

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:)