

that the Federal Government runs makes the price of sugar about three times world price. The price of sugar in Canada is about a third of the price it is in United States. The price of sugar in Mexico is about a third of the price in the United States. The Federal Government maintains the price at about three times what the world price is for sugar.

The way they do this is a complicated process of controlling imports and also a government loan program that means the Government will have to buy back sugar if the prices ever drop below this guaranteed price that the United States Government will offer.

In 1996, we had a chance to reform this program. Unfortunately, we did not reform it. And what has happened is that the price is so high that everyone is growing more sugar. In the past 3 years, sugar production has gone up 25 percent in this country. What is happening now is that the Federal Government is having to buy sugar. The Federal Government has not had to buy sugar for 15 years.

Last month, Secretary Glickman announced they were going to buy 150,000 tons of sugar that the Government has no use for. They cannot give it away in the world because nobody wants it. The corn people will not let them use it for ethanol; so we are going to store it, and that is just the beginning.

According to news reports, they are projecting \$500 million worth of sugar that the Federal Government is going to buy and does not know what to do with. They cannot use it. They are going to store the stuff.

Now, that is just real crazy Federal Government policy, and it is going to get worse because people are growing more sugar because it is so profitable to grow. What is bad about that is it is costing consumers. Sugar is part of all kinds of items, whether it is candy or ice cream, whether it is bread or baked goods. It is used for sweetening cranberry juice. Any product one can think of, sugar is a small part of the cost of that product. So it is going to cost all consumers.

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 it 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.

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 Ad-

visory 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. Speaker, 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:)