

bankruptcies to include small businesses. I believe this will ensure better access and information for small businesses creditors. Unfortunately, reasonable and necessary reforms were included in a bill that on the whole fails to take a balanced approach to bankruptcy reform. I had hoped that through a legitimate legislative process we would arrive at a compromise that would have ended the abuses but still provided our most vulnerable citizens with adequate protections. Instead, I believe that the conference report protects wealthy debtors by allowing them to use overly broad homestead exemptions to shield assets from their creditors. The Senate passed, by a bipartisan vote of 76-22, an amendment to create a \$100,000 nationwide cap on any homestead exemption. However, this provision was not included in the Conference Report. Instead, the conferees included a meaningless cap with a two-year residency requirement that wealthy debtors could easily avoid. Moreover, the bill's safe harbor is illusory and will not benefit individuals in most need of help. Because the safe harbor is based on the combined income of the debtor and the debtor's spouse, many single mothers who are separated from their husbands and who are not receiving child support will not be able to take advantage of the safe harbor provision.

I am also very disappointed that the conference report does not include an amendment offered by Senator COLLINS and myself, which was included in the Senate bill, that would make Chapter 12 of the Bankruptcy Code, which now applies to family farmers, applicable for fishermen. I believe that this provision would have made bankruptcy a more effective tool to help fishermen reorganize effectively and allow them to keep fishing while they do so.

In addition to its failure to protect many consumers, the bill fails to require that the credit industry share responsibility for reducing the number of bankruptcy cases. It does not require specific disclosures on monthly credit card statements that would show the time it would take to pay off a balance and the cost of credit if only minimum payments are made. It also does nothing to discourage lenders from further increasing the debt of consumers who are already overburdened with debt.

Finally, this bill is the result of a conference process that violated and deprived the rights of Senators. In October, the House appointed conferees for the Bankruptcy Reform Act and without holding a conference meeting, the Majority filed a conference report striking international security legislation and replacing with a reference to a bankruptcy reform bill introduced earlier that same day. This makes a mockery of the legislative process and demeans the United States Senate.

I am hopeful that during the 107th Congress, we can develop bipartisan

legislation that would encourage responsibility and reduce abuses of the bankruptcy system.

BBA CUTS TO MEDICARE PROVIDERS

Mr. BAUCUS. Mr. President, I rise today to bring attention to the important issue of the Balanced Budget Act, BBA, of 1997, its revision in 1999, and the importance of providing further relief to the many patients and providers who have been negatively affected by its implementation.

The BBA included a series of cuts to Medicare providers, including hospitals, nursing homes, and home health agencies. Though intended to cut about \$112 billion from Medicare over the five-year period from 1998 to 2001, recent estimates indicate that over twice that amount will be cut by the BBA. And although Congress restored about \$16 billion in funding to Medicare in 1999, much work remains to be done. Particularly in rural America, Congress should restore funding to Medicare programs for telehealth, hospital and home health care, among others.

Nationwide, 25 percent of seniors live in rural areas. And though the BBA has hit all hospitals hard, rural facilities have suffered disproportionately from the 1997 legislation. According to a June report by the Medicare Payment Advisory Commission, small rural hospitals have significantly lower operating margins than rural facilities, on average 0.4 and 3.8 percent, respectively. Congress will do America's rural hospitals a great disservice by not enacting further BBA relief this year.

With respect to telemedicine, a means of providing care for Medicare beneficiaries with the use of advanced telecommunications equipment, Congress can act this year to further the use of this important tool. Mr. President, in my state of Montana, where over 75 percent of seniors live in rural areas, there is no psychiatrist east of Billings—an area the size of the State of Florida. Telemedicine could work wonders toward providing rural beneficiaries with access to specialty care, including psychiatric care. Although Congress mandated telehealth reimbursement as part of the BBA, the scope of that reimbursement is very limited.

We should also provide relief for home health care, one of the areas hit hardest by the BBA. Originally scheduled for a \$16 billion cut, home health payments under Medicare were actually reduced by more than \$68 billion, over four times the original amount intended. We need to preserve access to home care services by eliminating the scheduled 15 percent additional reduction in Medicare reimbursement. We should also provide 10 percent bonus payments to rural home care agencies,

a provision that was included in both the Senate Finance and House Ways and Means BBA relief bills this year.

Mr. President, Congress should not let politics and partisan priorities to interfere with providing a basic human need to the people of our country. I urge my colleagues join me by acting on further BBA relief this year.

ERGONOMICS

Mr. KENNEDY. Mr. President, OSHA has been attempting to implement an ergonomics standard for the past ten years. But each year, Congress has delayed the standard. And now, even though a bipartisan group of appropriators agreed to a reasonable compromise on this issue late Sunday night, the Republican leadership rejected it—because the business lobbyists demanded it and insisted that millions of workers wait even longer for a safe and healthy workplace.

Each year, 1.7 million workers suffer from ergonomic injuries, and nearly 600,000 workers lose a day or more of work because of these injuries suffered on the job. Ergonomic injuries account for over one-third of all serious job-related injuries.

These injuries are painful and often crippling. They range from carpal tunnel syndrome, to severe back injuries, to disorders of the muscles and nerves. Carpal tunnel syndrome keeps workers off the job longer than any other workplace injury. This injury alone causes workers to lose an average of more than 25 days, compared to 17 days for fractures and 20 days for amputations.

The ergonomics issue is also a woman's issue, because women workers are disproportionately affected by these injuries. Women make up 46 percent of the overall workforce—but in 1998 they accounted for 64 percent of repetitive motion injuries and 71 percent of carpal tunnel cases.

The good news is that these injuries are preventable. The National Academy of Sciences and the National Institute of Occupational Safety and Health have both found that obvious adjustments in the workplace can prevent workers from suffering ergonomic injuries and illnesses.

Congress has a responsibility to ensure that the nation's worker protection laws keep pace with changes in the workforce. Early in this century, the industrial age created deadly new conditions for large numbers of the nation's workers. When miners were killed or maimed in explosion after explosion, we enacted the Federal Coal Mine Safety and Health Act. As workplace hazards became more subtle, but no less dangerous, we responded by passing the Occupational Safety and Health Act to address hazards such as asbestos and cotton dust.

Now, as the workplace moves from the industrial to the information age,

our laws must evolve again to address the emerging dangers to American workers. Ergonomic injuries are one of the principal hazards of the modern American workplace—and we owe it to the 600,000 workers who suffer serious ergonomic injuries each year to address this problem now.

Ergonomic injuries affect the lives of working men and women across the country. They injure nurses who regularly lift and move patients. They injure construction workers who lift heavy objects. They harm assembly-line workers whose tasks consist of constant repetitive motions. They injure data entry workers who type on computer keyboards all day. Even if we are not doing these jobs ourselves, we all know people who do. They are mothers and fathers, brothers and sisters, sons and daughters, friends and neighbors—and they deserve our help.

We need to help workers like Beth Pkinnick of Hyannis, Massachusetts, who was an intensive care nurse for 21 years, before a preventable back injury required her to have a spinal fusion operation and spend two years in rehabilitation. Although she wants to work, she can no longer do so. In her own words, “The loss of my ability to take care of patients led to a clinical depression. . . . My ability to take care of patients—the reason I became a nurse—is gone. My injury—and all the losses it has entailed—were preventable.”

We need to help workers like Elly Leary, an auto assembler at the now-closed General Motors Assembly plant in Framingham, Massachusetts. Like many, many of her co-workers, she suffered a series of ergonomic injuries—including carpal tunnel syndrome and tendinitis. Like others, she tried switching hands to do her job. She tried varying the sequence of her routine. She even bid on other jobs. But nothing helped. Today, years after her injuries, when she wakes up in the morning, her hands are in a claw-like shape. To get them to open, she has to run hot water on them.

We need to help workers like Charley Richardson, a shipfitter at General Dynamics in Quincy, Massachusetts in the mid-1980's. He suffered a career-ending back injury when he was told to lift a 75 pound piece of steel to reinforce a deck. Although he continued to try to work, he found that on many days, he could not perform the lifting and the use of heavy tools. For years afterwards, his injury prevented him from participating in basic activities. But the loss that hurt the most was having to tell his children that they couldn't sit on his lap for more than a few minutes, because it was too painful. To this day, he cannot sit for long without pain.

We need to protect workers like Wendy Scheinfeld of Brighton, Massachusetts, a model employee in the in-

surance industry. Colleagues say she often put in extra hours at work to “get the job done.” She developed carpal tunnel syndrome, using a computer at work. As a result, Wendy lost the use of her hands, and is now permanently unable to do her job, drive a car, play the cello, or shop for groceries.

Even though it may be too late to help Beth, Elly, Charley and Wendy, workers just like them deserve an ergonomics standard to protect them from such debilitating injuries.

As long ago as 1990, Secretary of Labor Elizabeth Dole in the Bush Administration called ergonomic injuries “one of the nation's most debilitating across-the-board worker safety and health illnesses.” Since that time, over 2,000 scientific studies have examined the issue, including a comprehensive review by the National Academy of Sciences. All of these studies tell us the same thing—it's long past time to enact an ergonomics standard to protect the health of American workers and prevent these debilitating injuries in the workplace.

Last fall, when we considered the Labor-HHS appropriations bill, opponents of an ergonomics standard wanted us to wait for the National Academy of Sciences to complete a further study before OSHA establishes a standard. But it was just another delaying tactic. As we said then, over 2,000 studies on ergonomics have already been carried out.

In 1997, the National Institute for Occupational Safety and Health reviewed 600 of the most important of those studies. In 1998, the National Academy of Sciences reviewed the studies again. Congress even asked the General Accounting Office to conduct its own study.

The National Academy of Sciences found that work clearly causes ergonomic injuries. They concluded that “the positive relationship between the occurrence of musculoskeletal disorders and the conduct of work is clear.” The National Institute for Occupational Safety and Health agreed. They found “strong evidence of an association between MSDs and certain work-related physical factors.”

The Academy also found that ergonomics programs are effective. As the Academy found, “Research clearly demonstrates that specific interventions can reduce the reported rate of musculoskeletal disorders for workers who perform high-risk tasks.” The GAO has concluded that good ergonomics practices are good business. Its report declared, “Officials at all the facilities we visited believed their ergonomics programs yielded benefits, including reductions in workers' compensation costs.”

The truth is that the Labor Department's ergonomics rule is based on sound science. In addition to the National Academy of Sciences and the

National Institute of Occupational Safety and Health, medical and scientific groups have expressed widespread support for moving forward with an ergonomics rule. The American College of Occupational and Environmental Medicine, representing over 7,000 physicians, has stated that “there is . . . no reason for OSHA to delay the rule-making process while the NAS panel conducts its review.” The American Academy of Orthopedic Surgeons, representing 16,000 surgeons, the American Association of Occupational Health Nurses, representing 13,000 nurses, and the American Public Health Association, representing 50,000 members, all agree that an ergonomics rule is necessary and based on sound science.

Many members of the business community support ergonomics protections, because they agree that good ergonomics practices are good business. Currently, businesses spend \$15 to 20 billion each year in workers' compensation costs related to these disorders. Ergonomic injuries account for one dollar of every three dollars spent for workers' compensation. If businesses reduce these injuries, they will reap the benefits of lower costs, greater productivity, and less absenteeism.

That's certainly true for Tom Albin of Minnesota Mining and Manufacturing, who said, “Our experience has shown that incorporating good ergonomics into our manufacturing and administrative processes can be effective in reducing the number and severity of work-related musculoskeletal disorders, which not only benefits our employees, but also makes good business sense.”

Similarly, Peter Meyer of Sequins International Quality Braid has said, “We have reduced our compensation claims for carpal tunnel syndrome through an effective ergonomics program. Our productivity has increased dramatically, and our absenteeism has decreased drastically.”

This ergonomics rule is necessary, because only one-third of employers currently have effective ergonomics programs. Further delay is unacceptable, because it leaves too many workers unprotected and open to career-ending injuries. Ten years is long enough. Since OSHA began working on this standard in 1990, more than 6.1 million workers have suffered serious injuries from workplace ergonomic hazards.

It is time to end these injuries—and end all the misinformation too. The current attack on OSHA's ergonomics standard is just the latest in a long series of mindless attacks by business against needed worker protections for worker's health and safety. Whose side is this Congress on? American employees deserve greater protection, not further delay. It's time to stop breaking the promise made to workers, and start supporting this long overdue ergonomics standard now.