

cover anymore. Health care reform means lowering the cost of care and keeping it low. It means improving the quality of care you get and keeping the quality high. It means that premiums you pay every month will not go up just because your insurance company feels as if they should.

Senator PATTY MURRAY of Washington told a story. I was at an event with her yesterday. She got up yesterday morning to find in the Washington press an insurance company that insures 135,000 Washingtonians will have a 17.5-percent increase immediately in their health insurance premiums. That is an average. Some are higher, some are lower. Reform means the premiums you pay every month will not go up just because your insurance company feels like it. It means keeping costs stable so the price of staying healthy does not fluctuate like a gallon of gas. It not only means making sure you can keep going to your family doctor or keep your health care plan if you like it but also that you can afford to do so.

No one can predict when the next accident might come, when one might get laid off. We don't know when we will get sick or when one of our loved ones will get sick. But we can put people in control of their own health care.

A doctor's first job when someone comes into the emergency room is to stabilize the patient. When it comes to addressing the emergency care in our health system, our job is to do the same—stabilize it. We have to cure the uncertainty in health care. We must fix our broken health care system so that when you open your medicine cabinet, you can be certain the prescription you need to get better will be there. When you open your wallet, you should be certain you can afford to go to the doctor. And when you open that small business in your hometown, you can be certain you can hire employees to grow your company, put your ideas into motion, realize your American dream, and have your employees covered with health insurance.

The status quo is ruining our country's financial stability. Right now, one-sixth of every dollar spent in America goes for health care. If we do not change this, by the year 2020—that is a little over 10 years away—it will be 35 cents of every dollar spent will be on health care. It will bankrupt our country. We must change this.

I ask my Republican colleagues: Let's not make this a partisan issue. Let's work together. That is why I so appreciated a number of valiant Republicans on the Finance Committee working together to try to come up with a health care plan that can be supported by Democrats and Republicans in the Senate. We can do it alone. Democrats can do it alone. We do not want to do it alone because it would be under something we call reconciliation, and it changes the rules. And instead of being able to do a large amount of health care, we are only going to be able to do a little health

care. We want to work with our Republican colleagues. This is not a partisan issue. People losing their health care are not Democrats, Republicans, or Independents; they are Americans, whether from the State of Oregon or the State of Nevada.

The Presiding Officer represents the State of Oregon. There is extremely high unemployment in Oregon, higher than in Nevada, and we are over 11 percent. In 1 month, we went from 10.4 percent to 11.3 percent unemployment. So the people losing their jobs, losing their health care in Oregon and Nevada and all the rest of the States are not partisans. They want something done to restore their jobs, to get them new jobs, and to give them health insurance, if they do not have it, and make sure it is not taken away from them.

I reach out to my Republican colleagues to join with us in this necessity of doing something about health care. This is not something we are looking for work to do. We are doing it because it is absolutely essential. Right now, I repeat, one-sixth of every dollar spent goes to health care in America. If we do not change this, in just a few years it will be 35 cents of every dollar. We cannot sustain that.

Mr. President, it is my understanding you are going to open morning business.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business, with Senators permitted to speak for up to 10 minutes each.

Mr. REID. Mr. President, I suggest the absence of a quorum.

The bill clerk proceeded to call the roll.

Mr. MCCAIN. I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HEALTH CARE REFORM

Mr. MCCAIN. Mr. President, I wish to note, in the context of my remarks, the announcement yesterday that the deficit for the first 9 months of this year is now \$1.1 trillion, headed for, at the end of this year, \$1.8 trillion, perhaps the highest percentage of GDP in the history of this country outside of wartime. We are now in the process of adding amendment after amendment in the HELP Committee without any idea of the cost. As one of my colleagues who proposed a massive expansion of women's health care yesterday said in

the committee: It is not the cost that is important; it is the cause. A remarkable approach to the fact that we are mortgaging our children and grandchildren's futures in a fashion which is the commission of generational theft.

Chairman DODD received a new score on his bill last week by hiding the real cost of the bill. A few weeks ago, the preliminary cost was over \$1 trillion. Now it is at \$900 billion—same bill, just different numbers. On the one hand, we are told reform is urgent and, at the same time, they don't implement the bill for 4 years; conveniently, after the next Presidential election. Then they will tax employers with a job-killing employer health mandate, collect \$52 billion from small employers, the engine that will take us out of our recession. Nobody disagrees about the role of small business in our economy. Then this latest proposal hides the cost of the additional hundreds of billions of dollars of Medicaid expansion.

The State of California is offering IOUs to pay their bills. They have a \$26 billion deficit. We are going to increase Medicaid's burden on the States to the tune, in the case of California, of several more billion dollars. How are they going to pay for it? It is an impossible task.

I am told that is not about the cost, but it is about the cost. Just as the stimulus package was about the cost, just as the continued bailout of industries such as the automotive industry, banks, financial institutions and anybody who is "too big to fail," when small business people all over America are closing their doors because they are too small to save.

For the first 9 months, the deficit is \$1.1 trillion. That is \$800 billion greater than the deficit recorded last year. The American people have a right to know what this health care bill will cost, what it will cost now and what it will cost our grandchildren.

The Washington Post today tells us how not to reform health care, in opposing the government insurance President Obama now says is so critical. According to today's Washington Post:

... it would be tragic if this issue were to drag down health reform or make it impossible to secure Republican votes. Restructuring the health-care system is risky enough that Democrats would be wise not to try to accomplish it entirely on their own.

I certainly hope my friends on the other side of the aisle pay attention to that comment. It has turned into a partisan effort, and it is too bad.

From today's Wall Street Journal, "Democrats Hoodwinked the Health Lobby. Americans's health-care CEOs are being taken for a ride by Congress and their own lobbyists."

It is a very interesting article by Kimberly Strassel.

The industry's calculation is that by cutting deals, it can set the terms of its contributions to "reform" and even wangle up-sides. The insurers came first, promising to squeeze \$2 trillion in costs out of the system. Democrats are letting Ms. Ignagni believe

that in return she will get a mandate to require all Americans to carry insurance (which her members will supply) and be spared a public option (which would decimate her industry).

It goes on to talk about Mr. Tauzin who:

... came along pledging that drug makers would cough up \$80 billion to narrow a gap in Medicare drug coverage. He's been led to think that Washington will forgo its plans to allow drug reimportation or give him a hand on generics.

The word is that the administration is now saying drug reimportation is not important, in exchange for this deal with Mr. Tauzin. How unsavory is that. Drug reimportation will save the American people \$50 billion a year. It is a fact. PhRMA, the large prescription drug lobby—a very powerful one here in our Nation's capital—in return for saying they will save \$80 billion, the administration in return will give up their support for what would save the American people \$50 billion, when the \$80 billion they are talking about is purely illusory, to say the least.

The Wall Street Journal article goes on to say:

Democrats have complemented their smiling encouragements with behind-the-scene threats. After retaking the House in 2006, the party made clear that companies that did not hire Democratic lobbyists would not get a hearing in Washington. The ruling party is now seeing the fruits of its bullying. These days a meeting of health-care lobbyists is better described as a reunion of Senate finance Chairman Max Baucus's former aides. Health-care lobbying has been turned on its head: The new cabal of Democratic lobbyists does not exist to protect the industry from Congress. It exists to present Democratic ultimatums to business.

When Senate Republicans last month hosted a meeting to discuss reform ideas, Mr. BAUCUS's office called in a block of these Democratic lobbyists to deliver a message. "They said, 'Republicans are having this meeting and you need to let all of your clients know if they have someone there, that will be viewed as a hostile act,'" reported one attendee to the Baucus caucus.

Interesting.

All these actions—the White House meetings, the strung-out negotiations, the muzzling—have been taken with one aim: To buy silence. President Barack Obama is committed to a public option. Liberal Democrats intend to make the private sector fund their plans. They figure by the time they drop a bill that contains odious elements, it'll be too late for any industry player—big or small—to cut a Harry & Louise ad.

Industry players this week got a glimpse of how they will be treated. House Energy and Commerce Chairman Henry Waxman dismissed the \$80 billion drug deal, claiming it did not have House support, and moreover that the White House "told us they are not bound to that agreement."

The question is just how long it is going to take for America's health-care CEOs to realize they are being taken for a ride both by Congress and their own lobbyists. Americans are wary enough about ObamaCare to maybe appreciate some straight talk from corporate America. If only corporate America can find the smarts to give it.

The debate and discussion continues in the House and the Senate. They still haven't found a way to pay for the

health care reforms they want to make. It is still around a trillion dollars. We hear everything from a 10-cent tax on soft drinks to the employer benefit proposal which was so strongly derided and attacked during the last campaign. So far we are talking about laying another trillion or two of debt on the American people, in addition to the \$1.8 trillion deficit we have already amassed this year.

Again, I urge colleagues and the administration to sit down in true negotiations, in bipartisan fashion together, and maybe we can solve this issue. We all know the quality of health care in America is the highest in the world. But the costs of health care in America and the inflation associated with it are something we must address so that health care is affordable and available to all Americans.

I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. BROWN. I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

BIOLOGICS

Mr. BROWN. Mr. President, this week Congress is deciding whether to broaden access to affordable generic drugs for millions of Americans. As we all argue our points, it is important to remember what this issue is all about. Broadening access to generic drugs is not about Republicans or Democrats. It is not even about the drug companies, the biologic makers, or the other pharmaceutical companies. It is about men and women in my State and the State of the Presiding Officer and around the country. Broadening access to generic drugs is about the 192,370 new cases of breast cancer that will be diagnosed in American women this year, and the \$48,000 average annually is what it will cost to treat their disease with the biologic drug Herceptin, \$48,000 annually. This is about the 1.3 million adults affected by rheumatoid arthritis each year and the \$2,000 average annually it cost to treat their difficult disease with the biologic drug Remicade. Broadening access to generics is about the 148,610 men and women diagnosed with colon cancer each year and the \$100,000 it costs them each year to treat the disease with the biologic drug Avastin.

Let me mention a few other noteworthy numbers: \$1.2 billion represents the average cost to develop a new biotech product; this includes research and development and the costs lost to products that never make it to market. It is not just \$1.2 billion for the product itself that makes it to market. It is about the false starts and includes all that too. Continuing, \$9.2 billion rep-

resents the 2008 sales of Genentech's biologic colon cancer treatment Avastin. I said it cost \$100,000 per patient to treat with that drug. Eight billion represents the 2008 sales of Amgen's biologic arthritis treatment Enbrel. Finally, \$7 million represents how much money PhRMA spent in the first 3 months of 2009 to lobby Congress; \$7 million to lobby Congress in the first 3 months of this year. That is before we started the most intense part of working on this bill.

I encourage colleagues on both sides of the aisle to keep all of these numbers in mind as we go through the debate this week and next week—the numbers of patients who depend on these drugs, the cost to the patients one by one by one for each of these drugs, the amount of money the drug companies, the biologic companies have made on these drugs, and the amount of money they are spending lobbying Congress to have their way on these issues.

Countless Americans cannot afford expensive brandname drugs, known as biologics. These drugs provide promise and hope—and we are very indebted to these companies for developing these drugs; they clearly save lives—these drugs provide promise and hope to those suffering from devastating diseases and chronic illnesses, including cancer, Parkinson's, diabetes, Alzheimer's, and MS.

For example, annual treatment for breast cancer with the biologic drug Herceptin costs \$48,000 a year. The annual treatment for rheumatoid arthritis with Remicade, as I said, costs approximately \$20,000 a year. These drugs are simply too expensive for so many people to afford.

The average household income in Ohio for 2007 was \$46,597. For the patient who cannot afford a treatment, it does not matter if it is a breakthrough and it does not matter if it is life-saving, he or she simply cannot afford it.

There is currently—to put this in context—no FDA approval process for biogenerics, biologic generic equivalents, comparable to the process that enables generic drugs to compete against their brandname counterparts.

We all have seen the money you can save when you go to your doctor for a typical drug that has a generic substitute. It is the same drug with the same active ingredients, and a physician will encourage their patient to buy the generic equivalent. That is true for the chemical drugs we have had for many years. It is not true for the biologics. There is no generic equivalent. There is no pathway allowed for generics to compete against the biologics.

Absent that process, there is no free market exerting downward pressure on biologic prices, so prices remain high, so prices remain \$20,000 a year or sometimes as high as \$7,000 or \$8,000 a month for some of these biologics.