

Klobuchar	Merkley	Snowe
Kohl	Mikulski	Specter
Landrieu	Murray	Stabenow
Lautenberg	Nelson (NE)	Tester
Leahy	Nelson (FL)	Udall (CO)
Levin	Pryor	Udall (NM)
Lieberman	Reed	Voinovich
Lincoln	Reid	Warner
Lugar	Rockefeller	Webb
McCain	Sanders	Whitehouse
McCaskill	Schumer	Wyden
Menendez	Shaheen	

NAYS—29

Alexander	Crapo	LeMieux
Barrasso	DeMint	McConnell
Bennett	Enzi	Risch
Brownback	Feingold	Roberts
Bunning	Graham	Sessions
Burr	Grassley	Shelby
Chambliss	Inhofe	Thune
Coburn	Isakson	Vitter
Cochran	Johanns	Wicker
Corker	Kyl	

NOT VOTING—3

Byrd	Hatch	Murkowski
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The conference report was agreed to.

Mr. LEVIN. Mr. President, we have just adopted a landmark Defense authorization bill. We are sending to the President the 48th consecutive Defense authorization bill—I move to reconsider the vote on that bill and lay that motion upon the table.

The motion to lay upon the table was agreed to.

Mr. LEVIN. Mr. President, we have an unbroken tradition on our committee, 48 consecutive national Defense authorization bills. It is never easy to get this bill through the legislative process. But with perseverance, a lot of good-faith work has never let us down.

We maintain our focus because we are acting on behalf of our true heroes, the men and women of our Armed Forces and their families. The enactment of this conference report is going to provide the men and women of our Armed Forces, both Active and Reserve, and their families with the pay and benefits they deserve, the equipment and training they need.

The conference report includes \$164 billion for military personnel, including costs of pay, allowances, bonuses, survivor benefits, and military health care. It would authorize a 3.4 percent across-the-board pay raise for our troops, a half a percent above the budget request and the annual increase in the employment cost Index.

The conference report would authorize \$130 billion in funding for our ongoing military operations in Iraq and Afghanistan. It would provide more than \$2.0 billion for the Joint Improvised Explosive Device Defeat Fund, to help take on the threat that has claimed so many American lives in Iraq and Afghanistan. It would fully fund the President's request for \$7.5 billion to train and equip the Afghan National Army and the Afghan National Police.

This legislation sends a vital message to our men and women in uniform that we, as a nation, stand behind them and appreciate their service.

We are at this point because all our dedicated Members and all our dedicated staff members—on both sides of the Capitol—were all willing to hit on

all cylinders and keep this bill rolling along.

Of course, I want to start by thanking my partner and my friend, Senator MCCAIN, as well as all committee members, for their active roles in getting us to this point. Our counterparts on the House side, Congressmen IKE SKELTON and BUCK MCKEON and the House Armed Services Committee staff lead by Erin Conaton and Bob Simmons, also have our gratitude. Senator MCCAIN and I are extremely grateful to our own committee staff members who so willingly put all their legislative expertise into this bill. Not only is there a tremendous amount of legislative craftsmanship involved, but there is a mind-boggling number of administrative details that have to be meticulously tracked in this massive bill.

I again thank my partner and my friend, Senator MCCAIN, as well as all committee members for their active roles in getting us to this very historic moment when there is much in this bill that is so important to our troops, as well as a number of other provisions which are critically important to success in Afghanistan and Iraq.

Our dedicated, hard-working staff assistants in particular deserve a special mention for their extraordinary efforts in this regard. As a visible sign of the high regard in which we hold our staff, I ask unanimous consent to have all staff members' names printed in the RECORD. I offer here a list of the staff of the Armed Services Committee for that purpose.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

STAFF OF THE COMMITTEE ON ARMED SERVICES

Adam J. Barker, June M. Borawski, Joseph W. Bowab, Leah C. Brewer, Christian D. Brose, Joseph M. Bryan, Pablo E. Carrillo, Jonathan D. Clark, Iona R. Cohen, Christine E. Cowart, Madelyn R. Creedon, Kevin A. Cronin, Richard D. DeBobes, Gabriella Eisen, Richard W. Fieldhouse, Creighton Greene, Howard H. Hoegge III, Gary J. Howard, Paul J. Hubbard, Paul C. Hutton IV, Jessica L. Kingston, Jennifer R. Knowles, Michael V. Kostiw, Michael J. Kuiken, Mary J. Kyle, Christine G. Lang, and Terence K. Laughlin.

Gerald J. Leeling, Daniel A. Lerner, Peter K. Levine, Gregory R. Lilly, Hannah I. Lloyd, Jason W. Maroney, Thomas K. McConnell, William G. P. Monahan, David M. Morriss, Lucian L. Niemeyer, Michael J. Noblet, Christopher J. Paul, Cindy Pearson, Roy F. Phillips, John H. Quirk V, Brian F. Sebold, Arun A. Seraphin, Russell L. Shaffer, Travis E. Smith, Jennifer L. Stoker, William K. Sutey, Diana G. Tabler, Mary Louise Wagner, Richard F. Walsh, Breon N. Wells, and Dana W. White.

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

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

MORNING BUSINESS

Mr. LEVIN. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak therein for up to 10 minutes each; that during morning business, Senator BROWN control up to 1 hour; and that during that time, he be permitted to enter into colloquies.

The PRESIDING OFFICER (Mr. WHITEHOUSE). Without objection, it is so ordered.

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

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

HEALTH CARE REFORM

Mr. DORGAN. Mr. President, as the Senate continues to discuss in various ways the issue of health care, I wanted to comment once again on the need, when the health care bill is finally brought to the floor, open for debate and amendment, to offer an amendment, which I and others will do, to address the cost of prescription drugs. One of the significant areas of cost increases for medicine is in prescription drugs.

Prescription drugs are unbelievably important. Many people manage their diseases with prescription drugs that were not available years or decades ago. Those people who are able to access prescription drugs for disease management are able to keep out of the hospital and avoid being in an acute-care bed, which is the costliest form of health care.

I understand the importance of prescription drugs in the health care system. I want us to continue to incentivize the development of new drugs, research and development. We do a lot of that through the National Institutes of Health, and so, too, do the pharmaceutical companies engage in research and development. But even as we do all of that to try to incentivize development of additional drugs and make them available for disease management, it is important to understand that part of the process of trying to put some downward pressure on health care costs is to put some downward pressure on the price of prescription drugs. It is a fact that we pay the highest prices in the world for brand-name prescription drugs. That is just a fact. In my judgment, it is not fair.

When a bill does come to the floor, I and a number of my colleagues—there are over 30 who have cosponsored legislation on prescription drugs—will offer as an amendment the legislation we have drafted together. It has significant safety provisions in it. It would

make the drug supply eminently safer than now exists, requiring pedigrees and batch lot numbers on everything that is produced and distributed so that we can track it. It would be a much more effective way of addressing the issue of counterfeit drugs.

Essentially what we propose is to put downward pressure on prescription drug prices by allowing the American people the freedom to access that identical prescription drug wherever it is sold, if it is FDA-approved, access it wherever it is sold for a fraction of the price that is charged here in the United States.

I have in my desk two pill bottles. They contain the medicine called Lipitor. I have used them many times and ask unanimous consent that I be allowed to use them on the floor.

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

Mr. DORGAN. These bottles are bottles that contain medicine produced in the exact same manufacturing plant. This plant happens to be in Ireland, and Lipitor happens to be the most prescribed prescription drug for the lowering of cholesterol anywhere in the world. More people take this for the lowering of cholesterol than anything else. I am not standing here advertising for it. I am making the point that this is made in Ireland. It is shipped all over the world.

As we can see, these are two bottles that look identical. They contain the same pill in the same bottle made by the same company made in the same plant. This bottle was shipped to Canada. This bottle was shipped to the United States. This is 90 tablets at 20 milligrams. Canadians are required to pay \$1.83 per tablet for this drug. Americans—same pill, put in the same bottle, made in the same place, in an FDA-approved plant—pay \$4.48 a pill. So it is \$1.83 if you buy it north of here, \$4.48 if you are an American citizen buying it in the United States.

Is that fair? It is not, in my judgment. It is not only Lipitor; it is brand-name drug after brand-name drug. How does that happen, and how can they make this stick? They do it because under current law the only entity that can import a prescription drug is the manufacturer of the drug. Therefore, if this prescription drug is sold in Italy or Spain or France or Canada—any number of countries—for a fraction of the price, the American people are prohibited from accessing that identical, FDA-approved drug that is sold at half or one-third of the cost in the United States.

With our legislation, we aim to give the American people some freedom—the freedom to access that drug. We establish a system by which they are able to access that FDA-approved drug from a chain of custody that is as safe as the American chain of custody and allow them to import that drug into this country by paying a fraction of the price. This is about freedom. Why would we not want to give the Amer-

ican people the freedom and the advantage of the system of trading?

Some say: You can't do that without limiting the opportunity for counterfeiting. They have been doing it in Europe for 20 years. If you are in Spain and want to buy a prescription drug from France, good for you; it is easy to do under something called parallel trading. If you are in Italy and want to buy a prescription drug from Germany, it is not a problem; they have something called parallel trading. They have been doing it for two decades without any safety issue at all. Yet they say we can't do it here in America? We can't manage something the Europeans have managed routinely for two decades? I think we can. Of course we can.

It is not just Lipitor. I mentioned previously that I was at a farmyard for a farm meeting some while ago. People were sitting around on bales of straw talking, and there was an old codger there. The subject of health care came up.

He said: I am near 80 years old. My wife is about 2 years younger, near 80. She just suffered breast cancer. She has been fighting a battle with breast cancer in the last 3 years.

This, by the way, was in the southern part of North Dakota.

He said: We drove to the Canadian border and then drove across the border every 3 months to buy Tamoxifen for my wife to fight her breast cancer. And the reason we did that is because we couldn't afford it here. We paid about 20 cents for what we would pay a dollar for in the United States for the Tamoxifen my wife needed. We had to drive to the Canadian border and across to buy it.

The fact is, he was allowed to do that because on an informal basis they allow you to bring across on your own person about 90 days' worth of prescription drugs. But for the most part, Americans are not allowed to access those lower cost prescription drugs. They are just not allowed.

Why not give the American people the freedom to access the same drug, put in the same bottle, made by the same company? If that company plant is inspected by the FDA, and the drug itself is FDA approved, why would you prevent the American people from having access to the very marketplace that everybody boasts about as being the free market?

I hear all my colleagues come to the floor all the time and talk about freedom. Yet I have seen some of them vote against the bill that would give the consumer the freedom to access these same drugs in places in the world where it is sold for a fraction of what the American people are charged.

There are 30 of us who have come together to write this legislation. It is a Dorgan-Snowe bill. Myself and my colleague, Senator SNOWE from Maine, have worked on this legislation for a long time, as have other colleagues. The late Senator Kennedy was a co-

sponsor of this legislation. Senator JOHN MCCAIN is a cosponsor of this legislation. Last year, when Barack Obama was a Senator, he was a cosponsor of my bill. So this is a very wide coalition. Senator GRASSLEY from Iowa asked me about this legislation when we came over for the last vote.

This is a very wide coalition of Republicans and Democrats who believe the American people ought to be given the freedom to access these identical prescription drugs that are sold at a fraction of the price in all the rest of the world at a time when the highest prices are charged to the American consumer.

If the goal of health care is twofold—one, to try to put some downward pressure on these relentless cost increases for health care; and, No. 2, to extend coverage to those who do not have it—how could we possibly bring a health care bill to the floor of the Senate and avoid the issue of whether we are going to do something about the relentless increasing march of prescription drug prices? How could we walk off the floor having done health care and say, "Yes, we did not do anything, however, about prescription drug prices. Yes, we understand it is ratcheting up, up, up, and up, way out of the reach of some folks, but we did nothing about it."

Some will say: Well, except that there was a deal made in which the White House announced an \$80 billion deal with the pharmaceutical industry, and so on, that would have senior citizens buying brand-name prescription drugs in a manner that filled half of the doughnut hole—that is all Washington jargon—so, therefore, it becomes something that the pharmaceutical industry has contributed to the well-being of senior citizens.

I do not know about all that. I think it was Russell Long who said: I'm not for any deal that I was not a part of. Well, I do not know about what this deal is. I called the White House when it was represented by the pharmaceutical industry that this deal also included the White House's agreement to oppose the legislation I and others are talking about here. I called the White House. Actually, I did not call the physical structure. I called a high official in the White House and asked the question: Was there a deal made by which they would oppose this? And the answer was no, no such deal was made.

So there is a bipartisan group of us who will be here to offer this amendment. I fully expect in the consideration of deciding how to put some downward pressure on the costs of health care, our colleagues will join me and Senator SNOWE and so many others in adopting this amendment. At last—at long last—having been fighting this issue for many years, I believe, as we consider the health care bill on the floor of the Senate, we will include something that puts some pressure to bend down or at least to limit the kind of price increases we see every single year on these brand-name prescription drugs.

Let me say again, I have great respect for the pharmaceutical industry. It is looking after its own interests. Good for them. They should. They produce in some cases some miracle drugs, some of it with public funding through the National Institutes of Health, but, however, some of it, perhaps—not “perhaps”—some of it with their own research and development. I do not want to do anything that interrupts our opportunity to produce these new medicines that will be helpful to the American people.

But I know what will happen. The minute we offer this amendment, we will have people popping up here on the floor of the Senate, and they will say: Aha, what you are going to do is shut down research and development for new drugs. That is what you are doing. You are going to shut down R&D that is going to develop the next miracle drug for Alzheimer's or Parkinson's, and so on.

I say, no, that is not the case at all. It is just not the case. In fact, they pay a much lower price for the brand-name drugs, the same drugs we pay for. They pay much lower prices in Europe and do more research and development in Europe than we do here in the United States. So go figure.

It is also the case that the industry spends more for marketing, advertising, and promotion than they do on research and development. If you doubt me, turn on your television set tomorrow morning when you are brushing your teeth and listen to the advertisements. The advertisements say: Go ask your doctor today. Run down to your doctor and ask whether the purple pill is right for you. Or: Didn't you wake up this morning thinking you needed some Flomax? Go talk to your doctor; you must need Flomax—whatever Flomax is.

My point is, they relentlessly push these medicines at you with unbelievable amounts of advertising. So I would say, how about knocking off a little of that, maybe pumping some of that money back into research? The fact is, the way you can get a prescription drug is if a doctor thinks you need it. That maybe is where the decision ought to be made, not while you are brushing your teeth watching a commercial on television, whether the purple pill would enhance your lifestyle.

So I only say that because I know the pushback when we offer this amendment will be to say: This will injure somehow the opportunity to do research and development. Nothing could be further from the truth. It will not. I want the pharmaceutical industry to succeed. This amendment is not punitive at all. I want them to charge prices that allow them to make profits. I just do not want them to charge the highest prices in the world to the American consumer—to do it over and over. Why? Because they can. Because the American consumer does not have the freedom to access those lower priced prescription drugs in the world economy.

Let me mention something, finally, about the larger area of health care. I held a lot of meetings in August, as most of my colleagues did, I am sure. I had standing room only at every single meeting, and I had people allege that whatever is done with health care will be a bill that will cover health care for illegal aliens, it will be a bill that pays for health care costs for abortions, it will be a piece of legislation that does this and that. It is unbelievable the allegations out there, which have no basis in truth at all.

I am not going to vote for a bill that does the five or six things that most people are alleging the bill would do. But that is not going to be in legislation. This legislation we will consider I hope will be—and if it is not, I will offer to amend it; and if I cannot amend it and cannot fix it, I will not support it. But I believe legislation that will be supported by a good many—perhaps including myself if it is the right kind of legislation—will be legislation that is a serious attempt to try to address the issue of increasing costs of health care.

We spend much more than anybody else in the world on health care. Yet we do not have the results. We rank, according to CIA data, which keeps information on all the countries, 50th in life expectancy. So we spend much more than anybody else in the world and rank 50th in life expectancy. Go figure. There is something wrong with that picture.

The other issue is, a lot of people do not have health insurance because the increased cost of health insurance is running out of people's ability to pay for it.

One other important point is most people who do have health insurance believe: Well, I am set. I am fully insured. In most cases, they are not. In most cases, they are one serious illness away from bankruptcy.

I met a woman in a community recently who is a quadriplegic. About 10 years ago, she had \$600,000 in the bank. She lived in a home and had home equity. She had a job and insurance. Ten years later, it is all gone. She is a quadriplegic who has unbelievable needs. She suffered a very serious illness that continues. She has reached the cap on her insurance policy. She is one of those who is a demonstration of being one serious illness away from bankruptcy, even if you have insurance. This country is a better country than to decide that does not matter.

One-half of the bankruptcies in this country are bankruptcies as a result of health care costs. Every single Member of this Chamber goes around their State and discovers there is a benefit being held someplace for somebody who needs a new kidney or somebody who has some other medical difficulty, and they are doing some sort of fundraiser for the community to see. Can they raise enough money for this surgery so this person can get health care because that is the only way they can

get this surgery? So they need donations from neighbors. We can do better than that. That is the reason there is an interest in trying to find some way to address this health care issue.

I want to mention one additional point, and that is last evening there was a vote on what is called commonly here the doctors fix. It deals with physician reimbursements. A reporter asked me, as I left last evening: Wasn't this some significant rejection of the health care piece? The answer was no. That vote last evening was not a harbinger of anything. The vote last evening was on the issue of fixing physician reimbursements, but it was done in a way that was not paid for, and a good many Members of the Senate felt that is not the way to do it.

We should—and will, in my judgment—fix this physician reimbursement issue. We must. We cannot have a circumstance where physicians are told: Oh, by the way, in 2 or 3 years from now, your reimbursements are going to drop off a cliff 25 or 35 percent and then we will see you decide not to treat Medicare patients. That will not work. So we have to fix this. But we are in the middle of a very deep hole with very significant budget deficits, the most significant recession since the Great Depression. In my judgment, we cannot just add \$240 billion to the Federal budget deficit.

So we will, in my judgment, address legislation with the physician payment issue and fix that issue because we have to, but we have to do it the right way. That is all that vote was. That vote was not a harbinger about how health care reform might be dealt with today, tomorrow, or yesterday. It was just a vote on that issue with respect to the deficit, and a lot of Members of Congress decided, do you know what, let's come back and do it in a different way.

Let me make one final point. The majority leader of the Senate is working, along with many others, to try to combine the best of several pieces of legislation. It is not an easy job. But the fact is, he will bring a piece of legislation to the floor of the Senate. It will be wide open for amendment, and we will have a lot of the best ideas that come to the floor in the form of amendments about how to improve the bill. And that is exactly the way this process will work. I do not think we ought to get ahead of the process alleging this or that. Let's take a look at what this bill does and says and provides. Let's offer improvements where improvements can be made. We will have votes on all of those issues and see if we can do something good for the American people. The American people deserve that.

This has been a tough time with a very deep economic hole we have been going through. Part of the economic distress in this country is to try to decide at the end of the day, the month, or the year: How do I pay this unbelievable increase in my health insurance

cost because I know that and my kids and my family and I need to have health insurance? When you are losing your job and losing your home and losing hope in the middle of a great economic downturn, it is pretty troublesome to discover, do you know what, we probably cannot even insure our family against illness and disease.

We are a better country than that. We can do something here. I understand a lot of people would like to say they want to do something but in reality do not want to do anything. And it is always easier to criticize. It is always easier to take the negative side. But the question is: Can we come together with something positive that advances the interests of this country? I hope we can. And I believe we can if we are thoughtful and work together. So that will be my hope at the end of the day.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

IN RECOGNITION OF THE ARCS FOUNDATION SCHOLARSHIP AWARD WINNERS

Mr. KAUFMAN. Mr. President, I have spoken many times about the need for a renewed investment in scientific research and development. This includes science, technology, engineering, and mathematics—or, as we say, STEM—education.

As a former engineer, I also know how important it is that research and innovation is fostered through both public and private investments. Over the years, many wonderful private organizations have been formed to promote STEM education. One of the very best is the national Achievement Rewards for College Scientists—or ARCS—Foundation, which is an excellent example of the type of investment I believe our country needs to make.

ARCS was created in 1958 by a group of women in Los Angeles following the launch of Sputnik. Like many people at that time, the women saw a need to support American technological and scientific advancement, and they decided to create a scholarship program for students to pursue degrees in science, medicine, and engineering.

Today, the all-volunteer, all-women organization has grown to 14 chapters with a national membership of over 1,500. Thanks to the efforts of the dedicated women of the ARCS Foundation, nationally more than 13,000 scholarships have been awarded since the organization's inception.

All ARCS recipients are U.S. citizens who have superior academic records and proven abilities in scientific research and development. They are recommended and selected by the deans and departmental chairs at universities that have been approved by the ARCS Foundation.

This year, the local Metropolitan Washington Chapter of ARCS awarded 20 scholarships to Ph.D. candidates and two scholarships to undergraduates:

Ilana Goldberg, Monique Koppel, and Eric Patterson from Georgetown University.

Brenton Duffy, Anna Korovina, Yi Jin, Jessica Stolee, and Bennett Walker from the George Washington University.

Marcin Balicki, Stephanie Wilson Fraley, Eatai Roth, Bridget Wildt, and Bryan Benson from Johns Hopkins University.

Brendan Casey, Stefanie Sherrill, Nathan Siwak, Seth Thomas, and Natalie Salaets from the University of Maryland.

Theresa Bankston, Thomas Bliss, Ori Fox, and Rebecca Salomon from the University of Virginia.

Scholarships were funded through contributions from ARCS members, Washington-area corporations and foundations, and various fundraising events. One hundred percent of all funds went directly to the scholars who received \$15,000 at the graduate level and \$5,000 at the undergraduate level. This year, several Washington-area corporate and foundation sponsors provided funding for full scholarships, including Lockheed Martin, American Council on Technology/Industry Advisory Council, Booz Allen Hamilton, Bristol-Myers Squibb, General Dynamics, Mars Foundation, McNichols Foundation, and Raytheon.

None of these scholarships would be possible without the dedicated women of the Washington Metropolitan Chapter of ARCS. Betty Polutchko, the chapter's president, has worked tirelessly for the Foundation since she joined the local Washington chapter in 1992. Her leadership during her 2-year tenure has enabled the scholars to thrive.

I recently had the honor of meeting this incredible group of scholars and learning about the fascinating research they are conducting. These students are discovering new ways for delivering pharmaceuticals and other medical treatments, inventing processes to reduce carbon dioxide and other pollutants, engineering aerospace systems, creating microsurgical robots, and much, much more.

They are, without a doubt, the future of our Nation's leadership in science and technology, helping us to solve medical and environmental dilemmas and creating new products and systems that will continue to improve our lives and create new jobs.

Engineers and scientists have always been the world's problem solvers. They helped us to land on the moon during the space race, the period when ARCS was founded. The foundation saw the need to foster the scientific and engineering potential of our Nation then, and they continue to do so today.

The silver lining in today's financial crisis is the opportunity to shift our priorities in many positive ways. As America continues on its path toward economic recovery, we must inspire our students to address the extraordinary challenges facing our country

and the world. What better way to encourage and promote this than through programs such as ARCS. I know that, when given the opportunity, a new generation of engineers and scientists will step up to meet these challenges. Indeed, they already are.

Congratulations to the 2009–2010 ARCS Metropolitan Washington scholarship recipients.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

Mr. UDALL of New Mexico. Would the Senator withdraw his request?

Mr. KAUFMAN. I withdraw my request and I yield the floor.

The PRESIDING OFFICER. The quorum call will be vitiated without objection.

The Senator from New Mexico is recognized.

HEALTH CARE REFORM

Mr. UDALL of New Mexico. Mr. President, first, I wish to say to the Presiding Officer, I know Senator SHERROD BROWN from Ohio and a number of us are going to be down here from the 6 to 7 o'clock period, and I am starting out here for the first 10 minutes before 6 to talk a little bit about health care reform and this whole issue that many of us have been addressing on the floor. We did this several weeks ago and we did it last week. What we are doing is talking about the whole issue of the public option and how important it is to have a public option.

The Presiding Officer from Rhode Island, Senator WHITEHOUSE, has been down here with us. He has pointed out, on a number of occasions, how important it is to have a public option. But I think one of the things I would like to do today is talk a little bit about what these insurance companies are doing and where they are coming from.

Insurance companies made a point of playing nice over the first couple months of this reform process, but they revealed their true colors earlier this month when they released a series of biased, misleading reports to scare people about the impact of reform. The truth is insurance companies aren't worried about how reform will impact consumers—far from it. What they are worried about is the impact of reform on their profits.

The insurance industry has shown where it stands when it comes to health care reform. In the process, they have given us yet another reminder of why we must have a robust public option included in the final legislation. A public option is one of the only ways still on the table to keep the insurance companies honest. It will allow us to restore competition back into the market and hold companies accountable for their abusive practices. If you need further proof that insurance companies are putting profits above people, let's look at this chart and look at some of the statistics and numbers here.