

112TH CONGRESS
1ST SESSION

H. R. 2194

To provide grants to better understand and reduce gestational diabetes, and
for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 15, 2011

Mr. ENGEL (for himself, Mr. BURGESS, Mr. ACKERMAN, Mr. RANGEL, Mr. GONZALEZ, Ms. LEE of California, and Mr. KING of New York) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

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 2011” or the “GEDI Act”.

6 **SEC. 2. GESTATIONAL DIABETES.**

7 Part B of title III of the Public Health Service Act
8 (42 U.S.C. 243 et seq.) is amended by adding after section
9 317H the following:

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

2 “(a) UNDERSTANDING AND MONITORING GESTA-
3 TIONAL DIABETES.—

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

15 “(2) AREAS TO BE ADDRESSED.—The research
16 project developed under paragraph (1) shall ad-
17 dress—

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

23 “(B) the progress of collaborative activities
24 with the National Vital Statistics System, the
25 National Center for Health Statistics, and
26 State health departments with respect to the

1 standard birth certificate, in order to improve
2 surveillance of gestational diabetes;

3 “(C) postpartum methods of tracking
4 women with gestational diabetes after delivery
5 as well as targeted interventions proven to
6 lower the incidence of type 2 diabetes in that
7 population;

8 “(D) variations in the distribution of diag-
9 nosed and undiagnosed gestational diabetes,
10 and of impaired fasting glucose tolerance and
11 impaired fasting glucose, within and among
12 groups of women; and

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

19 “(3) REPORT.—Not later than 2 years after the
20 date of the enactment of this section, and annually
21 thereafter, the Secretary shall generate a report on
22 the findings and recommendations of the research
23 project including prevalence of gestational diabetes
24 in the multisite area and disseminate the report to
25 the appropriate Federal and non-Federal agencies.

1 “(b) EXPANSION OF GESTATIONAL DIABETES RE-
2 SEARCH.—

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

6 “(A) developing and testing novel ap-
7 proaches for improving postpartum diabetes
8 testing or screening and for preventing type 2
9 diabetes in women with a history of gestational
10 diabetes; and

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

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

22 “(c) DEMONSTRATION GRANTS TO LOWER THE
23 RATE OF GESTATIONAL DIABETES.—

24 “(1) IN GENERAL.—The Secretary, acting
25 through the Director of the Centers for Disease

1 Control and Prevention, shall award grants, on a
2 competitive basis, to eligible entities for demonstra-
3 tion projects that implement evidence-based inter-
4 ventions to reduce the incidence of gestational diabe-
5 tes, the recurrence of gestational diabetes in subse-
6 quent pregnancies, and the development of type 2 di-
7 abetes in women with a history of gestational diabe-
8 tes.

9 “(2) PRIORITY.—In making grants under this
10 subsection, the Secretary shall give priority to
11 projects focusing on—

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

14 “(B) working with women with a history of
15 gestational diabetes during a previous preg-
16 nancy;

17 “(C) providing postpartum care for women
18 with gestational diabetes;

19 “(D) tracking cases where women with a
20 history of gestational diabetes developed type 2
21 diabetes;

22 “(E) educating mothers with a history of
23 gestational diabetes about the increased risk of
24 their child developing diabetes;

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

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

10 “(3) APPLICATION.—An eligible entity desiring
11 to receive a grant under this subsection shall submit
12 to the Secretary—

13 “(A) an application at such time, in such
14 manner, and containing such information as the
15 Secretary may require; and

16 “(B) a plan to—

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

19 “(ii) develop methods of tracking
20 women with a history of gestational diabe-
21 tes and develop effective interventions to
22 lower the incidence of the recurrence of
23 gestational diabetes in subsequent preg-
24 nancies and the development of type 2 dia-
25 betes.

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

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

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

18 “(C) training and encouraging health care
19 providers—

20 “(i) to promote risk assessment, high-
21 quality care, and self-management for ges-
22 tational diabetes and the recurrence of ges-
23 tational diabetes in subsequent preg-
24 nancies; and

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

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

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

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

21 “(d) POSTPARTUM FOLLOW-UP REGARDING GESTA-
22 TIONAL DIABETES.—The Secretary, acting through the
23 Director of the Centers for Disease Control and Preven-
24 tion, shall work with the State- and tribal-based diabetes
25 prevention and control programs assisted by the Centers

1 to encourage postpartum follow-up after gestational diabe-
2 tes, as medically appropriate, for the purpose of reducing
3 the incidence of gestational diabetes, the recurrence of
4 gestational diabetes in subsequent pregnancies, the devel-
5 opment of type 2 diabetes in women with a history of ges-
6 tational diabetes, and related complications.”.

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