

not bound by his commitments to touch any and every corner of the internet. After all, unless grounded in legislation, partisan policy changes through administrative action can be fleeting.

Today's action at the FCC aptly underscores the concern that the FCC's partisan approach to internet policy in 2015 did not put the internet on a solid foundation. I know there are many upset about what the FCC is doing. I felt much the same way 2 years ago when the FCC voted to proceed after my bipartisan outreach had been rejected.

We should not, however, view the FCC's action today as a final outcome. While I commend Chairman Ajit Pai and Commissioner Michael O'Rielly for taking this necessary step, I fully recognize that today's action alone does not create ideal certainty for the internet. There is more work yet to do.

In politics, it is rare to get a second chance at bipartisan compromise, yet right now we have an opportunity to accomplish what eluded us 2 years ago—clear and certain rules in statute to protect the open internet. We have another chance to sit down, to discuss every stakeholder's concerns, and to work toward the common goal of protecting the internet.

While the FCC's 2015 order may soon be consigned to the dustbin of history, the last few months have shown that political winds can and often do shift suddenly.

To my colleagues in both the majority and minority: The only way to truly provide legal and political certainty for open internet protections is for Congress to pass bipartisan legislation. We need a statute offering clear and enduring rules that balance innovation and investment throughout the entire internet ecosystem.

In crafting rules, we need to listen to the concerns of all Americans who support an open internet but who may have differing opinions about the greatest threats to online freedom. For some Americans, the greatest concern is meddling by internet service providers, and for others it is unelected bureaucrats attempting to overprotect Americans from products and services that they actually like.

Online innovation is a virtuous circle. Online companies need robust and widely available broadband networks to reach their customers, and ISPs need the online experience to be compelling enough to drive subscriber demand.

We need to work together collaboratively to find the right policies for the internet. I firmly believe we can find common ground to protect the internet, so long as we don't fixate on the misguided notion that monopoly regulation is the only way to preserve it. While some may wish to wait until the activities at the FCC and in the courts have completely run their course, my preference would be to begin bipartisan work on such legisla-

tion without any further delay. Innovation and job creation should no longer take a backseat to partisan point scoring.

It is time for Congress to finally settle this matter. I am happy to meet at any time with any of my colleagues who are serious about discussing a path forward. I would also welcome discussing any new open internet proposals from my colleagues that balance the need for both innovation and investment.

Mr. President, I yield the floor.

Mr. VAN HOLLEN. Mr. President, after reviewing Rachel Brand's record and testimony during her confirmation hearing, I cannot support her nomination to become Associate Attorney General.

Ms. Brand is a fierce supporter of the so-called Patriot Act and the bulk collection of millions of Americans' data. Americans deserve an Associate Attorney General who can properly balance their Constitutionally protected right to privacy against national security interests. Ms. Brand has demonstrated her willingness to abridge those rights.

I am particularly disturbed by Ms. Brand's tenure as the Assistant Attorney General for the Department of Justice's Office of Legal Policy from 2005 to 2007. Ms. Brand worked at the Department at the time when Bradley Schlozman, a high-ranking official within the Department of Civil Rights, was accused of inappropriately politicizing the Department. Ms. Brand's emails during her time at the Department indicate that she may have been aware of and, indeed, a willing participant in this inappropriate activity. Conservative groups are now urging Attorney General Sessions to "wash out the progressive liberal activism that infects the agency from top to bottom." This Justice Department under Attorney General Sessions is already facing its own ethics crisis. When President Trump flouts protocols and procedures with impunity, I cannot in good conscience vote to allow Ms. Brand to return to the Department of Justice and continue where she left off.

Mr. THUNE. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. LANKFORD. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTHCARE LEGISLATION

Mr. LANKFORD. Mr. President, we are still dealing with some of the same issues we have dealt with before. It is interesting to me the number of people who have asked: Is Congress obsessed right now with all of the press reports and all of the things that are happening around the Presidency and everything else? I have said to them that is one of the things on our list, but that is not what we are talking about

the most. We are working on issues like tax reform and healthcare issues and regulatory issues.

I just had three bills that went through the markup process just yesterday that deal with small business regulation and how we are going to be able to manage getting things back in order. We spent all day at lunch on Tuesday and we spent all day at lunch on Wednesday with our entire conference in a working lunch together and talked about healthcare policies. We are still working on trying to finish these issues that absolutely need to get done.

Healthcare is one of those issues that has been one of the prime conversations now for years, and we are in the final stretch of actually working through an actual repeal and replace of multiple sections of the Affordable Care Act that have caused the greatest amount of damage, but I still have people who will catch me and ask: Well, there are beneficial parts. What are you going to keep, and what is going to go, and why do we need to replace it?

I will typically smile at folks and say: Let me give you a quick recap as to why we need to replace this and what is really happening. It may be different in your State than it is in mine, but let me lay it out as to where we are and what has been said.

Remember, back in the earliest days, the Affordable Care Act being passed, it was all about premiums decreasing. In my State, premiums went up just last year—in 1 year—76 percent in the individual market. It was a 1-year increase of 76 percent. The year before, under the Affordable Care Act, they went up 35 percent in 1 year. Premiums not only have not stabilized, but they have accelerated out of control.

It was all about deductibles decreasing. Deductibles have also skyrocketed. It was about, if you like your doctor or if you like your healthcare, you can keep it. Doctors have moved to other hospitals. Doctors' offices have stopped being independent. They have to be able to work with other facilities so as to maintain the compliance requirements there. Most of the independent doctors in Oklahoma are no longer independent doctors. They now work under a corporate structure or they cannot survive.

As to this whole thing about competition on the open market, we used to have multiple companies in Oklahoma that provided insurance. We now have one. Every other company has left. There is one company left. There is no competition driving down prices. It is a monopoly. It is the same thing that is happening all over the country. Just this year, there are one-third of the counties in America that now only have one insurance provider. In my State, all 77 counties only have one insurance provider.

To tell you where things are really headed in this area of competition, United, which is one of the largest providers of healthcare, dropped out of all

of the exchanges nationwide—everything. It is doing none. In the past couple of days, Aetna announced it will no longer do competition in any State anywhere in the country. The number of companies even willing to try to live up to these regulations continues to drop off. That is what is really happening in our States.

If you want to know what that actually means to real families, let me give you a taste as to what comes into my office regularly because I have many people who call my office and say: Protect this. Protect this. Protect whatever it may be in the healthcare coverage. You have to make sure you guard it.

I will typically say to them: Let me introduce you to some other people who are also calling in and who are also writing in.

I will leave their names out, but let me give you just some of the situations:

A single mom, who has children and is from Norman, OK, contacted us and said her family has seen its premiums triple over the last 2 years. Currently, its premiums are \$1,500 a month, with a deductible for the family of \$24,000.

Another family contacted me who has a disabled child. The federally mandated health insurance under ObamaCare for 2016 was \$895. For 2017, it is \$1,553 a month for this family with a disabled child.

A husband and wife in Tulsa, OK, wrote me. Their current monthly expense for just insurance is \$1,500—twice the amount of their house payment. They have a relative who is working three part-time jobs and cannot get a full-time job because, under ObamaCare, a full-time job also requires all of the benefits. No one is hiring in that full-time area because of the additional requirements for ObamaCare. He is working three part-time jobs, and because he is working three part-time jobs and has no health insurance, he is also paying the penalty—fine—on his taxes for not having insurance. Not only can he not get a full-time job because of the ObamaCare requirements, but he is paying a penalty because of it as well.

A husband and wife from Newkirk, OK, wrote me. For their insurance alone, not including out-of-pocket medical expenses, the husband and wife will spend \$21,965 this year on healthcare coverage.

Another family wrote me from Stillwater, OK. Their healthcare coverage used to be 5 percent of their family income. Now their healthcare coverage is 22 percent of their family healthcare income.

I have another family who wrote to me, and it is very interesting. They are from Oklahoma City, and they wrote me and just gave me a breakout—a chart—that they had created. In 2015, their monthly premium had skyrocketed to \$1,400. In 2016, it was \$1,500. Now, in 2017, it is \$2,042 a month. Let that soak in for a moment.

Then they made the statement that there are financially strapped families who will not go to the doctor due to this out-of-pocket expense. That is the additional deductible that is on top of their \$2,000 premium. Individuals buying private insurance have no recourse because we have no other option that we are allowed to go to. There is only one insurance provider available to us. We need competition in this State in order to take away the financial burden on our families.

All they want are options. Yet right now what the Federal Government has told them is: No. We have a policy, and you have to buy that policy. If you do not buy the policy we pick for you, we will fine you on your taxes.

They are stuck. Thousands of Oklahomans are stuck.

Why is it such a big issue? Because of how it affects individuals. Why is it such a big issue? Because of what is still coming.

There is this false belief that the Affordable Care Act is fully implemented. That is not true. Many of the aspects of the most onerous parts of the Affordable Care Act did not go into implementation until after President Obama left office. Let me give you some examples of some things they had back-loaded that would not start until after he had left office:

There is the Cadillac tax. Every union family across the country will start to face much higher costs on their insurance because their insurance is considered too good under the Affordable Care Act. So all of those great union families who have great healthcare insurance across the country are about to start facing additional taxes and fees for their insurance being better than their next-door neighbors' insurance as the Affordable Care Act tried to push down healthcare insurance to be the same for everyone.

There are increased penalties that are still coming because the full penalties have not been rolled out yet on all of the taxes. They have gone up a little bit each year, but they will accelerate now over the next several years.

There are increased taxes. The medical device tax, which has been sitting out there, has been delayed, but it now will go into full implementation. There is also a tax, which is a health insurer tax, that adds an additional tax to every insurance company that of course they will then pass on to every single premium.

There are still all of the costs that are associated with the expansion of Medicaid. Now, there has been a lot of conversation about the expansion of Medicaid. As many people know, this was an expansion of Medicaid for people from 100 percent of poverty to 138 percent of poverty. It is just in that small bracket that there had been an expansion of Medicaid. Initially, the Federal Government covered all of the costs of that expansion. Then, starting this year, the States pick up the additional cost. My State, like several oth-

ers, chose not to do the expansion, and my State legislature and my Governor have taken a lot of heat for that. Yet what they said several years ago is, once the State has to pick up the additional bill, we will not be able to afford that expansion. We cannot do that.

Let me tell you what that would mean to my State. Because we did not expand, we do not have an additional cost this year, but let me give you a parallel. The State of Oregon is almost exactly the same size as the population in the State of Oklahoma. It will now start taking on an additional \$257 million a year in its State budget because of the expansion of Medicaid it took on.

Now, that may not seem like a big deal to some people in this Chamber, but in my State right now, our State legislature and our Governor are struggling to balance a budget, and we are going through all kinds of issues because, right now, our State is about \$800 million behind budget, and this is after being \$800 million behind budget last year. If the people in my State will imagine what is going on right now in the State capitol, if we had an additional \$257 million added to that hole, then that is what it would mean for our State.

There are real effects that are out there, and I understand healthcare is extremely personal. That is why it has always been something that has been decided by individual families, not by the Federal Government and, in my State, by someone 1,000 miles away who is trying to make healthcare decisions for them.

What we are really trying to do with this is to deal with the issues I just laid out. This is not about partisan politics. This is about people and families who have been hurt by what is happening in the Affordable Care Act—by someone 1,000 miles away who is trying to tell them what policies they can and cannot buy, by the skyrocketing costs, by the actual effect that has happened. While I have some people who say that is not real, I could line up the families in my State who used to have coverage but who no longer have coverage because they cannot afford it anymore.

Then there are the simplistic answers to, Why don't we just cover everybody in the country? Why don't we just do a single-payer system? People do not understand. They know how bad it has become now and how hard it has become now. You would accelerate that multi-fold if you were to just slip into a single-payer system.

What do we need to do? Let me give you a couple of quick thoughts. We are going to need transition time. Whatever you hear about all of the conversation we have about the Affordable Care Act or replacing the Affordable Care Act, please know that all of the conversations for us begin with how do we do a good transition from where we are now to where we need to be.

I have folks who say: Well, next week, this ends. Well, next year, this suddenly goes away.

No, there will have to be a transition process, and it will be over several years.

We are also still looking at some of the most basic elements. For instance, I have had folks say: I want to be able to keep my kids on my insurance until 26. That has been assumed, quite frankly, by the House and by the Senate, but the House bill that has been passed already keeps that. There has been a lot of conversation about preexisting conditions. Most of the conversation we have had as Senators, behind closed doors, is about taking care of people with preexisting conditions.

Those are very real issues.

We understand the dynamic of what happens back and forth with insurance companies and families and the struggles families have, whether they are cancer patients, diabetic, have rare blood diseases or Alzheimer's. There are so many struggles that are out there. We understand that. That is in our conversation as well. Yet we have to be able to find practical ways to start leveling out the cost of insurance. We cannot survive with rates skyrocketing like they are, and people need to know the safety net is going to actually be there.

We have to resolve these issues. We have to work for the benefit of our States, which cannot afford these overwhelming cost increases. We have to work for the benefit of families who are facing the issue and, quite frankly, for the Federal taxpayer as well.

While my State struggles with an \$800 million hole that it is facing right in the budget, by the end of our session, it will have had that resolved. It is constitutionally required to have that resolved. The Federal Government is facing a \$20 trillion budget hole right now—\$20 trillion. For all the folks who say: Just add more to it, it will be fine, may I remind you, there is a day all of that has to be paid. We have to be able to be responsible with our Federal budget at the same time we are helping our States to be able to manage theirs and at the same time we are helping our families to do the same.

No, this is not simple, but it has to be done. We have to be able to find a way to restore it. This is not about returning healthcare back to where we were years ago. That, quite frankly, is gone. As I mentioned before, all of those private doctors that used to function in my State, they don't function in my State anymore. They are all under corporate structures. The insurance companies have left or have merged. Hospitals in my State have merged because they couldn't survive the last few years of ObamaCare. Even if we wanted to go back to how healthcare was—and we don't—but even if we wanted to, we can't because there has been so much change in the last few years. We have to be able to actually fix where we are.

So I would encourage continued communication. Lots of folks have contacted my office on every side of this

issue. Keep doing that. Lots of folks in this Chamber have had dialogue, and though it looks like a partisan exercise, it is actually a pretty open conversation among our conference to try to figure out how we are going to actually help families, help our States, help our Federal budget, and help us to be sustainable on these critical issues.

I have gotten lots of other letters I can bring. There are lots of other stories out there. I think we know enough now to be able to know this is something that needs to be done. So while the Nation is distracted, we cannot be distracted. Let's finish the healthcare conversation. Lots of families are counting on us.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. CORNYN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

RUSSIA INVESTIGATION

Mr. CORNYN. Mr. President, last night, Deputy Attorney General Rod Rosenstein appointed Robert Mueller as special counsel to oversee the investigation into Russia's alleged meddling in the election last fall and any related misconduct. Robert Mueller is perhaps the single-most qualified individual to lead such an investigation, in my view, and he is certainly independent.

As a former FBI Director—the longest serving FBI Director since J. Edgar Hoover—he, by any measure, has the experience and the credibility and the credentials to conduct a nonpartisan investigation and come to a conclusion based on the facts alone. We could use some conclusions based on facts here in Washington, with the relentless torrent of rumor, gossip, and suspicion but very few facts. It is clear to me that Deputy Attorney General Rosenstein felt this was in the best interests of the Department of Justice and the country, and I trust his judgment on the matter.

I do think there is a related concern now that a special counsel has been chosen; that is, the proliferation of hearings and contact with witnesses and the principals over this Russia matter that while certainly legitimate in terms of doing oversight, which is our responsibility as the legislative branch, we can't—and shouldn't—intrude or perhaps undermine inadvertently the investigation being conducted by the executive branch and the special counsel. I think this is something we should talk about as a Senate because I know each committee that has some jurisdictional hook on this issue wants, of course, to do its job, but I think, if we don't deconflict between committees, as well as between the role of the Justice Department and the special counsel, we could risk inadvertently harming the investigation. I

trust no one would want to do that intentionally.

Sometimes, having served myself—as has the distinguished Presiding Officer as the former attorney general of Alaska—it is interesting, this is my first legislative role in government. I have been here for a while now, and I am starting to get the hang of things, but the fact is, sometimes I think legislators are confused about their role when it comes to investigations. They are not the FBI. Legislators are not the Department of Justice. They can't investigate a counterintelligence matter or a criminal matter. That is simply within the exclusive purview of the executive branch.

What we can do and what we must do, in my view, is to continue to conduct a bipartisan oversight investigation into these matters for our own purposes, which are legislative purposes, not executive branch or prosecutorial purposes. Now that Director Mueller has been appointed as special counsel and will be doing that on behalf of the Department of Justice and the executive branch, I think it is really important for us to again consider whether this proliferation of hearings and running down every rabbit trail that happens to pop up is really in the best interests of getting to the bottom of this matter.

I believe it is our duty—and this would be the case no matter who was in the White House—to get the facts and to conduct our legitimate oversight investigation here but in a way that cooperates with or certainly at least coordinates and deconflicts with the Department of Justice's investigation under the auspices of Director Mueller. In the meantime, I will continue to work with my colleagues on the Senate Intelligence Committee on a broad bipartisan basis to conduct the kind of investigation that is entirely appropriate so we can get to the bottom of this matter. The American people, of course, deserve nothing less.

HEALTHCARE LEGISLATION

Mr. President, on another matter, the Senate continues to work toward repealing and replacing ObamaCare, unfortunately, without any help whatsoever from our Democratic colleagues, even though they know ObamaCare is failing the millions of people who buy their insurance in the individual market. Premiums are skyrocketing because of adverse selection and deductibles are so high they are effectively denied the benefit of having insurance in the first place. One would think an elected Senator representing those constituents would care enough about it to try to do something about it, but our Democratic colleagues, because they are so tied to ObamaCare and they feel like they have to defend it at all costs, I think it has blinded them to the failings of ObamaCare, certainly in the individual market. There ought to be some basis for us to work together in the best interests of all our constituents and the entire country.