

118TH CONGRESS
2D SESSION

S. _____

To amend the Public Health Service Act to provide for a public awareness campaign with respect to screening for type I diabetes, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mrs. SHAHEEN introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To amend the Public Health Service Act to provide for a public awareness campaign with respect to screening for type I 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 “Strengthening Collec-
5 tive Resources for Encouraging Education Needed for
6 Type I Diabetes Act of 2024” or the “SCREEN for Type
7 I Diabetes Act of 2024”.

8 **SEC. 2. FINDINGS.**

9 Congress finds that—

1 (1) type I diabetes is an autoimmune disease
2 that causes destruction to the insulin-producing cells
3 in the pancreas;

4 (2) according to the Centers for Disease Con-
5 trol and Prevention, 1,700,000 adults age 20 years
6 or older, or 5.7 percent of all United States adults
7 diagnosed with diabetes, have type I diabetes and
8 use insulin;

9 (3) type I diabetes can occur in all ages, but is
10 the most common type of diabetes in children, and
11 according to the Centers for Disease Control and
12 Prevention, 304,000 children and adolescents in the
13 United States had type I diabetes in 2021, which is
14 about 35 per 10,000 United States youths;

15 (4) the rate of new cases of type I diabetes in
16 youths younger than 20 years has steadily increased
17 in the United States, and between 2002 and 2015,
18 rates of type I diabetes increased by 1.9 percent per
19 year among youths;

20 (5) minority populations have also suffered
21 from disproportionately higher increases in type I di-
22 abetes; between 2002 and 2015, rates of type I dia-
23 betes increased by 2.7 percent per year among non-
24 Hispanic Black populations, 4.0 percent among His-

1 panic populations, and 4.4 percent among Asian and
2 Pacific Islander populations;

3 (6) people with clinical type I diabetes will
4 eventually need to take insulin via multiple daily in-
5 jections or continuous insulin pump to stay alive for
6 the remainder of their lives, which remains com-
7 plicated and costly to manage;

8 (7) according to the American Diabetes Asso-
9 ciation, in 2022, the estimated direct and indirect
10 medical costs in the United States for cases of diag-
11 nosed diabetes was \$412,900,000,000;

12 (8) 1 in 4 patients is forced to ration insulin at
13 some point due to cost;

14 (9) the exact cause of type I diabetes remains
15 under investigation, but there are methods to screen
16 individuals for this disease;

17 (10) most existing screening programs have tar-
18 geted relatives of people with type I diabetes, but
19 approximately 85 percent of individuals who develop
20 type I diabetes do not have a family history of the
21 disease;

22 (11) frequently, patients with type I diabetes
23 receive their diagnosis after presenting in the hos-
24 pital with diabetic ketoacidosis, a preventable, life-
25 threatening complication;

1 (12) early detection and screening are key
2 strategies for identifying individuals in the early
3 stages of type I diabetes before they become insulin-
4 dependent to better manage and prevent negative
5 outcomes for patients, as well as to prevent hos-
6 pitalizations;

7 (13) the American Diabetes Association re-
8 cently published updated clinical guidelines that en-
9 courage increased screening for type I diabetes;

10 (14) providing comprehensive information about
11 the importance of detection and screening to identify
12 type I diabetes patients before the onset of insulin
13 dependence can help doctors, patients, and parents
14 work together to monitor type I diabetes stages and
15 symptoms; and

16 (15) increased outreach and education about
17 the importance of detection and screening for type
18 I diabetes can improve health outcomes, including
19 potentially preventing life-threatening complications
20 and hospitalization during diagnosis.

21 **SEC. 3. TYPE I DIABETES SCREENING PUBLIC AWARENESS**

22 **CAMPAIGN.**

23 (a) IN GENERAL.—Section 317H of the Public
24 Health Service Act (42 U.S.C. 247b–9) is amended by
25 striking subsection (c) and inserting the following:

1 “(c) TYPE I DIABETES PUBLIC AWARENESS CAM-
2 PAIGN.—

3 “(1) IN GENERAL.—The Secretary, acting
4 through the Director of the Centers for Disease
5 Control and Prevention, shall carry out a national
6 campaign to increase awareness and knowledge of
7 health care providers and the public with respect to
8 type I diabetes detection, screening, and manage-
9 ment.

10 “(2) WRITTEN MATERIALS.—In carrying out
11 the national campaign under paragraph (1), the Sec-
12 retary shall maintain a publicly accessible supply of
13 written materials that provide information to the
14 public relating to early detection and symptoms of
15 type I diabetes and type I diabetes screening, includ-
16 ing information relating to—

17 “(A) early symptoms and warning signs of
18 type I diabetes;

19 “(B) the availability of screening for type
20 I diabetes;

21 “(C) the benefits of getting screened for
22 type I diabetes;

23 “(D) training and education regarding
24 medically appropriate resources for those newly
25 diagnosed; and

1 “(E) such other information as the Sec-
2 retary determines appropriate.

3 “(3) PUBLIC SERVICE ANNOUNCEMENTS.—

4 “(A) IN GENERAL.—In carrying out the
5 national campaign under paragraph (1), the
6 Secretary shall develop and issue public service
7 announcements to provide education to the pub-
8 lic on early detection and symptoms of type I
9 diabetes and the importance of screening for
10 type I diabetes.

11 “(B) MEDIA.—The Secretary shall issue
12 public service announcements under subpara-
13 graph (A) through—

14 “(i) media, including social media, tel-
15 evision, radio, print, the internet, and
16 other media;

17 “(ii) in-person or virtual public com-
18 munications; and

19 “(iii) recognized trusted figures.

20 “(4) CONSULTATION.—In carrying out the na-
21 tional campaign under paragraph (1), the Secretary
22 shall consult with the National Academy of Medi-
23 cine, health care provider associations, community
24 health worker associations, nonprofit organizations,
25 including nonprofit organizations that represent

1 communities most impacted by type I diabetes,
2 State, local, and Tribal public health departments,
3 elementary and secondary education organizations,
4 including student and parent organizations, and in-
5 stitutions of higher education, to solicit advice on
6 evidence-based information for policy development
7 and program development, implementation, and eval-
8 uation.

9 “(5) REQUIREMENTS.—

10 “(A) IN GENERAL.—The national cam-
11 paign under paragraph (1) shall—

12 “(i) include the use of evidence-based
13 media and public engagement;

14 “(ii) include the development of cul-
15 turally and linguistically competent re-
16 sources that shall be tailored to—

17 “(I) communities with the largest
18 significant increases in incidence of
19 type I diabetes; and

20 “(II) such other communities as
21 the Secretary determines appropriate;

22 “(iii) include the dissemination of type
23 I diabetes screening information and com-
24 munication resources, including the infor-

1 mation specified in subparagraphs (A)
2 through (E) of paragraph (2), to—

3 “(I) health care providers and
4 health care facilities, including pri-
5 mary care providers, community
6 health centers, and pediatric health
7 care providers and facilities;

8 “(II) State, local, and Tribal
9 public health departments;

10 “(III) elementary and secondary
11 schools; and

12 “(IV) institutions of higher edu-
13 cation;

14 “(iv) be complementary to, and co-
15 ordinated with, any other Federal efforts
16 with respect to type I diabetes awareness
17 and management; and

18 “(v) include message testing to iden-
19 tify culturally and linguistically competent
20 and effective messages.

21 “(B) GRANTS TO CARRY OUT CAMPAIGN.—

22 The Secretary carry out the national campaign
23 under paragraph (1) through grants to, or co-
24 operative agreements with, 1 or more private,

1 nonprofit entities with a history developing and
2 implementing similar campaigns.

3 “(C) GRANTS TO INCREASE SCREENING.—
4 The Secretary shall award grants to, or enter
5 into cooperative agreements with, State, local,
6 and Tribal public health departments—

7 “(i) to engage with communities de-
8 scribed in subclauses (I) and (II) of sub-
9 paragraph (A)(ii), local educational agen-
10 cies, health care providers, community or-
11 ganizations, or other groups the Secretary
12 determines are appropriate to develop and
13 deliver effective strategies to increase type
14 I diabetes screening; and

15 “(ii) to disseminate culturally and lin-
16 guistically competent resources on where
17 an individual can access type I diabetes
18 screenings locally.

19 “(6) OPTIONS FOR DISSEMINATION OF INFOR-
20 MATION.—The national campaign under paragraph
21 (1) may—

22 “(A) include the use of—

23 “(i) media, including social media, tel-
24 evision, radio, print, the internet, and
25 other media;

1 “(ii) in-person or virtual public com-
2 munications; and

3 “(iii) recognized trusted figures; and

4 “(B) be targeted to the general public and
5 communities described in subclauses (I) and
6 (II) of paragraph (5)(A)(ii).

7 “(7) AUTHORIZATION OF APPROPRIATIONS.—

8 There is authorized to be appropriated to carry out
9 this subsection \$5,000,000 for each of fiscal years
10 2025 through 2030, to remain available until ex-
11 pended.”.

12 (b) REPORT TO CONGRESS.—Not later than 1 year
13 after the date of enactment of this Act, the Secretary of
14 Health and Human Services shall submit to the Com-
15 mittee on Health, Education, Labor and Pensions of the
16 Senate and the Committee on Energy and Commerce of
17 the House of Representatives a report—

18 (1) that contains a qualitative assessment of
19 the campaign under subsection (c) of section 317H
20 of the Public Health Service Act (42 U.S.C. 247b–
21 9) and the activities conducted under such cam-
22 paign; and

23 (2) on, with respect to the impact on type I dia-
24 betes awareness and screening, the activities con-
25 ducted under such subsection (c).