

HR 3658

GEDI Act

Congress: 114 (2015–2017, Ended)

Chamber: House

Policy Area: Health

Introduced: Sep 30, 2015

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Oct 2, 2015)

Official Text: <https://www.congress.gov/bill/114th-congress/house-bill/3658>

Sponsor

Name: Rep. Engel, Eliot L. [D-NY-16]

Party: Democratic • **State:** NY • **Chamber:** House

Cosponsors (5 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Burgess, Michael C. [R-TX-26]	R · TX		Sep 30, 2015
Rep. Grijalva, Raúl M. [D-AZ-3]	D · AZ		Oct 5, 2015
Rep. Hastings, Alcee L. [D-FL-20]	D · FL		Oct 16, 2015
Rep. Pocan, Mark [D-WI-2]	D · WI		Oct 28, 2015
Rep. McCollum, Betty [D-MN-4]	D · MN		Dec 9, 2015

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Oct 2, 2015

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 S 84	Related bill	Jan 7, 2015: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Gestational Diabetes Act of 2015 or the GEDI Act

This bill amends the Public Health Service Act to direct 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.

The Department of Health and Human Services (HHS) must 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.

The CDC must: (1) award grants for demonstration projects 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

- **Oct 2, 2015:** Referred to the Subcommittee on Health.
- **Sep 30, 2015:** Introduced in House
- **Sep 30, 2015:** Referred to the House Committee on Energy and Commerce.