

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