



Monthly Newsletter

111th Congress – October 2009

MESSAGE FROM THE CAUCUS LEADERSHIP

As the chairs and vice chairs of the Congressional Diabetes Caucus, we would like to present the October edition of the Caucus Monthly Newsletter. Below you will find the latest news in diabetes, summaries of recent diabetes events, and updates on the legislative priorities of the Caucus. We hope that you and your staff find this newsletter helpful and informative.

The Caucus has a reminder:

- **Don't forget to check out the "Did You Know???" section of the newsletter. Each month the Caucus will highlight a legislative priority area or an interesting fact about diabetes policy. Please contact Heather Foster in Rep. DeGette's office or Olivia Kurtz in Rep. Castle's office if your office would like the Caucus to feature a particular policy concern.**

Please contact Heather Foster at heather.foster@mail.house.gov or 5-4431 in Rep. DeGette's office if you would like more information about the Caucus or would like to join.

Rep. Diana DeGette
Co-Chair

Rep. Michael N. Castle
Co-Chair

Rep. Xavier Becerra
Vice-Chair

Rep. Mark Steven Kirk
Vice-Chair

CAUCUS ALERT

Diabetes Caucus Leadership Introduces Legislation to Renew the Special Diabetes Program

On September 29, 2009, the co-chairs of the Congressional Diabetes Caucus introduced H.R. 3668, legislation to renew the Special Diabetes Program. This program provides federal funding for the Special Statutory Funding Program for Type 1 Diabetes Research at the National Institutes of Health and the Special Diabetes Program for Indians at the Indian Health Service. H.R. 3668 would extend these critical programs through 2016 and increase funding for both programs to \$200 million a year.

Since its enactment in 1997, the Special Diabetes Program has made tremendous research advances improving the health and quality of life for the millions of Americans who live with this disease. The Special Diabetes Program represents 35% of all federal research on type 1 diabetes and has produced tangible results and real returns on the federal investment in type 1 diabetes research. Research supported by this program has led to new improved treatments, innovative technologies, and a better understanding of diabetes. The awareness, prevention, and treatment programs funded by the Special Diabetes Program for Indians have also made a measurable impact on the lives of American Indians and Alaska Native populations, which are disproportionately affected by diabetes.

Continued funding of the Special Diabetes Program will ensure that the federal effort to combat diabetes remains strong as we work to ensure that proven diabetes research, treatment, and prevention efforts continue to improve the lives of millions of people burdened with this serious disease.

To sign on as a co-sponsor of H.R. 3668, please contact Heather Foster in Rep. DeGette's office (heather.foster@mail.house.gov) or Olivia Kurtz in Rep. Castle's office (olivia.kurtz@mail.house.gov).



NEWS FROM NIH

Improved Treatment for Diabetes Related to Cystic Fibrosis: Cystic fibrosis (CF), a genetic disorder that leads to chronic lung infections, once led inevitably to childhood death from scarring of the lungs. New treatments are helping people with CF live much longer—often into their 30s and 40s. However, as they age, an increasing number of people with CF are developing CF-related diabetes (CFRD), which has been associated with reduced survival. CF severely damages the pancreas, affecting first its vital role in producing digestive enzymes needed for food absorption from the intestine and later its production of insulin needed to transport glucose fuel into cells. Replacement of lost digestive enzymes improves growth and nutrition, but sufficient insulin is also needed to maintain body weight and muscle mass. New research shows that aggressive insulin therapy, begun earlier in the course of CFRD than previously recommended, can help many people with CFRD maintain their body weight and avoid the excess mortality associated with CFRD.

Cystic fibrosis-related diabetes: current trends in prevalence, incidence, and mortality. Moran A, Dunitz J, Nathan B, Saeed A, Holme B, and Thomas W. 2009 Diabetes Care 32:1626-1631.

Insulin therapy to improve BMI in cystic fibrosis-related diabetes without fasting hyperglycemia: results of the cystic fibrosis related diabetes therapy trial. Moran A, Pekow P, Grover P, Zorn M, Slovis B, Pilewski J, Tullis E, Liou TG, Allen H; Cystic Fibrosis Related Diabetes Therapy Study Group. 2009 Diabetes Care. 32:1783-1788.

Metabolic Regulation by the Immune System: Although overweight and obesity confer significant risk for developing type 2 diabetes, the precise mechanisms underlying the relationship between body fat and diabetes remain unclear. An accumulation of research over the last several years, however, implicates the chronic, low-grade inflammation which typically accompanies obesity, in promoting insulin resistance, which is a precursor to type 2 diabetes. Earlier work found that a type of immune system cell called a macrophage is abundant in the fat tissues of obese mice (and humans). Macrophages are responsible for producing some of the chemical signals that trigger the inflammatory response. Now new research finds that a different type of immune system cells—called CD4⁺Foxp3⁺ Regulatory T (T_{reg}) cells—are found in the fat of lean animals, but not in those that are overweight. Experimentally depleting T_{reg} cells from lean mice increased their resistance to insulin. Importantly, the researchers found that the T_{reg} cells produce chemical signals which attenuate the inflammatory response when experimentally introduced into fat mice, helping restore the animals to a more normal metabolic state. This suggests that restoring normal immune regulatory signals in people at risk for type 2 diabetes may one day interrupt the development of insulin resistance and help them prevent the disease.

Lean, but not obese, fat is enriched for a unique population of regulatory T cells that affect metabolic parameters. Feuerer M, Herrero L, Cipolletta D, Naaz A, Wong J, Nayer A, Lee J, Goldfine AB, Benoist C, Shoelson S, and Mathis D. 2009 Nat Med. 15:930-939.

Diabetes Research for Medical Students: The newly established National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Medical Student Research Program in Diabetes allows medical students to conduct research under the direction of an established scientist in the areas of diabetes or obesity. Research is conducted the summer between the first and second year of medical school at an institution with a NIDDK-funded diabetes research center. The program provides the opportunity for medical students to conduct diabetes-related research and to gain an improved understanding of career opportunities in biomedical research. During the summer of 2009, 83 students from 40 U.S. medical schools were selected to participate in the program, conducting research at 15 diabetes research centers around the country. The diabetes-related research of the medical students was quite broad and ranged from basic laboratory studies to clinical studies to translational research involving epidemiology and health sciences research. A series of web-cast seminars addressing various clinical and research aspects of diabetes mellitus and its complications provided students a context and framework for their work. At the conclusion of the summer, students attended the NIDDK Medical Student Research Symposium in Nashville, Tennessee, to present their results and to discuss career pathways and opportunities in diabetes research. This program for the research symposium provides information about the participating students and diabetes research centers. The program is organized by the 17 NIDDK-funded diabetes research centers (<http://www.diabetescenters.org/>; page X) and supported by the National Institutes of Health through the NIDDK.



Diabetes News

Qualitest Pharmaceuticals Issues a Voluntary Nationwide Recall of All Accusure® Insulin Syringes

October 27, 2009

Huntsville AL-Qualitest Pharmaceuticals today issued a voluntary nationwide recall of all Accusure® Insulin Syringes. The distributed syringes have the following descriptions and NDC numbers: 28G 1/2cc, NDC 0603-6995-21; 28G 1cc, NDC 0603-6996-21; 29G 1/2cc NDC 0603-6997-21, 29G 1cc, NDC 0603-6998-21, 30G 1/2cc, NDC 0603-999-21, 30G 1cc, NDC 0603-7000-21, 31G 1/2cc, NDC 0603-7001-21; and 31G 1cc, NDC 0603-7002-21. All Accusure® Insulin Syringes regardless of lot number are subject to this recall. These syringes were distributed between January 2002 and October 2009 to wholesale and retail pharmacies nationwide (including Puerto Rico). The syringes in these lots may have needles which detach from the syringe. If the needle becomes detached from the syringe during use, it can become stuck in the insulin vial, pushed back into the syringe, or remain in the skin after injection. For more information about this recall, please encourage your constituents to view the full press release at:

<http://www.fda.gov/Safety/Recalls/ucm188137.htm>

- [WHO - Diabetes in Developing Countries](#)
- [Diabetes rates on the rise, developing countries seek solution](#)
- [People in Developing Countries Pay More for Diabetes Care and Have Poorer Health Results](#)
- [Access to Care for Patients with Insulin-Requiring Diabetes in Developing Countries](#)
- [Primary prevention of type-2 diabetes in developing countries](#)
- [Guidelines to improve treatment of diabetes worldwide](#)

FASCINATING FACT



Did You Know???

TYPE 2 DIABETES EPIDEMIC IN THE DEVELOPING WORLD

It may seem strange that the developing world, which is often associated with hunger and inadequate nutrition for children, is now experiencing an epidemic in type 2 diabetes, a disease related to wealth and unhealthy lifestyle. This can be explained by the high degree of urbanization in some countries like India, where people have adapted to the lifestyle of industrialized countries. An increased incidence of diseases such as diabetes maybe related to this new lifestyle. Some people have a higher genetic risk of developing diabetes, and combined with dramatic changes in lifestyle, this risk has turned into a reality for many people.

Source: IDF, Diabetes Atlas, 2nd and 3rd edition

UPCOMING EVENTS

November is American Diabetes Month

Be on the lookout for a resolution in the House of Representatives commemorating November as American Diabetes Month.

World Diabetes Day

November 14, 2009

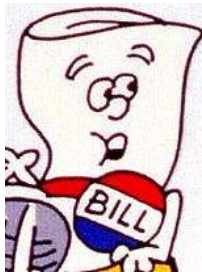


World Diabetes Day (WDD) is the primary global awareness campaign for diabetes. It was introduced in 1991 by the International Diabetes Federation (IDF) and the World Health Organization (WHO) in response to the alarming rise in diabetes around the world. In 2007, the United Nations marked the Day for the first time with the passage of the United Nations World Diabetes Day Resolution in December 2006, which made the existing World Diabetes Day an official United Nations World Health Day. For more information, please go to: <http://www.worlddiabetesday.org/>

MAKING SENSE OF DIABETES

In recognition of World Diabetes Day on November 14th, the Making Sense of Diabetes video contest challenges people living with diabetes to reveal its impact on their lives through sensory experiences – taste, hearing, sight, touch and smell. The contest is sponsored by the Diabetes Hands Foundation, a pioneering advocacy organization in social media, and made possible through support provided by Boehringer Ingelheim Pharmaceuticals, Inc. For more information, please go to: http://tudiabetes.com/notes/Making_Sense_of_Diabetes#Top

LEGISLATIVE PRIORITIES



H.R. 1995, ***The Eliminating Disparities in Diabetes Prevention, Access and Care Act***. The Eliminating Disparities in Diabetes Prevention, Access and Care Act is designed to promote research, treatment, and education regarding diabetes in minority populations. This specific focus will help us address the unique challenges faced by minority populations and provide more effective treatment and education. The bill currently has 21 cosponsors.

H.R. 1625, the ***Equity and Access for Podiatric Physicians Under Medicaid Act***. The bill would classify podiatrists as physicians for purposes of direct reimbursement through the Medicaid program. The Bill currently has 111 cosponsors.

H.R. 2425, the ***Medicare Diabetes Self-Management Training Act of 2009***. The bill would make a technical clarification to recognize certified diabetes educators (CDE) as providers for Medicare diabetes outpatient self-management training services (DSMT). CDEs are the only health professionals who are specially trained and uniquely qualified to teach patients with diabetes how to improve their health and avoid serious diabetes-related complications. The 1997 authorizing DSMT statute did not include CDEs as Medicare providers and it has become increasingly difficult to ensure that DSMT is available to patients who need these services, particularly those with unique cultural needs or who reside in rural areas. The bill currently has 31 cosponsors.

H.R. 2590, the ***Preventing Diabetes in Medicare Act of 2009***. The bill would extend Medicare coverage to medical nutrition therapy (MNT) services for people with pre-diabetes and other risk factors for developing type 2 diabetes. Under current law, Medicare pays for MNT provided by a Registered Dietitian for beneficiaries with diabetes and renal diseases. Unfortunately, Medicare does not cover MNT for beneficiaries diagnosed with pre-diabetes. Nutrition therapy services have proven very effective in preventing diabetes by providing access to the best possible nutritional advice about how to handle their condition. By helping people with pre-diabetes manage their condition, Medicare will avoid having to pay for the much more expensive treatment of diabetes. The bill currently has 9 cosponsors.