

114TH CONGRESS  
1ST SESSION

# S. 84

To provide grants to better understand and reduce gestational diabetes, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

JANUARY 7, 2015

Mrs. SHAHEEN (for herself, Ms. COLLINS, Mr. MURPHY, Mr. SCHATZ, and Mr. COONS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To provide grants to better understand and reduce gestational 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 “Gestational Diabetes  
5 Act” or the “GEDI Act”.

6 **SEC. 2. GESTATIONAL DIABETES.**

7 Part B of title III of the Public Health Service Act  
8 (42 U.S.C. 243 et seq.) is amended by inserting after sec-  
9 tion 317H the following:

1 **“SEC. 317H-1. GESTATIONAL DIABETES.**

2 “(a) UNDERSTANDING AND MONITORING GESTA-  
3 TIONAL DIABETES.—

4 “(1) IN GENERAL.—The Secretary, acting  
5 through the Director of the Centers for Disease  
6 Control and Prevention, in consultation with the Di-  
7 abetes Mellitus Interagency Coordinating Committee  
8 established under section 429 and representatives of  
9 appropriate national health organizations, shall de-  
10 velop a multisite gestational diabetes research  
11 project within the diabetes program of the Centers  
12 for Disease Control and Prevention to expand and  
13 enhance surveillance data and public health research  
14 on gestational diabetes.

15 “(2) AREAS TO BE ADDRESSED.—The research  
16 project developed under paragraph (1) shall ad-  
17 dress—

18 “(A) procedures to establish accurate and  
19 efficient systems for the collection of gestational  
20 diabetes data within each State, territory, and  
21 possession of the United States;

22 “(B) the progress of collaborative activities  
23 with the National Vital Statistics System, the  
24 National Center for Health Statistics, and  
25 State health departments with respect to the

1 standard birth certificate, in order to improve  
2 surveillance of gestational diabetes;

3 “(C) postpartum methods of tracking  
4 women with gestational diabetes after delivery  
5 and targeted interventions proven to lower the  
6 incidence of type 2 diabetes in that population;

7 “(D) variations in the distribution of diag-  
8 nosed and undiagnosed gestational diabetes,  
9 and of impaired fasting glucose tolerance and  
10 impaired fasting glucose, within and among  
11 groups of women; and

12 “(E) factors and culturally sensitive inter-  
13 ventions that influence risks and reduce the in-  
14 cidence of gestational diabetes and related com-  
15 plications during childbirth, including cultural,  
16 behavioral, racial, ethnic, geographic, demo-  
17 graphic, socioeconomic, and genetic factors.

18 “(3) REPORT.—Not later than 2 years after the  
19 date of enactment of this section, and annually  
20 thereafter, the Secretary shall prepare a report on  
21 the findings and recommendations of the research  
22 project, including prevalence of gestational diabetes  
23 in the multisite area, and disseminate the report to  
24 the appropriate Federal and non-Federal agencies.

1       “(b) EXPANSION OF GESTATIONAL DIABETES RE-  
2 SEARCH.—

3           “(1) IN GENERAL.—The Secretary shall expand  
4 and intensify public health research regarding gesta-  
5 tional diabetes. Such research may include—

6           “(A) developing and testing novel ap-  
7 proaches for improving postpartum diabetes  
8 testing or screening and for preventing type 2  
9 diabetes in women with a history of gestational  
10 diabetes; and

11           “(B) conducting public health research to  
12 further understanding of the epidemiologic,  
13 socioenvironmental, behavioral, translation, and  
14 biomedical factors and health systems that in-  
15 fluence the risk of gestational diabetes and the  
16 development of type 2 diabetes in women with  
17 a history of gestational diabetes.

18           “(2) AUTHORIZATION OF APPROPRIATIONS.—  
19 There is authorized to be appropriated to carry out  
20 this subsection \$5,000,000 for each of fiscal years  
21 2016 through 2020.

22       “(c) DEMONSTRATION GRANTS TO LOWER THE  
23 RATE OF GESTATIONAL DIABETES.—

24           “(1) IN GENERAL.—The Secretary, acting  
25 through the Director of the Centers for Disease

1 Control and Prevention, shall award grants, on a  
2 competitive basis, to eligible entities for demonstra-  
3 tion projects that implement evidence-based inter-  
4 ventions to reduce the incidence of gestational diabe-  
5 tes, the recurrence of gestational diabetes in subse-  
6 quent pregnancies, and the development of type 2 di-  
7 abetes in women with a history of gestational diabe-  
8 tes.

9 “(2) PRIORITY.—In making grants under this  
10 subsection, the Secretary shall give priority to  
11 projects focusing on—

12 “(A) helping women who have 1 or more  
13 risk factors for developing gestational diabetes;

14 “(B) working with women with a history of  
15 gestational diabetes during a previous preg-  
16 nancy;

17 “(C) providing postpartum care for women  
18 with gestational diabetes;

19 “(D) tracking cases where women with a  
20 history of gestational diabetes developed type 2  
21 diabetes;

22 “(E) educating mothers with a history of  
23 gestational diabetes about the increased risk of  
24 their children developing diabetes;

1           “(F) working to prevent gestational diabe-  
2           tes and prevent or delay the development of  
3           type 2 diabetes in women with a history of ges-  
4           tational diabetes; and

5           “(G) achieving outcomes designed to assess  
6           the efficacy and cost-effectiveness of interven-  
7           tions that can inform decisions on long-term  
8           sustainability, including third-party reimburse-  
9           ment.

10          “(3) APPLICATION.—An eligible entity desiring  
11          to receive a grant under this subsection shall submit  
12          to the Secretary—

13               “(A) an application at such time, in such  
14               manner, and containing such information as the  
15               Secretary may require; and

16               “(B) a plan to—

17                       “(i) lower the rate of gestational dia-  
18                       betes during pregnancy; or

19                       “(ii) develop methods of tracking  
20                       women with a history of gestational diabe-  
21                       tes and develop effective interventions to  
22                       lower the incidence of the recurrence of  
23                       gestational diabetes in subsequent preg-  
24                       nancies and the development of type 2 dia-  
25                       betes.

1           “(4) USES OF FUNDS.—An eligible entity re-  
2           ceiving a grant under this subsection shall use the  
3           grant funds to carry out demonstration projects de-  
4           scribed in paragraph (1), including—

5                   “(A) expanding community-based health  
6                   promotion education, activities, and incentives  
7                   focused on the prevention of gestational diabe-  
8                   tes and development of type 2 diabetes in  
9                   women with a history of gestational diabetes;

10                   “(B) aiding State- and tribal-based diabe-  
11                   tes prevention and control programs to collect,  
12                   analyze, disseminate, and report surveillance  
13                   data on women with, and at risk for, gesta-  
14                   tional diabetes, the recurrence of gestational di-  
15                   abetes in subsequent pregnancies, and, for  
16                   women with a history of gestational diabetes,  
17                   the development of type 2 diabetes; and

18                   “(C) training and encouraging health care  
19                   providers—

20                           “(i) to promote risk assessment, high-  
21                           quality care, and self-management for ges-  
22                           tational diabetes and the recurrence of ges-  
23                           tational diabetes in subsequent preg-  
24                           nancies; and

1           “(ii) to prevent the development of  
2           type 2 diabetes in women with a history of  
3           gestational diabetes, and its complications  
4           in the practice settings of the health care  
5           providers.

6           “(5) REPORT.—Not later than 4 years after the  
7           date of the enactment of this section, the Secretary  
8           shall prepare and submit to Congress a report con-  
9           cerning the results of the demonstration projects  
10          conducted through the grants awarded under this  
11          subsection.

12          “(6) DEFINITION OF ELIGIBLE ENTITY.—In  
13          this subsection, the term ‘eligible entity’ means a  
14          nonprofit organization (such as a nonprofit academic  
15          center or community health center) or a State, trib-  
16          al, or local health agency.

17          “(7) AUTHORIZATION OF APPROPRIATIONS.—  
18          There is authorized to be appropriated to carry out  
19          this subsection \$5,000,000 for each of fiscal years  
20          2016 through 2020.

21          “(d) POSTPARTUM FOLLOW-UP REGARDING GESTA-  
22          TIONAL DIABETES.—The Secretary, acting through the  
23          Director of the Centers for Disease Control and Preven-  
24          tion, shall work with the State- and tribal-based diabetes  
25          prevention and control programs assisted by the Centers



1 to encourage postpartum follow-up after gestational diabe-  
2 tes, as medically appropriate, for the purpose of reducing  
3 the incidence of gestational diabetes, the recurrence of  
4 gestational diabetes in subsequent pregnancies, the devel-  
5 opment of type 2 diabetes in women with a history of ges-  
6 tational diabetes, and related complications.”.

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