

110TH CONGRESS
1ST SESSION

H. R. 2241

To amend the Public Health Service Act with respect to prevention and treatment of diabetes, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 9, 2007

Mr. ENGEL (for himself, Mr. FOSSELLA, Mr. GENE GREEN of Texas, and Ms. DEGETTE) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act with respect to prevention and treatment of 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 “Diabetes Treatment
5 and Prevention Act of 2007”.

6 SEC. 2. FINDINGS.

7 Congress makes the following findings:

8 (1) According to the Centers for Disease Con-
9 trol and Prevention, the prevalence of diabetes in the

1 United States has more than doubled in the past
2 quarter-century.

3 (2) The American Diabetes Association reports
4 that there are now more than 20,000,000 people in
5 the United States living with diabetes, with
6 6,000,000 of these cases not yet diagnosed. Another
7 54,000,000 people in the United States have “pre-
8 diabetes”, which means that they have higher than
9 normal blood glucose levels, and are at increased
10 risk of developing diabetes.

11 (3) In 2002, the landmark Diabetes Prevention
12 Program study found that lifestyle changes, such as
13 diet and exercise, can prevent or delay the onset of
14 type 2 diabetes, and that participants who made
15 such lifestyle changes reduced their risk of getting
16 type 2 diabetes by 58 percent.

17 (4) The New York Times has reported that life-
18 style-based interventions to control diabetes have re-
19 sulted in positive outcomes for patients, yet despite
20 these successes, such interventions were often
21 unsustainable. While insurance companies cover the
22 treatments of complications of unchecked diabetes,
23 they tend not to cover the cheaper interventions to
24 prevent such complications.

1 (5) According to the American Diabetes Asso-
2 ciation, in 2002, direct medical expenditures for dia-
3 betes totaled \$91,800,000,000, including
4 \$23,200,000,000 for diabetes care, and
5 \$24,600,000,000 for chronic complications attrib-
6 utable to diabetes. In that year, approximately 1 out
7 of every 10 health care dollars was directed to dia-
8 betes.

9 (6) There is a need to increase the availability
10 of effective community-based lifestyle programs for
11 diabetes prevention and the ability of health care
12 providers to refer patients for enrollment in such
13 programs to prevent diabetes, reduce complications,
14 and lower the costs associated with diabetes treat-
15 ment in the United States, and the Federal govern-
16 ment should encourage efforts to replicate the re-
17 sults of the Diabetes Prevention Program on a wider
18 scale.

19 SEC. 3. CENTERS FOR DISEASE CONTROL AND PREVEN-
20 TION DIVISION OF DIABETES TRANSLATION;
21 DIABETES DEMONSTRATION PROJECTS.

22 Title III of the Public Health Service Act (42 U.S.C.
23 241 et seq.) is amended by inserting after section 317S
24 the following:

1 **“SEC. 317T. CENTERS FOR DISEASE CONTROL AND PREVEN-**2 **TION DIVISION OF DIABETES TRANSLATION.**3 “(a) IN GENERAL.—The Director of the Centers for
4 Disease Control and Prevention shall establish within such
5 Centers a Division of Diabetes Translation to eliminate
6 the preventable burden of diabetes.7 “(b) OFFICE.—The Division of Diabetes Translation
8 shall carry out the following activities:9 “(1) Supporting and carrying out diabetes sur-
10 veillance.11 “(2) Conducting applied translational research,
12 including research that will improve early detection,
13 prevention, and access to quality care with respect to
14 diabetes.15 “(3) Working with States to establish and im-
16 prove diabetes control and prevention programs.17 “(4) Coordinating the National Diabetes Edu-
18 cation Program in conjunction with the National In-
19 stitutes of Health.20 “(5) Increasing education and awareness of dia-
21 betes.22 “(6) Promoting greater awareness of the health
23 effects of uncontrolled diabetes.24 “(7) Other activities as deemed appropriate by
25 the Director.

1 “(c) APPROPRIATIONS.—There are authorized to be
2 appropriated to carry out the activities of the Division of
3 Diabetes Translation under this section \$90,000,000 for
4 fiscal year 2008, and such sums as may be necessary for
5 each subsequent fiscal year.

6 **“SEC. 317U. DEMONSTRATION PROJECTS FOR THE IDENTI-**
7 **FICATION AND TREATMENT FOR PERSONS DI-**
8 **AGNOSED WITH OR AT HIGH RISK FOR DIABE-**
9 **TES.**

10 “(a) IDENTIFICATION AND PREVENTION DEM-
11 ONSTRATION PROJECTS FOR PERSONS AT HIGH RISK FOR
12 TYPE 2 DIABETES.—

13 “(1) IN GENERAL.—

14 “(A) DEVELOPMENT.—The Director of the
15 Centers for Disease Control and Prevention (re-
16 ferred to in this section as the ‘Director’), in
17 consultation with the Division of Diabetes
18 Translation and academic centers, shall develop
19 a set of pilot demonstration projects to evaluate
20 various approaches to—

21 “(i) screening and identifying persons
22 with pre-diabetes and undiagnosed diabe-
23 tes; and

1 “(ii) providing identified persons with
2 access to appropriate lifestyle interven-
3 tions.

4 “(B) LINKAGE TO DIABETES PREVENTION
5 PROGRAM.—Such pilot projects shall be carried
6 out with the goal of translating, using lifestyle
7 interventions available in the community, the
8 Diabetes Prevention Program clinical trial into
9 interventions to reduce the incidence of type 2
10 diabetes and its related complications in the
11 United States population.

12 “(2) COOPERATIVE AGREEMENTS.—

13 “(A) IN GENERAL.—The Director shall
14 provide cooperative agreements and technical
15 assistance to not more than 10 academic cen-
16 ters partnered with State or local public health
17 departments to implement, monitor, and eval-
18 uate such pilot projects.

19 “(B) APPLICATION.—Applicants shall sub-
20 mit to the Director an application, at such time,
21 in such manner, and containing such informa-
22 tion as the Director may require, including—

23 “(i) information documenting the risk
24 of the populations to be targeted by this
25 intervention; and

1 “(ii) information regarding the meth-
2 ods that shall be used to identify and
3 screen these populations.

4 “(3) DURATION.—The cooperative agreements
5 awarded under this subsection shall be awarded for
6 a 2-year period, with the Director having the option
7 to extend cooperative agreements for an additional
8 2-year period.

9 “(4) EVALUATION.—Not later than 4 years
10 after the date of the enactment of the Diabetes
11 Treatment and Prevention Act of 2007, the Director
12 shall submit to the Committee on Energy and Com-
13 merce of the House of Representatives and the Com-
14 mittee on Health, Education, Labor, and Pensions
15 of the Senate a report evaluating the effectiveness of
16 the program under this subsection and shall make
17 such report publicly available.

18 “(5) AUTHORIZATION OF APPROPRIATIONS.—
19 There are authorized to be appropriated
20 \$10,000,000 to carry out this subsection for each of
21 fiscal years 2008 through 2012.

22 “(b) STATE PARTNERSHIPS FOR SURVEILLANCE AND
23 EDUCATION.—

24 “(1) IN GENERAL.—The Secretary, acting
25 through the Director of the Centers for Disease

1 Control and Prevention, shall engage in partnerships
2 with State and local health departments to carry out
3 the following activities:

4 “(A) National, State, and local (to the de-
5 gree determined by the Secretary) surveillance
6 of the following items:

7 “(i) The number of individuals and
8 percentage of the population at risk for de-
9 veloping diabetes.

10 “(ii) The number of individuals and
11 percentage of the population who have re-
12 ceived diabetes and high blood glucose
13 screenings.

14 “(iii) Among those individuals who
15 have been identified with pre-diabetes, the
16 proportion that have been enrolled into
17 lifestyle programs.

18 “(iv) The availability of interventions
19 to prevent diabetes, and the access of the
20 population to such interventions.

21 “(v) The number of individuals and
22 percentage of population with both newly-
23 diagnosed cases of diabetes and existing
24 cases of diabetes, as well as the rates of in-

1 increase or decrease in newly-diagnosed dia-
2 betes.

5 “(B) Education and information cam-
6 paigns to increase awareness among populations
7 at high risk for diabetes, health care providers,
8 and the general public, about the importance of
9 primary prevention, ways to assess personal
10 risk, and how to locate and access diabetes pre-
11 vention programs.

12 “(2) AUTHORIZATION OF APPROPRIATIONS.—
13 There are authorized to be appropriated
14 \$10,000,000 to carry out this subsection for each of
15 the fiscal years 2008 through 2012.

16 "(c) TREATMENT DEMONSTRATION PROJECTS FOR
17 CO-OCCURRING CHRONIC CONDITIONS.—

18 “(1) IN GENERAL.—The Director, acting
19 through the Division of Diabetes Translation, shall
20 develop a pilot program to improve treatment for in-
21 dividuals with diabetes and other co-occurring chronic
22 conditions, such as mental illness, high blood pres-
23 sure, or cardiovascular disease, for which treatment
24 may complicate the treatment for diabetes.

25 “(2) COOPERATIVE AGREEMENTS.—

1 “(A) IN GENERAL.—The Director shall
2 provide cooperative agreements and technical
3 assistance to not more than 10 academic cen-
4 ters, in partnership with State and local health
5 departments, to implement, monitor, and eval-
6 uate programs designed to improve health out-
7 comes in individuals with diabetes and other co-
8 occurring chronic conditions.

9 “(B) APPLICATION.—Applicants shall sub-
10 mit to the Director an application, at such time,
11 in such manner, and containing such informa-
12 tion as the Director may require, including in-
13 formation regarding the co-occurring conditions
14 that shall be the subject of study.

15 “(C) PREFERENCE.—In awarding the co-
16 operative agreements under this subsection, the
17 Director shall give preference for research that
18 focuses on conditions which have a high preva-
19 lence among individuals with diabetes, or for
20 which the treatment involved has the potential
21 to impact adherence to diabetes treatment regi-
22 mens and that builds upon existing work de-
23 signed to improve the quality of care for pa-
24 tients with diabetes.

1 “(3) DURATION.—The cooperative agreements
2 awarded under this subsection shall be awarded for
3 a 2-year period, with the Director having the option
4 to extend cooperative agreements for an additional
5 2-year period.

6 “(4) EVALUATION.—Not later than 4 years
7 after the date of the enactment of the Diabetes
8 Treatment and Prevention Act of 2007, the Director
9 shall submit to the Committee on Energy and Com-
10 merce of the House of Representatives and the Com-
11 mittee on Health, Education, Labor, and Pensions
12 of the Senate a report evaluating the effectiveness of
13 the program under this subsection in improving the
14 health care outcomes for individuals with diabetes
15 and other co-occurring chronic conditions and shall
16 make such report publicly available.

17 “(5) APPROPRIATIONS.—There are authorized
18 to be appropriated \$10,000,000 to carry out this
19 subsection for each of the fiscal years 2008 through
20 2012.”.

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