our safety measures have not. New contaminants come up every day, but our safety measures do not keep up.

That is because our FDA does not have the authority or research it needs to keep up. This bill will fix that. It will greatly improve this important system, and it will keep regulatory burdens on farmers and food producers to a minimum. It simply gives the FDA the authority to recall contaminated foods to find out where these dangerous foods come from and to stop them from getting into our grocery stores.

It is a bipartisan bill. The HELP Committee passed it unanimously. But somewhere between the committee and the Senate floor, making sure the food we eat is not poisonous has somehow become a partisan issue. That should be unacceptable to everyone.

Food poisoning kills as many as 5,000 of us, we Americans, every year. Foodborne illnesses sicken one in four people every year. I do not how many people have been affected by food poisoning. The Presiding Officer is from New York. My wife and I went to New York a number of years ago with our son and his girlfriend. We were going to go to a play. We had dinner at a nice restaurant. We both had chicken, the same dish. About 4 o'clock in the morning, I asked my wife if she would get me a drink of water. She said: No, I cannot; I am too sick. I was too sick too. We were so sick that day. We got out of the room we were staying in sometime midmorning. And, frankly, my wife never, ever got over that completely. She had an illness to begin with called ulcerative colitis. This exacerbated her symptoms so badly that ultimately she was hospitalized for more than a month.

These illnesses affect everyone. Contaminated food affects people and affects people very badly. I repeat, 5,000 of us die every year as a result of foodborne illnesses. The specialists say it is probably more than that, because a lot of times when people die they do not know it is from food poisoning.

One of four of us every year gets sick. If 25 Senators, one-quarter of this Senate, got food poisoning this year, we would do something about it, and we would not think twice about which political party those Senators who got sick were from. People often think of food poisoning as an upset stomach that goes away in a few hours or a day. Sometimes, yes, that is all it is. But sometimes it is much worse. I have met with the families who have been seriously sickened by the food they have eaten, people who are hospitalized for weeks and months and months, who came close to death.

In some cases they will deal with the results of their food poisoning for the rest of their lives. One such person is a little girl named Rylee Gustafson. She is from Henderson, NV. When she was 9 years old, she ate a salad that almost killed her. It had spinach in it. That spinach had E. coli. Rylee got so seriously ill that she, of course, was hospitalized, and for a long time. Three others who got E. coli from fresh spinach died. This little girl is a feisty little thing. But her growth has been stunted. She will never be the size she should be.

There are lots of stories, none of them pleasant. But a woman named Linda Rivera from Las Vegas ate some cookie dough. E. coli was in the cookie dough. She was in a coma for a long time. She is recovering but not really well.

Then a few days ago, the CDC alerted us to another E. coli outbreak. This was cheese. And 37 Americans so far had gotten sick from a brand of cheese sold in the western part of the United States, including two people in Nevada.

So why have we waited this long to make our food safer? We are still playing these games, political games. The answer is nothing more than very base politics. It is shameful. I hope we can end that today. The vast majority of the Senate wants to pass this bill. And we should not have just a few people standing in the way of doing something that will help the health and safety of our country.

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 of morning business for 1 hour, with Senators permitted to speak therein for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first half, and the majority controlling the final half.

The Senator from Kansas.

Mr. ROBERTS. Madam President, I ask unanimous consent that I may proceed for 15 minutes.

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

HEALTH CARE

Mr. ROBERTS. Madam President, health care—big issue. The health care reform bill that is current law—big issue. A lot of talk about repeal, fix what is wrong in the bill, what is right in the bill, depending upon your personal opinion.

I think that the Senate—more especially the committees of jurisdiction, and I am talking about the Senate Finance Committee—has a unique obligation, especially at this time, to conduct its oversight responsibility. Unfortunately, that was not the case as of yesterday.

One of the major problems with the new health care law is the huge amount of power and authority it grants to one man, the Administrator, perhaps we should call him the czar, of the Centers for Medicare and Medicaid Services, CMS. Rest assured, every health care provider in the country knows what and who CMS is.

The Administrator is Dr. Donald Berwick. One of the major problems with Dr. Berwick is his longstanding, well-documented support for government rationing as a means of controlling health care costs—not my words, his.

Yesterday, the Senate Finance Committee finally had our very first chance to question Dr. Berwick. I say finally, because for months my colleagues and I have requested this opportunity, a request which was denied when President Obama provided a recess appointment for Dr. Berwick. So yesterday's hearing was a hollow one of sorts, since Dr. Berwick had already been installed at CMS, or maybe parachuted in would be the right way to describe it, in that he has made many controversial comments about his love for the British health care system and for rationing and other comments that certainly deserve a hearing in regards to a confirmation process. That did not happen.

He was also installed pretty much after the debate that we had on health care. Now, unfortunately, we were only given 5 minutes each yesterday to question the most important man in American health care as of today. This was 5 minutes, sandwiched in between lengthy remarks by the chairman, the witness, and the floor votes we had yesterday.

I was not able to question Dr. Berwick on many things. I asked unanimous consent of the chairman if I could submit questions for the RECORD. Obviously he agreed and that was it. But when Ranking Member GRASSLEY asked Dr. Berwick if he would commit to appearing before the committee again—which I think the doctor would; he is a very affable and personal man. I do not agree with him, but he is affable and personable—so we could continue our oversight, Chairman BAUCUS interrupted his response and refused to make any further commitments.

How is that for transparency? How is that for finally getting to a hearing about the man who is the most important man today in regards to the new health care law and implementing it?

Because I was not able to ask Dr. Berwick my questions yesterday, I am forced and am asking them here on the Senate floor. Dr. Berwick knows my No. 1 concern with President Obama's health care law is the enormous potential for the government to interfere in the treatment decisions of the doctor and the patient. Dr. Berwick has a long history of statements supporting government control of treatment decisions, or what I would call ''rationing.'' I know some would say that is not the case. But Dr. Berwick has said that:

> Most people who have severe pain do not need advanced methods; they just need the morphine and counseling that have been around for centuries.

A most unique statement, to say the least. He has publicly stated an aversion to new medical technology and health care advances, saying:

One of the drivers of low value in health care today is the continuous entrance of new technologies, devices, and drugs that add no value to care.

That is in his eyes. He refers to this as an ''excess supply'' of health care. And, of course, we have his infamous quote that ''the decision is not whether or not we will ration health care. The decision is whether we will ration care with our eyes open.''

It should then come as no surprise that CMS under Dr. Berwick's leadership has embarked upon a path of increasing government control, centralized decisionmaking, and top-down mandates that treat doctors as nothing more than cooks practicing ''cookbook medicine'' and patients as nothing more than numbers, despite their individual needs and desires.

One example: attempts by CMS to restrict the number of times seniors with diabetes can test their blood sugar by limiting them to one test strip per day, regardless of what the doctor recommends. Doctors understand that diabetes care is an exceedingly complex and personalized enterprise. My question that I could not ask yesterday: Why is CMS replacing the judgment of a doctor on how many times their patient should test their blood sugar with a CMS-knows-best approach?

An even more egregious example of the government getting in between patients and doctors is Dr. Berwick's recent investigation into Medicare coverage of the life-extending prostate cancer therapy Provenge. Provenge is a therapeutic vaccine approved by the Food and Drug Administration to treat late-stage prostate cancer through an innovative process that removes immune system cells from patients and exposes them to cancer cells and an immune system stimulator and then injects them back into the patient. Provenge has been shown to increase life expectancy by an average of 4 months but sometimes longer, with one patient living an additional 7 years. In addition, Provenge is special because of its lack of side effects as compared to the traditional chemotherapy methods. So not only can patients live longer, but their quality of life will be better.

Medicare coverage for FDA-approved drugs is usually automatic. My next question to Dr. Berwick would have been, had I had the opportunity in the committee yesterday but was denied because of scheduling: Why did you initiate a coverage investigation so soon after Provenge was approved? Why is CMS seeking to substitute its judgment for not only patients and doctors but for the FDA, the gold standard for drug approval worldwide? Are you questioning the FDA's decision? When drug companies and research folks produce after many years of research and effort and cost, are they going to have to go through two hurdles—first, the FDA, which can take years, and then CMS—as to whether Medicare will approve it? It seems that is where we are headed.

I know or I think I know the answer as to why Dr. Berwick decided to conduct this investigation.

It is cost—$93,000 for a complete cycle of Provenge was the driving factor behind this investigation.

The good news is that yesterday an advisory committee recommended that CMS cover Provenge. But I am very concerned about the precedent this sets not only for other cancer regimens such as the promising breast cancer drug Avastin but for all new medical innovations.

Some may say that an extra 4 months of life is not enough to justify this high price tag. It is a high price tag. First, the government should not be in the business of placing dollar values on life, period. That is what Great Britain is trying to move away from. That is why David Cameron made the unique statement that maybe we ought to have a system that puts the choice between doctors and patients. What a novel idea.

Secondly, the traditional chemo and all of its associated side effects costs Medicare upwards of $110,000 per patient per year. So Provenge is actually a cost saver when viewed in that context.

Third, this is exactly the type of innovative approach we need to win the fight against cancer. Medical advances don't come in giant leaps; they more often occur at the margins. We should not deny patients and doctors treatment options simply because they don't offer a complete cure. That is shortsighted, not to mention cruel.

Finally, if we want companies and investors to continue to pour their dollars and efforts into developing a cure for cancer, this is the wrong approach. The investment into researching and developing Provenge approached $1 billion over 15 years, 15 clinical trials. Refusing to allow a return on this huge investment will send a chilling effect across the health research industry, resulting in less investment, less innovation, and worse care for patients. Maybe less innovation is actually the goal of this administration and of Dr. Berwick, who has targeted the ''entrance of new technologies, drugs, and devices'' as ''one of the drivers of low value in health care today.'' Value is a subjective concept.

Another question I have for Dr. Berwick: I prefer that the value of health care be determined by the patient and doctor, not the government. Would you agree?

Finally, from yesterday's news, I have been shocked by the number of ObamaCare waivers coming out of the Department of Health and Human Services. According to the New York Times today, 111 waivers have been granted to employers to allow them to avoid the new health care mandates. The only thing more shocking than the number of waivers is who is getting them. Would you believe that they are some of the most ardent supporters of health care reform? Unions such as the Service Employees International Union, the United Federation of Teachers, and the Transport Workers Union have all applied for and been granted waivers from the rules. They don't have to follow the rules. They don't have to follow the mandates. Guess who are the strongest supporters of health care. The fact is, ObamaCare is bad for business, bad for workers, bad for seniors, bad for taxpayers.

My question to Dr. Berwick: When will the American people get a waiver from ObamaCare? Of course, that decision would be under the purview of the Secretary of the Department of Health and Human Services, Kathleen Sebelius, whom I know as a personal friend.

Kathleen, Kathleen, Kathleen, you are granting all these waivers to people in regard to the mandate on health care. When will the American people get a waiver from some of the things they choose not to take part in? This is, indeed, shocking news.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Missouri.

Mr. BOND. Madam President, I understand I have 15 minutes.

The ACTING PRESIDENT pro tempore. The Senator is correct.

Mr. BOND. Will the Chair advise me when 10 minutes has been used.

The ACTING PRESIDENT pro tempore. Yes.

BIOTECHNOLOGY: HOPE FOR THE FUTURE

Mr. BOND. Madam President, as I will be leaving the Senate in a few weeks, I ask my colleagues to indulge me as I speak for a few minutes on a subject I believe is very important, and that is continuing the policies and funding that help drive scientific advancement in new areas, particularly agricultural biotechnology.

It goes without saying that we are living in a time of breathtaking scientific discovery, whether the field is aerospace, information systems, or biotechnology.

In the last hundred years, science has taken us from the Wright Brothers first flight to manned space flight. Science has taken us from Henry Ford's first car to today's vehicles hosting full-fledged entertainment systems and global positioning systems. Science has taken us from typewriters to supercomputer and from candles to electricity.

Science is moving even faster now. Advances in technology will continue to reach far into every sector of our economy.

Future job and economic growth in the areas of health care, life sciences, industry, defense, agriculture and transportation is directly related to scientific advancement. And America's