

111TH CONGRESS
1ST SESSION

H. R. 4124

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

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 19, 2009

Mrs. DAVIS of California (for herself, Ms. RICHARDSON, Mr. LOEBSACK, and Ms. BORDALLO) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

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

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Diabetes Prevention
5 Act of 2009”.

6 **SEC. 2. FINDINGS.**

7 The Congress makes the following findings:

8 (1) According to the Centers for Disease Con-
9 trol and Prevention (CDC), the prevalence of diabe-

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

3 (2) The CDC reports that there are now more
4 than 23,600,000 people in the United States living
5 with diabetes and another 57,000,000 individuals
6 with “pre-diabetes” in the United States, which
7 means that they have higher than normal blood glu-
8 cose levels or are at increased risk of developing dia-
9 betes based on multiple risk factors.

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

17 (4) The New York Times has reported that life-
18 style-based interventions to control diabetes have re-
19 sulted in positive outcomes for patients, yet despite
20 these successes, such interventions were often
21 unsustainable. While insurance companies cover the
22 treatments of complications of unchecked diabetes,
23 they tend not to cover the cheaper interventions to
24 prevent such complications.

1 (5) Emerging research and demonstrations
2 projects funded by the National Institutes of Health
3 and the CDC in partnership with Indiana University
4 and the YMCA show that a carefully designed group
5 lifestyle intervention can be delivered for less than
6 \$250 per person per year in community settings and
7 can achieve similar weight loss results to the DPP
8 for adults with pre-diabetes.

9 (6) Diabetes carries staggering costs. In 2007,
10 the total amount of the direct and indirect costs of
11 diabetes was estimated at \$174,000,000,000 accord-
12 ing to the American Diabetes Association.

13 (7) The Urban Institute reported that if the
14 Nation makes a substantial investment in a national
15 program that supports group-based structured life-
16 style intervention programs for individuals at-risk of
17 developing type 2 diabetes offered by trained non-cli-
18 nicians in community settings, the Nation could save
19 \$191,000,000,000 over 10 years and achieve a 50
20 percent reduction in diabetes cases among partici-
21 pants.

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

1 enrollment in such programs to prevent diabetes, re-
2 duce complications, and lower the costs associated
3 with diabetes treatment in the United States, and
4 the Federal Government should encourage efforts to
5 replicate the results of the Diabetes Prevention Pro-
6 gram on a wider scale.

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

8 Title III of the Public Health Service Act (42 U.S.C.
9 241 et seq.) is amended by inserting after section 317T
10 the following:

11 **“SEC. 317U. NATIONAL DIABETES PREVENTION PROGRAM.**

12 “(a) IN GENERAL.—The Secretary, acting through
13 the Director of the Centers for Disease Control and Pre-
14 vention, shall establish a national diabetes prevention pro-
15 gram targeted at persons at high risk for diabetes of all
16 ages in order to eliminate the preventable burden of diabe-
17 tes.

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

20 “(1) GRANTS FOR COMMUNITY-BASED DIABE-
21 TES PREVENTION PROGRAM MODEL SITES FOR PER-
22 SONS AT HIGH RISK FOR DIABETES.—The Secretary
23 may award grants to recognized eligible entities—

1 “(A) to support community-based diabetes
2 prevention program model sites that work with
3 the health care delivery system—

4 “(i) to identify persons at high risk
5 for diabetes; and

6 “(ii) to refer such persons to, or pro-
7 vide such persons with, cost-effective
8 group-based lifestyle intervention pro-
9 grams; and

10 “(B) to evaluate—

11 “(i) methods for ensuring the
12 scalability of recognized community-based
13 diabetes prevention program sites nation-
14 ally;

15 “(ii) the health and economic benefits
16 of a national diabetes prevention program
17 for persons at high risk for diabetes in cer-
18 tain age groups, including the pre-Medi-
19 care population;

20 “(iii) emerging approaches to identify
21 and engage persons at high risk for diabe-
22 tes in health care and community-based
23 programs;

1 “(iv) novel strategies for linking com-
2 munity-based program delivery with exist-
3 ing clinical services; and

4 “(v) the costs and cost effectiveness of
5 clinic-community linkages.

6 “(2) RECOGNITION PROGRAM.—The Secretary
7 shall develop and implement a program under which
8 the Secretary recognizes, and re-recognizes on an
9 annual basis, eligible entities that deliver commu-
10 nity-based diabetes prevention programs. To be rec-
11 ognized under this paragraph, an eligible entity
12 shall—

13 “(A) describe its system for obtaining re-
14 ferral from health care professionals for persons
15 at high risk for diabetes;

16 “(B) provide proof that the entity’s staff
17 have been trained as diabetes prevention pro-
18 gram lifestyle interventionists and the entity
19 has a system in place to ensure that staff re-
20 ceive timely training updates;

21 “(C) agree to maintain a community board
22 (for purposes of advising the entity’s commu-
23 nity-based diabetes prevention program) whose
24 membership includes—

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

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

6 “(iii) community leaders;

7 “(iv) representatives of the health in-
8 surance industry; and

9 “(v) representatives of employers,
10 businesses, and nonprofit organizations
11 that are committed to offering healthy food
12 and physical activity opportunities for resi-
13 dents;

14 “(D) agree to provide data to the Sec-
15 retary for outcome evaluation monitoring pur-
16 poses and quality improvement, including data
17 regarding the number of persons served, partici-
18 pant attendance, completion rates, weight loss
19 obtained, participant satisfaction, and referring
20 clinician satisfaction;

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

24 “(F) agree to make available to the Sec-
25 retary copies of materials used in the entity’s

1 community-based diabetes prevention program;
2 and

3 “(G) provide evidence to the Secretary of
4 quality checks on trainers.

5 “(3) TRAINING AND OUTREACH.—In partner-
6 ship with State diabetes prevention and control pro-
7 grams, academic institutions, and a national net-
8 work of community-based nonprofit organizations fo-
9 cused on health and well-being, the Secretary shall
10 develop and implement, directly or through grants to
11 eligible entities—

12 “(A) a curriculum development and train-
13 ing program for diabetes prevention master and
14 lifestyle intervention instructors to ensure con-
15 sistency in—

16 “(i) the principles of type 2 diabetes
17 prevention programming throughout the
18 United States; and

19 “(ii) the collection of outcomes data
20 for quality assurance;

21 “(B) community outreach programs to
22 identify community and provider groups to par-
23 ticipate in the national diabetes prevention pro-
24 gram and coordinate quality assurance pro-

1 grams at the local level in partnership with
2 community-based organizations; and

3 “(C) a national partner outreach program
4 to identify and work with national partners—

5 “(i) to identify workers in the commu-
6 nity to complete training under subpara-
7 graph (A); and

8 “(ii) to facilitate the recognition of eli-
9 gible entities under paragraph (2).

10 “(4) EVALUATION, MONITORING, AND TECH-
11 NICAL ASSISTANCE.—The Secretary shall provide
12 quality assurance for each community-based diabetes
13 prevention program model site funded under para-
14 graph (1) and, as necessary and feasible, for other
15 recognized community-based diabetes prevention
16 programs through evaluation, monitoring, and tech-
17 nical assistance, including by—

18 “(A) reviewing applications for recognition
19 under paragraph (2);

20 “(B) evaluating and monitoring program
21 data including providing standardized feedback
22 to sites for quality improvement;

23 “(C) making de-identified data available to
24 the public to ensure transparency of the rec-
25 ognition program under paragraph (2);

1 “(D) conducting site visits and periodic au-
2 dits;

3 “(E) providing technical assistance and a
4 process for improving performance in sites not
5 meeting standards for recognition under para-
6 graph (2); and

7 “(F) establishing a public registry of rec-
8 ognized eligible entities.

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

12 “(A) advances the scalability of recognized
13 community-based diabetes prevention program
14 sites nationally;

15 “(B) examines model benefit and payment
16 designs; and

17 “(C) tests communications strategies to
18 engage providers and targeted at-risk popu-
19 lations.

20 “(6) STUDIES FOR DIABETES PREVENTION AND
21 MANAGEMENT.—To build on the findings of the na-
22 tional diabetes prevention program under this sec-
23 tion, the Secretary may conduct or support studies
24 to manage, reduce, and prevent type 2 diabetes in
25 at-risk populations, including consideration of fac-

1 tors such as nutrition, exercise education, and basic
2 physical maintenance of healthy levels of cholesterol,
3 body mass index, hemoglobin A1C, and blood pres-
4 sure rates.

5 “(c) REPORT TO CONGRESS.—Not later than the end
6 of fiscal year 2011, and every 2 years thereafter, the Sec-
7 retary shall submit a report to the Congress on the imple-
8 mentation of this section, including the progress achieved
9 in eliminating the preventable burden of diabetes.

10 “(d) DEFINITIONS.—In this section:

11 “(1) The term ‘eligible entity’ means—

12 “(A) a State or local health department;

13 “(B) a national network of community-
14 based organizations described in section
15 501(c)(3) of the Internal Revenue Code of 1986
16 that is focused on health and well-being;

17 “(C) an academic institution;

18 “(D) an Indian tribe or tribal organization
19 (as defined in section 4 of the Indian Self-De-
20 termination and Education Assistance Act); or

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

24 “(2) The term ‘person at high risk for diabetes’
25 means an individual who has higher than normal

1 blood glucose levels or is at an increased risk for de-
2 veloping diabetes based on multiple risk factors.

3 “(3) The term ‘recognized’ means recognized
4 under subsection (b)(2).

5 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
6 are authorized to be appropriated to carry out this section
7 \$80,000,000 for fiscal year 2011, and such sums as may
8 be necessary for each subsequent fiscal year.”.

○