

cover them. The major health care bills pending in Congress would not change that. For the first time, they allow generic versions of so-called biologic drugs like Avastin. But only after 12 years on the market, twice as long as other drugs.

For thousands of Americans, including the Callahans, that means many newer cancer drugs are out of reach. "When they told me the insurance wouldn't cover it, I said we'll just pay for it ourselves," Mrs. Callahan recalled last week. "Then they told me how much it cost."

The Callahans scraped together about \$27,000 from friends and family members—enough to cover the cost of two treatments. They got a grant from Washington University to pay for four more. They are appealing the insurance company denial, so far without success. The grant expires at the end of December. After that? Mrs. Callahan paused. "We don't know what we'll do."

Despite the high prices and higher hopes, Avastin has been shown to extend cancer patients' lives by only a few months. Many patients and oncologists say it improves quality of life and shrinks tumors—or at least prevents them from growing. Mr. Callahan's doctor said it has slowed the progression of his tumor. That is no small achievement for patients with advanced cancer. But stopping the progression of cancer is not the same as curing it. A study published in January followed 53 melanoma patients who received Avastin. After 18 months, 13 were alive.

The company that makes Avastin, Genentech, spent about \$2.25 billion to develop it. It spends another \$1 billion a year testing it on new cancers. Avastin has been a blockbuster success. It had \$2.7 billion in sales in the United States last year and more than \$3.5 billion worldwide.

Genentech says Avastin's price reflects its value. Another cancer drug, Erbitux, costs even more, and it hasn't been shown to extend life at all. In March, Swiss pharmaceutical giant Roche agreed to buy Genentech for \$46.8 billion. Avastin is a big reason the company was sold for so much money.

Not everyone agrees that Avastin is worth the price. Experts in Britain recommended against covering it. A drug that costs as much as a house and extends life for just a few months isn't worth the money, they said.

Some people go to pieces when they find out they've got cancer. Mr. Callahan went to work.

He has coached the Salukis for 14 years. "I try to carry on like I'm going to be here next week and next month," he said. "I think about coaching in 2010, about going to my daughters' college graduations and their weddings."

His 2009 team finished with 24 wins and 28 losses. Coach Callahan was too sick to travel to away games. But he was in the dugout each time the Salukis took the field in Carbondale.

From the beginning, the Callahans have made it a point not to ask doctors about his prognosis. "We don't want to know it, and we don't want our kids to know it," Mrs. Callahan said. "We just wanted to live our lives as normally as possible, with no time line."

Coach Callahan thinks it is inherently unfair that patients can be denied treatment simply because of a drug's high price. It's like giving one team an extra at-bat.

But the game is not over. Even with two outs in the ninth inning, even with two strikes against you, there's hope. And a question: Who sets the price of victory?

The ACTING PRESIDENT pro tempore. The Senator from Nebraska is recognized.

HEALTH CARE REFORM

Mr. JOHANNES. Mr. President, I rise today to speak about health care and the debate that is heading our way, especially now following the action of the House this last weekend. We all read the articles, we hear the debate, we hear the talk about trying to find a compromise when it comes to the government-run health insurance program. Some oppose it with passion. Some say they will not support reform without it. There is a whole variety of opinions.

One idea that seems to be picking up steam in this effort to find a compromise is the idea of a trigger, whatever that means. Proponents call it a safeguard. They say it will trip only if insurance premiums go up.

Here is the problem with that. Inherent in the underlying legislation is the sure-fire trip that could set off the trigger. You see, we already know that current proposals in this health care reform initiative itself will cause premiums to rise. The government mandates and taxes and all of the other things that are going to be burdened upon health insurance policies are going to cause the premiums to rise. We are saddling policies with huge new fees and taxes and mandates.

The Finance bill piles \$67 billion in new fees on the very policies that the vast majority of Americans have. Can anyone claim with a straight face that premiums will not go up under these circumstances, caused by governmental action? The nonpartisan Congressional Budget Office—if you have any wonder about this—confirms it. Its analysis of the Finance Committee bill says the fees imposed would, and I am quoting from the CBO, "be passed on to purchasers and would ultimately raise insurance premiums by a corresponding amount."

This idea of a trigger that trips only if premiums rise is an illusory safeguard. It is because the trigger is rigged to shoot.

Further evidence is the fact that the trigger fires if health insurance is deemed, and again I am quoting, "unaffordable." Guess who gets to decide that. The government will decide that. It will decide what affordability is. So bureaucrats pull the trigger by simply labeling premiums "unaffordable" after all of these fees and higher taxes on these policies kick in. This illusory safeguard is meant to appease those of us concerned about making Washington the great czar of health care, but it doesn't work.

I believe the American people see through this. I urge those who support a trigger to be straightforward about what their stance is. If they are for government-run health insurance, say let's go there.

Incidentally, I will passionately debate that position. I don't believe it is in the best interests of our Nation, but I will not criticize them for holding that opinion. After all, that is what the Senate floor is for, to debate opinions.

On the other hand, I take issue with disguising a government takeover of health insurance and calling it a trigger. I take issue with laying additional taxes on health insurance policies and then calling a press conference to complain that premiums went up. The implication that the trigger will never fire, quite honestly, gets to be folly.

I gave a speech a week or so ago on the floor and I talked about the opt-in and the opt-out. There is no real option if States will have to face the unfunded mandate's tax and fees. I pointed that out in that speech. The only thing States can opt out of, or choose not to opt in to, I believe, when we see the actual language, will be the benefits. All of the other burdens will fall upon the taxpayers of that State. It is an illusory option. It is a false promise, just like the trigger.

Just like the trigger. Some suggest the trigger is just like the trigger in the part D, the Medicare prescription drug benefit. I have heard that argument too. But, boy, is there a world of difference between what happened there and what is being proposed here.

You see, Part D was designed to ensure competition in an entirely new marketplace. It was measurable. It was not discretionary. It asked this question: Would private insurance companies enter into this marketplace? Well, they did. The trigger being discussed now is very different. It is set up to shoot. It is based upon the word "affordability," and the government holds the power of deciding that issue. Then the government holds the power to tax policies, and, of course, as the CBO pointed out, that is going to translate into higher premiums.

You see, what I see happening here is that the government is setting itself up to be both the pitcher and the umpire—the pitcher, who throws the ball, and the umpire, who gets to call the strike. I do not think the game is working fairly.

The goal of a trigger is to ensure competition. So let's drop the illusions, and let's enable real competition. Let's allow insurance companies to compete across State lines. The so-called trigger is just camouflaging the true intent: to establish a government-run system.

I can't help but wonder, is the intention to confuse opt-in, opt-out, triggers, co-ops, exchanges? But it all boils down to the same thing: you are going to end up with a government-run health insurance industry and a government-run health care system. Whether it is opt-in, opt out, trigger, co-ops, it really is no real option. There is no free marketplace. Instead, it is government making your health care decisions, forcing you, dictating to you not only to carry insurance but dictating the kind of policy you will have and requiring that your plan be approved in Washington, causing many to be displaced from their private insurance.

Now is not the time to raise taxes, add mandates, and put jobs in jeopardy. This massive, all-at-once approach is a very risky experiment with 16 percent of our economy. It is a huge gamble. It is a dangerous risk being taken with our health care.

Common sense tells us that change is needed in this arena, but how about a step at a time to see if that change works, and then we can move forward to the next step. We can take positive steps. But opt-outs, out-ins, co-ops, exchanges, triggers—they are illusions and not solutions.

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

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

The legislative clerk proceeded to call the roll.

Mr. ALEXANDER. 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.

Mr. ALEXANDER. Mr. President, how much time remains?

The ACTING PRESIDENT pro tempore. There is 5½ minutes remaining in morning business.

Mr. ALEXANDER. I ask the Presiding Officer to inform me when I have 30 seconds remaining.

Mr. President, the House of Representatives passed, by just five votes, a health care reform bill over the weekend. Some said it was historic. It is, indeed, historic. It is a combination of higher premiums, higher taxes, Medicare cuts, and more Federal Government debt.

Millions of Americans, if it were to pass, will be forced into government plans when their employers stop offering health care insurance.

As a former Governor of Tennessee, I simply do not see how Tennessee can pay for its part of the Medicaid expansion without imposing a new State income tax and damaging higher education or both.

Health care reform is supposed to be about reducing costs, not increasing costs. Instead of raising taxes, raising premiums, Medicare cuts, more debt, and transferring new costs to States, we should be taking steps toward reducing health care costs.

On the Republican side, we proposed a number of those, starting with small business health plans which would allow small businesses to pool together their resources and offer insurance to their employees. That would be a good place to start. The Congressional Budget Office has said that the small business health care plan which Senator ENZI has proposed and is waiting for us to pass would reduce the cost of Medicaid, would increase the number of insured by 750,000 at least, and would lower the cost of insurance for 3 out of 4 small business employees.

So instead of this 2,000-page bill that raises premiums, raises costs, cuts Medicare, and increases the debt, why

don't we start step by step to reduce costs?

I was privileged to attend the White House fiscal responsibility summit in February. The President invited me, and I was glad to go. He talked then about what is obvious about our country's fiscal situation and said that putting America on a sustainable fiscal course "will require addressing health care."

Then, at the President's White House health reform summit in March, the President himself introduced the "b" word, the "bankruptcy" word, which I am beginning to hear more and more about as these bills come toward us. The President said:

If we don't address costs, I don't care how heartfelt our efforts are, we will not get this done. If people think we can simply take everybody who is not insured and load them up in a system where costs are out of control, it's not going to happen.

This is President Obama talking in March:

We will run out of money. The Federal Government will be bankrupt; state governments will be bankrupt.

Well, that is the "b" word. That is our President talking. I think we should listen to those words and the repeated warnings from careful advisers that the cost of these health care proposals is going to get us in a state of fiscal ruin.

Here in Washington, we hear more about the Federal deficit, not so much about the condition of our States. At one time, maybe half the Senators were former Governors, as the Presiding Officer is and I was. Today, I think it is 12. But those of us who can remember those days remember what it was like trying to control Medicaid costs.

Governor Bredesen, a Democrat of Tennessee, told us over the weekend, our State—he told all of us that the House-passed bill will add \$1.4 billion to the State budget over 5 years. If that is the case—and I know it is hard to put billions, trillions, jillions together up here and make them make sense, but let me try to make sense of what that could mean for our State, which is a conservative, well-run State. I don't see how the State of Tennessee could pay for its State share of the expanded Medicaid Program without instituting a new income tax or without seriously damaging higher education or both. And that is just one part of the new cost.

So what we are saying to the American people is, let's read this bill, let's know what it costs, and let's see how it affects you.

We will be seeing a Senate bill coming out from behind the closed doors of the majority leader within a few days. We look forward to debating it. We look forward to moving ahead with health care reform. But to us, raising premiums, costs, and taxes and cutting Medicare is not health care reform. Reducing costs with small business health plans, competition across State lines,

reducing junk lawsuits against doctors—that is the direction we ought to go if we want to avoid seeing that "b" word show up on the front pages of our newspapers more and more.

I yield the floor.

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

MILITARY CONSTRUCTION, VETERANS AFFAIRS AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of H.R. 3082, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 3082) making appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2010, and for other purposes.

Pending:

Johnson/Hutchison amendment No. 2730, in the nature of a substitute.

Udall (NM) amendment No. 2737 (to amend amendment No. 2730), to make available from Medical Services \$150 million for homeless veterans comprehensive service programs.

The ACTING PRESIDENT pro tempore. The Senator from South Dakota.

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

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

The legislative clerk proceeded to call the roll.

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

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

Mr. GRASSLEY. I ask unanimous consent to speak in morning business for 5 minutes.

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

Mr. GRASSLEY. Mr. President, I am here to discuss a very important matter that I had intended to bring up in the Judiciary Committee last week but the agenda did not allow it. It is about the oversight of the Department of Justice and the responses provided by Attorney General Holder to questions from the Judiciary Committee. Two weeks ago, Chairman LEAHY—and I thank him for participating—and I sent a letter to the Attorney General asking him to stand by his statements made during his confirmation and answer a number of outstanding requests for information. That list includes questions submitted by members of the Judiciary Committee to an FBI oversight hearing over 1½ years ago. We all agreed no committee should have to wait that long to get answers to oversight questions.

Last Friday, the Judiciary Committee received answers from the Attorney General following his June 17,