



Congressional Diabetes Caucus

Monthly Newsletter

111th Congress – August 2009

MESSAGE FROM THE CAUCUS LEADERSHIP

As the chairs and vice chairs of the Congressional Diabetes Caucus, we would like to present the August 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

HEALTH INSURANCE REFORM AND DIABETES

An amendment offered by Rep. DeGette embodying positions supported by 75 members of the Diabetes Caucus addresses two key priorities of the Congressional Diabetes Caucus. It was passed by voice vote in the Energy and Commerce Committee markup of H.R. 3200, America's Affordable Health Choices Act. The amendment addresses diabetes self-management (HR 2425) and proper foot care (HR 1995), both of which are essential to reducing the prevalence of diabetes in America.

The amendment would establish Certified Diabetes Educators (CDEs) as Medicare providers. A CDE is a state-licensed health care professional with additional education and training focused specifically on diabetes. A Certified Diabetes Educator trains Medicare beneficiaries in proper self-management techniques in order to reduce the risks and complications of the disease and to improve overall health outcomes.

The amendment would also establish podiatrists as Medicaid providers. It would ensure that all Medicaid beneficiaries can obtain the necessary services to keep their feet healthy. Diabetes patients are at significantly higher risk of developing foot problems, such as infected foot ulcers, that could eventually lead to amputation. Diabetes is a disease that is managed through a healthy lifestyle that includes vigorous and trouble-free mobility. Regular and expert foot care can significantly reduce the likelihood of ulcers and of amputation by helping to ensure early diagnosis and successful treatment.

The amendment included in the Energy and Commerce Committee's mark up of H.R. 3200 will significantly improve the quality of life of all diabetes patients. It will help manage diabetes better in terms of both health outcomes and cost effectiveness. Given that diabetes affects 23.6 million people in

the United States, it is important that health reform reflect the efforts of the Congressional Diabetes Caucus to combat the negative effects of diabetes on American society.

NEWS FROM NIH



The Right to Assemble—Scientists Reveal a Function for Protein Aggregates: Scientists supported by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) have discovered a normal biological function for protein aggregates often associated with disease. Type 2 diabetes, like Alzheimer’s and other neurodegenerative diseases, is associated with the appearance of “amyloids” in a patient’s damaged tissues—the islet cells of the pancreas in diabetes and the brain in Alzheimer’s disease.

Amyloids are defined by their structure—highly organized protein aggregates—rather than by the specific proteins that form them. It is unknown whether amyloids cause disease or whether they are a consequence of disease. In this study, the scientists found that hormones—molecules, including insulin, released by a cell to affect other cells—can be stored as amyloids in a highly organized and concentrated form. Interestingly, the scientists showed that these amyloids can be toxic if the packages are opened at the wrong time or place. They hypothesized that altered conditions like diet, stress, or age could lead the packages to open and amyloids to collect and aggregate, as seen in disease. In the pancreas, this build-up of amyloids might induce the insulin-producing beta cells of the pancreas to die, leading to the dramatic loss of beta cells seen in type 2 diabetes. Additional research is necessary to test these hypotheses and to better understand the role of amyloids in health and disease.

How Obesity Increases the Risk of Developing Type 2 Diabetes: Scientists have revealed one way in which obesity promotes insulin resistance and increases the risk for developing type 2 diabetes. Excess glucose is normally stored in the liver. In periods of fasting and when glucose levels start to fall, the liver is stimulated to release glucose for use by the body as a source of energy. This process is then inhibited by insulin once glucose levels rise again. In this new study, NIDDK scientists discovered that chronic cellular stress induced by a high fat diet and obesity can lead to inappropriate glucose production in the liver. They found that the response to cellular stress and production of glucose during fasting shared a common factor—a protein known as “CREB regulated transcription coactivator 2” (CRTC2). The scientists showed that in obese mice, when the cells are chronically stressed, CRTC2 is stuck in one position—promoting the release of glucose. This abnormal production of glucose in the liver, that characterizes type 2 diabetes, can lead to insulin resistance. Metformin—a safe, cheap, and effective drug for type 2 diabetes—acts by reducing insulin resistance in the liver and the inappropriate release of glucose from the liver. Currently, metformin is the only drug in this class. The exciting results of this study further our understanding of the molecular mechanisms that underlie insulin resistance in the liver and have the potential to yield new targets for drug discovery.

Comparing Diets in Type 2 Diabetes: Low-carb Versus Low-fat: Many health problems may be related to excess weight including, but not limited to, diabetes, heart disease, stroke, high blood pressure, gallbladder disease, some types of cancer, osteoarthritis, and sleep apnea. Losing weight, therefore, may provide multiple health benefits. However the best method for achieving healthy weight loss, especially in people with type 2 diabetes, is unclear. In this study, NIDDK researchers compared a low-carbohydrate with a low-fat diet to determine which diet would result in greater improvement in weight and blood sugar control for people with type 2 diabetes. The scientists observed that, after one year, participants on both diets had a similar average weight reduction of 3.4%. In addition, the scientists did not see a significant change in HbA1c (a measure of blood glucose control) or blood pressure in people on either diet. They did note a greater increase in high density lipoprotein (HDL) levels, but not low density lipoprotein (LDL) levels, in people on the low-carbohydrate diet, likely due to an increase in fat intake associated with this diet. A low-carbohydrate diet can be associated with high fat and high protein, which may not be appropriate for some people with type 2 diabetes and other risk factors for complications. This study demonstrates that a personalized approach to weight loss in people with type 2 diabetes may be necessary and that weight loss can be achieved by limiting either carbohydrates or fat.



Diabetes News

- [Do contaminants play a role in Diabetes? Evidence is growing.](#)
- [Coffee May Lower Diabetes Risk, But How?](#)
- [Treating High Cholesterol in People with Diabetes](#)
- [Study: Obesity surgery reverses Diabetes in teens](#)
- [Childhood: Early Cancers Increase Diabetes Risk](#)
- [F.D.A. Approves Onglyza, a New Drug for Type 2 Diabetes](#)

FASCINATING FACT – WHAT IS HYPOGLYCEMIA UNAWARENESS?



Hypoglycemia unawareness happens when a person with type 1 diabetes has low blood sugar but is unable to recognize any of the usual symptoms that would signify dangerously low blood sugar levels until their condition is severe. A person with hypoglycemia unawareness would not feel any symptoms of low blood sugar levels such as weakness or dizziness in time to take action to raise their blood sugar levels. This condition is most prevalent in type 1 diabetes patients but is known to have occurred in type 2 patients as well.

Did You Know???

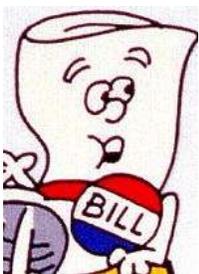
This condition can be very dangerous because extremely low blood sugar levels can temporarily impair brain function and lead to seizure or death if left untreated. It is also important to know that a person who has had one episode of hypoglycemia unawareness is likely to have another episode in the future. Managing hypoglycemia unawareness requires constant monitoring of one's blood sugar in order to learn to recognize when levels are dangerously low. Monitoring one's blood sugar levels is especially important when driving or doing other activities where it is necessary to always have full brain function to stay safe.

Source:

"Defining and Reporting Hypoglycemia in Diabetes." *Diabetes Care* 28 (2005): 1245-1249.

"Hypoglycemia Unawareness" *Diabetes Self-Management : Diabetes Blogs, Articles and Recipes.*

http://www.diabetesselfmanagement.com/Articles/Diabetes-Definitions/hypoglycemia_unawareness/ (accessed August 24, 2009).



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 currently has 14 cosponsors

H.R. 1625, the ***Equity and Access for Podiatric Physicians Under Medicaid Act.*** The bill would classify podiatrists as physicians for purposes of direct reimbursement through the Medicaid program. The bill currently has 90 cosponsors.

H.R. 2425, the ***Medicare Diabetes Self-Management Training Act of 2009.*** 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 currently has 19 cosponsors.

H.R. 2590, the ***Preventing Diabetes in Medicare Act of 2009***. The bill would extend Medicare coverage to medical nutrition therapy 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 as having 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. The bill currently has 7 cosponsors.