

S 3966

GEDI Act

Congress: 111 (2009–2011, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Nov 18, 2010

Current Status: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Latest Action: Read twice and referred to the Committee on Health, Education, Labor, and Pensions. (Nov 18, 2010)

Official Text: <https://www.congress.gov/bill/111th-congress/senate-bill/3966>

Sponsor

Name: Sen. Shaheen, Jeanne [D-NH]

Party: Democratic • State: NH • Chamber: Senate

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Collins, Susan M. [R-ME]	R · ME		Nov 18, 2010

Committee Activity

Committee	Chamber	Activity	Date
Health, Education, Labor, and Pensions Committee	Senate	Referred To	Nov 18, 2010

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
111 HR 5354	Related bill	Nov 15, 2010: Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Gestational Diabetes Act of 2010 or the GEDI Act - Amends the Public Health Service Act to direct the Secretary of Health and Human Services (HHS), acting through the Director of the Centers for Disease Control and Prevention (CDC), to develop a multisite gestational diabetes research project within the diabetes program of the CDC to expand and enhance surveillance data and public health research on gestational diabetes. Requires such research project to address: (1) procedures to establish accurate and efficient systems for the collection of gestational diabetes data; (2) the progress of collaborative activities with the National Vital Statistics System, the National Center for Health Statistics, and state health departments to improve surveillance of gestational diabetes; (3) postpartum methods of tracking women with gestational diabetes after delivery and targeted interventions to lower the incidence of type 2 diabetes in such women; (4) variations in the distribution of diagnosed and undiagnosed gestational diabetes; and (5) factors and culturally sensitive interventions that influence risks and reduce the incidence of gestational diabetes and related complications during childbirth.

Requires the Secretary to expand and intensify public health research on gestational diabetes, including; (1) developing and testing novel approaches for improving postpartum testing or screening and for preventing type 2 diabetes in women with a history of gestational diabetes; and (2) conducting research to further understanding of the factors and health systems that influence the risk of gestational diabetes and the development of type 2 diabetes in women with a history of gestational diabetes.

Requires the Secretary, acting through the Director of the CDC, to: (1) award grants for demonstration projects that implement evidence-based interventions to reduce the incidence of gestational diabetes, the recurrence of such disease in subsequent pregnancies, and the development of type 2 diabetes in women with a history of gestational diabetes; and (2) work with state and Indian tribal-based diabetes prevention and control programs assisted by the CDC to encourage postpartum follow-up after gestational diabetes to reduce the incidence of gestational diabetes and its recurrence, the development of type 2 diabetes in at-risk women, and related complications.

Actions Timeline

- **Nov 18, 2010:** Introduced in Senate
- **Nov 18, 2010:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.