patients in that country. Pharmac says its goal is to use its ''expertise'' to ''help . . . decide which new hospital medicines are cost-effective.'' And like the government board in Great Britain, if Pharmac does not think a drug's cost justifies its benefits, it can refuse to make it available to patients or doctors who want it.

One drug that Pharmac did not think was worth the cost was Herceptin, which had proven to be effective in fighting breast cancer. Although Pharmac began covering the drug for advanced breast cancer in 2002, it refused to fund the drug for early stage breast cancer. After a public outcry and a reevaluation of the decision, Pharmac finally relented and decided to allow the drug for early stage breast cancer in 2007, but only for a limited amount of treatments.

These kinds of decisions about which drugs should or should not be covered are based on a method commonly known as ''comparative effectiveness.'' Comparative effectiveness is not alien to the U.S. health care system. Indeed, the stimulus bill Congress passed earlier this year included significant funding to lay the groundwork for just this kind of research in the United States. In my view, the more research we do on the effectiveness of drugs and treatments the better. Doctors should have as much good information as possible in dealing with their patients.

What Americans strenuously oppose, however, is the government using this information to deny access to treatment or procedures that patients and doctors choose to pursue—just as government agencies such as NICE and Pharmac do in Great Britain and New Zealand. Americans oppose this kind of government-mandated limitation on health care. They simply will not allow it.

That is why my friend, Senator KYL, will propose a bill that will prohibit the government from ever using comparative effectiveness in this way. It is a wise bill, and it should be included as a part of any health reform we consider. Americans want their doctors to have clinical information on which treatments work best and which ones do not. But government bureaucrats should not be able to use that information to determine what treatments Americans can or cannot get. That is a decision we currently leave between a patient and his or her doctor, and that is where it should remain.

Americans want to see changes in the health care system, but they don't want changes that deny, delay, or ration care. They want reforms that control costs, even as they protect patients. They want us to discourage frivolous medical liability lawsuits that limit access to care in places such as rural Kentucky. They want prevention and wellness programs that cut costs by helping people quit smoking, overcome obesity, and diagnose illnesses early. And they want us to address the needs of small businesses without imposing new mandates or taxes that kill jobs.

All of us want reform, but the government-run plan some are proposing in the United States is not the kind of change Americans are looking for. We should learn the lessons from problems we have seen in countries such as Great Britain and New Zealand. We should learn a lesson from the nightmares so many people in these countries and their families have endured as a result of government-run health care and the bureaucratic government boards that almost always come with it.

Madam President, I am about to yield the floor, but before I do that, I see my friend from Arizona is on the floor. I want to express to him my gratitude for his leadership on this very important issue. The most important issue we will be dealing with this year is the question of whether the government should literally take over and run 16 percent of our economy. We have seen the government take over banks, insurance companies, and automobile companies. Now it appears as if there is an effort underway to take over health care as well.

I thank my friend from Arizona for the contribution he has made on this important issue in the past and say we are looking forward to working together on this in the future.

Madam President, I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the 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 until 2 p.m., with Senators permitted to speak for up to 10 minutes each, with the first hour equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first 30 minutes and the majority controlling the second 30 minutes.

The Senator from Arizona.

HEALTH CARE REFORM

Mr. MCCAIN. Madam President, I rise to discuss two issues this morning, health care reform and also the pending supplemental spending bill that, according to news reports, does not include the Senate language that explicitly allowed President Obama to keep photos of detainee abuse during the Bush administration confidential.

I thank my friend from Kentucky, the Republican leader, who has shown such impressive leadership on, as he describes, probably the most important domestic issue that certainly will be addressed by this Congress. I look forward to working with my colleagues over the next few weeks on legislation reforming our current health care system.

Americans are looking to Congress to enact health care legislation that provides all Americans affordable access to health insurance and the ability to choose the health insurance policy that fits each American's needs. Yesterday, it was reported that 62 percent of Americans support Congress enacting a major overhaul of the U.S. health care system, according to a Diageo/Hotline poll.

I believe health care should be available to all and not limited to where you work or how much money you make. I believe any proposal must use competition to improve the quality, availability, and affordability of health insurance and match people's needs, lower prices, and promote portability. I believe American families, not Washington bureaucrats or insurance companies, should be in charge of any health care decision. But I don't believe we need to expand government's bureaucracy to control one-sixth of our economy to ensure the uninsured get health coverage. Nor do I believe Americans should be asked to pay more in taxes to cover the costs of any comprehensive health care reform legislation.

Last month, the Wall Street Journal stated:

> But now Democrats need the money to finance $1.2 trillion or more for their new health insurance entitlement. . . .
>
> A sampler:
>
> End or limit the tax-exempt status of charitable hospitals. . . .
>
> Make college students in work-study programs subject to the payroll tax. Also targeted are medical residents, perhaps on the principle that they'll one day be ''rich doctors.''

I agree that any real health care reform proposal must address the tax treatment of employer-provided health benefits, but not in such a way that would force Americans to fork over more of their hard-earned money to the Federal Government, particularly during these difficult times.

Today individuals who receive health insurance through their employer are not taxed on their health care benefits, as we know. However, those who purchase coverage on their own do not receive such a tax break. That is unfair and regressive. It hits those who need this tax break the most—the self-employed or working poor whose employer does not offer health insurance coverage.

To offset the taxable treatment of this income, I believe Americans should have funds returned to them to assist with the cost of acquiring health insurance. An approach such as this treats individuals equally, in stark contrast to the system we currently have.

Key to any proposal is a policy that allows people to have accessible, portable, and affordable health insurance coverage. Policies should also address what I hear from Americans everywhere I go—choice. Americans want

choice. They want choice of their doctor, their care, their coverage, and employment freedom—freedom to seek employment that is not dependent on whether an employer provides insurance coverage. This is particularly important in today's difficult economic times when Americans are uncertain about whether they will have a job tomorrow. Some, including the President, criticize this approach. However, the New York Times reported:

The Obama administration is signaling to Congress that the President would support taxing some employee health benefits.

While I appreciate the President's and the Democrats' new consideration of such a proposal, it is not acceptable to turn this into a tax-and-spend health care reform. Any new resources derived from changing the existing tax treatment of private health insurance should be devoted to a fairer and more efficient mechanism for Americans to acquire private insurance.

The United States spends over $2.4 trillion on health care. Health insurance premiums continue to rise as employer-based family coverage increased and Medicare and Medicaid spent $818 billion in 2008 and is projected to reach $1.7 trillion by 2018.

I also want to mention something that should trouble every American and every Member of this Chamber.

Last week, I spoke about what the special interests were doing to derail much needed health reform dealing with prescription drugs, a reform that is very bipartisan. Any Member in this Chamber knows I work across the aisle on policies that are important to the American people. Health reform is one issue that fundamentally must be bipartisan.

All Americans are affected by what we do here, so we should be working in a bipartisan manner. It is with extreme regret that I read in ''Roll Call'' this morning about a meeting that Democratic staff was threatening—let me repeat—threatening Democratic lobbyists or the organizations they represent against meeting with Republicans and that attending meetings with Republicans ''will be viewed as a hostile act.''

This is outrageous. I hope the article is inaccurate. I hope the staff on the other side does not view health reform as a process they control by threats and hostilities. I hope we are above that.

Madam President, I ask unanimous consent to have printed in the RECORD the ''Roll Call'' article.

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

[From the Roll Call, June 11, 2009]

BAUCUS AIDES WARN K STREET

(By David M. Drucker, Anna Palmer and Kate Ackley)

Top aides to Senate Finance Chairman Max Baucus (D-Mont.) called a last minute, pre-emptive strike on Wednesday with a group of prominent Democratic lobbyists, warning them to advise their clients not to attend a meeting with Senate Republicans set for Thursday.

Russell Sullivan, the top staffer on Finance, and Jon Selib, Baucus' chief of staff, met with a bloc of more than 20 contract lobbyists, including several former Baucus aides.

''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,' '' said a Democratic lobbyists who attended the meeting.

''Going to the Republican meeting will say 'I'm interested in working with Republicans to stop health care reform,' '' the lobbyists added.

Republican leaders have been meeting with health care stakeholders for months, with those sessions occurring ''more frequently than once a month,'' according to a senior Senate GOP aide.

The stated purpose of Thursday's meeting, organized by Sen. John Thune (R–S.D.), is to discuss proposals for how to pay for health care reform.

But the underlying motivation for the get-together is to encourage health care lobbyists and stakeholders concerned about the Democrats' health care reform plans to speak out publicly.

''They need to speak up,'' one Senate Republican leadership aide said. ''They need to help us help them.''

Thune said Democrats are using threats and intimidation to keep unhappy stakeholders silent.

''If you don't engage on this thing, this train's leaving the station,'' Thune said. ''If you want [Republicans] to have more influence, you've got to engage.''

One longtime health care lobbyist agreed that the GOP frustration is spilling out of the Capitol and onto K Street.

''It is notable that Republicans are really finding their voice, and their level of frustration is building with the stakeholders' inability or refusal to speak out,'' this lobbyist said. ''They're getting frustrated. Republicans are doing it themselves.''

One senior Democratic source charged that Thune's meeting and the supposed motives behind it are in fact a smoke screen for killing health care reform altogether.

''While Democrats and many Republicans are working collaboratively to reform health care, a small group of Republicans appear all too eager to derail this promising, bipartisan effort,'' this source said. ''It's politics as usual, it's disheartening and it's a shame.''

Senate Republicans are opposed to plans by President Barack Obama and Congressional Democrats to implement a government-run, public plan option as a part of health care reform. They also are concerned with how Democrats plan to pay for reform.

Recognizing they don't have the votes to stop legislation on their own, Republicans are pushing their natural allies in the business community to help bring public pressure to bear as another way to influence the outcome.

Obama has set Oct. 15 as the deadline for approval of health care reform, and Democratic leaders in Congress are rushing to clear bills from their respective chambers by the end of July.

''Our effort has been to get these folks to speak their mind,'' one senior Senate Republican aide said.

After months of holding their tongues while inclusive, bipartisan negotiations continued in the Senate Finance and Health, Education, Labor and Pensions committees, the business community has now considered speaking out, given their displeasure with the HELP panel's reform bill, which was made public on Tuesday.

But with Baucus' office still warning dissenters that anyone who makes their opposition public could be permanently excluded from future negotiations, the groups representing businesses, health care providers, hospitals and similar stakeholders are still wavering on whether to voice their concerns publicly.

The lineup of lobbyists who attended the Wednesday session included a cast of Democratic insiders similar to that at previous meetings convened by Baucus' staff. The participants included: Jeff Forbes, a former Baucus chief of staff who lobbies at Cauthen Forbes & Williams; Jonathon Jones, a partner with Peck, Madigan, Jones & Stewart; Tarplin Strategies' Rich Tarplin, an assistant secretary at Health and Human Services in the Clinton administration; another former Baucus top aide, David Castagnetti, of Mehlman Vogel Castagnetti and OB–C Group founder Larry O'Brien.

Democratic sources noted Wednesday that Baucus is courting Republican support and remains committed to treating all stakeholders fairly.

On Wednesday, he met with Senate Minority Leader Mitch McConnell (R–Ky.) in the Capitol, part of a marathon day of bipartisan meetings that included a session with his GOP colleagues at the White House and discussions with Republican members of the Finance Committee.

''Chairman Baucus wants to continue to keep health care stakeholders informed of the progress on health reform,'' said the Senator's Finance Committee spokesman, Scott Mulhauser. ''This is a lengthy, transformative process, and meetings like these are an essential part of the ongoing, bipartisan effort to continue to keep everyone at the table working together.''

One lobbyist who attended the Wednesday meeting with Baucus' staff said that the message was more bipartisan. ''They said they anticipate having a bipartisan bill and that the process is going well with Republicans,'' this lobbyist said. But, the lobbyist added, Baucus' team did warn, ''If your clients attack the process or the product, it's going to be hard to work with you.''

As for Baucus, he told reporters earlier this week that he was not aware of health care stakeholders being threatened by his staff to play ball with the Finance Committee-led negotiations or risk being blackballed from the process.

''I'm sure they can all say what they want to say,'' Baucus said, referring to GOP accusations that health care lobbyists have been subject to intimidations and threats. ''It's news to me. I don't think so. I don't know of any.''

Republican lobbyists said they have not felt any threats from their party.

''For a while, Republicans have cautioned industry to be careful about getting in bed with the administration or Kennedy or Baucus too early,'' said Janet Grissom, a lobbyist at Peck, Madigan, Jones & Stewart, who was once a top aide to McConnell.

Mr. MCCAIN. Madam President, I ask unanimous consent for 3 additional minutes.

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

DETAINEE PHOTOS

Mr. MCCAIN. Madam President, it appears the House Democrats, according to a ''Roll Call'' article this morning about the supplemental bill—I ask unanimous consent to have printed in the RECORD this morning's ''Roll Call'' article titled ''Intraparty Fights Pervade Agenda'' concerning the war supplemental bill.