “(4) training and encouraging health care pro-
12 viders to promote risk assessment, quality care, and
13 self-management for gestational diabetes and obesity
14 during pregnancy and its complications in the prac-
15 tice settings of the health care providers.

16 “(d) REPORTS.—

17 “(1) CDC REPORT.—Not later than 2 years
18 after the date of enactment of the Gestational Dia-
19 betes Act of 2007, the Director of the Centers for
20 Disease Control and Prevention shall prepare and
21 submit a report to the Secretary of Health and
22 Human Services concerning the results of the stud-
23 ies conducted through the grants awarded under this
24 section.

1 “(2) SECRETARY REPORT.—Not later than 90
2 days after receiving the report described in para-
3 graph (1), the Secretary shall prepare and submit a
4 report to Congress concerning the results and find-
5 ings of the report.

6 “(e) DEFINITION OF ELIGIBLE ENTITY.—In this sec-
7 tion, the term ‘eligible entity’ means a nonprofit organiza-
8 tion (such as an academic center or community health cen-
9 ter) or a State health agency.

10 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
11 are authorized to be appropriated to carry out this section
12 \$5,000,000 for fiscal year 2008 and such sums as may
13 be necessary for each of the fiscal years 2009 through
14 2012.

15 **“SEC. 3003. RESEARCH EXPANSION OF GESTATIONAL DIA-**
16 **BETES AND OBESITY DURING PREGNANCY.**

17 “(a) IN GENERAL.—The Director of the Centers for
18 Disease Control and Prevention and the Director of the
19 National Institute of Child Health and Human Develop-
20 ment, in collaboration with the National Institute of Dia-
21 betes and Digestive and Kidney Diseases, shall conduct
22 and support basic, clinical, and public health research re-
23 garding gestational diabetes and obesity during preg-
24 nancy. Such research shall include—

1 “(1) investigating therapies, interventions, and
2 agents to detect, treat, and slow the incidence of,
3 gestational diabetes and obesity during pregnancy;

4 “(2) developing and testing novel approaches to
5 the design and analysis of clinical trials;

6 “(3) facilitating the enrollment of patients for
7 clinical trials, including patients from diverse popu-
8 lations and populations who suffer disproportionately
9 from these conditions;

10 “(4) developing improved diagnostics and
11 means of patient assessment for gestational diabetes
12 and obesity during pregnancy; and

13 “(5) conducting public health research to fur-
14 ther knowledge on epidemiologic, socioenvironmental,
15 behavioral, translation, and biomedical factors that
16 influence gestational diabetes and obesity during
17 pregnancy.

18 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated to carry out this section
20 \$8,000,000 for fiscal year 2008 and such sums as may
21 be necessary for each of the fiscal years 2009 through
22 2012.

23 **“SEC. 3004. SCREENING FOR GESTATIONAL DIABETES.**

24 “The Director of the Centers for Disease Control and
25 Prevention shall encourage screening for gestational dia-

1 betes within the State-based diabetes prevention and con-
2 trol programs assisted by the Centers for Disease Control
3 and Prevention, for the purpose of reducing the incidence
4 of gestational diabetes and its related complications.”.

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