

It is a very regressive type of program because low-income people pay so much more for their food products. It is bad for their environment. I come from Florida, and we have the beloved Florida Everglades. One of the problems that we have with the Everglades is the agriculture runoff from the huge sugar plantations in Florida that help destroy the Everglades, Florida Bay and the Florida Keys. What the sugar program does, it provides incentives to grow for sugar which means we have more runoff and more damage to the Everglades.

One of the things that is crazy about the program is that we are going to spend \$8 billion to save the Everglades. One of the methods of doing that is by buying a lot of land from the sugar growers to take it out of production. Mr. Speaker, we are paying an inflated price for the sugar land because we have a sugar program that make its more costly to buy that land.

It is bad for jobs in this country. One company that we talk about is a candy company, Bob's Candy, in Georgia, makes candy canes. For three generations they have been making candy canes. Well, when sugar is a third of the price in Canada, they cannot afford to compete with Canadian and Mexican candy canes, so we are just going to drive them out of business.

The cranberry growers up in Massachusetts are struggling because cranberries need sugar to sweeten them. The cranberry growers in Canada love it because they get to buy their sugar for a third of the price to sweeten their product, and they can underprice our cranberry growers.

When the Federal Government tries to manage prices, it is bad economics. It does not make economic sense. We have a private enterprise system in this country that allows for competition. But the one program that we allow basically a monopolistic type of situation, because the Government sets the prices, is in sugar. So it is hurting jobs, it is hurting the environment, and as this GAO report says, the independent nonpartisan General Accounting Office, this is the authoritative source, says it is almost \$2 billion a year. That is up from 1993 when the estimate was only \$1.4 billion.

So I hope we can start the process, and I have got legislation to do away with the sugar program. We will have an opportunity during the Agriculture Appropriations bill to address part of the problem and certainly next year when the authorization bill is up that hopefully we can get rid of this program and allow the marketplace to work in this country and give benefits to the American consumer.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mr. ENGEL) is recognized for 5 minutes.

(Mr. ENGEL addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

ESSENTIAL HOSPITAL PRESERVATION ACT OF 2000

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. KANJORSKI) is recognized for 5 minutes.

Mr. KANJORSKI. Mr. Speaker, I rise today to announce the introduction of the Essential Hospital Preservation Act of 2000. It is a bill designed to use Medicare to assist economically distressed hospitals in regions where the combination of managed care, Medicare, and commercial payments changes have threatened to destroy the entire health care delivery infrastructure.

My proposal would give hospitals in regions of the country like northeastern and central Pennsylvania a minimum of a 5-year 10 percent increase in Medicare payments while they work through the development of long-range economic recovery programs.

These payment increases will constitute no new Medicare spending, and will not affect other existing providers.

Mr. Speaker, over the last 9 months I have met with chief executive officers, financial officers of institutions within my district and outside of my district in Pennsylvania, with the General Accounting Office, with the Payment Advisory Commission Medicare, with HCFA, with staff members of the committees of jurisdiction in the House. And when I studied and have analyzed the problems of the hospitals in my district, they are not unlike some of the problems in other districts of the country where similar phenomenon exist. That is where the hospitals rely on an overly elderly population in high concentration, and where the formula of Medicare as applied to those hospitals returns them an insufficient payment to meet their basic costs.

One hospital in my congressional district loses \$1,500 for every Medicare patient they serve. As one of the board of directors' members said, prudent business would mean that they should meet the patient at the door, hand him a check for \$500 and send them on their way to another hospital in another area.

If Medicare fails to pay its way because of the Medicare formula, or because of the failure of this government to recognize that there are disproportionate areas of the country that are distressed economic areas and that contain very large proportions of Medicare patients, then we have to have a system in effect to make sure that we do not lose the health care infrastructure system while we redress the Medicare problem as we will over the next several years.

My bill effectively allows hospitals to gain an increase of Medicare payment on an emergency basis for 5 years, to a maximum of 10 percent. It requires the hospitals to reorganize the wherewithal and come up with an economic recovery program that the Secretary and HCFA will participate with

so that the managed care system, the Medicare system, the emergency systems, the other high-cost systems could be put into play in a more efficient economic way, but we will not lose the efficiency of the structure itself.

Mr. Speaker, I urge all the Members of this Congress to join in reviewing this bill. Study the problems that are a crisis in many of the senior citizen areas of this country as a direct result of underpayment by Medicare, and to cooperate with myself, the gentleman from Pennsylvania (Mr. SHERWOOD) and Senator Arlen SPECTER, who are the three of us trying to work together to come up with a methodology to save our hospitals. This is a start. This is one of the potential alternatives we have.

Mr. Speaker, we do not have very much time. I urge my colleagues to address this issue and to understand that legislation must be passed this year and a remedy must be put in place or all our decisions to try and help Medicare, to provide prescription drugs, or do anything we want to do will come to naught if we fail to provide the basic essential care under the Medicare program that was intended some 35 years ago today.

So I urge my colleagues to study and join us in supporting the Essential Hospital Preservation Act of 2000.

Mr. Speaker, I am today introducing the Essential Hospital Preservation Act of 2000, a bill designed to use Medicare to assist economically distressed hospitals in a region where the combination of managed care, Medicare, and commercial payment changes have threatened to destroy the entire health care delivery infrastructure.

My proposal would give the hospitals in regions of the country like Northeastern and Central Pennsylvania a minimum of a five-year, 10 percent increase in Medicare payments, while they work through the development of a long-range economic recovery program. These payment increases will constitute new Medicare spending and they will not come out of payment reductions to other providers.

The extra payment will help the hospitals in a distressed region develop new, more economically viable services, right-size acute care beds and convert to needed nursing facility, rehabilitation, psychiatric, or long-term care hospital beds. It will also allow the hospitals in a region to cooperate in ensuring that the emergency room network survives and, indeed, is improved. It permits hospitals to work together to ensure that high cost services are coordinated and shared so as to deliver quality care at less cost. Most of all, my bill helps finance these long-term conversion plans through additional payments above and beyond the 10 percent five-year increase.

Mr. Speaker, the hospitals in my region are in deep distress. Many of them are in economic difficulty. I believe other regions of Pennsylvania and the country are facing the same crisis. We simply cannot allow these hospitals to go out of existence. Simultaneously, we also know that the nature of hospitals and the need for acute care beds is changing dramatically. My bill would provide a

path by which essential hospitals can survive to serve their communities now and in the years to come.

By enabling these economically distressed healthcare facilities with a short-term revenue enhancement and a long-term plan for success, hospitals like those in my district will receive aid for the next five years now and receive additional sums for successful completion of their economic recovery plan. For the last nine months, I have met with Chief Executive and Financial Officers of hospitals in my district, members of their Board of Directors, as well as representatives from the Health Care Financing Administration, the General Accounting Office, the Medicare Payment Advisory Commission, and staff of the committees of jurisdiction in the House. These conversations have helped me to develop the legislation that I am introducing today.

In the next few weeks, I look forward to working with Congressman DON SHERWOOD and Senator ARLEN SPECTER to look at various alternatives like this proposal to save our hospitals. Additionally, I hope that other Members, hospital associations, and individual hospitals will feel free to recommend additions and improvements in these definitions and in the type of relief that can be provided.

I also hope that this type of proposal can be enacted this year. The need is critically urgent for all of our hospitals in Northeastern and Central Pennsylvania. The crisis is painfully real. We must act immediately for the sake of all of our constituents.

THE SAFE PIPELINES ACT OF 2000

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. METCALF) is recognized for 5 minutes.

Mr. METCALF. Mr. Chairman, tomorrow marks the first anniversary of the tragic pipeline explosion that claimed three lives of people in my district. It has been a difficult week for all of us as the attention has been once again focused on that terrible accident a year ago and we remember the sad day when hundreds of thousands of gallons of gasoline suddenly erupted in flames in a quiet part of Bellingham, Washington.

I have long held reservations about our system of pipeline safety regulations. Before I came to Congress, I worked to block construction of a pipeline in my home community. In 1996, I voted against a pipeline deregulation bill because I felt that it removed too many essential safeguards.

Since last year's accident, I have redoubled my efforts to improve the regulatory climate. Earlier this year, I introduced H.R. 3558, the Safe Pipelines Act of 2000. Under my legislation:

Number one, pipelines will be required to be inspected both internally and with hydrostatic tests. Pipelines with a history of leaks will be specifically targeted for more strenuous testing.

Number two, all pipeline operators will be tested for qualifications and certified by the Department of Transportation.

Number three, the results of pipeline tests and inspections will be made

available to the public and a nationwide map of all pipeline locations will be placed on the Internet so ordinary citizens can easily access it.

Number four, all pipeline ruptures and spills of more than 40 gallons will be reported to the Federal Office of Pipeline Safety.

Number five, States will be able to set up their own pipeline safety programs for interstate pipelines, provided that the States have the resources and expertise necessary to carry out the programs and that State standards are at least as stringent as the Federal standards.

In addition, the bill requires studies on a variety of technologies that may improve safety such as external leak detection systems and double-walled pipelines.

It has been difficult to get the attention of many of my colleagues on this issue. The phrase "out of sight, out of mind" certainly applies when pipelines are involved. Until a tragedy happens in a Member's own district, it is easy to ignore the many seemingly harmless pipelines which run underground.

Yesterday, the gentleman from Pennsylvania (Chairman SHUSTER) of the House Committee on Transportation and Infrastructure agreed to hold a hearing on my legislation in the coming weeks. I thank him for his efforts, and I hope the hearing will help draw the attention of more Members as we continue to work to pass comprehensive pipeline safety legislation this year.

The tragedy in my district was not the first deadly pipeline accident, and it will not be the last unless we come together to bring meaningful improvements to our pipeline safety regulations.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. KIND (at the request of Mr. GEPHARDT) for today on account of a family obligation.

Mr. MARKEY (at the request of Mr. GEPHARDT) for today on account of family illness.

Mr. GILMAN (at the request of Mr. ARMEY) for today on account of attending a funeral.

Mr. LAZIO (at the request of Mr. ARMEY) for after 5:30 p.m. June 8 and today on account of a death in the family.

Mr. WATTS of Oklahoma (at the request of Mr. ARMEY) for today until 12:30 p.m. on account of giving commencement address at Ohio State University.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. JACKSON-LEE of Texas) to

revise and extend their remarks and include extraneous material:)

Ms. STABENOW, for 5 minutes, today.

Ms. JACKSON-LEE of Texas, for 5 minutes, today.

Mr. ENGEL, for 5 minutes, today.

Mr. KANJORSKI, for 5 minutes, today.

(The following Members (at the request of Mr. MILLER of Florida) to revise and extend their remarks and include extraneous material:)

Mr. FOLEY, for 5 minutes, today.

Mr. MILLER of Florida, for 5 minutes, today.

ENROLLED BILLS SIGNED

Mr. THOMAS, from the Committee on House Administration, reported that that committee had examined and found truly enrolled bills of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 1953. An act to authorize leases for terms not to exceed 99 years on land held in trust for the Torres Martinez Desert Cahuilla Indians and the Gudiville Band of Pomo Indians of the Gudiville Indian Rancheria.

H.R. 2484. An act to provide that land which is owned by the Lower Sioux Indian Community in the State of Minnesota but which is not held in trust by the United States for the Community may be leased or transferred by the Community without further approval by the United States.

H.R. 3639. An act to designate the Federal building located at 2201 C Street, Northwest, in the District of Columbia, currently headquarters for the Department of State, as the "Harry S Truman Federal Building".

SENATE ENROLLED BILLS SIGNED

The SPEAKER announced his signature to enrolled bills of the Senate of the following titles:

S. 291. An act to convey certain real property within the Carlsbad Project in New Mexico to the Carlsbad Irrigation District.

S. 356. An act to authorize the Secretary of the Interior to convey certain works, facilities, and titles of the Gila Project, and designated lands within or adjacent to the Gila Project, to the Wellton-Mohawk Irrigation and Drainage District, and for other purposes.

BILL PRESENTED TO THE PRESIDENT

Mr. THOMAS, from the Committee on House Administration, reported that that committee did on this day present to the President, for his approval, a bill of the House of the following title:

H.R. 4542. An act to designate the Washington Opera in Washington, D.C., as the National Opera.

ADJOURNMENT

Mr. METCALF. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 2 o'clock and 45 minutes p.m.), under its previous order, the