

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 women'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,