

REFORM OF MEDICARE
INTRADIALYTIC PARENTERAL
NUTRITION [IDPN] BENEFIT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. STARK. Mr. Speaker, when a group pays too much for a product and thereby provides windfall profits for the provider of that product, there is an overwhelming temptation by that provider to oversell and overuse the product.

That's what has happened in Medicare, where we pay grossly too much for a product called intradialytic parenteral nutrition [IDPN]. As a result, kidney dialysis providers are sorely tempted to overprescribe and overuse this product. To stop the questionable use of this product, I am today introducing legislation to reform how Medicare pays for this nutritional treatment needed by a very small number of end stage renal disease patients.

The current Medicare coverage of intradialytic parenteral nutrition [IDPN] has raised concerns involving the efficacy of this procedure as well as the possibility of gross overutilization. IDPN is the provision of parenteral nutrition that is administered during dialysis for end stage renal disease [ESRD] patients. IDPN is used to deliver nutrition, including amino acids, carbohydrates, and at times vitamins, trace elements, and lipids during dialysis. Although IDPN is provided in conjunction with dialysis, the coverage and reimbursement for IDPN are separate from the ESRD benefit. Specifically, coverage of IDPN is included under the prosthetic device benefit and reimbursed under the durable medical equipment benefit.

Parenteral nutrition is covered for those patients who have a functional impairment of the gastrointestinal tract, which prevents sufficient absorption of nutrients to maintain an appropriate level of strength and weight. Enteral feeding, additional nutrition administered orally or through a tube and absorbed through a functioning gastrointestinal tract, must first be proven ineffective before parenteral nutrition will be reimbursed. Parenteral nutrition is prohibited when it merely serves to supplement regular feeding.

There is concern within the medical field that IDPN is being unnecessarily utilized. Admittedly, there exist patients for whom IDPN is appropriate. According to a May 1993 Health and Human Service Office of Inspector General [OIG] report, an average of 2.4 percent of patients in dialysis facilities receive IDPN, in all cases only three times a week through their dialysis shunt. For-profit dialysis facilities had 2.9 percent of their ESRD patients using IDPN whereas only 1.5 percent of not-for-profit ESRD patients were on IDPN. This discrepancy between for- and not-for-profit hospitals should alert us to the possibility of abuse on the part of for-profit dialysis centers.

Current billing practices for IDPN have resulted in enormous overcharging for IDPN supplies. Some claim that Medicare is paying nearly 800 to 1,000 percent more than the provider's acquisition cost for IDPN supplies. Medicare allows \$250 for one combination of total parenteral nutrition solution, but the actual price of these supplies is no more than a couple of dollars. With such inflated prices, it

is no surprise that this specific Medicare part B benefit has been overutilized.

According to the U.S. Renal Data System's 1996 report, Medicare outlays for IDPN use rose from \$51.6 million in 1991, \$68.7 million in 1992, and to \$78.1 million in 1993, but dropped off to \$46.4 million in 1994. This treatment is considered by many in the medical field to be only appropriate for a very limited, constant number of end stage renal disease patients. It is no coincidence that the DMERC's new guidelines requiring more stringent documentation of the need for IDPN occurred just before this most recent decline in Medicare IDPN expenditures.

Since ESRD patients are on a dialysis machine three times each week for a limited time, the total amount of intradialytic nutrition delivered is rather limited. It is estimated that only 10 to 20 percent of the recommended weekly calories for an ESRD patient are supplied using the IDPN delivery method. However, on average it cost \$60,000 per year to administer these few calories. Only 70 percent of the amino acids administered through IDPN are retained within the body. This method of amino acid supplementation provides roughly 108 to 114 grams of protein per week. For comparison, an oral supplement given three times per day would provide 189 grams of protein per week. The cost of such enteral amino acid feeding is roughly \$6.30 a week at the Portland VA Medical Center. With these kinds of gross windfall profits, there will be constant pressure to overutilize and abuse IDPN. It is up to us to legislate reimbursement reform.

If the utilization rate and Medicare outlay increases were for a procedure that enjoyed definitive support from the medical community, I would not only justify but encourage widespread use of such treatment for our seniors and disabled. However, in the opinion of the HHS's own Office of Inspector General, "the benefits of parenteral nutrition for ESRD patients are unproven, its use is associated with a high rate of complication, and the cost of care is disproportionate to the resources expended."

Clinicians disagree as to the efficacy of this treatment method. Some cite increasing nutritional parameters as evidence that IDPN is indeed nourishing the patient, while others feel that the relatively few studies showing a positive correlation between IDPN use and increasing nutritional parameters contains shortcomings in the design of the study leading to unreliable conclusions. Still others claim that these studies simply fail to demonstrate a link between decreasing morbidity and increasing nutritional parameters.

We must address the IDPN pricing issue immediately to prevent the incentives for overutilization and the further plundering of our already endangered Medicare. I propose that we begin by first changing the reimbursement of IDPN from a rate within the durable medical equipment benefit to an incremental add-on payment within the ESRD benefit that would reflect the marginal costs of providing the individual components of an IDPN solution. This new ESRD benefit would cover only the arms length acquisition costs of the IDPN supplies plus an appropriate administrative service fee. The Secretary must conduct a survey of the IDPN market to determine the estimated true acquisition cost. To eliminate the benefit altogether would deny those few patients the right

to a treatment that is indeed warranted. However, by altering the reimbursement of this treatment we will reduce the financial incentive for overutilization. In addition, specific HCPCS codes for IDPN will be created so as to be able to accurately identify the content of the solutions that are being administered.

IDPN coverage has created a complex, confusing system with tremendous opportunity for abuse. I urge my colleagues to support this measure designed to create a simpler, more cost-effective means of covering intradialytic parenteral nutrition in end stage renal disease patients.

TRIBUTE TO MRS. PATRICIA
DAVIS OF NASHVILLE, TN

HON. BOB CLEMENT

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. CLEMENT. Mr. Speaker, I rise today to offer my enthusiastic congratulations to Mrs. Patricia E. Davis for her years of service to the Nashville community. As director of Citizens for Affordable Housing, an agency designed to fulfill the necessary fundamentals of housing and location needs for all families of the Metropolitan Nashville area, she works to enable residents of low-rent housing to become both physically and mentally self-sustaining. In addition to providing refinancing assistance, she also hosts workshops regarding credit, housing, and mortgage issues. This agency serves all perspective homeowners with a financial system which shows these individuals how to live by a budget as well as making them aware of their new responsibilities.

Mr. Speaker, I believe we could all do well to follow Patricia Davis' example, to pay attention to our communities, and give ourselves to them.

TRIBUTE TO DOMINICK RIVETTI

HON. HOWARD L. BERMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. BERMAN. Mr. Speaker, I am honored to pay tribute to my good friend Dominick Rivetti, who has been police chief of the city of San Fernando since May 1986. This year Chief Rivetti is celebrating 25 years as a member of the San Fernando Police Department. I am proud to be among those congratulating him on achieving this milestone.

Before becoming chief, he moved up the ranks, from patrol officer to senior training officer to watch commander to division commander. Chief Rivetti is passionately dedicated to law enforcement and San Fernando: He and I have had many conversations about finding funds to expand the size of the San Fernando Police Department. Indeed, the chief is constantly on the look out for government programs designed to help law enforcement.

The chief is currently vice president of the Los Angeles Police Chiefs' Association, and is affiliated with the International Association of Police Chiefs, the California Police Chiefs Association, the San Fernando Police Advisory

Council, and the California Peace Officers Association. In addition, he teaches at the Los Angeles Sheriff's Department North Academy at College of the Canyons.

But Chief Rivetti's involvement with San Fernando does not end with the workday. He is also a member of the San Fernando Kiwanis Club, the San Fernando Rotary Club, and the Northeast Valley Jeopardy Board of Directors. He is clearly someone who cares deeply for his community.

I ask my colleagues to join me today in saluting San Fernando Police Chief Dominick Rivetti, a compassionate man who is devoted to his family and his work. His selflessness and dedication are an inspiration to us all.

AND A ONE, AND A TWO

HON. JAMES A. BARCIA

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. BARCIA. Mr. Speaker, one of the greatest gifts that has been given to us is music. Music makes us laugh and brings us joy. That is why today I rise to pay tribute to a man who has brought much joy and laughter to all who know him, Mr. Jim Lepeak. On Sunday, October 6, Jim Lepeak will be inducted into the Michigan Polka Music Hall of Fame. A banquet and presentation will be held at the Western Fraternal Life Association Hall in Owosso, MI.

Born in 1929, music was in Jim's blood. His first instrument was a cigarbox with rubberbands stretched across it. At 7, he purchased a mail-order guitar that was too big for his fingers. When his father gave him a small accordion out of sympathy for his guitar plight, Jim took to it like a duck to water. He gave his first public performance after only three short lessons and quickly graduated to the 120 bass accordion which, to this day, is his treasured keepsake.

In the early 1940's, Jim joined the Floyd Talaga Polka Band and the Musician's Union. From that moment on, Jim knew that playing polka music was the path for him. Throughout his long career, Jim has been a member of many bands including Floyd Grocholski's Musical All Stars and Gary Taylor and the Happy Knights. During his many public appearances, Jim has played up and down the great State of Michigan entertaining people from Cobo Hall in Detroit to Sault Ste. Marie in the Upper Peninsula. The number of bands Jim has played in is exceeded only by the number of musical instruments he has mastered. Jim excels at playing not only the accordion but the bass guitar, mandola, Mandolin, piano, organ, drums, and violin. He has used his musical proficiency to record several CD's featuring polka music.

His career has had several interesting highlights, especially during his trips behind the Iron Curtain. In the course of one of his tours, his playing led to a snake dance through the Kasprawy Hotel in Zakopane, Poland, that lasted until 4 a.m. He has also entertained on the front deck of a boat on the Danube River in Budapest, Hungary, while the Captain danced the polka in the wheelhouse.

These days Jim calls himself semiretired while playing in a one-man band. He now devotes most of his weekdays playing at hos-

pitals, nursing homes, and senior sites. Jim also spends time with his charming wife, Illamae, and his four children, John, Joseph, Cynthia, and Gregory.

Mr. Speaker, Jim Lepeak has dedicated his life to bringing music and laughter to ours. He is a talented musician and a selfless volunteer. I want you and our colleagues to roll out a barrel of thunderous applause for Jim Lepeak and his induction into the Michigan Polka Music Hall of Fame.

A TRIBUTE TO THE HONORABLE
BOB WALKER FOR DISTINGUISHED SERVICE TO THE CITIZENS OF THE UNITED STATES

HON. F. JAMES SENSENBRENNER, JR.

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. SENSENBRENNER. Mr. Speaker, I rise today to honor the distinguished chairman from Pennsylvania, the Honorable BOB WALKER. For the past 20 years, BOB has been an outstanding representative for the people of Pennsylvania's 16th District.

Since 1978, I've had the pleasure and fun of serving and dealing with BOB. Let me say it here first, there has never been nor will there ever again be a Member quite like BOB.

I've gotten to know BOB pretty well from our work on the Science Committee. BOB has been and continues to be a devoted supporter and ally of science. He has done a marvelous job as chairman of the Science Committee, focusing the limited budget resources on sound science and basic research. I sincerely hope my friend will continue to provide his enthusiasm and counsel in helping develop science policy for many years to come.

BOB's impact has not been limited to science policy. He successfully got his drug-free workplace provision passed in the 100th Congress. In addition, he has had legislative success reforming product liability, antitrust, and intellectual property laws.

BOB has been a master of parliamentary procedure since he entered the House. His mastery forced the Democratic leadership for many years to plug parliamentary loopholes as quickly as BOB could use them. Many battles and victories were won because of BOB's parliamentary skills.

On behalf of the citizens of Wisconsin's Ninth District, I thank the Honorable BOB WALKER for his outstanding service to the House of Representatives and the United States.

HONORING THE DEER PARK
TERRORS SOFTBALL CHAMPS

HON. KEN BENTSEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. BENTSEN. Mr. Speaker, I rise to congratulate the Deer Park Terrors, a team of very talented young softball players in my district who are the 1996 National Champions of Pony Softball, Pinto Division.

The Terrors finished with an amazing season record of 42 wins and only 4 losses, be-

coming not only the national champs but Texas ASA Pixie State Champions as well. Their division included players aged 7 and 8 during the season in which they played.

I want to congratulate all the team members for the hard work, dedication, and talent that resulted in their success. Team members are: Ashley Bryant, Jessica Barrera, Caitlin Sanders, Brittainy Richardson, Melissa Williams, Heather Barker, Jennifer Turner, Brooke Boudreaux, Shara Hoffman, Madelyne McCollum, Lauren Flynn, and Stephanie Bradley.

I also want to congratulate their manager, David Hoffman; their coaches, Mike Williams, Mark Barker, Orlando Turner, and Scott Bradley; and their team mom, Colleen Sanders. They provided training, encouragement, and support that were essential to the team's success.

To become national champions, the Deer Park Terrors had to win seven consecutive tournaments: Missouri City Shootout, Deer Park, Pasadena Pixie Turn-Up Classic, Texas ASA Pixie State Tournament, La Porte "Storm" Classic, Pony Regionals, and Pony National Pinto Division Championship.

This string of success wouldn't be possible without both tremendous individual talent and an incredible team effort. Congratulations to the Deer Park Terrors and best wishes for the continued success that I have no doubt the future will bring.

DISTINGUISHED CAREER AWARD
TO KATHERINE C. ILL, M.D.

HON. NANCY L. JOHNSON

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mrs. JOHNSON of Connecticut. Mr. Speaker, I rise to call attention to the distinguished career of Dr. Katherine C. Ill, president of The Hospital for Special Care, a rehabilitation and long-term care facility in my hometown of New Britain, CT. Doctor Ill's career has truly been a personification of public service. For over 30 years, she has served The Hospital for Special Care and its community as a strong advocate at both the national and local levels, and has developed programs and policies that benefit persons with physical disabilities. It is because of her tireless dedication and unwavering support for improving the quality of life for these special populations that Doctor Ill is to receive the American Rehabilitation Association's prestigious Milton Cohen Distinguished Career Award this year.

Doctor Ill has been a visionary leader of The Hospital for Special Care since joining the staff in 1964. Her leadership qualities, continuous pursuit of excellence, and unshakable integrity were evident from the start, and she was named medical director of the hospital in 1966, and president and chief executive officer in 1986. She has been the architect for change throughout her career with the hospital and has led its transformation from a long-term chronic disease facility to an innovative, state-of-the-art center for rehabilitation, respiratory, and medically complex pediatric care.

Doctor Ill is well respected by her peers and is deeply appreciated by the men and women who are cared for at The Hospital for Special Care. She is also involved in various community and medical associations, with the same