



Congressional Diabetes Caucus

Monthly Newsletter

111th Congress – February 2009

MESSAGE FROM THE CAUCUS LEADERSHIP

As the chairs and vice chairs of the Congressional Diabetes Caucus, we'd like to present the February 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



- **Coordinating the Federal Diabetes Research Effort:** The Diabetes Mellitus Interagency Coordinating Committee (DMICC), chaired by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), plays a key role in facilitating cooperation, communication, and collaboration among federal departments and agencies that conduct or support

diabetes-related activities. In January 2009, the Committee released a new booklet entitled *DMICC: Coordinating the Federal Investment in Diabetes Programs To Improve the Health of Americans*. The booklet includes: the history, goals, and membership of the Committee, including mission statements related to diabetes efforts of the 35 DMICC member organizations within the Department of Health and Human Services, the Department of Defense, the U.S. Department of Agriculture, and the Veterans Health Administration; many examples of federal diabetes efforts coordinated by organizations in the DMICC, such as the National Diabetes Education Program and the landmark Diabetes Prevention Program clinical trial; and examples of major areas of successful collaboration, such as diabetes efforts in special high-risk populations and strategic planning for diabetes research. The new booklet is found on the DMICC website at: http://www2.niddk.nih.gov/AboutNIDDK/CommitteesAndWorkingGroups/DMICC/DMICC_Booklet.htm

- **New Survey Results Show Huge Burden of Diabetes:** A new study conducted by scientists at the NIH and the CDC shows that, in the U.S., nearly 13 percent of adults age 20 and older have diabetes, but 40 percent of them have not been diagnosed. Diabetes is especially common in the elderly: nearly one-third of people age 65 and older have the disease. These new data are from a national survey that included a fasting blood glucose (FBG) test and a 2-hour glucose reading from an oral glucose tolerance test (OGTT). For years, diabetes prevalence estimates have been based mainly on data from FBG tests. The 2005-2006 National Health and Nutrition Examination Survey (NHANES) is the first national survey in 15 years to include the more sensitive OGTT that measures the true burden of diabetes and pre-diabetes. Comparing data from the 2005-2006 survey to data from the 1988-1994 survey, scientists found that there was a 50 percent increase in the rate of diagnosed diabetes in adults, with the greatest increase in African Americans. In contrast, rates of undiagnosed diabetes were stable compared to the earlier survey. An additional 30 percent of adults were found to have pre-diabetes in both surveys. An abstract of the publication is found at: www.ncbi.nlm.nih.gov/pubmed/19017771?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum
- **Update from the Collaborative Islet Transplant Registry (CITR):** The CITR, funded by NIDDK and the Juvenile Diabetes Research Foundation International, collects and analyzes comprehensive data on islet transplantation for the treatment of type 1 diabetes in North America, Europe, and Australia. The CITR recently released a report

that summarized islet transplantation data collected from 1999 to 2007. Their data showed that 70 percent of people who underwent an islet transplant were able to discontinue taking insulin at some point. However, that number diminished over time, so that at 3 years after the transplant, only 23 percent of people remained insulin-independent. Importantly, the data also showed that islet transplantation profoundly reduces episodes of dangerously low blood sugar (hypoglycemia). It also improves patients' average blood sugar control, which is critically important for preventing diabetes complications. The researchers concluded that the data collected by CTR confirm the positive impact of islet transplantation on metabolic control in people with type 1 diabetes. However, the benefits must be weighed against the procedural risks and the side effects of transplant medications. Research is ongoing to improve the safety and durable benefits of this therapy. Scientists will use the data collected by CTR to gauge these risks and benefits in islet transplantation. An abstract of the article is found at:

www.ncbi.nlm.nih.gov/pubmed/19104422?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum



Diabetes News

- [Medicare Announces Final Coverage Policy for Bariatric Surgery](#)
- [Is Your Plate Heart Healthy? American Diabetes Association](#)
- [Higher Blood Sugar Levels Linked To Lower Brain Function](#)
- [Diabetic Patients' Medication Underuse, Illness Outcomes & Beliefs](#)
- [Doctors Use Diabetes Test as Diagnostic Tool](#)

RECENT EVENTS

NEW MEMBER RECEPTION - The Diabetes Caucus would like to thank Members of Congress and staff for attending the diabetes welcome reception, in conjunction with the American Diabetes Association and Novo Nordisk, to usher in the 111th Congress. The reception was held on Monday, January 26, 2009, and had fantastic turnout. We would especially like to thank Representatives Capps, Cassidy, Christensen, Coble, Dent, Ehlers, Etheridge, Inslee, Jones, Klein, Roe, Sensenbrenner, Space, and Wilson for attending.



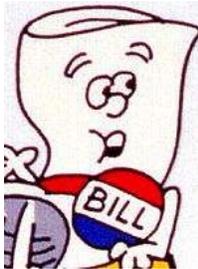
Did You Know???

FASCINATING FACT - BURDEN OF DIABETES

- 72% of people ages 65 and older have diabetes or pre-diabetes (40.4% have pre-diabetes and 31.6% have diabetes)
- 42.3% of all people ages 20 and older have diabetes or pre-diabetes (29.5% have pre-diabetes and 12.9% have diabetes)

The National Institutes of Health released a new survey showing diabetes as a “huge burden.” The study compared results from two national surveys measuring fasting blood glucose (FBG) and oral glucose tolerance test (OGTT). The study was published in *Diabetes Care*, February 2009.

[HTTP://WWW.NIH.GOV/NEWS/HEALTH/JAN2009/NIDDK-26.HTM](http://www.nih.gov/news/health/jan2009/niddk-26.htm)



LEGISLATIVE PRIORITIES

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

- ☐ H.R. 1647, ***including podiatrists as physicians for purposes of covering physicians services under the Medicaid Program***. The bill would classify podiatrists as physicians for purposes of direct reimbursement through the Medicaid program. The bill had 220 cosponsors in the 110th Congress.
- ☐ H.R. 2210, the ***Diabetes Prevention Access and Care Act of 2007***. The 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. 4218, 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.