

TRIBUTE TO JUDGE EDMUND A.  
SARGUS, JR.

HON. ROBERT W. NEY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, September 25, 1996*

Mr. NEY. Mr. Speaker, I commend the following to my colleagues:

Whereas Judge Edmund A. Sargus, Jr. will be invested as a United States District Judge in the Southern District of Ohio; and

Whereas the Honorable Edmund Sargus has shown exemplary dedication to justice and the practice of law; and

Whereas Judge Sargus has honorably served the City of Bellaire and the State of Ohio as a Law Director, United States Attorney and Special Counsel to the Ohio Attorney General: Therefore, be it

*Resolved*, That the residents of Belmont County, with a real sense of pleasure and pride, join me in commending The Honorable Edmund A. Sargus, Jr. for his hard work and commitment to justice and to the law.

# MEDICARE AND VANCOMYCIN: LEGISLATION TO PRESERVE A BENEFIT AND PROTECT THE PUBLIC HEALTH

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, September 25, 1996*

Mr. STARK. Mr. Speaker, current Medicare pharmaceutical payment policy is creating distortions in the types of drugs prescribed in our society and contributing to a potential public health problem. This problem is the threat of increased drug resistance among bacteria that cause infections in thousands of people. The policy contributing to this public health threat is the unevenness of Medicare coverage for outpatient medications, and specifically, Medicare's coverage of a single antibacterial drug called vancomycin out of a multitude of possible antibacterials. This coverage provides an unintended incentive for physicians to preferentially choose vancomycin over other antibiotics. Inappropriate use of vancomycin will likely accelerate the emergence and spread of bacteria resistant to this drug, causing a major public health problem resulting in numerous deaths and increased morbidity. The bill I am introducing today counteracts the misdirected incentive for inappropriate use of vancomycin by insisting on certain criteria for the use of the drug in order for it to be reimbursed.

Under current law, Medicare reimburses for outpatient medications in limited circumstances. Highly specific, unrelated categories of drugs are reimbursed. These include drugs administered in a physician's office or hospital, oral anticancer drugs, immunosuppressant drugs for organ transplant patients, a drug to treat anemia in end stage renal disease patients, drugs to treat osteoporosis in certain patients, and drugs that require durable medical equipment [DME] for their administration. Approximately 20 drugs are covered under the DME benefit, of which vancomycin is one. Vancomycin is covered because it is administered intravenously through an apparatus called an infusion pump. Medicare reimburses for the infusion pump

and for the drug for which it is used. Thus, although more than 50 drugs are available to treat bacterial infections, Medicare singles out one drug for reimbursement simply because an infusion pump is used for administration. The DME benefit also includes four drugs used to treat infections caused by viruses or fungi, again because an infusion pump is used for administration, but vancomycin is the only drug used to treat infections caused by bacteria.

Intravenous vancomycin is typically used in home therapy for infections requiring prolonged courses of antibiotics, such as endocarditis, an infection of the heart valves, or osteomyelitis, an infection of bones. Generally patients are hospitalized for an initial period, and once stable, can continue treatment at home. Only a subset of patients are medically appropriate candidates to receive home intravenous therapy. Home therapy is generally cost effective because the alternative is for patients to remain in the hospital or other inpatient facility to receive the therapy.

Medicare's reimbursement system is causing overuse of vancomycin. The Health Care Financing Administration [HCFA] found a 64-percent increase in the home use of vancomycin, as measured by claims submitted for infusion pumps for vancomycin, from the fourth quarter of 1994 through the third quarter of 1995. Anecdotes from some hospitals and home care agencies indicate that vancomycin is preferentially used whenever the bacteria causing the infection are susceptible to it. This information suggests that the current Medicare policy is having the unintended effect of changing physicians prescribing practices.

Overuse of antibiotics is a principal risk factor for the development of drug resistant bacteria. Antibiotics kill or inhibit bacteria that are susceptible to them, but the resistant bacteria survive. The Centers for Disease Control and Prevention [CDC] has documented a major increase in infections among hospitalized patients due to vancomycin resistant bacteria called vancomycin-resistant-enterococci [VRE], from 0.3 percent in 1989 to 7.9 percent in 1993. In addition to this increase, a major concern is the possibility that these bacteria will transfer their vancomycin resistance to other families of bacteria. This transfer has occurred in a laboratory setting but has not yet been documented in humans; when it does occur, a major public health problem will arise since some of the bacteria to which vancomycin resistance may be transferred, such as *Staphylococcus aureus*, are common causes of infection and may already be resistant to many other drugs. In a 1995 report about the impacts of antibiotic resistant bacteria, the Office of Technology Assessment concluded that steps should be taken to preserve the effectiveness of currently available antibiotics. It noted that Medicare's vancomycin policy runs counter to recommendations published by the CDC for judicious use of this drug. It also advised that a change in the Medicare policy may secondarily create positive influences on other insurers to consider whether their policies might also be creating unanticipated effects on antibiotic prescription patterns.

Clearly, some patients need to be treated with vancomycin; it can be a lifesaving treatment in patients with serious infections caused by bacteria resistant to other drugs, or in patients who are allergic to certain other drugs. Unfortunately, HCFA's response to the prob-

lem of vancomycin overuse is to curtail coverage for vancomycin altogether. HCFA has announced that it is planning to curtail coverage of vancomycin under the DME benefit starting September 1, 1996. It has determined that vancomycin does not require an infusion pump for administration and thus will not be reimbursed. Surely, there must be a better way to address this problem than penalizing patients who truly need vancomycin.

Instead of curtailing coverage, my bill addresses the public health threat by insisting that vancomycin use complies with certain criteria. The CDC's published recommendations for preventing the spread of vancomycin resistance include guidelines for prudent vancomycin use. The bill incorporates the two CDC recommendations that seem most applicable in the outpatient setting. Implementation would involve having physicians indicate on the request for vancomycin and DME reimbursement that the treatment meets at least one of the criteria delineated in the bill.

Vancomycin is used to treat bacteria which are characterized as gram-positive; this property means that when the bacteria are applied to a microscope slide and subjected to a technique called the Gram stain, the bacteria pick up the color of the stain, which is a positive result. The ability of these bacteria to pick up the stain is related to their outer structure; the ability of certain antibiotics to harm these bacteria is related to the antibiotic's ability to penetrate or disrupt this structure.

Another large family of antibiotics effective against gram-positive organisms is termed the beta-lactam antibiotics because they have in common a chemical structure called the beta-lactam ring. The prototype and most well-known of the beta-lactam antibiotics is penicillin. Penicillin is the first choice treatment for certain infections. However, penicillin has been widely used since the 1940's and many bacteria currently are resistant to penicillin; in this case, certain other beta-lactam drugs are usually effective. Since the 1980's, however, an increase in infections due to *Staphylococcus aureus* strains which are resistant to the whole family of beta-lactam drugs has been documented in hospitals; in these infections, vancomycin is often effective. Vancomycin is generally the last drug available to effectively treat these infections. Thus, today's bill reserves vancomycin use for when the bacteria are resistant to beta-lactam antibiotics. Although vancomycin could also be used against bacteria that are not resistant to the other drugs, it is more prudent to use the other drugs whenever possible and to save vancomycin as the last resort. Current law does not prevent physicians from prescribing vancomycin for infections that could be effectively treated with a beta-lactam antibiotic. In contrast, my bill provides for reimbursement of vancomycin and the equipment used for its administration if the physician indicates that treatment is for a serious infection caused by beta-lactam-resistant bacteria.

Vancomycin is also used for patients who have serious allergies to penicillin and other beta-lactam antibiotics. Thus, the bill also provides for reimbursement of vancomycin and the equipment used for its administration if the patient has a serious allergy to beta-lactam antibiotics.

The bill I am introducing is one attempt to address the public health threat of drug resistant bacteria while protecting the needs of

beneficiaries. However, it may not be the only way to address the problem. The policy causing this problem is rooted in the haphazard way in which Medicare reimburses for outpatient pharmaceuticals. Perhaps a more sweeping change is needed rather than just an adjustment of the reimbursement for one drug. The Medicare outpatient drug benefit has been adjusted drug by drug over the years. However, this policy is causing distortions in the types of drugs prescribed, as evidenced by the vancomycin problem. I solicit ideas and suggestions from the medical and pharmaceutical community and others to help resolve this public health problem and to make Medicare drug payment policies more rational, cost effective, and less likely to lead to similar problems in the future.

IN HONOR OF RONALD A. DALL ON  
THE OCCASION OF HIS RETIREMENT

HON. BOB CLEMENT

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. CLEMENT. Mr. Speaker, I rise today to pay tribute to a fine American, Ronald A. Dall. Mr. Dall has recently retired from his position as Assistant to the Director of the Washington Regional Complaint Center of the Internal Revenue Service, ending 34 years of Federal Government service. Upon his retirement, Ron was awarded the Certificate of Merit from the Director of the Treasury Department's Office of Equal Opportunity Program; a Certificate of Appreciation from the Director of the Secret Service; the Albert Gallatin Award from the Secretary of the Treasury, and a congratulatory letter from the President of the United States.

From 1967 to 1970, Ron worked at the Equal Employment Opportunity Commission as an equal employment officer, where he received a letter of commendation. He then began his employment at the Treasury Department, and from 1972 to 1975 he was Assistant Director for Equal Employment. For his outstanding work in this position, Ron was presented with the Meritorious Service Award. During Ron's tenure, 1975–78, as Director of the Discrimination Complaints Division for the National Aeronautics and Space Administration, he was selected to receive the Exceptional Performance Award, the highest honor given to career civil servants.

Ron received his bachelor of arts from Bowling Green State University; his law degree from Oklahoma City University and his masters' degree from Antioch University. Ron and his wife, Barbara, have two daughters, Maureen and Meghan. For several years my family has had the pleasure of living in the same neighborhood as the Dalls.

In my opinion, being someone's neighbor gives you an extremely accurate picture of that person's character. When you live close by a person, you see them interacting with their children, washing their car, mowing their lawn and helping others. It has been my pleasure to know Ron Dall and his family, and it is my honor to join in congratulating him upon his retirement. I wish he and Barbara many happy and healthy years together, and on behalf of the American people, I thank him

for his 34 years of exemplary service to our Government.

TRIBUTE TO DONNA BOJARSKY

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 Donna Bojarsky, a dear friend who is intimately involved in Democratic Party politics and pro-Israel causes. I place great value in her opinion. Through the years, I have come to appreciate more and more her wise counsel and friendship. This year, she is the deserving recipient of the 1996 Richard S. Volpert Award from the Jewish Community Relations Committee.

Donna's first foray into politics occurred at age of 8, when she distributed Bobby Kennedy buttons in front of a Beverly Hills delicatessen. After graduating from Brandeis University with a degree in political science, Donna began a string of campaign and staff jobs. She worked for Assemblyman Richard Katz and Mayor Tom Bradley, and on the Presidential campaign teams of Gary Hart (1984) and Michael Dukakis (1988). In 1992–93, she was the national entertainment coordinator for the Clinton campaign in Little Rock, AR.

Head of her own firm, DB & Associates, Donna has provided fundraising assistance and political consulting to a range of clients, including Senator DANIEL P. MOYNIHAN and the Charles R. Bronfman Foundation. She also advises the actor Richard Dreyfuss on his political and charitable activities.

Donna has always been a person of boundless energy. In addition to her political activities and professional duties, she is founder and cochair of LA Works, a nonprofit, public action and volunteer center in Los Angeles and serves on the national board of City Cares of America. Donna is also a founder and cochair of the New Leaders Project, a unique civic training program for young Jewish leader, and is a member of the executive committee of the National Jewish Democratic Council.

I ask my colleagues to join me today in saluting Donna Bojarsky, whose dedication to the causes in which she deeply believes is an inspiration to us all. My wife, Janis, and I are proud to call her our friend.

DUTY SUSPENSION FOR TWO  
CHEMICALS

HON. JOHN M. SPRATT, JR.

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. SPRATT. Mr. Speaker, since my arrival in Congress, I have filed duty suspensions for a number of companies in my district and I am pleased to file one today at the request of EMS-American Grilon of Sumter, SC. This bill would grant a 2-year duty suspension for two chemicals, caprolactam blocked methylene, also known as Grilbond IL-6, and beta hydroxyalkylamide, also known as Primid XL-552. Grilbond IL-6 is used in aqueous adhe-

sive systems for pretreatment of reinforcing polyester yarns or fabrics. Primid XL-552 is utilized to cure carboxyl functional polyester and acrylic resins. It has been employed in the architectural, general metal-industrial and automotive market sectors.

EMS-American Grilon imports Grilbond IL-6 and Primid XL-552 from Switzerland and passage of the bill will save the company approximately \$100,000 in annual duties. EMS employs almost 100 workers in my district and passage of this bill will protect those jobs by saving the company a significant cost and thereby ensuring the company's continued success.

EMS-American Grilon believes that neither Grilbond IL-6 nor Primid XL-552 are produced in the United States which means that suspending the duties will not jeopardize any U.S. jobs. The company also believes that the cost of the duty suspensions will be small. While it is too late for Congress to pass the bill this year, I am filing the measure now to initiate a public notice and comment period. Federal agencies and the public will have an opportunity to examine the duty suspensions and submit comments. In addition, the Congressional Budget Office will complete a cost estimate of the legislation. By the time Congress reconvenes next year, we will know the cost and we will know whether there is any American company which could be injured by the bill's enactment. That information will help us decide whether to move forward with the bill. I am pleased to help an important employer in my district and I look forward to the review this bill will initiate.

PERSONAL EXPLANATION

HON. MICHAEL G. OXLEY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. OXLEY. Mr. Speaker, on Tuesday September 24, 1996, I was unavoidably absent from the House Chamber during rollcall vote Nos. 425 to 429. Had I been present, I would have voted "yea" in all cases.

CONGRATULATING THE REPUBLIC  
OF CHINA ON THE OCCASION OF  
THEIR 85TH NATIONAL DAY

HON. GARY L. ACKERMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. ACKERMAN. Mr. Speaker, October 10 marks the 85th anniversary of the birth of the Republic of China [ROC]. As this historic occasion approaches, I want to take this opportunity to send my personal greetings and congratulations to the people of Taiwan and especially to President Lee Teng Hui.

Mr. Speaker, I have been fortunate enough to visit with President Lee on several occasions in Taiwan, and more recently during his visit to the United States and his alma mater, Cornell University. On every occasion our discussions have been warm and enlightening. The Republic of China has long been a beacon of democracy and economic freedom in this important region of the world. During the