

Todd Gustafson, Regional Director; Alex Hageli, Staff Assistant; Mary Harden, Staff Assistant; Phil Hendges, Regional Director; Paul Henry, Staff Assistant; Joanna Herman, Special Assistant; Melissa Hess, Staff Assistant.

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F. Chase Hutto, Judiciary Counsel; Michael Ivahnenko, Staff Assistant; Eunice Jeffries, Regional Director; Kaveri Kalina, Press Assistant; Raymond M. Kethledge, Judiciary Counsel; Elizabeth Kessler, General Counsel; Kevin Kolevar, Senior Legislative Assistant.

Jack Koller, Systems Administrator; Kerry Kraklau, Systems Administrator; Peter Kulick, Caseworker; Kristin La Mendola, Staff Assistant; Patricia LaBelle, Regional Director; Brandon L. LaPerriere, Legislative Assistant; Stuart Larkins, Staff Assistant.

Matthew Latimer, Special Assistant; Joseph P. McMonigle, Administrative Assistant/General Counsel; Eileen McNulty, West Michigan Director; Meg Mehan, Special Assistant; Rene Myers, Regional Director; Jennifer Millerwise, Staff Assistant; Denise Mills, Staff Assistant.

Maureen Mitchell, Staff Assistant; Sara Moleski, Regional Director; Jessica Morris, Deputy Press Secretary; Margaret Murphy, Press Secretary; Tom Nank, Southeast Michigan Assistant; James Patrick Neill, Director of Scheduling; Shawn Neville, Northern West Michigan Regional Director.

Na-Rae Ohm, Special Assistant; Lee Liberman Otis, Chief Judiciary Counsel; Kathryn Packer, Director of External Affairs; Chris Pavelich, Regional Director; John Petz, Southeast Michigan Director; James L. Pitts, Chief of Staff; Conley Poole, Staff Assistant.

John Potbury, Regional Director; Tosha Pruden, Caseworker; Laurine Bink Purpuro, Deputy Chief of Staff; Lawrence J. Purpuro, Chief of Staff; Brian Reardon, Legislative Assistant; Elroy Sailor, Special Assistant; David Seitz, Mail Room Manager.

Dan Senior, Director of Communications; Mary Shiner, Regional Director; Anthony Shumsky, Regional Director; Alicia Sikkenga, Special Assistant; Lillian Simon, Staff Assistant; Lillian Smith, Director of Scheduling; Anthony Spearman-Leach, Regional Director.

Robert Steiner, Mail Room Manager; Anne Stevens, Special Assistant; Matthew Suhr, Special Assistant; Julie Teer, Press Secretary; Amanda Trivax, Staff Assistant; Meagan Vargas, Special Assistant; Shawn Vasell, Staff Assistant.

Olivia Joyce Visperas, Staff Assistant; Sue Wadel, Legal Advisor; Seth Waxman, Caseworker; Jeffrey Weekly, Special Assistant; Jennifer Wells, Caseworker; La Tonya Wesley, Special Assistant; Tyler White, Special Assistant; Patricia Wierzbicki, Regional Director; Gregg Willhauck, Legislative Counsel; Billie Kops Wimmer, State Director.

Mr. ABRAHAM. Mr. President, I thank my colleagues for this opportunity, and I yield the floor.

BENEFITS IMPROVEMENT AND PROTECTION ACT

Mr. BAUCUS. Among the most pressing issues facing American senior citi-

zens and persons with disabilities is the need for coverage of prescription drugs under Medicare. While we in Congress continue to work to reach consensus on a Medicare prescription drug benefit, I applaud the bipartisan efforts of my colleagues to restore and preserve Medicare coverage for certain injectable drugs and biologicals that are crucial to seniors and persons with debilitating chronic illnesses. To this end the Act contains a tremendously important provision which amends Section 1861(s)(2) of the Social Security Act relating to coverage under Medicare Part B of certain drugs and biologicals administered incident to a physician's professional service. Because it is expected that the Act will be passed without any accompanying Committee Report language, and due to its importance to thousands of citizens, I rise to explain this statutory language.

The Medicare Carrier Manual specifies that a drug or biological is covered under this provision if it is "usually" not self-administered. Under this standard, Medicare for many years covered drugs and biological products administered by physicians in their offices and in other outpatient settings. In August 1997, however, the Health Care Financing Administration issued a memorandum that had the effect of eliminating coverage for certain products that could be self-administered. This changed policy interpretation resulted in thousands of patients who until that time had had coverage for drugs or biologicals for their illnesses, including intramuscular treatments for multiple sclerosis, being denied coverage for these same drugs and biologicals. At a time when the Congress and the Administration are seeking to expand Medicare prescription drug coverage, this HCFA policy has led to a reduction in coverage of many treatments.

The Act's language clarifies the Medicare reimbursement policy to ensure that HCFA and its contractors will reimburse physicians and hospitals for injectable drugs and biologicals for illnesses such as multiple sclerosis and various types of cancer as they had been reimbursed prior to the 1997 memorandum. The new statutory language contained in the Act requires coverage of "drugs and biologicals which are not usually self-administered by the patient," thus restoring the coverage policy that was in effect prior to the August 1997 HCFA memorandum. In carrying out this provision, HCFA should not narrowly define the word "usually." Nor should HCFA make unsupported determinations that a drug or biological is usually self-administered. In addition, HCFA should assume, as it did for many years, that Medicare patients do not usually administer injections or infusions to themselves, while oral medications

usually are self-administered. HCFA should also continue to take into account the circumstances under which the drug or biological is being administered. For example, products that are administered in emergencies should be covered even though self-administration is the usual method of administration, in a non-emergency situation.

I believe that to implement Congressional intent on this provision, HCFA must promptly issue a memorandum to inform its contractors (e.g. carriers and intermediaries) of the change in the law.

I commend the efforts of the bipartisan sponsors of this provision for correctly clarifying the intent of the Medicare reimbursement coverage policy for injectable drugs and biologicals. This issue is of vital importance to thousands of our citizens that are afflicted with debilitating illness such as multiple sclerosis. As Congress and the nation continue to engage in a discussion on expanding prescription drug coverage under Medicare, this is an important step to provide our seniors and persons with disabilities with the life-saving prescription drugs and biologicals that they deserve. I look forward to continue working with the Administration and HCFA to ensure that our seniors and persons with disabilities receive coverage for injectable drugs and biologicals.

FAREWELL TO MANUS COONEY

Mr. HATCH. Mr. President, I would like to take just a moment to offer my public thanks and appreciation to the Judiciary Committee's chief counsel and staff director, Manus Cooney, for all his dedicated work over the last 7 years he has served on my staff, and for his exemplary 12-year career in the Senate.

Manus has been my right hand. I want to state that for the RECORD so that 10 years from now his daughters—Caitlin, Claire, and Tara—will know why their father was hardly ever home for dinner. Let me say to them that, without his tremendous efforts, we could not have accomplished half as much for our country.

Let me also say to my colleagues that I know Manus was tenacious. Senators and staff alike always took it seriously when Manus was on a mission. Believe me, I got as many orders and assignments as you did.

Seriously, though, it was amazing to me how Manus always kept the faith—he believed in what we were doing and never gave up.

I am going to miss him. He will be leaving my office at the end of the year for a new, exciting opportunity to develop corporate strategy and to head Napster's new Washington office. He is the right guy for this job. He has the energy and the know-how to help Congress understand and connect with the