

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.

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## 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

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## 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.”.

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