

110TH CONGRESS  
1ST SESSION

# H. R. 3544

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

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 17, 2007

Mr. SPACE (for himself, Ms. DEGETTE, Mr. GENE GREEN of Texas, Mr. CASTLE, Mr. COHEN, and Mr. HONDA) introduced the following bill; which was referred to the Committee on Energy and Commerce

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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. Medicare diabetes screening collaboration and outreach program.

Sec. 3. Advisory group regarding diabetes and chronic illness employee wellness  
incentivization 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 three Americans born in 2000  
7 will get diabetes.

8 (B) One in two 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) 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 amount of the direct  
6 and indirect costs of diabetes was estimated at  
7 \$132,000,000,000 according to the American  
8 Diabetes Association.

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 & Med-  
13 icaid 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 decedents 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 deaths 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 many of its com-  
6 plications and tremendous costs are largely prevent-  
7 able through early detection, better education on di-  
8 abetes self-management, and improved delivery of  
9 available medical treatment:

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

16 (B) According to the Diabetes Prevention  
17 Project sponsored by the National Institutes of  
18 Health, lifestyle interventions such as diet and  
19 moderate physical activity for those with  
20 prediabetes reduced the development of diabetes  
21 by 58 percent; among Americans aged 60 and  
22 over, lifestyle interventions reduced diabetes by  
23 71 percent.

24 (C) Research shows detecting and treating  
25 diabetic eye disease can reduce the development

1 of severe vision loss by 50 percent to 60 per-  
2 cent.

3 (D) Research shows comprehensive foot  
4 care programs can reduce amputation rates by  
5 45 percent to 85 percent.

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

10 **SEC. 2. MEDICARE DIABETES SCREENING COLLABORATION**  
11 **AND OUTREACH PROGRAM.**

12 (a) ESTABLISHMENT.—With respect to diabetes  
13 screening tests provided for under the Medicare Prescrip-  
14 tion Drug, Improvement, and Modernization Act of 2003  
15 (Public Law 108–173) and for the purposes of reducing  
16 the number of undiagnosed beneficiaries with diabetes or  
17 prediabetes in the Medicare program, the Secretary of  
18 Health and Human Services (in this section referred to  
19 as the “Secretary”), in collaboration with the Director of  
20 the Centers for Disease Control and Prevention (in this  
21 section referred to as the “Director”), shall—

22 (1) review uptake and utilization of the diabetes  
23 screening benefit to identify and address any exist-  
24 ing problems with regard to utilization and data col-  
25 lection mechanisms to accurately track uptake;

1           (2) establish an outreach program to identify  
2 existing efforts by agencies and by the private and  
3 nonprofit sectors to increase awareness among Medi-  
4 care beneficiaries and providers of the diabetes  
5 screening benefit; and

6           (3) maximize economies of scale, cost effective-  
7 ness, and resource allocation in increasing utilization  
8 of the diabetes screening benefit.

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

11           (1) various units of the Federal Government,  
12 including the Centers for Medicare & Medicaid Serv-  
13 ices, the Surgeon General of the Public Health Serv-  
14 ice, the Agency for Healthcare Research and Qual-  
15 ity, the Health Resources and Services Administra-  
16 tion, and the National Institutes of Health; and

17           (2) entities with an interest in diabetes, includ-  
18 ing industry, voluntary health organizations, trade  
19 associations, and professional societies.

20 **SEC. 3. ADVISORY GROUP REGARDING DIABETES AND**  
21 **CHRONIC ILLNESS EMPLOYEE WELLNESS**  
22 **INCENTIVIZATION AND DISEASE MANAGE-**  
23 **MENT BEST PRACTICES.**

24           (a) ESTABLISHMENT.—The Secretary of Commerce  
25 shall establish an advisory group consisting of representa-

1 tives of the public and private sector. The advisory group  
2 shall include representatives from the Department of  
3 Commerce, the Department of Health and Human Serv-  
4 ices, the Small Business Administration, and public and  
5 private sector entities with experience in administering  
6 and operating employee wellness and disease management  
7 programs.

8 (b) DUTIES.—The advisory group established under  
9 subsection (a) shall examine and make recommendations  
10 of best practices of chronic illness employee wellness  
11 incentivization and disease management programs in  
12 order to—

13 (1) provide public and private sector entities  
14 with improved information in assessing the role of  
15 employee wellness incentivization and disease man-  
16 agement programs in saving money and improving  
17 quality of life for patients with chronic illnesses; and

18 (2) encourage the adoption of effective chronic  
19 illness employee wellness and disease management  
20 programs.

21 (c) REPORT.—Not later than 1 year after the date  
22 of the enactment of this Act, the advisory group estab-  
23 lished under subsection (a) shall submit to the Secretary  
24 of Health and Human Services, the Speaker and Minority  
25 Leader of the House of Representatives, and the Majority

1 Leader and Minority Leader of the Senate, the results of  
2 the examination under subsection (b)(1).

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

4 (a) IN GENERAL.—The Secretary of Health and  
5 Human Services (referred to in this section as the “Sec-  
6 retary”), in collaboration with the Director of the Centers  
7 for Disease Control and Prevention (referred to in this  
8 section as the “Director”), shall prepare on a biennial  
9 basis a national diabetes report card (referred to in this  
10 section as a “Report Card”) for the Nation and, to the  
11 extent possible, for each State.

12 (b) CONTENTS.—

13 (1) IN GENERAL.—Each Report Card shall in-  
14 clude statistically valid aggregate health outcomes  
15 related to individuals diagnosed with diabetes and  
16 prediabetes including—

17 (A) preventative care practices and quality  
18 of care;

19 (B) risk factors; and

20 (C) outcomes.

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

1 (A) tracking progress in meeting estab-  
2 lished national goals and objectives for improv-  
3 ing diabetes care, costs, and prevalence (includ-  
4 ing Healthy People 2010); and

5 (B) informing policy and program develop-  
6 ment.

7 (c) AVAILABILITY.—The Secretary, in collaboration  
8 with the Director, shall make each Report Card publicly  
9 available, including by posting the Report Card on the  
10 Internet.

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

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

17 (1) promote the education and training of phy-  
18 sicians on the importance of birth and death certifi-  
19 cate data and how to properly complete these docu-  
20 ments, including the collection of such data for dia-  
21 betes and other chronic diseases;

22 (2) encourage State adoption of the latest  
23 standard revisions of birth and death certificates;  
24 and



1 nance and Health, Education, Labor, and Pensions of the  
2 Senate.

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