

perform certain procedures just to protect themselves from frivolous lawsuits.

The costs associated with ever-increasing malpractice insurance and defensive medicine are indeed substantial, and both are simply, of course, passed along to consumers in the form of higher costs for even basic treatments and procedures. Many Americans pay an even higher price when doctors decide the threat of lawsuits and the cost of insurance just is not worth it and decide to close down their practices altogether. Every State feels the effect of out-of-control malpractice suits. One study suggests that Kentucky alone is 2,300 doctors short of the national average—a shortage that could be reduced, in part, by getting a handle on malpractice suits.

I have spoken before about the effects a culture of jackpot lawsuits has on everyday Americans, on people such as Rashelle Perryman of Crittenden County, KY. According to an article in the Louisville Courier Journal, Rashelle's first two babies were born at Crittenden County Hospital, which is about a 10-minute ride from her home. But her third child had to be delivered about 40 miles away. Why? Well, the rising malpractice rates had forced doctors at Crittenden County Hospital to stop delivering babies altogether. They just could not afford the malpractice insurance.

When the threat of lawsuits drives insurance premiums so high that many doctors are forced to go out of business, that mothers across the country cannot find a local obstetrician, and that health insurance costs for everyone continue to go up, we have a problem that needs to be addressed. Yet every single one of the so-called comprehensive health care reform proposals Democrats are currently putting together in Congress completely and totally ignores this issue.

The only people who benefit from the current system are the personal injury lawyers who can end up taking up to a third of every settlement and, frankly, if it is appealed, an even greater percentage, and protecting them is not what health care reform was supposed to be about. Yet it is hard to escape the conclusion that this is precisely what is going on here. If the administration wants to be comprehensive in its approach, it should ask the personal injury lawyers to make a sacrifice, just as they have asked America's seniors, doctors, Governors, and small business owners to make a sacrifice.

Americans do not want a government takeover of health care. They want reforms that everyone can understand and that all of us can agree on. And nothing could be simpler or more straightforward than putting an end to the junk lawsuits that drive up costs and put doctors out of business. Americans do not want grand schemes, they want commonsense proposals. Medical liability reform would be a very good place to start.

Mr. President, I yield the floor.

#### RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

#### ENERGY AND WATER DEVELOPMENT AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of H.R. 3183, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 3183) making appropriations for energy and water development and related agencies for the fiscal year ending September 30, 2010, and for other purposes.

Pending:

Dorgan amendment No. 1813, in the nature of a substitute.

Reid amendment No. 1846 (to amendment No. 1813), to modify provisions relating to the Department of the Interior.

Alexander amendment No. 1862 (to amendment No. 1813), to limit disbursement of additional funds under the Troubled Asset Relief Program to certain automobile manufacturers, to impose fiduciary duties on the Secretary of the Treasury with respect to shareholders of such automobile manufacturers, to require the issuance of shares of common stock to eligible taxpayers which represent the common stock holdings of the United States Government in such automobile manufacturers.

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

#### HEALTH CARE

Mr. DORGAN. Mr. President, we are waiting to proceed on the legislation that has come from the Appropriations Subcommittee on Energy and Water, which I chair. We are on the bill, but we are waiting for amendments and discussion.

But I want to make a point. We have had people coming to the floor of the Senate yesterday, now this morning, incessantly over a long period of time, talking about health care. Health care is, obviously, very important; no question about that. The relentless increase in the cost of health care hurts families. It hurts business. It hurts government programs that provide for health care. So we need to do something about that.

But it is interesting. What I hear on the floor of the Senate from the critics of these issues is: What is wrong? What is wrong? Well, it does not take a lot of energy or a lot of time to determine what is wrong and be a critic. I understand that.

I have often told the story of Mark Twain, who was asked to debate once, and he said: Of course I will be engaged in that debate, as long as I can take the negative side.

They said: Well, we have not even told you the subject of the debate.

He said: Oh, it doesn't matter. The negative side will take no preparation.

So it is with these discussions on the floor that I have just heard a moment

ago and heard all day yesterday as I sat here on the floor, talking about what is wrong. Well, do you know what, we know what is wrong. What is wrong is that we have this relentless rise of health care costs. We spend more on health care than anybody else in the world, by far, and we rank somewhere around 41st in life expectancy. We spend twice as much per person than almost everybody else in the world spends on health care.

I notice that all those critics who come out here talking about what is wrong with this plan or that plan never talk about prescription drugs because most of those who have been out here criticizing the various plans are people who vote against legislation to put downward pressure on prescription drugs. Yet one of the fastest rising areas of health care costs is prescription drugs.

Let me, if I might, ask unanimous consent to show on the floor of the Senate two bottles that would contain prescription drugs.

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

Mr. DORGAN. These two bottles I hold in my hand, which I have shown many times, contain Lipitor. It is medicine produced in Ireland and then shipped all around the world. This Lipitor, as you can see, comes from identical bottles. The same tablet, the same medicine, produced in the same plant by the same company, FDA-approved by our Food and Drug administration in our country, is put in two different bottles. One is shipped to the United States, this one, and the other is shipped to Canada. What is the difference? Well, there is no difference in the medicine. It came from the same place, produced by the same company. The difference is price. The Canadians get to pay half the price the Americans pay.

It is not just Lipitor, the most popular cholesterol-lowering drug that exists out there. It is not just Lipitor. It is prescription drug after prescription drug. The American people get to pay the highest prices in the world. You want to talk about how you cut health care costs? How about taking a whack at this and saying it is not fair that the American people should pay the highest prices in the world for prescription drugs. Why are they required to pay the highest price in the world? Because there is kind of a sweetheart deal in law that says the only entity that can reimport prescription drugs is the drug manufacturer itself.

Much of the ingredients in these drugs come from all around the world—China, just as an example. The manufacturers can produce these drugs in Ireland, using ingredients from all around the world, and then bring them in to sell to the American consumer. But the American consumer cannot access the same FDA-approved drug sold in virtually every other industrial country at a fraction of the price the American consumer is charged.