

justified under his finding. A report with recommendations and finding as to how we can avoid this kind of interference with our democratic institutions in the future must be the work of the Intelligence Committee and of an independent commission, which I have supported. An independent, bipartisan commission can do the kind of public, transparent, vigorous, and independent work that is necessary, just in the way that we have done in the wake of other crises.

I urge that we proceed on all of these fronts. They are vital to our democracy. They are an essential, inextricable part of freedom, the rule of law, and freedom of the press.

I hope that the press will continue its unfettered use of its First Amendment freedom to give us the truth and to continue those reports that have brought us to this day, because the truth will be uncovered in the course of the criminal process. It will be uncovered by the Intelligence Committee and, hopefully, by an independent commission. The essential role of the free press in fostering government accountability is recognized by existing regulations, and the Attorney General of the United States should leave no confusion that the Department of Justice will adhere to those regulations.

Indeed, 28 CFR 50.10 recognizes the “essential role of the free press in fostering government accountability”, and, therefore, sets parameters and procedures, for approval by the Attorney General of the United States, under standards that are set forth for any government action that may, in any way, inhibit or impede the press.

We will probably never know the real impact of Russia’s intervention in the outcome of the 2016 election. These investigations are not about assessing the impact. They are about determining who participated criminally with the Russians in that interference. The American people deserve a thorough and impartial investigation into the Trump team’s ties to that interference and the effort by President Trump and others to cover it up.

In the wake of Watergate, the saying arose that the coverup was worse than the crime. It was then, and it would be worse—or at least as heinous—in the crime here. Make no mistake that the crime is, actually, a theft of our democracy—an interference by the Russians in our democratic institutions—which they will repeat if we do not make them pay a price and, likewise, if we do not make the Americans who cooperated with them pay a price as well. This principle is central to our democracy and our rule of law.

In closing, I urge my colleagues to join me in calling for the cooperation of the Trump administration as well as for recognizing the importance of the investigation—its independence, its resources—for the free press and the rule of law.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

OPIOID CRISIS

Ms. KLOBUCHAR. Mr. President, I join my colleagues in speaking about the opioid crisis that has devastated families in States across the country.

I thank my colleague, Senator MANCHIN, for organizing the speeches today.

In my State, deaths from prescription drug abuse have now claimed the lives of more Minnesotans than have homicides or car crashes. We lost our beloved Prince because of an opioid overdose, which is still being investigated. Just as importantly, we lost a student in Duluth and a mom in Rochester, MN—over 400 people in just the last year. We continue to see dangerous synthetic opioids shipped across our borders in increasing amounts—a trend that the U.S. Customs and Border Protection expects to continue, as we heard in a Judiciary Committee hearing last week.

Today, I joined Senator PORTMAN in his subcommittee on Homeland Security and Governmental Affairs, and we talked about what is going on from that perspective as well.

While there is more work to do to combat this epidemic, first, I recognize that we have made some meaningful progress on a bipartisan basis. We passed the CARA Act, which is something that was led by Senators PORTMAN, WHITEHOUSE, AYOTTE, and me. We set a framework up for the Nation, and I look at it in three ways.

The first way is that we have to do everything we can to prevent addiction. That means changing some of our prescription practices across the country. Do you really need 30 pills when you get your wisdom teeth out? It is about asking those questions and changing those practices.

The second thing would be to look at prescription drug monitoring. Senator PORTMAN and I have a bill that would make it mandatory for States to share their data across State borders. I found a guy in Moorhead, MN, through his rehab counselor, who had 108 different prescriptions for opioids from something like 80 different doctors in 50 different cities. He went from North Dakota to South Dakota, to Minnesota, to Wisconsin. That is why sharing that data would greatly reduce that doctor shopping.

I see here the Senator from Texas, Mr. CORNYN. Senator CORNYN and I led a bill years ago to make it easier for people to throw away their leftover prescription drugs so they would not get in the hands of those who should not be taking them. Those are ideas for reducing that demand.

Then you go to the next area, which, of course, is that of trying to reduce the illegal drugs from coming in, like with the STOP Act, which Senator PORTMAN and I introduced, making it harder to get these drugs in through the Postal Service, and doing more with law enforcement. By passing the SALTS Act, which is a bill that Senator GRAHAM and I introduced, it will

make it easier for prosecutors—the Presiding Officer is a former prosecutor—to prove up cases with analogue drugs, which is when perpetrators basically take a substance, change it a little, and then say: Hey, it is a new drug. Then it makes it harder for the Feds to go after it, and you have to prove it up in court.

So we are making some changes to our law to make it easier, especially in rural areas, where they are not going to be able to get a medical doctor in to prove up what the substance is in order to make it easier to prove these cases.

These are all very good ideas, but what we are here to talk about today is the issue of the funding and what will happen if we do not have the funding for treatment. We did a good job with the Cures Act last December, in which we made \$1 billion available over 2 years, as well as the work that was done on a bipartisan basis with the budget for the rest of the year. I consider those good signs.

Unfortunately, the budget and the CBO score of the healthcare repeal bill that was released this week—the bill that came over from the House—shows us that we are at risk of working backwards on this issue.

According to the nonpartisan Congressional Budget Office, mental health and substance abuse benefits could be cut under the healthcare bill, which would increase out-of-pocket costs by thousands of dollars for those who need these vital services. This is on top of the \$839 billion in cuts to Medicaid under the bill and additional cuts in the President’s budget of more than \$600 billion to Medicaid and the Children’s Health Insurance Program, even though these programs cover 3 out of every 10 people who have an opioid addiction. This would be devastating for so many, if these budget cuts took effect.

I would like to do more. I would, actually, like to pass the LifeBOAT Act, which Senator MANCHIN introduced and I am a cosponsor. That would simply put an extra fee on some of these opioids so that the people who have been reaping the profits from these drugs would be helping to pay for the treatment. I think that is a great idea. Unfortunately, this budget takes us the other way.

It eliminates programs that help rural communities build hospitals and get access to vital telemedicine services. It cuts critical medical research that is happening at the NIH—just when, at the end of last year, we added that money to the NIH’s funding. It was shown just in the last month that, with the budget for the rest of the year, we have continued that positive trend. The budget also doubles down on other cuts that would hurt small towns and rural communities, which would impact jobs and opportunities. It eliminates rural business programs, which have helped to create hundreds of thousands of jobs. It cuts rural housing programs and infrastructure grants and loan programs.

Altogether, these cuts not only threaten the progress we have made in fighting against the opioid crisis, but they also threaten the prosperity of the rural communities, which have been the hardest hit. We need a budget that helps and not hurts rural America.

We have a lot of work to do. I appreciate, again, the work of our Democratic and Republican colleagues in the Senate. As we have shown with the budget—from last month through the rest of this year—we have put some common sense in there and have done a good job and have gotten a lot of bipartisan support. My hope is that we will do the same thing here and make a smart budget and reject the one that has been proposed by this administration and come up with something much better that helps and not hurts the people of our States.

I yield the floor.

The PRESIDING OFFICER. The majority whip.

HEALTHCARE LEGISLATION

Mr. CORNYN. Mr. President, I want to spend a little bit of time today talking about how badly ObamaCare is failing the American people and how my Republican colleagues and I are working to repeal and replace it with healthcare that works. I wish I could say that Democrats and Republicans were working together to replace it with healthcare that works. Unfortunately, our Democratic colleagues have taken a walk on this particular topic and, apparently, are not interested in participating.

Even though 30 million Americans remain uninsured under ObamaCare, the individual market—where people buy their health insurance if they do not have employer-provided coverage or government-provided coverage—is in a death spiral. This was confirmed by a study by the Department of Health and Human Services. It was also the subject of a Wall Street Journal article today that makes the point that average premiums in the individual market have increased 105 percent since 2013 in the 39 States in which the ObamaCare exchanges are federally run. This translates into \$3,000 more out-of-pocket for middle-class, hard-working families—a 105-percent increase in premiums since 2013.

I dare anybody to say ObamaCare is working as it was intended. All one has to do is look back to President Obama's very words, when he said: If you like your doctor, you can keep your doctor; if you like your health insurance policy, you can keep that. He also said: Oh, by the way, we are going to save you money too. A family of four will save \$2,500 a year. Contrast that to the \$3,000-a-year increase since 2013 in the individual market—a 105-percent increase.

As I said earlier, this week the Department of Health and Human Services released a report that underscores the negative impact ObamaCare is having on families across the country. The report highlights the incredible in-

crease in annual premium prices since ObamaCare took effect, and I mention that in the aggregate.

Let's look at places like Texas. In Texas, the average monthly premium jumped from \$222 in 2013 to \$404—about an 82-percent increase. If you are a young person buying health insurance, a young family or anybody, for that matter, spending \$222 a month and it jumps 82 percent, to \$404, that is a big bite out of your disposable income. That is pretty bad, there is no question about it, but Texas wasn't close to being the hardest hit.

For example, in Wisconsin, premiums have almost doubled. In Montana, they have gone up 133 percent. In some States, the premiums have actually tripled. As I said, the average individual premium has more than doubled in the 39 States using healthcare.gov—an increase of 105 percent since 2013.

That is not the only problem with ObamaCare. This year, one in three counties across the United States have just one insurer on the ObamaCare exchange. In other words, ObamaCare has gotten it so wrong that the risk pools are mainly people who are older and who need healthcare more, and many younger people—young, healthy people who are important in the risk pool to help bring premiums down for everybody—are simply taking a walk. This isn't the mark of a healthcare law that is working for the American people or helping our country grow healthier. It is the mark of a law that is actually hurting families by giving them fewer options at a higher cost and failing to deliver on any promises. We wonder why people are cynical about their own government. Well, it is because of promises made and promises not kept, and ObamaCare—I have said it before and I will say it again—is one of the biggest examples of consumer fraud I have ever seen in my lifetime.

We are talking about real-world consequences here. My colleagues on the other side of the aisle like to talk about how many people would be potentially hurt by repealing and replacing ObamaCare. Of course, that is purely speculative. They are making it harder because they refuse to participate in this process, but we are determined to make sure we bring premiums down and make health insurance more affordable for those who want to buy it.

Let me talk about concrete examples of people terribly affected by the ObamaCare healthcare law. One of my constituents wrote me a few weeks ago and said she and her husband got their insurance from her husband's job, but since ObamaCare came into effect, their premiums have tripled, and she estimates their deductibles have doubled. What is also frightening is that her prescriptions have skyrocketed too. As an example, an inhaler that previously cost her \$35 now costs almost 10 times that amount—well over \$300.

Given the outrageous costs, this Texan decided to see if she could get a

better deal on the exchange since her insurance costs kept going up and up and up. She said the deductible she would have gotten was \$6,000 a year. Add that to higher premiums, and she said ObamaCare was too high to even think about changing to.

ObamaCare has had so many negative ripple effects throughout our entire economy. It restricted the number of hours people can work because of the employer mandate. It raised taxes, depressing economic activity and growth—things like the medical device tax. The medical device industry is one of the most innovative, lifesaving industries in our country and literally in the world. Yet ObamaCare imposed a medical device tax and chased those jobs and the innovation that goes along with them offshore. I remember one of my constituents from Dallas, TX, said they had a location in Costa Rica, and as long as the medical device tax applied to things they did in Texas and in the United States, they were going to take their business and build it in Costa Rica for one reason and one reason alone; that is, to avoid this crushing tax.

The result has not been good for the economy, and it has not been good for healthcare. Many folks can't find any reasonable insurance that will actually pay for what they want. They can't afford what insurance they do have, and they feel hopeless and helpless as the rates keep climbing.

Because I know these stories apply not only in Alaska or in Texas, they apply all across the country, one would think we would have Senators on both sides of the aisle clamoring and working together to try to come up with some solutions, but, once again, it is stony silence from our colleagues across the aisle.

As my constituent rightly pointed out, so much of their income is now going toward premiums and other healthcare costs, she said she and her husband feel like they are actually being robbed. That is why we believe, on this side of the aisle—I wish I could say on both sides of the aisle but certainly on this side of the aisle—that we need to find a solution that works for our country.

So here is an open invitation to any of our colleagues in either House of Congress: Please come work with us, not for our benefit, not for any political gain or advantage but because it is the right thing to do. That is why we get elected. That is why we serve, not to engage in petty politics but to actually do things that help our constituents.

This isn't just a red-State problem. I pointed that out earlier when I referenced Wisconsin and Montana. This is a problem that confronts our entire country.

So we are going to continue to keep working on a bill that repeals this ObamaCare disaster and replaces it with patient-centered, accessible healthcare that make sense for the