111TH CONGRESS
1ST SESSION

# S. 2734

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

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IN THE SENATE OF THE UNITED STATES

NOVEMBER 5, 2009

Mr. FRANKEN (for himself and Mr. LUGAR) 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 with respect to the prevention of diabetes, 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 Act of 2009''.

**SEC. 2. FINDINGS.**

The Congress makes the following findings:

(1) According to the Centers for Disease Control and Prevention (CDC), the prevalence of diabe-

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

(2) The CDC reports that there are now more than 23,600,000 people in the United States living with diabetes and another 57,000,000 individuals with ''pre-diabetes'' in the United States, which means that they have higher than normal blood glucose levels or are at increased risk of developing diabetes based on multiple risk factors.

(3) In 2002, the landmark Diabetes Prevention Program (DPP) study found that lifestyle changes, such as diet and exercise, can prevent or delay the onset of type 2 diabetes, and that participants who made such lifestyle changes reduced their risk of getting type 2 diabetes by 58 percent with some returning to normal blood glucose levels.

(4) The New York Times has reported that lifestyle-based interventions to control diabetes have resulted in positive outcomes for patients, yet despite these successes, such interventions were often unsustainable. While insurance companies cover the treatments of complications of unchecked diabetes, they tend not to cover the cheaper interventions to prevent such complications.

(5) Emerging research and demonstrations projects funded by the National Institutes of Health and the CDC in partnership with Indiana University and the YMCA show that a carefully designed group lifestyle intervention can be delivered for less than $300 per year in community settings and can achieve similar weight loss results to the DPP for adults with pre-diabetes.

(6) Diabetes carries staggering costs. In 2007, the total amount of the direct and indirect costs of diabetes was estimated at $174,000,000,000 according to the American Diabetes Association.

(7) The Urban Institute reported that if the nation makes a substantial investment in a national program that supports group-based structured lifestyle intervention programs for individuals at-risk of developing type 2 diabetes offered by trained non-clinicians in community settings, the Nation could save $191,000,000,000 over 10 years and achieve a 50 percent reduction in diabetes cases among participants.

(8) There is a need to increase the availability of effective community-based lifestyle programs for diabetes prevention and offer incentive payments to health care providers who refer at-risk patients for

enrollment in such programs to prevent diabetes, reduce complications, and lower the costs associated with diabetes treatment in the United States, and the Federal Government should encourage efforts to replicate the results of the Diabetes Prevention Program on a wider scale.

**SEC. 3. NATIONAL DIABETES PREVENTION PROGRAM.**

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

**"SEC. 317U. NATIONAL DIABETES PREVENTION PROGRAM.**

''(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish a national diabetes prevention program targeted at persons at high risk for diabetes of all ages in order to eliminate the preventable burden of diabetes.

''(b) PROGRAM.—The program under subsection (a) shall include the following:

''(1) GRANTS FOR COMMUNITY-BASED DIABETES PREVENTION PROGRAM MODEL SITES FOR PERSONS AT HIGH RISK FOR DIABETES.—The Secretary may award grants to recognized eligible entities—

''(A) to support community-based diabetes prevention model sites that work with the health care delivery system—

''(i) to identify persons at high risk for diabetes; and

''(ii) to refer such persons to or provide such persons with cost-effective group-based lifestyle intervention programs; and

''(B) to evaluate—

''(i) methods for ensuring the scalability of recognized community-based diabetes prevention model sites nationally;

''(ii) the health and economic benefits of a national diabetes prevention program for persons at high risk for diabetes in certain age groups, including the pre-Medicare population;

''(iii) emerging approaches to identify and engage persons at high risk for diabetes in health care and community-based programs;

''(iv) novel strategies for linking community-based program delivery with existing clinical services; and

''(v) the costs and cost effectiveness of clinic-community linkages.

''(2) RECOGNITION PROGRAM.—The Secretary shall develop and implement a program under which the Secretary recognizes, and re-recognizes on an annual basis, eligible entities that deliver community-based diabetes prevention services. To be recognized under this paragraph, an eligible entity shall—

''(A) describe its system for obtaining referral from health care professionals for persons at high risk for diabetes;

''(B) provide proof that the entity's staff have been trained as diabetes prevention program lifestyle interventionists and the entity has a system in place to ensure that staff receive timely training updates;

''(C) agree to maintain a community board (for purposes of advising the entity's community-based diabetes prevention program) whose membership includes—

''(i) a person at high risk for diabetes who has completed a lifestyle intervention;

''(ii) a health care professional who refers persons at high risk for diabetes to lifestyle intervention programs;

"(iii) community leaders;

"(iv) representatives of the health insurance industry; and

"(v) representatives of employers, businesses, and nonprofit organizations that are committed to offering healthy food and physical activity opportunities for residents;

"(D) agree to provide data to the Secretary for outcome evaluation monitoring purposes and quality improvement, including data regarding the number of persons served, participant attendance, completion rates, weight loss obtained, participant satisfaction, and referring clinician satisfaction;

"(E) develop a plan for communications between referring clinicians and community-based diabetes prevention program model sites;

"(F) agree to make available to the Secretary copies of materials used in the entity's community-based diabetes prevention program; and

"(G) provide evidence to the Secretary of quality checks on trainers.

''(3) TRAINING AND OUTREACH.—In partnership with State diabetes prevention and control programs, academic institutions, and a national network of community-based nonprofit organizations focused on health and well-being, the Secretary shall develop and implement, directly or through grants to eligible entities—

''(A) a curriculum development and training program for diabetes prevention master and lifestyle intervention instructors to ensure consistency in—

''(i) the principles of type 2 diabetes prevention programming throughout the United States; and

''(ii) the collection of outcomes data for quality assurance;

''(B) community outreach programs to identify community and provider groups to participate in the national diabetes prevention program and coordinate quality assurance programs at the local level in partnership with community-based organizations; and

''(C) a national partner outreach program to identify and work with national partners—

"(i) to identify workers in the community to complete training under subparagraph (A); and

"(ii) to facilitate the recognition of eligible entities under paragraph (2).

"(4) EVALUATION, MONITORING, AND TECHNICAL ASSISTANCE.—The Secretary shall provide quality assurance for each community-based diabetes prevention program model site funded under paragraph (1) and, as necessary and feasible, for other recognized community-based diabetes prevention programs, through evaluation, monitoring, and technical assistance, including by—

"(A) reviewing applications for recognition under paragraph (2);

"(B) evaluating and monitoring program data including providing standardized feedback to sites for quality improvement;

"(C) making de-identified data available to the public to ensure transparency of the recognition program under paragraph (2);

"(D) conducting site visits and periodic audits;

"(E) providing technical assistance and a process for improving performance in sites not

meeting standards for recognition under paragraph (2); and

"(F) establishing a public registry of recognized eligible entities.

"(5) APPLIED RESEARCH PROGRAMS.—The Secretary shall award grants to eligible entities to conduct diabetes prevention research that—

"(A) advances the scalability of recognized community-based diabetes prevention program model sites nationally;

"(B) examines model benefit and payment designs; and

"(C) tests communications strategies to engage providers and targeted at-risk populations.

"(6) STUDIES FOR DIABETES PREVENTION AND MANAGEMENT.—To build on the findings of the national diabetes prevention program under this section, the Secretary may conduct or support studies to manage, reduce, and prevent type 2 diabetes in at-risk populations, including consideration of factors such as nutrition, exercise education, and basic physical maintenance of healthy levels of cholesterol, body mass index, hemoglobin A1C, and blood pressure rates.

''(c) REPORT TO CONGRESS.—Not later than the end of fiscal year 2011, and every 2 years thereafter, the Secretary shall submit a report to the Congress on the implementation of this section, including the progress achieved in eliminating the preventable burden of diabetes.

''(d) DEFINITIONS.—In this section:

''(1) The term 'eligible entity' means—

''(A) a State or local health department;

''(B) a national network of community-based organizations described in section 501(c)(3) of the Internal Revenue Code of 1986 that is focused on health and well-being;

''(C) an academic institution;

''(D) an Indian tribe or tribal organization (as defined in section 4 of the Indian Self-Determination and Education Assistance Act); or

''(E) any other entity determined by the Secretary to be an eligible entity for purposes of this section.

''(2) The term 'person at high risk for diabetes' means an individual who has higher than normal blood glucose levels or is at an increased risk for developing diabetes based on multiple risk factors.

''(3) The term 'recognized' means recognized as provided for under subsection (b)(2).

''(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $80,000,000 for fiscal year 2011, and such sums as may be necessary for each subsequent fiscal year.''.

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