

110TH CONGRESS
1ST SESSION

H. R. 4836

To reduce the incidence, progression, and impact of diabetes and its complications and establish the position of National Diabetes Coordinator.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 18, 2007

Mr. INSLEE (for himself and Mr. WYNN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Oversight and Government Reform, Agriculture, and Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To reduce the incidence, progression, and impact of diabetes and its complications and establish the position of National Diabetes Coordinator.

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 “National Diabetes Co-
5 ordinator Act of 2008”.

6 **SEC. 2. PURPOSE.**

7 It is the purpose of this Act to provide leadership for
8 the development and implementation of a national strat-

1 egy for reducing the incidence, progression, and impact
2 of diabetes and its complications.

3 **SEC. 3. NATIONAL DIABETES COORDINATOR.**

4 (a) ESTABLISHMENT.—Title III of the Public Health
5 Service Act (42 U.S.C. 241 et seq.) is amended by insert-
6 ing after section 330C the following:

7 **“SEC. 330C-1. NATIONAL DIABETES COORDINATOR.**

8 “(a) IN GENERAL.—

9 “(1) ESTABLISHMENT.—There is established
10 within the Office of the Secretary of the Department
11 of Health and Human Services the position of Na-
12 tional Diabetes Coordinator.

13 “(2) APPOINTMENT.—The Coordinator shall be
14 appointed by the Secretary in consultation with the
15 President (or the President’s designee) and shall re-
16 port directly to the Secretary.

17 “(3) QUALIFICATIONS.—The Coordinator shall
18 be a nationally recognized individual with experience
19 in diabetes-related issues across private and public
20 sectors.

21 “(4) STAFF.—The Secretary shall provide the
22 Coordinator with appropriate staff, administrative
23 support, and such other resources as may be nec-
24 essary for the Coordinator to carry out the duties
25 described in subsection (c).

1 “(b) MISSION.—In carrying out the duties described
2 in subsection (c), the Coordinator shall adhere to the mis-
3 sion of—

4 “(1) preventing diabetes in those individuals
5 and populations at risk for the disease;

6 “(2) increasing detection of diabetes;

7 “(3) maximizing the return on diabetes re-
8 search;

9 “(4) increasing diabetes control efforts;

10 “(5) improving the standard of diabetes care
11 available; and

12 “(6) supplementing, but not supplanting, exist-
13 ing diabetes research programs.

14 “(c) DUTIES OF THE COORDINATOR.—The Coordi-
15 nator shall—

16 “(1) serve as the principal advisor to the Sec-
17 retary on ways to save lives, improve the quality of
18 life, and save money for taxpayers and patients by
19 reducing the rates of diabetes and its complications;

20 “(2) develop a measurement for the incidence of
21 diabetes;

22 “(3) develop and coordinate implementation of
23 a national strategy to reduce the incidence, progres-
24 sion, and impact of diabetes and its complications in
25 the United States;

1 “(4) provide leadership and coordination be-
2 tween government agencies and across the public
3 and private sectors to ensure that diabetes-related
4 programs and policies of the Department of Health
5 and Human Services are coordinated internally and
6 with those of relevant Federal, State, and local agen-
7 cies with a goal of avoiding duplication of effort,
8 maximizing impact, and marshaling all government
9 resources; and

10 “(5) coordinate public and private resources to
11 develop and lead a public awareness campaign re-
12 garding the prevention and control of diabetes and
13 its complications.

14 “(d) COOPERATION.—The head of any Federal de-
15 partment or agency, including the Office of Minority
16 Health, and the head of any public or private agency or
17 entity that receives Federal funds related to diabetes or
18 diabetes-related complications, including the Diabetes
19 Mellitus Interagency Coordinating Committee and the Na-
20 tional Diabetes Education Program within the National
21 Institutes of Health, shall, to the extent possible, give full
22 cooperation to the Coordinator.

23 “(e) NO NEW RIGHTS OR BENEFITS.—This section
24 is not intended to, and does not, create any right or ben-
25 efit, substantive or procedural, enforceable at law or in

1 equity against the United States, its agencies, its entities
2 or instrumentalities, its officers or employees, or any other
3 person.

4 “(f) DEFINITIONS.—In this section:

5 “(1) The term ‘Coordinator’ means the Na-
6 tional Diabetes Coordinator.

7 “(2) The term ‘diabetes’ means diabetes
8 mellitus and includes type 1 diabetes, type 2 diabe-
9 tes, and gestational diabetes.”.

10 (b) EXECUTIVE SCHEDULE.—Section 5315 of title 5,
11 United States Code, is amended by adding at the end the
12 following new item:

13 “National Diabetes Coordinator General, De-
14 partment of Health and Human Services.”

15 (c) BEGINNING OF OPERATIONS.—Not later than 90
16 days after the date of the enactment of this Act, the Na-
17 tional Diabetes Coordinator shall begin operations under
18 section 330C–1 of the Public Health Service Act, as added
19 by subsection (a).

20 **SEC. 4. REPORTS TO THE PRESIDENT.**

21 (a) NATIONAL STRATEGY.—

22 (1) IN GENERAL.—Not later than 180 days
23 after the date of the enactment of this Act, the Sec-
24 retary of Health and Human Services, in consulta-
25 tion with the National Diabetes Coordinator, shall

1 report to the President on a national strategy to re-
2 duce the incidence, progression, and impact of diabe-
3 tes and its complications in the United States.

4 (2) UPDATES.—The Secretary of Health and
5 Human Services, in consultation with the National
6 Diabetes Coordinator, shall submit biennial updates
7 to the report required by paragraph (1).

8 (b) REPORT BY OPM.—Not later than 180 days after
9 the date of the enactment of this Act, the Director of the
10 Office of Personnel Management shall report to the Presi-
11 dent through the Secretary of Health and Human Services
12 on ways that the Federal Government can build into its
13 negotiations with health plans appropriate standards and
14 activities to reduce risk factors for diabetes and encourage
15 prevention and early treatment of diabetes and its com-
16 plications.

17 (c) REPORT BY SECRETARY OF AGRICULTURE.—Not
18 later than 180 days after the date of the enactment of
19 this Act, the Secretary of Agriculture shall report to the
20 President on ways in which food programs and nutritional
21 support can be better targeted at concerns specific to
22 those at risk for diabetes or those already diagnosed with
23 diabetes whose complications could be reduced by more ef-
24 fective diet.

1 (d) DEFINITION.—In this section, the term “diabe-
2 tes” means diabetes mellitus and includes type 1 diabetes,
3 type 2 diabetes, and gestational diabetes.

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