



## Quarterly Newsletter

113<sup>th</sup> Congress – January 2014

### MESSAGE FROM THE CAUCUS LEADERSHIP

As the chairs and vice-chairs of the Congressional Diabetes Caucus, we would like to present the January edition of the Caucus Quarterly Newsletter. Below you will find the latest news in diabetes, summaries of recent diabetes events, and updates on the legislative priorities of the Caucus. We hope that you and your staff find this newsletter helpful and informative.

C H A I R S : D I A N A D E G E T T E & E D W H I T F I E L D

U.S. HOUSE OF REPRESENTATIVES CONGRESSIONAL **Diabetes Caucus** SEARCH

Home Goals Legislation Caucus Members Facts and Figures Diabetes Complications News Center Contact Us

View our monthly newsletters:  
October 2011 Newsletter  
[View the newsletter archive.](#)

American Diabetes Association  
Juvenile Diabetes Research Foundation  
American Association of Diabetes Educators  
Diabetes Research and Wellness Foundation  
The National Institutes of Health  
The Centers for Disease Control and Prevention  
Diabetes Advocacy Alliance

The Congressional Diabetes Caucus was formed in 1996 and has grown to be the largest caucus in Congress with close to 230 members in the 112th Congress. The mission of the Congressional Diabetes Caucus is to educate members of Congress and their staff about diabetes and to support legislative activities that would improve diabetes research, education and treatment. Our achievements have been significant. We were successful in obtaining \$1.5 billion for the Special Diabetes Program, a program that funds juvenile diabetes research and Native American treatment and prevention programs through the Indian Health Service.

We played a key role in helping to enact legislation to provide Medicare coverage for blood testing strips, glucose monitors and diabetes self-management education. We successfully urged the Centers for Medicare and Medicaid Services to provide coverage for insulin infusion pumps. The Postal Service unveiled a diabetes awareness stamp - a measure we actively supported.

While we continue to advocate for the funding recommendations put forth by the Diabetes Research Working Group, increases in research dollars at the CDC and NIH have begun to show results. Islet transplantation trials show promise for curing type 1 (juvenile) diabetes in the near future. Our efforts will continue on type 2 (adult onset) diabetes, which is now beginning to strike individuals in their youth.

Monday, January 23

**Latest News**

**Upcoming Events**

There are no upcoming events scheduled at this time.

Can't find last quarter's newsletter? Want to learn about Diabetes Caucus legislation? Head to the Diabetes Caucus website at <http://www.house.gov/degette/diabetes/>.

Rep. Diana DeGette  
D-CO  
Co-Chair

Rep. Ed Whitfield  
R-KY  
Co-Chair

Rep. Xavier Becerra  
D-CA  
Vice-Chair

Rep. Tom Reed  
R-NY  
Vice-Chair



## NEWS FROM NIH

**Early, Intensive Treatment for Type 1 Diabetes Has Great Long-Term Benefit.** Researchers at the recent 73rd American Diabetes Association Scientific Sessions reported that early, intensive glycemic control led to substantially better health in people with type 1 diabetes 30 years after the study began. The Diabetes Control and Complications Trial (DCCT) found that an intervention to achieve near-normal blood glucose levels greatly reduced early signs of complications after an average follow-up of 6.5 years. When the DCCT results were published in 1993, however, it was still uncertain whether these early signs were accurate indicators of future health and whether the benefits would persist after the study ended and the two groups had similar blood glucose control. Nearly all DCCT participants agreed to participate in the follow-on Epidemiology of Diabetes Interventions and Complications (EDIC) Study to help find out. The new results show that 30 years after the DCCT began and 20 years after the trial ended, those who received intensive therapy now have an impressive 50 percent lower rate of impaired kidney function and vision threatening diabetic eye disease or eye surgery. These results underline the importance of early, effective treatment for type 1 diabetes. Chicago area participants attended the symposium and received a standing ovation for their altruism and loyalty to the [study](#).

### **Newly Discovered Hormone May Help Treat Diabetes.**

Researchers recently reported discovery of a new hormone, called betatrophin, which can promote beta cell proliferation and improve glucose control in mice. The finding may lead to new ways to prevent or slow the progression of diabetes. Beta cells are destroyed by the immune system in people with type 1 diabetes and do not function normally in people with type 2 diabetes, so identifying ways to replace lost beta cells and restore pancreatic insulin-producing capacity would thus benefit people with both of these forms of the disease, and is a major goal of research. The researchers found that mice naturally produce betatrophin, which signals their beta cells to reproduce, and also found that humans have a very similar hormone believed to perform the same function. Increasing the amount of betatrophin expressed in mice tripled the fraction of pancreatic space occupied by beta cells after just 8 days, doubling insulin production, and leading to a lower fasting glucose level and improved glucose tolerance compared to control mice with normal amounts of the hormone. The researchers are now working with biotech and pharmaceutical companies toward potential clinical testing.

### **Determining the Optimal Approach to Early Type 2 Diabetes Treatment.**

The inexpensive, safe, and well-tolerated generic drug, metformin, has long been the first choice for many doctors and patients in treating type 2 diabetes, but it typically proves insufficient in controlling diabetes in the long-term. Several other medications are also now available for treatment and control of diabetes in adults, but comparisons among them are limited and generally of short duration. A major NIH-supported comparative effectiveness trial, Glycemia Reduction Approaches in Diabetes: A Comparative Effectiveness Study (GRADE), recently began to compare commonly used diabetes medications, in hopes of determining the most safe and effective treatment strategies for patients early in the course of their type 2 diabetes, with the aim of

achieving and maintaining glycemic levels known to reduce long-term complications. Four commonly used medications will be studied in combination with metformin to determine which medication should be added when metformin alone is no longer adequate for glucose control. The trial will recruit 5000 participants diagnosed with type 2 diabetes within the last 5 years, at 37 clinical sites around the country, and will include broad representation of racial/ethnic groups at elevated risk for type 2 diabetes. To learn more about the study, please visit [click here](#).



## Diabetes News

- [Exhaustion Of Food Budgets At Month's End And Hospital Admissions For Hypoglycemia](#) (Health Affairs)
- [FDA overturns safety limits on diabetes drug](#) (AP)
- [New poll finds diabetes top health concern for Latino families](#) (Harvard School of Public Health)
- [Screen all pregnant women for diabetes, task force says](#) (NBC News)
- [Google tests prototype of diabetes-tracking 'smart' contact lens](#) (Reuters)

## FASCINATING FACTS

### *How many Americans have diabetes and prediabetes?*

- 25.8 million Americans have diabetes — 8.3 percent of the U.S. population. Of these, 7 million do not know they have the disease.
- In 2010, about 1.9 million people ages 20 or older were diagnosed with diabetes.
- The number of people diagnosed with diabetes has risen from 1.5 million in 1958 to 18.8 million in 2010, an increase of epidemic proportions.
- It is estimated that 79 million adults aged 20 and older have prediabetes. Prediabetes is a condition where blood glucose levels are higher than normal but not high enough to be called diabetes. Studies have shown that by losing weight and increasing physical activity people can prevent or delay prediabetes from progressing to diabetes.



**Did You Know???**

### *What is the prevalence of diabetes by type?*

- Type 1 (previously called insulin-dependent or juvenile-onset) diabetes accounts for approximately 5 percent of all diagnosed cases of diabetes in adults.
- Type 2 (previously called non-insulin-dependent or adult-onset) diabetes accounts for 90 to 95 percent of all diagnosed cases of diabetes in adults. Type 2 diabetes is increasingly being diagnosed in children and adolescents.

- Gestational diabetes occurs in 2 to 10 percent of pregnancies. Women who have had gestational diabetes have a 35 to 60 percent chance of developing diabetes, mostly type 2, in the next 10 to 20 years.

## RECENT EVENTS

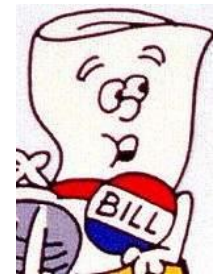
On October 22, 2013 date, 334 members signed a letter on funding for special diabetes program.

On November 15, 2013, [NIDDK briefed congressional visitors](#) on type 1 diabetes research and the role of NIH in improving public health. At the request of the Congressional Diabetes Caucus, more than 20 members of bipartisan congressional staffs came to NIH.

On December 5, 2013, the National Indian Health Board (NHIB) hosted a Capitol Hill briefing on the Special Diabetes Program for Indians (SDPI).

## LEGISLATIVE PRIORITIES FROM THE 113<sup>TH</sup> CONGRESS

The **Special Diabetes Program (SDP)** is set to expire in September 2014 and needs to be reauthorized this Congress. Earlier this year, the Diabetes Caucus circulated a letter to House leadership on the importance of this program to advancing diabetes research. Thank you to all members who signed the letter.



H.R. 1257, the ***Preventing Diabetes in Medicare Act of 2013***. Introduced by Representative DeGette. The bill would extend Medicare coverage to medical nutrition therapy (MNT) services for people with pre-diabetes and other risk factors for developing type 2 diabetes. Under current law, Medicare pays for MNT provided by a Registered Dietitian for beneficiaries with diabetes and renal diseases. Unfortunately, Medicare does not cover MNT for beneficiaries diagnosed with pre-diabetes. Nutrition therapy services have proven very effective in preventing diabetes by providing access to the best possible nutritional advice about how to handle their condition. By helping people with pre-diabetes manage their condition, Medicare will avoid having to pay for the much more expensive treatment of diabetes.

H.R. 1274, the ***Access to Quality Diabetes Education Act of 2013***. Introduced by Representative Whitfield. The bill would improve Medicare by recognizing state-licensed or -registered certified diabetes educators or state-licensed or -registered health care professionals, who specialize in teaching individuals with diabetes, to develop the necessary skills and knowledge to manage the individual's diabetic condition. These professionals would be certified as a diabetes educator by a recognized certifying body. Additionally, there is a required study on the barriers that exist for Medicare beneficiaries with diabetes in accessing diabetes self-management training services under the Medicare program. The bill also would lead to a series of recommendations on effective outreach methods to educate primary care physicians and other health care providers as well as the public about the benefits of diabetes self-management training.

H.R. 3322, the ***Eliminating Disparities in Diabetes Prevention, Access, and Care Act of 2013***. Introduced by Representative DeGette. The bill would promote diabetes research, treatment, and prevention in minority populations. Through a focus on the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), the Health Resources and Services

Administration (HRSA), the Indian Health Service (IHS), and the Institute of Medicine (IOM), the bill seeks to enhance research and treatment, improve prevention efforts, and strengthen the health workforce.

**PLEASE CONTACT THE DIABETES CAUCUS WHEN YOU HAVE INTRODUCED OR REINTRODUCED DIABETES-RELATED LEGISLATION SO WE CAN FEATURE IT HERE!**

Contact [rachel.stauffer@mail.house.gov](mailto:rachel.stauffer@mail.house.gov) with Congresswoman DeGette or [taylor.booth@mail.house.gov](mailto:taylor.booth@mail.house.gov) with Congressman Whitfield to have your legislation featured and/or to find out other ways the Caucus can help you promote and advance your diabetes legislative priorities.