

we could work globally to solve problems. The EU has also chosen former Italian Prime Minister Prodi as the next president of the European Commission. We have worked well with him before, and we have great confidence in him as well.

CURRENT TRADE ISSUES

We often let the immediacy of our current trade disputes blind us to the very real benefits that we both enjoy from access to each other's markets. But obviously there is a tough road ahead. And yet we can't allow our relationship to be defined solely by these disputes.

All too often, nevertheless, the EU takes actions, such as its unilateral hush kits regulation where Ambassador Aaron did such a fabulous job of at least temporarily diverting a problem. Or it's counterproductive response to the previous WTO panels on bananas and beef from exacerbating trade tensions. It's for that reason that we have suggested an early warning system to identify such problems before they burst into full-scale disputes.

We are indeed facing a tough set of trade disagreements, and we continue to hammer home the principle of fair and transparent trade rules: of the need for the EU to respect international commitments and WTO rulings, of abiding by scientific principles and not politics in making health, safety, and environmental decisions.

The need for a clear and rational trading principle may be greatest in the need of biotechnology. Within a few years, virtually 100 percent of our agricultural commodity exports will either be genetically modified organisms (GMO) or mixed with GMO products. And our trade in these products must be based on a framework based on fair and transparent procedures, which address safety on a scientific and not a political basis.

We, since 1994 approve some 20 GMO agricultural products. Since 1998, Europe has not approved any. There is no scientifically based governmental system to approve GMO products, therefore the European public is susceptible to ill-informed scare tactics. The EU approval process for GMOs is not transparent, not predictable, not based on scientific principles, and all too often susceptible to political interference.

We've been working to break this pattern of confrontation and indeed there are leaders in Europe who recognize that an EU regulatory system drawn up in accordance with its own international trade obligations would be a boon to both business and consumers. We have a new biotech-working group to address GMO issues.

The same can be said for beef hormones; where the European public is subjected to daily scare tactics which try to portray the hormone issue as a health and safety issue, when indeed there is broad scientific evidence that beef hormones are completely safe. There is no reason why American beef producers should pay the price for internal political calculations in Europe inconsistent with WTO principles.

To conclude, as we look toward the future, our goal is to work together to promote our goals of security, prosperity and democracy. Together we can accomplish more than either the U.S. or the EU can by acting alone.

WE MUST WORK TOGETHER WITH EUROPE

We want to work more effectively to deal with past breaking crises, to find ways of managing our disagreements before they get out of hand, and to expand areas of joint action and cooperation.

We are working on just that and the hopes that we can articulate a new vision at the June 21 U.S.-EU summit in Bonn through a new Bonn declaration. This would fit in with our larger goal of using 1999 for a series of

summits, NATO, OSCE and the U.S.-EU summit to strengthen the abiding European-Atlantic partnership which has been so important to maintain stability in Europe for the 20th Century, and to make sure it does the same for the 21st.

INTRODUCTION OF LEGISLATION
TO IMPROVE MEDICARE'S SURETY BOND PROGRAM**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 23, 1999

Mr. STARK. Mr. Speaker, on behalf of Congresswoman THURMAN and myself, I am today introducing legislation based on recommendations of the U.S. General Accounting Office to improve the operation of the Medicare home health agency, durable medical equipment, and certain rehabilitation providers' surety bond program.

Enacted as part of the 1997 Balanced Budget Act, the surety bond program was one of a series of anti-fraud, waste, and abuse provisions designed to crack down on the outrageous proliferation and increased utilization of questionable Medicare providers.

The General Accounting Office issued a report in January, 1999 (GAO/HEHS-99-03) entitled, "Medicare Home Health Agencies: Role of Surety Bonds in Increasing Scrutiny and Reducing Overpayments." The report focuses on problems in the surety bond provisions and makes a number of recommendations. Our bill addresses most of those recommendations.

While the BBA has had a huge impact in controlling the growth of spending and weeding out questionable and fraudulent providers, the surety bond program has had severe administrative problems. It needs simplification and needs to be focused on the start-up providers who have no track record and who may be the source of program abuse. Once a provider has proven that they are a reliable and dependable provider, continuing to require a surety bond just increases program costs. Our bill, therefore requires one surety bond for Medicare and Medicaid (not a separate bond for each program) for the two years of a provider's operations, and limits the size of the bond to \$50,000 (not the larger of \$50,000 or 15% of an agency's Medicare revenues) and makes it clear that orthotic and prosthetic providers including angioplastologists, are not meant to be covered by the surety bond requirement.

Mr. Speaker, we hope that this legislation can be enacted. It will reduce hassle and paperwork, while still helping weed out questionable home health and DME providers from starting in the Medicare program.

THE SAFE MOTHERHOOD MONITORING AND PREVENTION RESEARCH ACT OF 1999

HON. JO ANN EMERSON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 23, 1999

Mrs. EMERSON. Mr. Speaker, let me tell you about my district. I represent 26 rural

counties in Southern Missouri. These counties are home to some of the most poverty stricken communities in the State. Most of them lack even basic health care services. And many lack decent roads and reliable phone service. Many people in these communities find themselves isolated from their extended family, their friends and their neighbors.

When I was starting my family more than 20 years ago, I was lucky to have my mother, my sister and my mother-in-law to help me through my pregnancies. I was lucky to be able to afford health insurance that covered prenatal care. I was lucky to have access to quality health care in Cape Girardeau. But many American women aren't so fortunate. And they fall through the cracks of our health system.

Many young mothers-to-be in my rural district are isolated from family and friends—and they live miles away from nurses and doctors. This isolation often prevents them from getting prenatal care and adds to the fears and uncertainties that come along with being a new or expectant mother.

Fortunately for some of the young women in rural Missouri, there are people like Sister Rita and Sister Ann looking out for them. Ten years ago, Sister Rita—a parish nurse and midwife serving in Missouri's poor "Lead Belt" and Ozark counties—quickly realized that many of the young women there weren't prepared for healthy pregnancies and births or for caring for their infants. So Sister Rita began to network and build relationships in her community. She branched out and worked with the St. Louis University Medical Center and with State and federal health programs. And she established the "Whole Kids Outreach" in Ellington, Missouri.

Sister Ann is now carrying on the incredible work started by Sister Rita. The Whole Kids Outreach program has grown to include a Resource Mothers Program—a program that educates women about healthy pregnancies and childbirth, promotes access to care, and provides home care visits. The most amazing thing about this program is that it is staffed by experienced moms from the community who are trained as childbirth educators. And these local moms help establish circles of support for expectant and new moms.

It's with great admiration that I mention the Whole Kids Outreach program, because despite its modest size, it has been of tremendous help to many mothers and infants in rural Missouri. The young women in rural Missouri are not alone. Women throughout our nation face great challenges in securing healthy pregnancies and healthy children.

Consider the following: At the turn of this century more American women died in childbirth than from any other cause except for tuberculosis. At the close of this century, after all of the medical advances made in this country, it's easy to assume that today pregnancy and childbirth are safer for American women and their babies.

But this is a false assumption.

The recently released CDC report makes it painfully clear that the promise of safe motherhood is eluding too many women. In fact, during the past 15 years alone, total maternal deaths have not declined one bit in our nation. Just think of it. Today, tuberculosis claims about one American life out of 1,000 a year. But 2-3 women out of 10,000 lose their lives each day due to pregnancy-related conditions.