



Congressional Diabetes Caucus

Monthly Newsletter

111th Congress – April 2009

MESSAGE FROM THE CAUCUS LEADERSHIP

As the chairs and vice chairs of the Congressional Diabetes Caucus, we would like to present the April edition of the Caucus Monthly 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.

The Caucus has a reminder:

- **Don't forget to check out the "Did You Know???" section of the newsletter. Each month the Caucus will highlight a legislative priority area or an interesting fact about diabetes policy. Please contact Heather Foster in Rep. DeGette's office or Olivia Kurtz in Rep. Castle's office if your office would like the Caucus to feature a particular policy concern.**

Please contact Heather Foster at heather.foster@mail.house.gov or 5-4431 in Rep. DeGette's office if you would like more information about the Caucus or would like to join.

Rep. Diana DeGette
Co-Chair

Rep. Michael N. Castle
Co-Chair

Rep. Xavier Becerra
Vice-Chair

Rep. Mark Steven Kirk
Vice-Chair

NEWS FROM NIH



"Good" Fat Found in Lean Adults: New research has revealed that a "good," energy-burning form of fat is active in adults—a finding which may speed efforts to combat obesity, a strong risk factor for type 2 diabetes. Unlike "white fat," which stores energy and comprises most body fat, the good fat, called "brown fat," burns calories to help keep animals warm and slim. In humans, it has been thought that brown fat is active only in babies and children. Now, using advanced imaging technology (PET-CT scans), three new studies have found evidence that a significant portion of adults retain metabolically active brown fat. In one study, NIH-supported researchers detected substantial amounts of active brown fat in the neck region of adults. They also found some key differences among people. Women were more than twice as likely as men to have substantial amounts of this fat. Older people tended to have less brown fat, but being thinner was associated more with having brown fat, especially among older people—suggesting that brown fat may help protect against age-related weight gain. Interestingly, the researchers also observed that a person's brown fat changed with the outdoor temperature, with the most brown fat detectable in colder weather—a finding consistent with the two other research studies (funded in Europe), which showed that brown fat activity increased in people briefly exposed to cold. These clinical findings dovetail with recent insights into the molecular signals controlling the growth of brown fat. Together, these discoveries may help scientists develop therapeutic drug interventions to promote weight loss through increasing brown fat, or to exploit the finding that brown fat is activated by exposure to cold temperatures.

Reducing Risk of Heart Disease and Diabetes: The estimated 54 million American adults with pre-diabetes are at increased risk of developing coronary heart disease (CHD). A new study indicates that community-based strategies to prevent type 2 diabetes can also improve risk factors for CHD. Researchers conducting the Diabetes Education and Prevention with a Lifestyle Intervention Offered at the YMCA (DEPLOY) pilot study evaluated whether a program of weight loss through diet and exercise—modeled after the highly effective lifestyle intervention of the landmark Diabetes Prevention Program (DPP) clinical trial—also improves composite 10-year CHD risk. By measuring indicators of CHD risk, such as HbA1c, cholesterol, and blood pressure levels, at three different time points (study entry, 4 months, and 12 months), and processing these indicators through a 10-year “risk calculator,” the researchers were able to compare changes in predicted risk between people enrolled in the intervention arm and those who received brief wellness program counseling only (the control group). They found that participants in the treatment arm experienced a greater improvement in predicted risk for CHD relative to the control group, a difference which grew over time. The difference appeared to be mostly due to improvements in cholesterol levels in people in the lifestyle intervention group. The results suggest that community-based delivery of the DPP lifestyle intervention may be a promising strategy for preventing both type 2 diabetes and CHD in people with pre-diabetes.

Fine-mapping Genetic Risk for Type 1 Diabetes: Scientists continue to make progress in teasing out the genetic factors that make people susceptible to developing type 1 diabetes. New information is emerging about the role of a genetic region called the major histocompatibility complex, or “MHC.” About 50 percent of the genetic risk for type 1 diabetes is associated with the MHC region. However, the precise genes and genetic changes in this region important to type 1 diabetes risk are still being located through a process called genetic mapping. The Type 1 Diabetes Genetics Consortium, a research project focused on finding diabetes risk genes, has now generated the largest collection of genetic data about the MHC region in families with type 1 diabetes to date. Analyzing information from nearly 10,000 individuals, the Consortium has greatly expanded the number of MHC region genes of interest in type 1 diabetes risk. The Consortium’s comprehensive mapping of the MHC region has provided important insights and directions for future research into the genetic basis of type 1 diabetes. The Type 1 Diabetes Genetics Consortium is sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases and the Juvenile Diabetes Research Foundation.



Diabetes News

- [Diabetes: Breastfeeding 'Protects Mother'](#)
- [Aspirin Use Linked To A Lower Risk Of Diabetes](#)
- [Too Much Or Too Little Sleep Increases Risk Of Diabetes](#)
- [Fitter Diabetic Men Live Longer](#)
- [Weekly Phone Advice Helps Diabetics Cope](#)
- [Consumer Reports: What is Pre-Diabetes?](#)

FASCINATING FACT – DIABETES DISPARITIES



Did You Know???

In April, the co-chairs of the Diabetes Caucus introduced **H.R. 1995, the Eliminating Disparities in Diabetes Prevention, Access and Care Act.**

Diabetes affects nearly 24 million Americans of every race, gender and ethnicity. However, while 6.6 percent of the non-Hispanic white population has diabetes, statistics are much higher for minority populations. For instance, 14.7 percent of African Americans ages 20 and older and 10.4 percent of Hispanic/Latino Americans ages 20 and older have been diagnosed with diabetes. The American Indian population has the highest prevalence of diabetes. 16.5 percent of American Indians and Alaskan Natives served by the Indian Health Service have diabetes.

If current trends continue, one in three children born in the year 2000 will develop diabetes some time in his or her lifetime, but for minorities, this figure is nearly one in two. The *Eliminating Disparities in Diabetes Prevention, Access and Care Act* will launch a coordinated effort from the CDC, the National Institutes of Health, the Health Resources and Services Administration, and other federal health agencies to improve equity through research, education and treatment of diabetes in minority populations.

RECENT EVENTS



Diabetes Briefings

Pre-Diabetes: America's Largest Healthcare Epidemic

Monday, March 23, 2009

12 noon- 1:30 p.m.

Room B-339 Rayburn House Office Building

The American Association of Clinical Endocrinologists (AACE) held a Congressional luncheon briefing on pre-diabetes. AACE is the largest association of clinical endocrinologists in the world. Founded in 1991, AACE is dedicated to the optimal care of patients with diabetes and other endocrine problems. For more information about AACE, please visit www.aace.com.

DIABETES 101:

Diabetes Alert Day

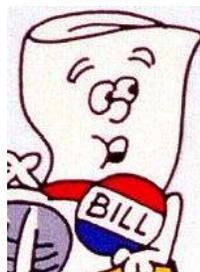
Tuesday, March 24, 2009

2105 Rayburn House Office Building

3:00 p.m. – 4:00 p.m.

The American Diabetes Association hosted a briefing on Tuesday March 24, which was *Diabetes Alert Day*: a one-day, “wake up” call to inform the American public about the seriousness of diabetes. This important briefing raised awareness about diabetes and ways to address the growing epidemic.

LEGISLATIVE PRIORITIES



H.R. 1995, ***The Eliminating Disparities in Diabetes Prevention, Access and Care Act***.

The Eliminating Disparities in Diabetes Prevention, Access and Care Act is designed to promote research, treatment, and education regarding diabetes in minority populations. This specific focus will help us address the unique challenges faced by minority populations and provide more effective treatment and education. The bill had 88 cosponsors in the 110th Congress.

H.R. 1625, the **Equity and Access for Podiatric Physicians Under Medicaid**. The bill would classify podiatrists as physicians for purposes of direct reimbursement through the Medicaid program. The bill already has 12 cosponsors and H.R. 1647 had 220 cosponsors in the 110th Congress.

In the 111th Congress, the Diabetes Caucus will also reintroduce the following bill:

H.R. 4218 in the 110th Congress, the **Medicare Diabetes Self-Management Training Act of 2007**. The bill would make a technical clarification to recognize certified diabetes educators (CDE) as providers for Medicare diabetes outpatient self-management training services (DSMT). CDEs are the only health professionals who are specially trained and uniquely qualified to teach patients with diabetes how to improve their health and avoid serious diabetes-related complications. The 1997 authorizing DSMT statute did not include CDEs as Medicare providers and it has become increasingly difficult to ensure that DSMT is available to patients who need these services, particularly those with unique cultural needs or who reside in rural areas. The bill had 29 cosponsors in the 110th Congress.