

## COMMITTEE PRINT

[SHOWING TEXT OF H.R. 5354 AS FORWARDED BY THE SUBCOMMITTEE  
ON HEALTH ON SEPTEMBER 16, 2010]

111TH CONGRESS  
2D SESSION

# H. R. 5354

To establish an Advisory Committee on Gestational Diabetes, to provide grants to better understand and reduce gestational diabetes, and for other purposes.

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### IN THE HOUSE OF REPRESENTATIVES

MAY 20, 2010

Mr. ENGEL (for himself, Mr. BURGESS, Ms. DEGETTE, Mr. CASTLE, Mr. GENE GREEN of Texas, Mr. KING of New York, Mrs. CAPPS, Mr. GONZALEZ, Ms. BALDWIN, Mr. RANGEL, Mr. HIGGINS, Mrs. MALONEY, Mr. ACKERMAN, Ms. CLARKE, Ms. LEE of California, Mr. SERRANO, and Mr. DOYLE) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To establish an Advisory Committee on Gestational Diabetes, to provide grants to better understand and reduce gestational 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 “Gestational Diabetes  
5 Act of 2010” or the “GEDI Act”.

1 **SEC. 2. GESTATIONAL DIABETES.**

2 Part B of title III of the Public Health Service Act  
3 (42 U.S.C. 243 et seq.) is amended by adding after section  
4 317H the following:

5 **“SEC. 317H-1. GESTATIONAL DIABETES.**

6 “(a) UNDERSTANDING AND MONITORING GESTA-  
7 TIONAL DIABETES.—

8 “(1) IN GENERAL.—The Secretary, acting  
9 through the Director of the Centers for Disease  
10 Control and Prevention, in consultation with the Di-  
11 abetes Mellitus Interagency Coordinating Committee  
12 established under section 429 and representatives of  
13 appropriate national health organizations, shall de-  
14 velop a multisite gestational diabetes research  
15 project within the diabetes program of the Centers  
16 for Disease Control and Prevention to expand and  
17 enhance surveillance data and public health research  
18 on gestational diabetes.

19 “(2) AREAS TO BE ADDRESSED.—The research  
20 project developed under paragraph (1) shall ad-  
21 dress—

22 “(A) procedures to establish accurate and  
23 efficient systems for the collection of gestational  
24 diabetes data within each State and common-  
25 wealth, territory, or possession of the United  
26 States;

1           “(B) the progress of collaborative activities  
2 with the National Vital Statistics System, the  
3 National Center for Health Statistics, and  
4 State health departments with respect to the  
5 standard birth certificate, in order to improve  
6 surveillance of gestational diabetes;

7           “(C) postpartum methods of tracking  
8 women with gestational diabetes after delivery  
9 as well as targeted interventions proven to  
10 lower the incidence of type 2 diabetes in that  
11 population;

12           “(D) variations in the distribution of diag-  
13 nosed and undiagnosed gestational diabetes,  
14 and of impaired fasting glucose tolerance and  
15 impaired fasting glucose, within and among  
16 groups of women; and

17           “(E) factors and culturally sensitive inter-  
18 ventions that influence risks and reduce the in-  
19 cidence of gestational diabetes and related com-  
20 plications during childbirth, including cultural,  
21 behavioral, racial, ethnic, geographic, demo-  
22 graphic, socioeconomic, and genetic factors.

23           “(3) REPORT.—Not later than 2 years after the  
24 date of the enactment of this section, and annually  
25 thereafter, the Secretary shall generate a report on

1 the findings and recommendations of the research  
2 project including prevalence of gestational diabetes  
3 in the multisite area and disseminate the report to  
4 the appropriate Federal and non-Federal agencies.

5 “(b) EXPANSION OF GESTATIONAL DIABETES RE-  
6 SEARCH.—

7 “(1) IN GENERAL.—The Secretary shall expand  
8 and intensify public health research regarding gesta-  
9 tional diabetes. Such research may include—

10 “(A) developing and testing novel ap-  
11 proaches for improving postpartum diabetes  
12 testing or screening and for preventing type 2  
13 diabetes in women with a history of gestational  
14 diabetes; and

15 “(B) conducting public health research to  
16 further understanding of the epidemiologic,  
17 socioenvironmental, behavioral, translation, and  
18 biomedical factors and health systems that in-  
19 fluence the risk of gestational diabetes and the  
20 development of type 2 diabetes in women with  
21 a history of gestational diabetes.

22 “(2) AUTHORIZATION OF APPROPRIATIONS.—  
23 There is authorized to be appropriated to carry out  
24 this subsection \$5,000,000 for each fiscal year 2012  
25 through 2016.

1           “(c) DEMONSTRATION GRANTS TO LOWER THE RATE  
2 OF GESTATIONAL DIABETES.—

3           “(1) IN GENERAL.—The Secretary, acting  
4 through the Director of the Centers for Disease  
5 Control and Prevention, shall award grants, on a  
6 competitive basis, to eligible entities for demonstra-  
7 tion projects that implement evidence-based inter-  
8 ventions to reduce the incidence of gestational diabe-  
9 tes, the recurrence of gestational diabetes in subse-  
10 quent pregnancies, and the development of type 2 di-  
11 abetes in women with a history of gestational diabe-  
12 tes.

13           “(2) PRIORITY.—In making grants under this  
14 subsection, the Secretary shall give priority to  
15 projects focusing on—

16           “(A) helping women who have 1 or more  
17 risk factors for developing gestational diabetes;

18           “(B) working with women with a history of  
19 gestational diabetes during a previous preg-  
20 nancy;

21           “(C) providing postpartum care for women  
22 with gestational diabetes;

23           “(D) tracking cases where women with a  
24 history of gestational diabetes developed type 2  
25 diabetes;

1           “(E) educating mothers with a history of  
2           gestational diabetes about the increased risk of  
3           their child developing diabetes;

4           “(F) working to prevent gestational diabe-  
5           tes and prevent or delay the development of  
6           type 2 diabetes in women with a history of ges-  
7           tational diabetes; and

8           “(G) achieving outcomes designed to assess  
9           the efficacy and cost-effectiveness of interven-  
10          tions that can inform decisions on long-term  
11          sustainability, including third-party reimburse-  
12          ment.

13          “(3) APPLICATION.—An eligible entity desiring  
14          to receive a grant under this subsection shall submit  
15          to the Secretary—

16                 “(A) an application at such time, in such  
17                 manner, and containing such information as the  
18                 Secretary may require; and

19                 “(B) a plan to—

20                         “(i) lower the rate of gestational dia-  
21                         betes during pregnancy; or

22                         “(ii) develop methods of tracking  
23                         women with a history of gestational diabe-  
24                         tes and develop effective interventions to  
25                         lower the incidence of the recurrence of

1           gestational diabetes in subsequent preg-  
2           nancies and the development of type 2 dia-  
3           betes.

4           “(4) USES OF FUNDS.—An eligible entity re-  
5           ceiving a grant under this subsection shall use the  
6           grant funds to carry out demonstration projects de-  
7           scribed in paragraph (1), including—

8                   “(A) expanding community-based health  
9                   promotion education, activities, and incentives  
10                  focused on the prevention of gestational diabe-  
11                  tes and development of type 2 diabetes in  
12                  women with a history of gestational diabetes;

13                   “(B) aiding State- and tribal-based diabe-  
14                   tes prevention and control programs to collect,  
15                   analyze, disseminate, and report surveillance  
16                   data on women with, and at risk for, gesta-  
17                   tional diabetes, the recurrence of gestational di-  
18                   abetes in subsequent pregnancies, and, for  
19                   women with a history of gestational diabetes,  
20                   the development of type 2 diabetes; and

21                   “(C) training and encouraging health care  
22                   providers—

23                           “(i) to promote risk assessment, high-  
24                           quality care, and self-management for ges-  
25                           tational diabetes and the recurrence of ges-

1           tational diabetes in subsequent preg-  
2           nancies; and

3           “(ii) to prevent the development of  
4           type 2 diabetes in women with a history of  
5           gestational diabetes, and its complications  
6           in the practice settings of the health care  
7           providers.

8           “(5) REPORT.—Not later than 4 years after the  
9           date of the enactment of this section, the Secretary  
10          shall prepare and submit to the Congress a report  
11          concerning the results of the demonstration projects  
12          conducted through the grants awarded under this  
13          subsection.

14          “(6) DEFINITION OF ELIGIBLE ENTITY.—In  
15          this subsection, the term ‘eligible entity’ means a  
16          nonprofit organization (such as a nonprofit academic  
17          center or community health center) or a State, trib-  
18          al, or local health agency.

19          “(7) AUTHORIZATION OF APPROPRIATIONS.—  
20          There is authorized to be appropriated to carry out  
21          this subsection \$5,000,000 for each fiscal year 2012  
22          through 2016.

23          “(d) POSTPARTUM FOLLOW-UP REGARDING GESTA-  
24          TIONAL DIABETES.—The Secretary, acting through the  
25          Director of the Centers for Disease Control and Preven-

1 tion, shall work with the State- and tribal-based diabetes  
2 prevention and control programs assisted by the Centers  
3 to encourage postpartum follow-up after gestational diabe-  
4 tes, as medically appropriate, for the purpose of reducing  
5 the incidence of gestational diabetes, the recurrence of  
6 gestational diabetes in subsequent pregnancies, the devel-  
7 opment of type 2 diabetes in women with a history of ges-  
8 tational diabetes, and related complications.”.