

110TH CONGRESS  
1ST SESSION

# S. 2479

To catalyze change in the care and treatment of diabetes in the United States.

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## IN THE SENATE OF THE UNITED STATES

DECEMBER 13, 2007

Mr. BROWN (for himself and Mr. CORNYN) 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 catalyze change in the care and treatment of diabetes in the United States.

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; TABLE OF CONTENTS; FINDINGS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the  
5 “Catalyst to Better Diabetes Care Act of 2007”.

6 (b) **TABLE OF CONTENTS.**—The table of contents of  
7 this Act is as follows:

Sec. 1. Short title; table of contents; findings.

Sec. 2. Diabetes screening collaboration and outreach program.

Sec. 3. Advisory group regarding employee wellness and disease management best practices.

Sec. 4. National Diabetes Report Card.

Sec. 5. Improvement of vital statistics collection.

Sec. 6. Study on appropriate level of diabetes medical education.

1 (c) FINDINGS.—The Congress finds as follows:

2 (1) Diabetes is a chronic public health problem  
3 in the United States that is getting worse.

4 (2) According to the Centers for Disease Con-  
5 trol and Prevention:

6 (A) One in 3 Americans born in 2000 will  
7 get diabetes.

8 (B) One in 2 Hispanic females born in  
9 2000 will get diabetes.

10 (C) 1,500,000 new cases of diabetes were  
11 diagnosed in adults in 2005.

12 (D) In 2005, 20,800,000 Americans had  
13 diabetes, which is 7 percent of the population of  
14 the United States.

15 (E) 6,200,000 Americans are currently  
16 undiagnosed.

17 (F) African-Americans are nearly twice as  
18 likely as whites to have diabetes.

19 (G) Nearly 13 percent of American Indians  
20 and Alaska Natives over 20 years old have diag-  
21 nosed diabetes.

22 (H) In States with significant Asian popu-  
23 lations, Asians were 1.5 to 2 times as likely as  
24 whites to have diagnosed diabetes.

1 (3) Diabetes carries staggering costs:

2 (A) In 2002, the total amount of the direct  
3 and indirect costs of diabetes was estimated at  
4 \$132,000,000,000.

5 (B) 18 percent of the Medicare population  
6 has diabetes but spending on this group con-  
7 sumes 32 percent of the Medicare budget.

8 (4) Diabetes is deadly. According to the Centers  
9 for Disease Control and Prevention:

10 (A) In 2002, diabetes contributed to  
11 224,092 deaths.

12 (B) Diabetes is likely to be seriously  
13 underreported as studies have found that only  
14 35 percent to 40 percent of decedents with dia-  
15 betes had it listed anywhere on the death cer-  
16 tificate and only about 10 percent to 15 percent  
17 had it listed as the underlying cause of death.

18 (5) Diabetes complications carry staggering eco-  
19 nomic and human costs for our country and health  
20 system:

21 (A) Diabetes contributes to over 224,000  
22 deaths a year.

23 (B) The risk for stroke is 2 to 4 times  
24 higher among people with diabetes.

1 (C) Diabetes is the leading cause of new  
2 blindness in America, causing approximately  
3 18,000 new cases of blindness each year.

4 (D) Diabetes is the leading cause of kidney  
5 failure in America, accounting for 44 percent of  
6 new cases in 2002.

7 (E) In 2002, 44,400 Americans with dia-  
8 betes began treatment for end-stage kidney dis-  
9 ease and a total of 153,730 were living on  
10 chronic dialysis or with a kidney transplant as  
11 a result of their diabetes.

12 (F) In 2002, approximately 82,000 ampu-  
13 tations were performed on Americans with dia-  
14 betes.

15 (G) Poorly controlled diabetes before con-  
16 ception and during the first trimester of preg-  
17 nancy can cause major birth defects in 5 per-  
18 cent to 10 percent of pregnancies and sponta-  
19 neous abortions in 15 percent to 20 percent of  
20 pregnancies.

21 (6) Diabetes is unique because many of its com-  
22 plications and tremendous costs are largely prevent-  
23 able through early detection, better education on di-  
24 abetes self-management, and improved delivery of  
25 available medical treatment:

1 (A) According to the Agency for  
2 Healthcare Research and Quality, appropriate  
3 primary care for diabetes complications could  
4 have saved the Medicare and Medicaid pro-  
5 grams \$2,500,000,000 in hospital costs in 2001  
6 alone.

7 (B) According to the Diabetes Prevention  
8 Project sponsored by the National Institutes of  
9 Health, lifestyle interventions such as diet and  
10 moderate physical activity for those with  
11 prediabetes reduced the development of diabetes  
12 by 58 percent; among Americans aged 60 and  
13 over, lifestyle interventions reduced diabetes by  
14 71 percent.

15 (C) Research shows detecting and treating  
16 diabetic eye disease can reduce the development  
17 of severe vision loss by 50 percent to 60 per-  
18 cent.

19 (D) Research shows comprehensive foot  
20 care programs can reduce amputation rates by  
21 45 percent to 85 percent.

22 (E) Detecting and treating early diabetic  
23 kidney disease by lowering blood pressure can  
24 reduce the decline in kidney function by 30 per-  
25 cent.

1 **SEC. 2. DIABETES SCREENING COLLABORATION AND OUT-**  
2 **REACH PROGRAM.**

3 (a) ESTABLISHMENT.—With respect to diabetes  
4 screening tests and for the purposes of reducing the num-  
5 ber of undiagnosed seniors with diabetes or prediabetes,  
6 the Secretary of Health and Human Services (referred to  
7 in this section as the “Secretary”), in collaboration with  
8 the Director of the Centers for Disease Control and Pre-  
9 vention (referred to in this section as the “Director”),  
10 shall—

11 (1) review uptake and utilization of diabetes  
12 screening benefits to identify and address any exist-  
13 ing problems with regard to utilization and data col-  
14 lection mechanisms;

15 (2) establish an outreach program to identify  
16 existing efforts by agencies and by the private and  
17 nonprofit sectors to increase awareness among sen-  
18 iors and providers of diabetes screening benefits; and

19 (3) maximize cost effectiveness in increasing  
20 utilization of diabetes screening benefits.

21 (b) CONSULTATION.—In carrying out this section,  
22 the Secretary and the Director shall consult with—

23 (1) various units of the Federal Government,  
24 including the Centers for Medicare & Medicaid Serv-  
25 ices, the Surgeon General of the Public Health Serv-  
26 ice, the Agency for Healthcare Research and Qual-

1           ity, the Health Resources and Services Administra-  
2           tion, and the National Institutes of Health; and

3           (2) entities with an interest in diabetes, includ-  
4           ing industry, voluntary health organizations, trade  
5           associations, and professional societies.

6 **SEC. 3. ADVISORY GROUP REGARDING EMPLOYEE**  
7                   **WELLNESS AND DISEASE MANAGEMENT BEST**  
8                   **PRACTICES.**

9           (a) ESTABLISHMENT.—The Secretary of Health and  
10 Human Services shall establish an advisory group con-  
11 sisting of representatives of the public and private sector.  
12 The advisory group shall include representatives from the  
13 Department of Commerce, the Department of Health and  
14 Human Services, the Small Business Administration, and  
15 public and private sector entities with experience in ad-  
16 ministering and operating employee wellness and disease  
17 management programs.

18           (b) DUTIES.—The advisory group established under  
19 subsection (a) shall examine and make recommendations  
20 of best practices of employee wellness and disease manage-  
21 ment programs in order to—

22           (1) provide public and private sector entities  
23           with improved information in assessing the role of  
24           employee wellness and disease management pro-

1       grams in saving money and improving quality of life  
2       for patients with chronic illnesses; and

3               (2) encourage the adoption of effective employee  
4       wellness and disease management programs.

5       (c) REPORT.—Not later than 1 year after the date  
6 of the enactment of this Act, the advisory group estab-  
7 lished under subsection (a) shall submit to the Secretary  
8 of Health and Human Services the results of the examina-  
9 tion under subsection (b)(1).

10 **SEC. 4. NATIONAL DIABETES REPORT CARD.**

11       (a) IN GENERAL.—The Secretary of Health and  
12 Human Services (referred to in this section as the “Sec-  
13 retary”), in collaboration with the Director of the Centers  
14 for Disease Control and Prevention (referred to in this  
15 section as the “Director”), shall prepare on a biennial  
16 basis a national diabetes report card (referred to in this  
17 section as a “Report Card”) and, to the extent possible,  
18 for each State.

19       (b) CONTENTS.—

20               (1) IN GENERAL.—Each Report Card shall in-  
21 clude aggregate health outcomes related to individ-  
22 uals diagnosed with diabetes and prediabetes includ-  
23 ing—

24                       (A) preventative care practices and quality  
25                       of care;

1 (B) risk factors; and

2 (C) outcomes.

3 (2) UPDATED REPORTS.—Each Report Card  
4 that is prepared after the initial Report Card shall  
5 include trend analysis for the Nation and, to the ex-  
6 tent possible, for each State, for the purpose of—

7 (A) tracking progress in meeting estab-  
8 lished national goals and objectives for improv-  
9 ing diabetes care, costs, and prevalence (includ-  
10 ing Healthy People 2010); and

11 (B) informing policy and program develop-  
12 ment.

13 (c) AVAILABILITY.—The Secretary, in collaboration  
14 with the Director, shall make each Report Card publicly  
15 available, including by posting the Report Card on the  
16 Internet.

17 **SEC. 5. IMPROVEMENT OF VITAL STATISTICS COLLECTION.**

18 (a) IN GENERAL.—The Secretary of Health and  
19 Human Services (referred to in this section as the “Sec-  
20 retary”), acting through the Director of the Centers for  
21 Disease Control and Prevention and in collaboration with  
22 appropriate agencies and States, shall—

23 (1) promote the education and training of phy-  
24 sicians on the importance of birth and death certifi-  
25 cate data and how to properly complete these docu-

1       ments, including the collection of such data for dia-  
2       betes and other chronic diseases;

3           (2) encourage State adoption of the latest  
4       standard revisions of birth and death certificates;  
5       and

6           (3) work with States to re-engineer their vital  
7       statistics systems in order to provide cost-effective,  
8       timely, and accurate vital systems data.

9       (b) DEATH CERTIFICATE ADDITIONAL LANGUAGE.—

10 In carrying out this section, the Secretary may promote  
11 improvements to the collection of diabetes mortality data,  
12 including the addition of a question for the individual cer-  
13 tifying the cause of death regarding whether the deceased  
14 had diabetes.

15 **SEC. 6. STUDY ON APPROPRIATE LEVEL OF DIABETES MED-**  
16 **ICAL EDUCATION.**

17       (a) IN GENERAL.—The Secretary of Health and  
18 Human Services (referred to in this section as the “Sec-  
19 retary”) shall, in collaboration with the Institute of Medi-  
20 cine and appropriate associations and councils, conduct a  
21 study of the impact of diabetes on the practice of medicine  
22 in the United States and the appropriateness of the level  
23 of diabetes medical education that should be required prior  
24 to licensure, board certification, and board recertification.

1       (b) REPORT.—Not later than 2 years after the date  
2 of the enactment of this Act, the Secretary shall submit  
3 a report on the study under subsection (a) to the Commit-  
4 tees on Ways and Means and Energy and Commerce of  
5 the House of Representatives and the Committees on Fi-  
6 nance and Health, Education, Labor, and Pensions of the  
7 Senate.

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