

EXTENSIONS OF REMARKS

CONGRATULATING MONTGOMERY JUNIOR COLLEGE ON ITS 50TH ANNIVERSARY

HON. CONSTANCE A. MORELLA

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 28, 2000

Mrs. MORELLA. Mr. Speaker, I would like to extend my sincere congratulations to Montgomery Junior College as you celebrate the 50th anniversary of the Takoma Park Campus. Since the summer of 1950, MC has continued to uphold its original purpose of providing a quality education to anyone with a desire to learn. MC has maintained this commitment to both its students and faculty for 50 years. For this, I applaud your institution.

The success of the Takoma Park campus is evident in the constantly expanding curricula. Some of the more notable programs include the one-year Bliss program designed for electricians, a medical technician curriculum, and the nursing program. Each of these allow the students of MC to be competitive and skilled in the workforce.

MC is a source of pride not only in Montgomery County but also in the surrounding community. Through projects such as the Spitz Company Planetarium and the currently developing community health clinic, MC provides unique experiences and services to all. The planetarium has introduced hundreds of school children and residents to the basics of astronomy, allowing imaginations to soar. The community health clinic, as part of a new Health Sciences Building, will give hands-on experience to students while providing a comfortable environment for residents in need of medical attention.

MC's commitment and vision are the backbone of your reputation. With more than 4,000 students of all ages and backgrounds and a dedicated faculty, there is no doubt that the next 50 years will be equally rewarding. Again, congratulations to everyone at Montgomery Junior College for your educational excellence. I wish you the best as you continue to expand and serve.

PROTECTION OF THE AMERICAN DREAM ACT

HON. JAMES V. HANSEN

OF UTAH

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 28, 2000

Mr. HANSEN. Mr. Speaker, for far too long, the Federal Government has required FHA loan holders to pay millions in mortgage insurance even after the risk of loss to the government had passed. The reason I introduced the Protection of the American Dream act is that insuring people for a risk they do not have is just wrong."

Since the passage of the Home Owners Protection Act two years ago, which provided

for the cancellation of private mortgage insurance once a conventional loan reached an 80% loan to value, many FHA borrowers began to ask why this law did not apply to their loans. After looking into the matter, I came to agree with these Americans, that like private lenders, there is no reason for FHA to charge mortgage insurance for the entire life of that loan. One of the reasons for this is that according to a Price Waterhouse Actuarial Review, less than one percent of consumers who reach an 80% loan to value default on their loan. Moreover, when a consumer with an 80% loan to value does default, in most cases no loss is incurred by the FHA or any other home loan lender.

The Protection of the American Dream Act is a pretty basic bill. I merely amends the Homeowners Protection Act to include loans made by HUD for single family homes. By doing this, FHA borrowers would not only be able to cancel their Mutual Mortgage Insurance once they reach an 80% loan to value, but HUD would also be required to disclose what mutual mortgage insurance was and whom it insures.

Mr. Speaker, insurance should only be required when the risk warrants its purchase. in the case of the FHA's Mutual Mortgage Insurance Program, FHA is forcing the people who can least afford it, to pay for insurance when there is almost no risk. The only thing we are risking is keeping people from grasping the American dream of home ownership.

PERSONAL EXPLANATION

HON. BOBBY L. RUSH

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 28, 2000

Mr. RUSH. Mr. Speaker, on September 27, I was unavoidably detained in a Commerce Committee hearing. However, had I been present I would have voted "yes" on rollcall No. 496 (H.R. 4365) the Children's Health Act of 2000.

TRIBUTE TO STEVEN P. AUSTIN AND EILEEN DOYLE FOR THEIR SERVICE TO THE CITIZENS OF DELAWARE

HON. MICHAEL N. CASTLE

OF DELAWARE

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 28, 2000

Mr. CASTLE. Mr. Speaker, during my service as a Member of the House of Representatives, it has been my honor and privilege to rise and pay tribute to organizations and people who really make a difference in the Delaware community. Today, I rise to recognize Steve Austin, president of the Delaware Volunteer Firemen's Association (DVFA) and Eileen Doyle, president of the Ladies Auxiliary of the DVFA.

Mr. Speaker, on behalf of my fellow Delawareans I would like to honor these two outstanding individuals, not only for their tireless efforts on behalf of the citizens of the First State, but for their tremendous contributions to the DVFA and the Ladies Auxiliary of the DVFA.

Volunteer fire departments are the cornerstone of our Nation's emergency response capability. Each year, fire kills over 6,000 people, injures about 28,000 more, and destroys more than \$7 billion in property. Volunteer firefighters are among the most dedicated public servants. They are willing to put the safety and property of their neighbors ahead of their own on a daily basis. All too often, these brave men and women do not receive the recognition they deserve. Without the services of institutions, such as the DVFA and the Ladies Auxiliary, the number of fatalities would be even greater and the threat of fire and destruction to our communities could be even more devastating. In addition to battling fires, Delaware volunteer firefighters are involved in fire protection and safety as well as providing first aid and emergency resources in the event of major disasters. This type of dedication is rare.

Steve Austin is a life member of the Aetna Hose and Ladder Company in Newark, DE. As a fire service advisor of the Congressional Fire Services Institute, Steve has worked tirelessly in these very halls on legislative issues that would improve training and emergency medical services for volunteer fire organizations throughout our country. Through his leadership, fire and emergency medical services have remained a vital and integral part of our community. For all of these national and local accomplishments, I was not at all surprised that the Congressional Fire Service Institute chose him as the Fire Service Person of the Year in 1996.

Eileen Doyle has also played a critical role in keeping our communities safe. Whether it is as a member of the Brandywine Fire Company working on innovative and creative fundraising ventures or providing much needed assistance and comfort to those individuals devastated by the effects of Hurricane Floyd, Eileen Doyle's dedication to the fire service and our community shines as a bright beacon every day. The Ladies Auxiliary has a long and rich history and their dedication to the community is to be commended. I salute Steve Austin and Eileen Doyle for their efforts to keep the Volunteer Fire Association and Ladies Auxiliary a strong and vital part of Delaware.

This week, the DVFA and the Ladies Auxiliary of the DVFA will gather at their 2000 Annual Conference to celebrate the anniversaries of safety and first aid to the people of Delaware. As a former Governor, I know first hand the important role that these dedicated and vital organizations play in recruiting and retaining young men and women in the public service arena. Mr. Speaker, I am proud to have this privilege to extend my warmest wishes for a successful conference. I salute and thank

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

them for their unwavering commitment to excellence and the example they set for all of us. Their efforts are deeply appreciated.

A TRIBUTE TO REVEREND
VERTANES KALAYJIAN

HON. FRANK PALLONE, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 28, 2000

Mr. PALLONE. Mr. Speaker, I am honored today to recognize the achievements and spiritual leadership of the Rev. Fr. Archbishop Vertanes Kalayjian, pastor of St. Mary's Armenian Church in Washington, DC. On October 1, the Washington-Baltimore Armenian community will be honoring this most outstanding religious and community leader among Armenian-Americans in the United States. On this date, parishioners and many others will recognize the 40th anniversary of Rev. Kalayjian's ordination into the priesthood.

Those who gather from across the country and the world on October 1 will also recognize the 25th anniversary of the service to St. Mary's of Rev. Kalayjian and Yeretzgin Anahid Kalayjian, his wife of 31 years.

Mr. Speaker, as the cochairman of the Congressional Caucus on Armenian Issues, I am acutely aware of the many extraordinary contributions Father Kalayjian and Mrs. Kalayjian have made to the Armenian community in the United States. Over the years, his outstanding missionary and humanitarian efforts have also been of immeasurable help to the struggling families and youth of Armenia, as well as Armenian families spread throughout Eastern Europe and the world.

In his important assignment as the head of the pastorate in Washington, DC, he has played a crucial role representing the diocese in the Congress, the State and Justice Departments and the Brookings Institute. Every year, Father Kalayjian briefs the Appeal of Conscience Conferences, the State Department's Foreign Service Institute, on the status of the Armenian communities in Eastern Europe and in the former Soviet Union republics.

Father Kalayjian was born in Aleppo, Syria, and was ordained on February 7, 1960, at the St. James Seminary of Jerusalem Armenian Patriarchate. He came to the United States in December 1964 and was assigned to the St. George Parish in Waukegan, IL. In addition to his pastoral work, he did Christian Education; Biblical Studies and Public Administration at Lake Forest, Carthage College and South-eastern University.

In subsequent years, he served the parishes of Holy Cross, Union City, NJ; and St. Mary's Church in Elberon, NJ (now St. Stephanos and in my congressional district.)

In 1976, he assumed the pastorate here in Washington, where he serves the St. Mary's community, including nearby Baltimore city and the neighboring towns.

During most of this career as a servant of God, Mrs. Kalayjian has been a partner, colleague and spiritual supporter to her husband's ministry. She has contributed invaluable to the growth and spiritual well-being of St. Mary's Parish. She has been surrogate mother, nurse, chaplain, Armenian Cultural Program director and advisor to successive camp directors and committees at the Arme-

nian General Benevolent Union's Camp Nubar in the Catskills in New York. The AGBU promotes philanthropy, human rights and education throughout the world.

Her services to the Armenian people have included numerous other missionary and humanitarian initiatives in Armenia, including missionary outreach in the aftermath of the earthquake. Her early training and work as a pediatric nurse and nursing supervisor only added to the invaluable contributions she has made to families in need here and in Armenia.

Mr. Speaker, I am proud to call these tireless and devoted humanitarians my friends. I wish them both a most deserved and joyous celebration on October 1.

DRUG PROFITS DISTORTING HOW
DOCTORS PRESCRIBE?

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 28, 2000

Mr. STARK. Mr. Speaker, in the September 19th CONGRESSIONAL RECORD, I provided some documentation of how profits from prescribing drugs may be causing some doctors to over-prescribe or change their prescribing patterns, not on the basis of medical need, but simply for the sake of money.

The enormous profits available to many doctors on the "spread" between what Medicare and other payers reimburse for a drug (the average wholesale price), and what that drug is really available for 'on the street' may be one of the most serious ethical issues in American medicine today.

I submit into the CONGRESSIONAL RECORD a letter I've sent to the Agency for Healthcare Research and Quality on why this is a problem which must be investigated as soon as possible and a memo in reference to physician prescribing practices in Japan.

The Justice Department and the HHS Inspector General have, I believe, documents which show how drug companies have manipulated the AWP to move doctors to prescribe various drugs. These documents raise the most serious questions about the integrity of health care delivery.

The letters follow:

COMMITTEE ON WAYS AND MEANS,
SUBCOMMITTEE ON HEALTH,
Washington, DC, August 18, 2000.

Dr. JOHN EISENBERG,
Administrator, Agency for Healthcare Research
and Quality, Washington, DC.

DEAR JOHN: Nice Norman Rockwell exhibit at the National Gallery—and nice paintings of doctors the way we want them to be: grandfatherly figures we can totally trust our lives with.

But the data in various areas of health care show that physicians are just like the rest of us mortals: they are economic animals; they respond to financial incentives. We see this economic influence in the fact that for-profit hospitals do more Caesarian sections than not-for-profit hospitals, because the fees and profits are higher for a C-section. We see this in the extensive literature that physicians who own or invest in a downstream service (such as a lab or MRI) tend to order many more tests (and more expensive tests) than doctors who do not invest in such facilities. We see this in foreign countries where physician income is much lower than it is in the United States on aver-

age, but physicians are allowed to make money on each prescription that they write. As a result in Japan (and in the past Italy) the patients get many more pills than Americans do. Doctors in those countries make money by pushing medicines on their unsuspecting patients.

I fear the same thing may be happening here in the United States on certain drugs, and I would like to request AHRQ's help in determining whether Medicare's Average Wholesale Price system of paying doctors for certain medicines may have caused some distortions in prescribing practice.

As you know, after years of work, the Justice Department and the HHS OIG have finally persuaded Medicare and Medicaid to use a more realistic set of data for purposes of paying doctors 95% of the AWP. The use of the more accurate AWP data will save taxpayers and patients hundreds of millions of dollars a year. Of course, the physicians the savings are coming from are lobbying furiously to block the cuts, saying that they have used the profits from the difference between 95% of the AWP and the real purchase price to run their offices. HCFA is investigating whether the practice expense (PE) payment to doctors needs to be adjusted to pay more accurately for the cost of administering the drugs. If the PE payment is inadequate, we certainly should adjust it.

But we should not, I believe, pay more for the drug than the cost to the doctor of purchasing the drug. Otherwise, if these other domestic and foreign examples apply, we will see a misuse of the drug.

To determine whether there has been misuse, would it be possible for AHRQ to examine the use of chemotherapy drugs in settings where there is no financial incentive to either over use or not use (e.g., Kaiser, VA, DoD, etc.) versus chemotherapy drug use in private, for profit, physician-run oncology practices? Adjusting for severity of illness, are the outcomes (remission, deaths, etc.) similar in these settings? Is more or less chemotherapy medicine used? for patients who die, is chemotherapy administered longer in one setting versus another? is chemotherapy administered beyond a point where the patient might be considered terminal?

Thank you for your help in understanding whether there are different patterns of chemotherapy drug use, depending on whether one profits from the drugs' use, and if so, whether there is any better outcome and quality as a result of additional chemotherapy usage.

Sincerely,

PETE STARK,
Ranking Member.

In Japan, where physicians and hospitals are allowed to make money on each prescription they write, there are high levels of drug utilization and incentives for drug overprescribing. For example—

Health Affairs (Healthcare Reform in Japan), found that pharmaceutical dispensing is more profitable for doctors since physicians dispense drugs directly and profit by buying from wholesalers at a discount and selling at the fee-schedule price. Japan has the highest per capita drug consumption in the world.

According to Asahi News Service, the cost of prescription drugs represents 30% of all medical expenses in Japan. And according to Financial Times, this is the highest proportion in the OECD and far higher than the 11% in the US and 16% in the UK.

Like physicians, hospitals in Japan also can make a profit on the sale of medicines to their patients. The Asahi News Service found that "medications of dubious value are used carelessly because information about their