

excuses. It is time to pass those bills which will continue the functions of government. The Labor-HHS bill is one that deals with education and health and labor standards in America. Is there any greater responsibility? How can we explain the fact that we still haven't done it? There is no excuse left. We need to pass that legislation and do it quickly.

Secondly, the bill related to the Commerce, Justice, and State Departments not only deals with the administration of justice and law enforcement but the representation of the American Government overseas, the representation of American business in an effort to create new jobs in this country. Yet we haven't passed that legislation.

I hope we won't fall on the easy solution suggested by some that we somehow postpone this for months or another year. That would truly be humiliating to this Congress, if it should fall into that trap. It is better to face four square our responsibility. I hope leaders on both sides of the aisle and the White House can come to an agreement as quickly as possible.

There is one special issue, though, that I hope we can address before we leave. It affects my State and the State of the Presiding Officer, the State of Illinois, the question of hospital care and reimbursement from the Federal Government. More and more, our hospitals across Illinois and around the Nation depend on the Medicare and Medicaid programs to adequately reimburse them for quality health care which American families expect. In an effort to balance the budget, we made cuts in reimbursement under the Medicare program. We had hoped to save a little over \$100 billion over some years. We cut too deeply, and now we know unless we reverse that policy, the actual savings or cost cutting will be well over \$200 billion.

On its face, it may sound like a good reason, that we are reducing the deficit even more, and that is a very valuable thing. But the price we are paying is too high because in hospital after hospital, in nursing homes and those agencies providing home health care services, they are inadequately reimbursed by the Federal Government and they are forced to cut back time and again on the services the people have come to expect.

Yesterday we had an interesting informal hearing on the Senate side. I hope it is a portent of good things to come. A bipartisan hearing with Senator SPECTER, Senator HUTCHISON, as well as Senator COLLINS on the Republican side, joined with Senators KENNEDY, ROCKEFELLER, WELLSTONE, and myself to talk about this issue and to say that before Congress adjourns, we need to address what is known as the Balanced Budget Act reform as it relates to Medicare and Medicaid. I believe there is a genuine sentiment on the floor of the Senate, a strong bipartisan Senate, that we do this before we go home.

In my conversations with hospital administrators and doctors, those who are managing nursing homes, those who are providing valuable health care services, there is nothing more important to them than getting this done before we leave. No excuse will do. It was part of the general tax relief bill that was pending before Congress, a controversial bill that involved over \$250 billion in tax relief over the next 10 years. That bill is caught up in controversy and is going nowhere. The President has said he would have to veto it. The provision in there relative to Medicare and Medicaid would be lost in that process.

It has been reported in the newspapers, and I think it is probably accurate, that the leadership has pulled away from that tax bill now and believes it cannot pass. But we would make a serious mistake if we backed off from our commitment to deal with Medicare and Medicaid before we adjourn this Congress. I think there is a will and there is a way.

I have spoken with the representative from the White House, Mr. Lew, who heads up the Office of Management and Budget, and my colleague and friend, the Speaker of the House DENNIS HASTERT, who understands the importance of this issue to the State of Illinois. I have talked to my colleagues on this floor. We clearly can achieve this. In achieving it, we can send back a message not only to rural hospitals, which frankly are facing the ruin of declining revenues at a time when they are trying to keep their doors open, but also hospitals in the inner cities and hospitals across America, teaching hospitals, and others that rely on these reimbursements.

I urge my colleagues, as we consider the next Congress, let's not forget the remaining agenda of this Congress. It is not enough to pack our bags, wish everyone a happy holiday, and head home. There are important items still to be resolved. We were elected and took an oath of office to resolve this. No excuse will do at this point. Let us pass those pending appropriations bills, make the compromises necessary to do so, and not forget our responsibility under Medicare and Medicaid across the United States to seniors, the disabled, and the disadvantaged, who rely on those programs for quality health care.

I think it can be done. I hope my colleagues join me in making certain we make that effort as we close this session of the Congress.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. WELLSTONE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

## CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

## BANKRUPTCY REFORM ACT OF 2000—CONFERENCE REPORT

The PRESIDING OFFICER. Under the previous order, the Senate will now resume consideration of the conference report to accompany H.R. 2415, which the clerk will report.

The legislative clerk read as follows:

Conference report to accompany the bill (H.R. 2415) to enhance security of United States missions and personnel overseas, to authorize appropriations for the Department of State for fiscal year 2000, and for other purposes.

Mr. WELLSTONE. Mr. President, it is my understanding that we are now in debate on the bankruptcy bill; is that correct?

The PRESIDING OFFICER. That is correct.

Mr. WELLSTONE. I thank the Chair.

Mr. President, I yield myself, from Senator LEAHY's time, 30 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. WELLSTONE. I am sorry, I have my own time.

Mr. President, The proponents of this bill argue that people file because they want to get out of their obligations, because they're untrustworthy, because they're dishonest, because there is no stigma in filing for bankruptcy.

But any look at the data tells you otherwise. We know that in the vast majority of cases it is a drastic step taken by families in desperate financial circumstances and overburdened by debt. The main income earner may have lost his or her job. There may be sudden illness or a terrible accident requiring medical care.

Specifically we know that nearly half of all debtors report that high medical costs forced them into bankruptcy—this is an especially serious problem for the elderly. But when you think about it, a medical crisis can be a double financial whammy for any family. First there are the high costs associated with treatment of serious health problem. Costs that may not be fully covered by insurance, and certainly the over 30 million Americans without health insurance are especially vulnerable. But a serious accident or illness may disable—at least for a time—the primary wage earner in the household. Even if it isn't the person who draws the income, a parent may have to take significant time to care for a sick or disabled child. Or a son or daughter may need to care for an elderly parent. This means a loss in income. It means more debt and the inability to pay that debt.

Are people overwhelmed with medical debt or sidelined by illness deadbeats? This bill assumes they are. For example, it would force them into credit counseling before they could file—as if a serious illness or disability is something that can be counseled away.