

111TH CONGRESS
1ST SESSION

S. 2734

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

IN THE SENATE OF THE UNITED STATES

NOVEMBER 5, 2009

Mr. FRANKEN (for himself and Mr. LUGAR) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 \$300 per year in community settings and can
7 achieve similar weight loss results to the DPP for
8 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 na-
14 tion 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 model sites that work with the
3 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 group-
8 based lifestyle intervention programs; and

9 “(B) to evaluate—

10 “(i) methods for ensuring the
11 scalability of recognized community-based
12 diabetes prevention model sites nationally;

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

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

22 “(iv) novel strategies for linking com-
23 munity-based program delivery with exist-
24 ing clinical services; and

1 “(v) the costs and cost effectiveness of
2 clinic-community linkages.

3 “(2) RECOGNITION PROGRAM.—The Secretary
4 shall develop and implement a program under which
5 the Secretary recognizes, and re-recognizes on an
6 annual basis, eligible entities that deliver commu-
7 nity-based diabetes prevention services. To be recog-
8 nized under this paragraph, an eligible entity shall—

9 “(A) describe its system for obtaining re-
10 ferral from health care professionals for persons
11 at high risk for diabetes;

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

17 “(C) agree to maintain a community board
18 (for purposes of advising the entity’s commu-
19 nity-based diabetes prevention program) whose
20 membership includes—

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

23 “(ii) a health care professional who
24 refers persons at high risk for diabetes to
25 lifestyle intervention programs;

1 “(iii) community leaders;

2 “(iv) representatives of the health in-
3 surance industry; and

4 “(v) representatives of employers,
5 businesses, and nonprofit organizations
6 that are committed to offering healthy food
7 and physical activity opportunities for resi-
8 dents;

9 “(D) agree to provide data to the Sec-
10 retary for outcome evaluation monitoring pur-
11 poses and quality improvement, including data
12 regarding the number of persons served, partic-
13 ipant attendance, completion rates, weight loss
14 obtained, participant satisfaction, and referring
15 clinician satisfaction;

16 “(E) develop a plan for communications
17 between referring clinicians and community-
18 based diabetes prevention program model sites;

19 “(F) agree to make available to the Sec-
20 retary copies of materials used in the entity’s
21 community-based diabetes prevention program;
22 and

23 “(G) provide evidence to the Secretary of
24 quality checks on trainers.

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

8 “(A) a curriculum development and train-
9 ing program for diabetes prevention master and
10 lifestyle intervention instructors to ensure con-
11 sistency in—

12 “(i) the principles of type 2 diabetes
13 prevention programming throughout the
14 United States; and

15 “(ii) the collection of outcomes data
16 for quality assurance;

17 “(B) community outreach programs to
18 identify community and provider groups to par-
19 ticipate in the national diabetes prevention pro-
20 gram and coordinate quality assurance pro-
21 grams at the local level in partnership with
22 community-based organizations; and

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

1 “(i) to identify workers in the commu-
2 nity to complete training under subpara-
3 graph (A); and

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

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

14 “(A) reviewing applications for recognition
15 under paragraph (2);

16 “(B) evaluating and monitoring program
17 data including providing standardized feedback
18 to sites for quality improvement;

19 “(C) making de-identified data available to
20 the public to ensure transparency of the rec-
21 ognition program under paragraph (2);

22 “(D) conducting site visits and periodic au-
23 dits;

24 “(E) providing technical assistance and a
25 process for improving performance in sites not

1 meeting standards for recognition under para-
2 graph (2); and

3 “(F) establishing a public registry of rec-
4 ognized eligible entities.

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

8 “(A) advances the scalability of recognized
9 community-based diabetes prevention program
10 model sites nationally;

11 “(B) examines model benefit and payment
12 designs; and

13 “(C) tests communications strategies to
14 engage providers and targeted at-risk popu-
15 lations.

16 “(6) STUDIES FOR DIABETES PREVENTION AND
17 MANAGEMENT.—To build on the findings of the na-
18 tional diabetes prevention program under this sec-
19 tion, the Secretary may conduct or support studies
20 to manage, reduce, and prevent type 2 diabetes in
21 at-risk populations, including consideration of fac-
22 tors such as nutrition, exercise education, and basic
23 physical maintenance of healthy levels of cholesterol,
24 body mass index, hemoglobin A1C, and blood pres-
25 sure rates.

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

6 “(d) DEFINITIONS.—In this section:

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

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

9 “(B) a national network of community-
10 based organizations described in section
11 501(c)(3) of the Internal Revenue Code of 1986
12 that is focused on health and well-being;

13 “(C) an academic institution;

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

17 “(E) any other entity determined by the
18 Secretary to be an eligible entity for purposes
19 of this section.

20 “(2) The term ‘person at high risk for diabetes’
21 means an individual who has higher than normal
22 blood glucose levels or is at an increased risk for de-
23 veloping diabetes based on multiple risk factors.

24 “(3) The term ‘recognized’ means recognized as
25 provided for under subsection (b)(2).

1 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 \$80,000,000 for fiscal year 2011, and such sums as may
4 be necessary for each subsequent fiscal year.”.

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