

109TH CONGRESS
2^D SESSION

H. R. 6231

To catalyze change in the care and treatment of diabetes in America.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 28, 2006

Mr. FITZPATRICK of Pennsylvania (for himself and Mr. CHANDLER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To catalyze change in the care and treatment of diabetes
in America.

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; AND FIND-**

4 **INGS.**

5 (a) **SHORT TITLE.**—This Act may be cited as the
6 “Catalyst to Better Diabetes Care Act of 2006”.

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

- Sec. 1. Short title; table of contents; and findings.
- Sec. 2. Advisory group regarding diabetes and chronic illness employee wellness
incentivization and disease management best practices.
- Sec. 3. National diabetes report card.
- Sec. 4. Medicare diabetes screening collaboration and outreach program.

Sec. 5. Improvement of diabetes mortality data 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 three Americans born in 2006
7 will get diabetes.

8 (B) One in two American minorities born
9 in 2006 will get diabetes.

10 (C) 1.5 million new cases of diabetes were
11 diagnosed in adults in 2005.

12 (D) In 2005, 20.8 million Americans had
13 diabetes, which is 7 percent of the population of
14 the United States.

15 (E) 6.2 million Americans are currently
16 undiagnosed.

17 (F) About one in every 500 children and
18 adolescents have type 1 diabetes.

19 (G) African-Americans are nearly twice as
20 likely as whites to have diabetes.

21 (H) Nearly 13 percent of American Indi-
22 ans and Alaska Natives over 20 years old have
23 diagnosed diabetes.

1 (I) In States with significant Asian popu-
2 lations, Asians were 1.5 to 2 times as likely as
3 whites to have diagnosed diabetes.

4 (3) Diabetes carries staggering costs:

5 (A) In 2002, the total direct and indirect
6 costs of diabetes was estimated at \$132 billion
7 according to the American Diabetes Associa-
8 tion.

9 (B) 18 percent of the Medicare population
10 has diabetes but spending on this group of peo-
11 ple consumes 32 percent of the Medicare budg-
12 et according to the Center for Medicare and
13 Medicaid Services.

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

16 (A) In 2002, according to death certificate
17 reports, diabetes contributed to an official num-
18 ber of 224,092 deaths.

19 (B) Diabetes is likely to be seriously
20 underreported as studies have found that only
21 35 percent to 40 percent of decedent with dia-
22 betes had it listed anywhere on the death cer-
23 tificate and only about 10 percent to 15 percent
24 had it listed as the underlying cause of death.

1 (5) Diabetes complications carry staggering eco-
2 nomic and human costs for our country and health
3 system:

4 (A) According to death certificate reports,
5 diabetes contributes to over 224,000 death a
6 year, although this number is likely vastly
7 underreported.

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

10 (C) Diabetes is the leading cause of new
11 blindness in America, causing approximately
12 18,000 new cases of blindness each year.

13 (D) Diabetes is the leading cause of kidney
14 failure in America, accounting for 44 percent of
15 new cases in 2002.

16 (E) In 2002, 44,400 Americans with dia-
17 betes began treatment for end-stage kidney dis-
18 ease and a total of 153,730 were living on
19 chronic dialysis or with a kidney transplant as
20 a result of their diabetes.

21 (F) In 2002, approximately 82,000 ampu-
22 tations were performed on Americans with dia-
23 betes.

24 (G) Poorly controlled diabetes before con-
25 ception and during the first trimester of preg-

1 nancy can cause major birth defects in 5 per-
2 cent to 10 percent of pregnancies and sponta-
3 neous abortions in 15 percent to 20 percent of
4 pregnancies.

5 (6) Diabetes is unique because its complications
6 and tremendous costs are preventable with currently
7 available medical treatment:

8 (A) According to the Agency for
9 Healthcare Research and Quality, appropriate
10 primary care for diabetes complications could
11 have saved the Medicare and Medicaid pro-
12 grams \$2,500,000,000 in hospital costs in 2001
13 alone.

14 (B) According to the Diabetes Prevention
15 Program sponsored by the National Institutes
16 of Health, lifestyle interventions such as diet
17 and moderate physical activity for those with
18 pre-diabetes reduced the development of diabe-
19 tes by 58 percent; among Americans aged 60
20 and over, lifestyle interventions reduced diabe-
21 tes by 71 percent.

22 (C) Research shows detecting and treating
23 diabetic eye disease can reduce the development
24 of severe vision loss by 50 percent to 60 per-
25 cent.

1 (D) Research shows comprehensive foot
2 care programs can reduce amputation rates by
3 45 percent to 85 percent.

4 (E) Research shows detecting and treating
5 early diabetic kidney disease by lowering blood
6 pressure can reduce the decline in kidney func-
7 tion by 30 percent to 70 percent.

8 **SEC. 2. ADVISORY GROUP REGARDING DIABETES AND**
9 **CHRONIC ILLNESS EMPLOYEE WELLNESS**
10 **INCENTIVIZATION AND DISEASE MANAGE-**
11 **MENT BEST PRACTICES.**

12 (a) ESTABLISHMENT.—The Secretary of Commerce
13 shall establish an advisory group consisting of representa-
14 tives of the public and private sector. The advisory group
15 shall include representatives from the Department of
16 Commerce, the Department of Health and Human Serv-
17 ices, the Small Business Administration, and public and
18 private sector entities with experience in administering or
19 operating employee wellness and disease management pro-
20 grams.

21 (b) DUTIES.—The advisory group established under
22 subsection (a) shall examine and make recommendations
23 of best practices of chronic illness employee wellness
24 incentivization and disease management programs in
25 order to—

1 (1) provide public and private sector entities
2 with improved information in assessing the role of
3 employee wellness incentivization and disease man-
4 agement programs in saving money and improving
5 quality of life for patients with chronic illnesses; and

6 (2) encourage the adoption of effective chronic
7 illness employee wellness and disease management
8 programs.

9 (c) REPORT.—Not later than 1 year after the date
10 of the enactment of this Act, the advisory group shall sub-
11 mit to the Secretary of Health and Human Services, the
12 Speaker and minority leader of the House of Representa-
13 tives, and the majority leader and minority leader of the
14 Senate, the results of the examination under subsection
15 (b)(1).

16 **SEC. 3. NATIONAL DIABETES REPORT CARD.**

17 (a) IN GENERAL.—The Secretary of Health and
18 Human Services (referred to in this section and sections
19 4 through 6 as the “Secretary”), in collaboration with the
20 Director of the Centers for Disease Control and Preven-
21 tion (referred to in this section as the “Director”), shall
22 prepare a national diabetes report card (referred to in this
23 section as a “Report Card”) for the Nation and, to the
24 extent possible, for each State on a biennial basis, that

1 includes the statistically valid aggregate health outcomes
2 related to individuals diagnosed with diabetes including—

- 3 (1) HbA1c level;
- 4 (2) LDL;
- 5 (3) blood pressure; and
- 6 (4) complications and comorbidities.

7 (b) REPORT.—The Secretary, in collaboration with
8 the Director, shall—

- 9 (1) submit each Report Card to Congress; and
- 10 (2) make each Report Card readily available in
11 print and electronically to each State and to the
12 public.

13 (c) ADAPTABLE.—Each Report Card shall be able to
14 be adapted by State and, where possible, local agencies
15 in order to rate or report local diabetes care, costs, and
16 prevalence.

17 (d) UPDATED REPORT.—Each Report Card that is
18 prepared after the initial Report Card shall include trend
19 analysis for the Nation, and, to the extent possible, for
20 each State, in order to track progress in meeting estab-
21 lished national goals and objectives for improving diabetes
22 care, costs, and prevalence (including Healthy People
23 2010), and to inform policy and program development.

1 **SEC. 4. MEDICARE DIABETES SCREENING COLLABORATION**
2 **AND OUTREACH PROGRAM.**

3 (a) ESTABLISHMENT.—With respect to diabetes
4 screening tests provided for under the Medicare Prescrip-
5 tion Drug, Improvement, and Modernization Act of 2003
6 and for the purposes of reducing the number of
7 undiagnosed beneficiaries with diabetes or prediabetes in
8 the Medicare program, the Secretary, in collaboration with
9 the Director of the Centers for Disease Control and Pre-
10 vention, shall establish an outreach program—

11 (1) to identify existing efforts to increase
12 awareness among Medicare beneficiaries and pro-
13 viders of the diabetes screening benefit;

14 (2) to maximize economies of scale, cost-effec-
15 tiveness, and resource allocation in increasing utili-
16 zation of the Medicare diabetes screening program;
17 and

18 (3) build upon ongoing efforts of the private
19 and non-profit sector;

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

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

1 Health Resources and Services Administration, and
2 the National Institutes of Health; and

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

6 **SEC. 5. IMPROVEMENT OF DIABETES MORTALITY DATA**
7 **COLLECTION.**

8 (a) IN GENERAL.—The Secretary, acting through the
9 Director of the Centers for Disease Control and Preven-
10 tion, and in collaboration with appropriate agencies, shall
11 conduct, support, and promote the collection, analysis, and
12 publication of biennial data on the prevalence and inci-
13 dence of type 1 and 2 diabetes and of pre-diabetes.

14 (b) IMPROVEMENT OF MORTALITY DATA COLLEC-
15 TION.—

16 (1) ASSESSMENT.—The activities described in
17 subsection (a) shall include an assessment of diabe-
18 tes as a primary or underlying cause of death and
19 analysis of any under-reporting of diabetes as a pri-
20 mary or underlying cause of death in order to pro-
21 vide an accurate estimate of yearly deaths related to
22 diabetes.

23 (2) DEATH CERTIFICATE ADDITIONAL LAN-
24 GUAGE.—In carrying out the activities described in
25 subsection (b)(1), the Secretary may promote the

1 addition of language to death certificates to improve
2 collection of diabetes mortality data, including add-
3 ing questions for the individual certifying to the
4 cause of death regarding whether the deceased had
5 diabetes and whether diabetes was an immediate,
6 underlying, or contributing cause of or condition
7 leading to death.

8 (c) REPORT.—

9 (1) IN GENERAL.—The Secretary and the Di-
10 rector shall submit to the Committee on Health,
11 Education, Labor, and Pensions of the Senate and
12 the Committee on Energy and Commerce of the
13 House of Representatives annual reports describing
14 the activities undertaken under this section.

15 (2) CONTENT.—The reports shall include an—

16 (A) analysis of any under-reporting of dia-
17 betes as a primary or underlying cause of death
18 in order to provide an accurate estimate of
19 yearly deaths related to diabetes; and

20 (B) projections regarding trends in each of
21 the areas described in subparagraph (A).

22 (3) AVAILABILITY.—The Secretary and the Di-
23 rector shall make such reports publicly available in
24 print and on the Internet site of the Centers for Dis-
25 ease Control and Prevention.

1 **SEC. 6. STUDY ON APPROPRIATE LEVEL OF DIABETES MED-**
2 **ICAL EDUCATION.**

3 (a) **IN GENERAL.**—The Secretary shall, in collabora-
4 tion with the Institute of Medicine and appropriate asso-
5 ciations and councils, conduct a study of the impact of
6 diabetes on the practice of medicine in the United States
7 and the appropriateness of the level of diabetes medical
8 education that should be required prior to licensure, board
9 certification, and board recertification

10 (b) **REPORT.**—Not later than 2 years after the date
11 of the enactment of this Act, the Secretary shall submit
12 a report on the study under subsection (a) to the Commit-
13 tees on Ways and Means and Energy and Commerce of
14 the House of Representatives and the Committees on Fi-
15 nance and Health, Education, Labor, and Pensions of the
16 Senate.

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