

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.

That is the problem in a nutshell, but behind it—this is all talking public policy up here—behind it, underneath it, are the lives of hundreds of thousands of Americans, situations in which Americans cannot afford treatments that prevent disability and, in some cases, prevent death.

Early this year, Ohio representatives from the Arthritis Foundation visited my office to talk about soaring health care costs and the limitations of our current system. These individuals spoke of extreme and prolonged physical pain, pain that could be alleviated if only the treatments existed—which they do—and only if they were affordable—which too often they are not.

Biologics provide great promise and hope to those suffering from devastating diseases and chronic illnesses. But absent competition, absent what we call follow-on biologics, absent a generic substitute to compete—but absent competition—countless Americans will be unable to benefit from these medicines.

It would be irresponsible on our part not to pursue a safe and efficient path to biogenerics. And it would be irresponsible on our part to pursue a pathway that allows for over a decade of monopoly protections for brandname products.

We did not do that with the generic drugs, the so-called Hatch-Waxman bill, which everyone in this body is familiar with. Most people at home around our country—most people in Toledo and Akron and Cincinnati and Dayton and Springfield and Mansfield—have benefited from Hatch-Waxman, the generic drug law, which cut prices for brandname drugs 50, 60, 70, 80 percent. But you cannot do that with biologics because we have not written the law to open up the process to allow follow-on biologics, to allow generic biologics, to allow competition in the system.

But next week, as the Presiding Officer knows, in the Health, Education, Labor and Pensions Committee, we have the opportunity to make affordable generic drugs more accessible for our seniors, more accessible for our Nation's middle class, more accessible for the hundreds of thousands—no, the millions—of Americans who are suffering from these diseases. But so many of them are unable to afford these expensive biologics.

Health care reform must broaden access to generic alternatives to biologics, the most expensive kinds of prescription drugs. Failing to do so is not just bad policy, bad public policy; failing to do so means we are letting down millions of our sickest citizens.

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

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

EXECUTIVE SESSION

NOMINATION OF ROBERT M. GROVES TO BE DIRECTOR OF THE CENSUS

Mr. REID. Mr. President, I now ask unanimous consent that the Senate proceed to executive session to consider Calendar No. 169, the nomination of Robert M. Groves to be the Director of the Census for our country.

The ACTING PRESIDENT pro tempore. Is there objection?

Without objection, it is so ordered.

The clerk will report.

The bill clerk read the nomination of Robert M. Groves, of Michigan, to be Director of the Census.

CLOTURE MOTION

Mr. REID. Mr. President, I now send a cloture motion to the desk.

The ACTING PRESIDENT pro tempore. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the nomination of Robert M. Groves, of Michigan, to be Director of the Census.

Harry Reid, John D. Rockefeller, IV, Christopher J. Dodd, Arlen Specter, Richard J. Durbin, Mark Begich, Mark Udall, Michael F. Bennet, Jeff Bingaman, Robert P. Casey, Jr., Frank R. Lautenberg, Blanche L. Lincoln, Tom Udall, Bill Nelson, Byron L. Dorgan, Claire McCaskill, Kirsten E. Gillibrand.

Mr. REID. Mr. President, I ask unanimous consent that the mandatory quorum be waived.

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

Mr. REID. Mr. President, I now ask unanimous consent that on Monday, July 13, at 4:30 p.m., the Senate proceed to executive session, and there be 1 hour of debate prior to a vote on the motion to invoke cloture on the nomination, with the time divided as follows: 15 minutes each for Senators COLLINS, SHELBY, and VITTER, with 15 minutes equally divided between Senators LIEBERMAN and CARPER; that at 5:30 p.m., the Senate vote on the motion to invoke cloture; that if cloture is invoked, then all postcloture time be yielded back and the Senate immediately vote on confirmation of the nomination; that upon confirmation, the motion to reconsider be laid upon the table; no further motions be in order; the President then be immediately notified of the Senate's action; and the Senate resume legislative session.

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

Mr. REID. Mr. President, are we in morning business?

The ACTING PRESIDENT pro tempore. We are not in morning business.

MORNING BUSINESS

Mr. REID. Mr. President, I ask unanimous consent that the Senate now proceed to a period of morning business, with Senators allowed to speak therein for up to 10 minutes each.

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

The Senator from Nebraska.

HEALTH CARE

Mr. JOHANNIS. Mr. President, late last week, media reports heralded the decrease in the pricetag of the HELP Committee's health care proposal. But I would suggest that before we uncork the champagne, before we celebrate a great accomplishment, let's study more closely the untold story. I believe we will find accounting gymnastics that have been employed.

While the headlines may have touted a HELP Committee bill that scored at \$611 billion over 10 years, the real pricetag, when fully implemented, actually totals about \$2 trillion.

That is a big darn difference. An almost \$1.5 trillion discrepancy simply cannot be swept under the rug. It is too big to be a rounding error—even in the Federal Government—and too much of a budget buster to be ignored. So where is the difference?

First, the Congressional Budget Office assumes it will take the Federal bureaucrats over 4 years to get the government-run health care and other subsidies up and running. So while the \$611 billion score claims to be a 10-year number, essentially it only covers 6 years of the costs.

If you look at the CBO score for the first 10 years after the program is fully implemented, the actual spending is closer to \$1.5 trillion. In addition, while the press releases were claiming credit for increased insurance coverage, they were actually leaving out what it actually cost to make that happen.

That euphoric claim that 97 percent of Americans would be covered under the HELP proposal is not even in the HELP Committee proposal. Only in Washington can you assume something to be, take credit for the accomplishment, and then not pay the bill.

The 97-percent statistic is based on an assumption. The assumption is that Medicaid will be expanded up to 150 percent of the Federal poverty level. This expansion is estimated to bring 20 million new people into a government-run health care plan.

However, CBO estimates that it will cost around \$500 billion over 10 years. Nowhere is that cost yet considered. And this is only the Federal share of the program. It does not take into account the State taxes that will need to be raised in order for each State to pay its share of this bill.