

That is the problem in a nutshell, but behind it—this is all talking public policy up here—behind it, underneath it, are the lives of hundreds of thousands of Americans, situations in which Americans cannot afford treatments that prevent disability and, in some cases, prevent death.

Early this year, Ohio representatives from the Arthritis Foundation visited my office to talk about soaring health care costs and the limitations of our current system. These individuals spoke of extreme and prolonged physical pain, pain that could be alleviated if only the treatments existed—which they do—and only if they were affordable—which too often they are not.

Biologics provide great promise and hope to those suffering from devastating diseases and chronic illnesses. But absent competition, absent what we call follow-on biologics, absent a generic substitute to compete—but absent competition—countless Americans will be unable to benefit from these medicines.

It would be irresponsible on our part not to pursue a safe and efficient path to biogenerics. And it would be irresponsible on our part to pursue a pathway that allows for over a decade of monopoly protections for brandname products.

We did not do that with the generic drugs, the so-called Hatch-Waxman bill, which everyone in this body is familiar with. Most people at home around our country—most people in Toledo and Akron and Cincinnati and Dayton and Springfield and Mansfield—have benefited from Hatch-Waxman, the generic drug law, which cut prices for brandname drugs 50, 60, 70, 80 percent. But you cannot do that with biologics because we have not written the law to open up the process to allow follow-on biologics, to allow generic biologics, to allow competition in the system.

But next week, as the Presiding Officer knows, in the Health, Education, Labor and Pensions Committee, we have the opportunity to make affordable generic drugs more accessible for our seniors, more accessible for our Nation's middle class, more accessible for the hundreds of thousands—no, the millions—of Americans who are suffering from these diseases. But so many of them are unable to afford these expensive biologics.

Health care reform must broaden access to generic alternatives to biologics, the most expensive kinds of prescription drugs. Failing to do so is not just bad policy, bad public policy; failing to do so means we are letting down millions of our sickest citizens.

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

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

The bill clerk proceeded to call the roll.

Mr. REID. 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.

EXECUTIVE SESSION

NOMINATION OF ROBERT M. GROVES TO BE DIRECTOR OF THE CENSUS

Mr. REID. Mr. President, I now ask unanimous consent that the Senate proceed to executive session to consider Calendar No. 169, the nomination of Robert M. Groves to be the Director of the Census for our country.

The ACTING PRESIDENT pro tempore. Is there objection?

Without objection, it is so ordered.

The clerk will report.

The bill clerk read the nomination of Robert M. Groves, of Michigan, to be Director of the Census.

CLOTURE MOTION

Mr. REID. Mr. President, I now send a cloture motion to the desk.

The ACTING PRESIDENT pro tempore. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the nomination of Robert M. Groves, of Michigan, to be Director of the Census.

Harry Reid, John D. Rockefeller, IV, Christopher J. Dodd, Arlen Specter, Richard J. Durbin, Mark Begich, Mark Udall, Michael F. Bennet, Jeff Bingaman, Robert P. Casey, Jr., Frank R. Lautenberg, Blanche L. Lincoln, Tom Udall, Bill Nelson, Byron L. Dorgan, Claire McCaskill, Kirsten E. Gillibrand.

Mr. REID. Mr. President, I ask unanimous consent that the mandatory quorum be waived.

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

Mr. REID. Mr. President, I now ask unanimous consent that on Monday, July 13, at 4:30 p.m., the Senate proceed to executive session, and there be 1 hour of debate prior to a vote on the motion to invoke cloture on the nomination, with the time divided as follows: 15 minutes each for Senators COLLINS, SHELBY, and VITTER, with 15 minutes equally divided between Senators LIEBERMAN and CARPER; that at 5:30 p.m., the Senate vote on the motion to invoke cloture; that if cloture is invoked, then all postcloture time be yielded back and the Senate immediately vote on confirmation of the nomination; that upon confirmation, the motion to reconsider be laid upon the table; no further motions be in order; the President then be immediately notified of the Senate's action; and the Senate resume legislative session.

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

Mr. REID. Mr. President, are we in morning business?

The ACTING PRESIDENT pro tempore. We are not in morning business.

MORNING BUSINESS

Mr. REID. Mr. President, I ask unanimous consent that the Senate now proceed to a period of morning business, with Senators allowed to speak therein for up to 10 minutes each.

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

The Senator from Nebraska.

HEALTH CARE

Mr. JOHANNIS. Mr. President, late last week, media reports heralded the decrease in the pricetag of the HELP Committee's health care proposal. But I would suggest that before we uncork the champagne, before we celebrate a great accomplishment, let's study more closely the untold story. I believe we will find accounting gymnastics that have been employed.

While the headlines may have touted a HELP Committee bill that scored at \$611 billion over 10 years, the real pricetag, when fully implemented, actually totals about \$2 trillion.

That is a big darn difference. An almost \$1.5 trillion discrepancy simply cannot be swept under the rug. It is too big to be a rounding error—even in the Federal Government—and too much of a budget buster to be ignored. So where is the difference?

First, the Congressional Budget Office assumes it will take the Federal bureaucrats over 4 years to get the government-run health care and other subsidies up and running. So while the \$611 billion score claims to be a 10-year number, essentially it only covers 6 years of the costs.

If you look at the CBO score for the first 10 years after the program is fully implemented, the actual spending is closer to \$1.5 trillion. In addition, while the press releases were claiming credit for increased insurance coverage, they were actually leaving out what it actually cost to make that happen.

That euphoric claim that 97 percent of Americans would be covered under the HELP proposal is not even in the HELP Committee proposal. Only in Washington can you assume something to be, take credit for the accomplishment, and then not pay the bill.

The 97-percent statistic is based on an assumption. The assumption is that Medicaid will be expanded up to 150 percent of the Federal poverty level. This expansion is estimated to bring 20 million new people into a government-run health care plan.

However, CBO estimates that it will cost around \$500 billion over 10 years. Nowhere is that cost yet considered. And this is only the Federal share of the program. It does not take into account the State taxes that will need to be raised in order for each State to pay its share of this bill.