

Mr. McCAIN. Could I bring up another issue to the Senator from Tennessee and the Senator from Arizona and Utah. A New York Times article this week stated: "Drug Makers Raise Prices in Face of Health Care Reform."

Even as drugmakers promise to support Washington's health care overhaul by shaving \$8 billion a year off the Nation's drug costs after the legislation takes effect, the industry has been raising its prices at the fastest rate in years.

In the last year, the industry has raised the wholesale price of brand-name prescription drugs by about 9 percent, according to industry analysts. That would add more than \$10 billion to the nation's drug bill, which is on track to exceed \$300 billion this year. By at least one analysis, it is the highest annual rate of inflation for drug prices since 1992.

So the moral of the story is, you lie down with dogs and you get fleas. So they cut a deal with the administration to cut drug costs, and guess what. With inflation zero, no inflation, they have decided to raise costs by more than 8 percent. Oh, the Consumer Price Index has fallen by 1.3 percent. The Consumer Price Index has fallen by 1.3 percent, and the prescription drugs have increased in cost by 9 percent.

What does this do to seniors? Seniors are not going to get a COLA in Social Security this year because the consumer price index has fallen—which is the indicator as to whether cost of living adjustments are given to Social Security recipients. So what does the drug industry do? Without inflation, they raise the cost of prescription drugs by some 9 percent at a time when Americans are hurting more than ever. Shame on the drug industry. Shame on those people, and shame on the administration for cutting a deal with them.

Mr. KYL. Mr. President, I see our other colleague from Utah here. I know that during Finance Committee deliberations, he was directly involved in one of the conversations about the drug costs and also has been working on his own ideas for alternative approaches to some of these problems. I will ask a question and then if my colleague from Utah, Senator HATCH, may like to comment further, we would invite that.

Is it the case that the Joint Committee on Taxation, which reported to the Finance Committee, and the Congressional Budget Office both said that not only would the increased taxes on the pharmaceutical industry, the medical device industry, and the insurance industry be passed on to consumers in the form of higher premiums but that overall under the legislation that is before us, for the average family as compared to what prices are today, insurance premiums would actually go up and this was one of the two major reasons, the other being mandated benefits?

Mr. HATCH. The Senator is absolutely right. They even said the premiums of the so-called government plan would be higher than private sector insurance premiums. It is incredible.

I have enjoyed the comments by the distinguished Senators from Arizona, Utah, and Tennessee. If you look at what they are trying to do, they are going to throw out a system that 85 percent of the American people feel is basically OK, because they have not taken care of the 15 percent who don't have insurance. But when you deduct the 6 million people who work for companies that provide insurance but they don't take it—they would rather have the money—and you take out the 11 million people who basically qualify for Medicaid or SCHIP but are not enrolled, and you deduct those who earn over \$75,000 a year and can afford their own insurance, and then you take the illegal aliens, the documented workers and undocumented workers, you basically come down to 17 million people who need and deserve our help. We are going to throw the whole system out for 85 percent of the people when we could, through subsidization, help those who deserve help.

It doesn't make sense. What are they thinking over there? I hope it is not that they want to take us to socialism or to Europeanize us, when Europe is trying to get away from Europeanization.

We are rapidly approaching one of the most important votes for all of us in the Senate. This is bigger than any of us, our parties or our ideologies. This is about the future of the greatest Nation in the history of the world. It is about your children and my children. It is about your grandchildren, my grandchildren. Elaine and I have three great-grandchildren and two more on the way. It is about giving the future generation the same opportunities and same sense of pride. It is about every American's way of life.

Every American business will be subject to this. Look at that thing, a 2,074-page edict from Washington. I am going to spend my time before this historic vote to highlight some very important numbers. Every Member of this Chamber should understand what they are voting to advance. Make no mistake, our actions today will not be without consequences. History and future generations will judge us by what we do here today.

Zero is the number of provisions prohibiting the rationing of health care, not one word prohibiting the rationing of health care. All you have to do is look at some of the things that happened this week and you start to worry about it. How about this? Zero is the number of government-run entitlement programs that are financially sound over the long term. Consider these important numbers: 10.2 percent national unemployment rate, the highest in 26 years; 70, the total number of government programs authorized by this bill, 70 new programs at a time when we are going into fiscal insolvency; 1,697 times the Secretary of Health and Human Services is given authority to determine or define provisions in this bill. We are turning the whole thing over to

the bureaucrats here in Washington. More numbers: 2,074 total pages of this bill—look at that—2010, the year Americans start paying higher taxes to support this bill. My colleague from Utah and my colleagues from Arizona and Tennessee have brought that out in no uncertain terms. The year when this bill actually starts is 2014, most of the major provisions of this bill. Some of them don't even begin until 2015. The number \$6.8 million is the cost to taxpayers per word in this bill; \$8 billion is the total amount of new taxes on Americans who do not buy Washington-defined health care; \$465 billion in cuts in Medicare at a time when Medicare faces a \$38 trillion unfunded liability to finance more government spending; \$494 billion is the total amount of new taxes in this bill.

If you think that is all, I think you have something coming here. According to the Budget Committee, using CBO figures, \$2.5 trillion is the real cost of this bill over a 10-year period. Our total national debt will be \$12 trillion. These numbers are facts and they are indisputable.

Let me finish by reading an excerpt from a fellow Utahn from Provo who is worried about what this bill will do to our country.

I am writing out of deep concern over the increasing expansion of government. I moved here from Germany 20 years ago. I love America because it is free—free-er than Germany in that I have the freedom to choose among other things how I want to insure my family (we have six children). I'm all for affordable health insurance which requires affordable health care. I am self employed and have been hit hard by the economy. There is a good chance that we would actually benefit from [this bill]. Business has been so bad that we would qualify for free school lunches if we asked for it. But I don't want more government handouts. I don't want the government telling me what kind of insurance I need to have. I don't want the government telling me what services I can receive when I need them. I don't want them taking an ever greater part of my income to help finance government programs such as the "public option" and the army of government employees it will take to administer such a program. I do not want more government. I want less. A lot less.

These people from Germany have been living in our country as citizens for 20 years. They know what it was like to have their type of a system. I think we ought to pay attention to that humble person who, in spite of the travails they have, don't want this big, massive government program to become law.

Mr. McCAIN. Mr. President, I thank both Senators from Utah for their thoughtful comments and significant involvement. I wish to return to the issue of what we need to do. I say that because criticism has been leveled at this side of the aisle that we have no plan; therefore, since we have no plan, we should embrace this. The fact is, we have had plans. We have had proposals. We have tried to get them listened to. They range from medical malpractice reform to other free market cost reduction measures that add competition

and quality to the health care system. Our objective is affordability and availability.

I want to talk with the Senator from Tennessee about the issue of medical malpractice reform. Here is a huge piece of legislation. Yet I ask my friend from Tennessee, is there any measure in this bill we have been able to detect so far—we have been able to detect \$100 million in additional Medicaid benefits for the State of Louisiana, but we haven't been able to determine all of the aspects of this bill. On the issue of medical malpractice reform, physician after physician in America says they have to practice defensive medicine for fear of finding themselves in court. Why is it that we have literally no addressing of an issue that could significantly reduce cost?

As I recall, the CBO said that medical malpractice reform could reduce direct medical costs by some \$54 billion over 10 years. There are other estimates that say if we added in the cost of the practice of defensive medicine over prescription medicines and drugs because of fear of finding themselves in court, this could be as much as \$200 billion. Yet there is not one significant addressing of the issue of medical malpractice in this legislation. I think that is a testimony to the influence of the American trial lawyers association.

Mr. ALEXANDER. Mr. President, I would say to the Senator from Arizona, that is a part of the problem. But I think of it a little different way. There has been a lot of talk this week about medical care availability for women in America. In Tennessee, in 45 of our 95 counties, there are no OB/GYN doctors. So pregnant women in Tennessee in those counties have to drive 50, 60, 70 or 80 miles for prenatal health care. They might have to check into a hotel for a few days in a big city in order to have their baby.

Mr. McCAIN. Could I add, the mirror opposite of that is the State of Texas which was hemorrhaging medical doctors and care providers and then, after they enacted a very modest malpractice reform, there was a flood of physicians returning to the State of Texas. Isn't that the case?

Mr. ALEXANDER. That is exactly right. In fact, a number of us have offered to the Senate, as a part of the way we would go about reducing health care costs, basically adopting the same kind of provisions they did in Texas which still leaves anyone who is hurt, a complete right to recover from that injury, but makes a major change in the availability of doctors to that patient. And in the case of Tennessee, we were talking about OB/GYN doctors to women who are about to have babies. The Senator from Arizona said that would save at least \$54 billion over 10 years. No one doubts that reform of medical malpractice, junk lawsuits against doctors, would reduce costs. The point we are trying to make here is, instead of that historically arrogant 2,074-page bill that presumes we know

enough to change every aspect of health care in America, why don't we re-earn the trust of the American people, who have lost a lot of confidence in those of us in Washington, and start taking steps in the right direction to reduce cost? We could do it by adopting our legislation to reduce unwarranted medical malpractice suits. That would be one step.

Mr. McCAIN. Could I revisit with the Senator an issue we talked about a little earlier and with my friend from Utah as well. This is the recent spate of publicity concerning a recommendation that women wait until 50 years of age before—I see our physician Dr. BARRASSO is here also—getting routine mammograms. That ignited a firestorm throughout America and story after story of women who have experienced breast cancer who state categorically that if they hadn't gotten the mammogram when they did, it is possible they would not be alive today.

Now that is a nice academic discussion. But I would ask—maybe Dr. BARRASSO would answer it—isn't that the kind of advisory board this legislation could put into law; that those kinds of mandates could come down, which could literally jeopardize the health and lives of Americans?

Mr. BARRASSO. Mr. President, I would say to my colleague and friend from Arizona, this type of legislation would have cost my wife her life. She is a breast cancer survivor, diagnosed by a routine screening mammogram. She was in her forties when that mammogram was performed. She went through the testing and had the operation. In that age, in her forties, she already had the breast cancer spread from her breast to one of the lymph nodes. It was a screening mammogram that saved her life. She has had three operations, two bouts of chemotherapy. As a result, she is a survivor—6 years later.

But this piece of legislation says: No, no, do not worry about it. There is not going to be any denial of care. There is not going to be anything like that. But if you turn to page 1,150, it talks specifically about this preventative task force, specifically saying when they make their recommendations there is going to be money that taxpayers are going to pay to tell people what those recommendations are. Then, if you go to page 1,190, it says that if it is not approved, they will deny payment for that service—deny payment. It does not say they might.

Mr. McCAIN. I say to the Senator, you would not describe that as a "penal panel"?

Mr. BARRASSO. Some people might.

Mr. KYL. Mr. President, I went back to my office and got the exact pages our doctor colleague has just been talking about—page 1,189 and page 1,190 of the actual bill. My colleague from Arizona asked the question—this entity, this U.S. Preventive Services Task Force; the entity that made the recommendations with regard to mammo-

grams is it possible their recommendations could be used to deny coverage or reduce payments or deny payments?

Well, here is the exact language, if my colleagues would like to hear it. The Secretary of HHS is, of course, the person who implements this. It is not the task force. The task force makes the recommendations, and then the Secretary of HHS issues the regulations. Quoting:

Notwithstanding any other provision of this title, effective beginning on January 1, 2010,—

That is just a couple months from now—

if the Secretary determines appropriate, the Secretary may—

(1) modify—

(A) the coverage of any preventive service described . . . to the extent that such modification is consistent with the recommendations of the United States Preventive Services Task Force. . . .

So there you have modifying the coverage. Then, secondly, as my colleague was just reading:

(2) provide that no payment shall be made under this title for a preventive service described in subparagraph (A) of such section that has not received a grade of A, B, C, or I by such Task Force.

In other words, they make the recommendation, and they say this does not meet our standards, so she can say, therefore, we are not going to pay for it.

That is taking the recommendations of this task force and translating it into the rationing of health care. This is how rationing begins.

Mr. BENNETT. Mr. President, if I could share with Senators this statistic. We hear a lot of talk about everybody has to be covered. We talk about the United Kingdom, where they have a plan where everybody is covered. The cancer survivor rate for women with breast cancer in the United Kingdom, after diagnosis, is 57 percent. The cancer survivor rate in the United States, where we have people who are not covered, is 67 percent. I do not think we want to move in the direction of bringing that rate down.

Mr. BARRASSO. The reasons for that are they are not doing early enough screening, and even once they are able to find the cancer in Great Britain, how long do they have to wait in line until they actually receive the surgery? The delay of care is the denial of care, and that is what is going to happen under this bill.

I see my colleague from Idaho standing as well because he is familiar with this situation. But I look at this and see the numbers. They said: Well, we don't want to cover this service because it would only save 1 life out of 1,900 women in their forties. Well, in my case, that 1 life out of 1,900 was my wife Bobbi.

I know the Senator from Idaho wants to get involved in this discussion.

Senator RISCH.

Mr. RISCH. Mr. President, as you read these pages, most of it is incomprehensible. But, interestingly enough,