

in Executive Session of certain nominations on the Executive Calendar.

John Thune, John Cornyn, Steve Daines, Bernie Moreno, Roger Marshall, Chuck Grassley, Cindy Hyde-Smith, Rick Scott of Florida, Tim Sheehy, Pete Ricketts, Jon Husted, Tom Cotton, John R. Curtis, John Barrasso, Markwayne Mullin, Josh Hawley, Todd Young.

The PRESIDING OFFICER. Under the previous order, the mandatory quorum call under rule XXII has been waived.

The question is, Is it the sense of the Senate that debate on S. Res. 532, an executive resolution authorizing the en bloc consideration in Executive Session of certain nominations on the Executive Calendar, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. BARRASSO. The following Senators are necessarily absent: the Senator from Montana (Mr. DAINES) and the Senator from Kentucky (Mr. Paul).

The yeas and nays resulted—yeas 51, nays 47, as follows:

[Rollcall Vote No. 642 Leg.]

#### YEAS—51

Banks	Graham	Moran
Barrasso	Grassley	Moreno
Blackburn	Hagerty	Mullin
Boozman	Hawley	Murkowski
Britt	Hoeven	Ricketts
Budd	Husted	Risch
Capito	Hyde-Smith	Rounds
Cassidy	Johnson	Schmitt
Collins	Justice	Scott (FL)
Cornyn	Kennedy	Scott (SC)
Cotton	Lankford	Sheehy
Cramer	Lee	Sullivan
Crapo	Lummis	Thune
Cruz	Marshall	Tillis
Curtis	McConnell	Tuberville
Ernst	McCormick	Wicker
Fischer	Moody	Young

#### NAYS—47

Alsobrooks	Hickenlooper	Rosen
Baldwin	Hirono	Sanders
Bennet	Kaine	Schatz
Blumenthal	Kelly	Schiff
Blunt Rochester	Kim	Schumer
Booker	King	Shaheen
Cantwell	Klobuchar	Slotkin
Coons	Lujan	Smith
Cortez Masto	Markey	Van Hollen
Duckworth	Merkley	Warner
Durbin	Murphy	Warnock
Fetterman	Murray	Warren
Gallago	Ossoff	Welch
Gillibrand	Padilla	Whitehouse
Hassan	Peters	Wyden
Heinrich	Reed	

#### NOT VOTING—2

Daines	Paul
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The PRESIDING OFFICER (Mr. SHEEHY). On this vote, the yeas are 51, the nays are 47. The motion is agreed to.

The motion was agreed to.

#### EXECUTIVE SESSION

#### EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

An executive resolution (S. Res. 532) authorizing the en bloc consideration in Executive Session of certain nominations on the Executive Calendar.

The PRESIDING OFFICER. The Senator from Michigan.

#### HEALTHCARE

Mr. PETERS. Mr. President, this week, we have an opportunity to lower healthcare costs for the American people. For months, my Republican colleagues have refused to extend existing Affordable Care Act tax credits that help nearly 22 million Americans afford quality healthcare. These tax credits have been one of the single most successful tools to ensure that every American has access to the care they need.

As we near the end of the healthcare enrollment period for the new year, Michiganders are experiencing the real-world consequences of Republicans' actions. Right now, folks across Michigan are shopping for 2026 healthcare coverage. When they log on to the Marketplace, they are seeing staggering—staggering—price hikes for the exact same coverage they currently have.

For example, this year, an average plan for a 26-year-old living in Michigan's Upper Peninsula costs about \$340 a month. Next year, that monthly payment is scheduled to double, costing them \$600 to \$800 per month.

A family of four living in Detroit paid \$980 a month in 2025 for the average plan. What that same plan will cost now if Republicans allow these essential healthcare credits to expire—well, that family is now going to be paying \$2,700 a month.

Finally, let's take a 64-year-old couple living in Kent County. They currently pay roughly a \$600 monthly premium for their coverage, but soon that cost will be over \$2,000 a month for just their premium if Republicans continue to block these healthcare credits.

Remember, these monthly costs don't even count towards their deductibles. Folks will still have to pay more before their insurance even kicks in.

It is simply unacceptable to let these subsidies expire, and every single Member of Congress knows it. Working families cannot afford these increases without sacrificing other necessities, especially as inflation is making the cost of everyday goods more expensive.

We know the Trump tariffs are adding thousands of dollars of costs to the average family each and every year. As a result, too many families are being forced to make a gut-wrenching decision to go without their healthcare coverage altogether.

According to data from the Centers for Medicare and Medicaid services, nearly 14,000 fewer Michiganders have enrolled in the Affordable Care Act plan compared to this time last year. That is almost 14,000 Michiganders who may have to go without healthcare all next year because my Republican colleagues refuse to act.

We know that when less people have insurance, it drives up the cost of healthcare for everybody else in the country.

There is no question that America is facing a healthcare affordability crisis, and these credits are the best tool we have to provide some financial relief right now—right now—for families who desperately need it. But Republicans have made it clear time and time again that they are perfectly fine letting this program expire, all the while offering no true alternative vision for how we can keep healthcare costs down for everyday Americans.

But Democrats—we are not going to sit back. We are not going to stall any further. This week, the Senate will vote on a bill that would extend these critical tax credits for 3 years. This commonsense proposal would protect access to affordable, comprehensive healthcare that helps keep American families healthy.

Simply put, if we pass this bill, we could literally save lives. That is exactly why I voted to pass the Affordable Care Act into law during my first time in the U.S. House back in 2009.

This week, I will proudly vote, once again, to make healthcare more affordable and accessible for every American. That is who we are as Democrats. That is what we have always fought for because we believe that access to affordable healthcare is a fundamental right.

For the sake of hard-working Americans in Michigan, as well as all across our country, I hope my Republican colleagues will join us in protecting that fundamental right.

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

Mr. LANKFORD. Mr. President, the Senate is talking a lot about healthcare right now for good reason. There are major cost increases going up on insurance all across the country but especially for some folks that are in ObamaCare Marketplace plans.

I talked earlier this week with a gentleman from my State who is in his early sixties. He runs a small business, works his tail off. His insurance plan that he has taken on, he took on in the last few years because of the enhanced premium tax credit subsidies that were added in 2021. Those temporary tax gifts to insurance companies expire in just a few weeks.

Now, he knew that they would expire. As he told me in our conversation we had this week, he said he knew they were temporary, but now he is trying to figure out what to do to find affordable healthcare options for himself because his healthcare is going to go up about \$500 a month. That is an enormous amount.

And his frustration was pretty clear. He is just looking for a plan that he can afford. He is just looking for an option. He is not asking for something unrealistic. He is just trying to figure out what to do. He asked me the question: How did we get here? How did this happen?

Well, let me just walk through that because the interesting thing about all of this is how confusing it has really been in the process. Everyone that I talked to about healthcare, they all say: It is incredibly confusing. I can't figure out any of this.

Let me try to explain just a couple of things we are talking about.

My Democratic colleagues are asking for a multibillion-dollar extension, not of ObamaCare but of a subsidy that was put on top of ObamaCare. And it doesn't apply to 320 million Americans. It applies to about 20 million Americans. If I want to make it even more specific than that, it is not just 20 million Americans because most of those qualify for the full subsidy; it is just for a certain group—typically, folks that are 50 to 64—that it applies to.

It is that particular group that are on the ObamaCare Marketplace that are in that age bracket that are facing very high premiums that are coming up very, very soon. It is a big deal to them, as well it should be for any American.

Let me set the context for this. The Kaiser Family Foundation lists the average cost for healthcare insurance on the individual market—the average cost for healthcare insurance on the individual market—at \$215 the year before ObamaCare came into effect. Let that set in for a minute. People in this room know how much your health insurance is now. If we went back to prior to ObamaCare's passage, the average cost for the individual marketplace for health insurance was \$215. Not so any more. It has more than doubled—more than tripled for many people.

President Obama said at that time that "it will cut the cost of the typical family's premium by about \$2,500 a year."

It has not been reduced for the typical family by about \$2,500 a year. It has dramatically increased. It has become more and more complicated. There are more and more entities that are involved in healthcare decisions.

And the challenge for healthcare right now is the absolute complexity that has been created in the cost that continues to overwhelm. That is where we are as the baseline that every American is facing right now.

In 2021, my Democratic colleagues saw the skyrocketing costs. And in what they called the American Rescue Plan during COVID, they added in an additional subsidy on top of ObamaCare for about 10 million people. That was called the enhanced premium tax credit that got added on top of ObamaCare because the ObamaCare costs were skyrocketing so fast.

They called it, at the time, a temporary plan to be able to help during COVID. But then a year later, they added another 2 years on top of it. That is now what is expiring at the end of this year, their temporary COVID extension. The problem is, the price continues to go up so rapidly that now no one can afford the plan anymore.

In my State in Oklahoma, we asked our insurance commissioner to take a 6-year snapshot and tell us what is happening to the Marketplace, the ObamaCare Marketplace, without the subsidies. If the subsidies went away, what was the increase? And for the commercial insurance from my State, what changed during that time period?

For ObamaCare, the rates had gone up 198 percent in 6 years. In commercial insurance in my State, it has gone up 29 percent—apples-to-apples comparison.

There is a very real problem with the structure of how ObamaCare actually works. The request has been: Let's put more subsidies on top of it, more subsidies on top of it and add billions and billions more in taxpayer dollars to cover up the problem that is underneath. There is a problem in the way that ObamaCare was actually created and how it is actually operating and what it is causing not just for that group in the Marketplace but for what it is causing for everybody else, even people that are not in the Marketplace at all—how that is driving up premiums.

We are debating the next 24 hours, trying to be able to come to two sets of solutions here. My Democratic colleagues are bringing a proposal tomorrow to say: Let's just take the subsidies that we did during COVID and let's extend those 3 more years, and we will just do that, no reforms, no changes, no anything else. Let's just do that for 3 more years.

It was interesting. I asked about the 3 more years and the exact timing on that, how that would work. It is fascinating. When you pull back the politics of that 3-year extension, the 3-year extension goes through the end of 2028. But what they don't tell you is, it would actually set up to announce the new insurance rates for 2029 that would not have the subsidies anymore in it the week before the Presidential election in 2028.

Well, that was clever. They set up a little political timebomb for the Presidential election in 2028, saying they chose this certain date in this certain time to do it so that right before the next Presidential election, we would have the same argument all over again—no reforms, no changes, political date-setting.

Republicans are actually bringing forward a proposal and saying: We see you. We see what has been dropped on you. We see individuals in my State and all over the country that have now fallen prey to what has happened in ObamaCare that they can't get options for different healthcare insurance, they

can't get cheaper rates, and they certainly can't go back to what the rates were in 2010 at \$215 a month anymore because under ObamaCare, if you are in the individual market, that is not allowed anymore. That is absolutely prohibited in Federal law now.

So we have a very simple proposal: We do want to assist folks who are stuck in this ObamaCare Marketplace to try to figure out how we help them through this, but we don't want to send the dollars to the insurance companies. That is a hole. We want to send it to the individuals who are there and give them some greater choice on it.

So our main proposal is, yes, we want to help them, and we want to help them immediately, but we don't want to send dollars to insurance companies and trust in them that it is going to be taken care of. We want to get the dollars to those particular individuals and say: Let us help you in this process and get through this next year as we, hopefully, reopen this whole debate about healthcare.

The second thing that we want to do is increase the options for coverage for those individuals and increase them right away so that they get greater flexibility in what they can choose. We trust the American people as they are shopping in the marketplace for healthcare insurance to be able to make better decisions.

Long term, what I would love to see is let's open up the conversation about how we have associations of healthcare plans. Right now, the small business owner I talked to earlier this week is limited to only choosing things in the ObamaCare Marketplace, and the price is absolutely skyrocketing for him. He doesn't have the option to actually join together with other small businesses to negotiate for a better rate. A big company can do that. If you are Walmart, you can do that, and if you are JPMorgan Chase, you can do that, but if you are my small business owner in Oklahoma, you cannot. They are prohibited from doing that. Well, that is ridiculous. They should be allowed to join together and be able to negotiate for better rates so they can get greater options on that.

We want to help expand health savings accounts. Health savings accounts allow individuals to actually talk to their physicians or their hospitals and say: How much does this cost, and actually try to find a way to be able to compete for cost on it. Greater price transparency allows people to choose, if they have got to get an MRI, a CT scan, or whatever it may be, to say: What are the best options to be able to do this that actually bring the cost down?

Most of the time when people go to the hospital, they never know what the cost is for anything. They have no idea because "insurance" is covering that until, suddenly, they don't, and then it becomes a big issue. That should be something we can all agree on as greater flexibility and greater options on plans do nothing but help people.

There is an issue that I have worked on with several of the folks in this room, and that deals with pharmacy benefit managers. We have got to be able to actually land this. We all know of the rising costs of pharmaceuticals that are out there. We all experience that, and everybody says: What is the problem? It is the middleman in the middle of this who is actually controlling the formulary and controlling a lot of the pricing, and that completely hides the cost of everything on it.

The pharmacy benefit managers are destroying our independent pharmacies in our rural areas all around the country as they continue to make more and more profits on Wall Street. We have got to say: We are not trying to destroy you, but you have got to stop destroying our independent pharmacies around the country, and you have got to actually be more transparent in the process on this.

We have a bill that is a bipartisan bill that has come out of the Finance Committee that we have unanimous support for—tell me how often that happens in this body—but that we can't seem to get to the floor. We should be able to agree that, if someone is trying to dramatically jack up the cost of pharmaceuticals on our individual constituents and on the families in our neighborhoods and is destroying our independent pharmacies, we should all be able to agree that that is anti-competitive. That has got to stop. We should be able to do that.

Listen, we already passed this last July—a \$50 billion amount going to rural hospitals to stabilize those rural hospitals. We have already engaged in ways to be able to stabilize Medicaid in the long term and make sure that the program continues to work well. We have already taken on some of these things to be able to make things better. We have got to deal with the issue of individuals and their healthcare options and their opportunities to find better insurance to be able to take care of their healthcare.

Let's increase competition, and let's increase options for individuals in the days ahead; but in the short term, let's at least get immediate assistance to those folks who need the help right now by giving dollars to those individuals, not by sending cash to the insurance companies and setting up a political timebomb right before the Presidential election. That doesn't sound like that is actually helping people. That sounds like that is perpetuating the same problem that we have dealt with already. These are options that we should be able to have grownup conversations about and resolve. There is a way to resolve this. Let's get busy doing it.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mrs. BLACKBURN. Mr. President, I am so pleased that my colleague from Oklahoma is on the floor and is talking about this issue that affects so many

Americans. Indeed, in Tennessee, we have seen the impact of this.

As my colleague mentioned, our friends across the aisle have done what we call kicking the can when it comes to healthcare. ObamaCare is too expensive to afford—that is something that has been proven—but instead of dealing with root causes, they are saying: Let's just extend the COVID-era subsidies for another 3 years, and then we will talk about it.

He also mentioned triggering that date during a Presidential election—doing nothing to reform the abuse that you are finding in the system and just kicking the can and saying: Let's do these subsidies. Let's not worry about it.

Well, you know, that is not something that Tennesseans are wanting to see, and as many have reminded me, they are the exact same subsidies that the Democrats used as a smokescreen to carry out their 43-day government shutdown. But at the end of all of this, they don't want to do anything about it even though we have information and have seen research that, by extending these pandemic-era subsidies—and by the way, COVID is over; the pandemic is over, but they want to continue to fund it like it is still going on. These subsidies have been plagued by waste, fraud, and abuse, and what they are doing would cost taxpayers \$35 billion a year to do nothing more than line the pockets and the profits of insurance companies.

We know that there is an incredible amount of fraud. There are 6.4 million people fraudulently enrolled. We know that it is hard-working taxpayers who are paying for this and that the Democrats' solution would do nothing to clean up the program. It would do nothing to lower the cost of healthcare. It would continue the status quo, and individuals who are enrolled in ObamaCare would continue to see their costs go up.

So what we have said is, the original ObamaCare subsidies—by the way, I want to be very clear on this. Those subsidies are law. They do not go away. The only things that are going away are the Biden-era COVID subsidies. The Democrats put those in place in 2021. They were to expire in 2022, but then they decided, no, let's make them expire on December 31, 2025. So they created this problem. They created the problem with ObamaCare. Not one Republican voted for it in either the House or the Senate, and now they have created another problem.

They have done all of this because they didn't want to address the flaws that were in the program. Well, under the Biden COVID-era credits, people who were making over \$500,000 a year could benefit from the taxpayer-funded subsidies. Originally, with the original ObamaCare subsidies, you get the credit up to 400 percent of poverty, but the Democrats said: No. Let's make it a free-for-all. Let's just get these out here, the zero premiums—yes, that

sounds great; that is what they wanted to push for some people—and up to \$500,000 a year in income, \$500,000 a year. You, too, could get a taxpayer-funded subsidy to help pay for your insurance. Maybe 80 percent was paid or 90 percent was paid, but this is not what the American people want. Instead of lowering costs, these subsidies are continuing to prop up a very broken system, and that is why the cost continues to go up.

Since 2013, the ObamaCare benchmark plan premium has increased by more than 200 percent. In Tennessee, you have seen about a 20-percent increase. Now, this ObamaCare plan is going up more than 300 times the rate of employee-sponsored plans, so the taxpayers are on the hook for this.

So why is it that they continue to go up? It is because of government interference and the mandates that Democrats passed when they passed ObamaCare. It is too expensive to afford.

During the Schumer shutdown, I spoke in this very Chamber about the fraud that was connected to the Biden COVID credits. Last week, the U.S. Government Accountability Office actually released findings that showed just how easy it was to commit fraud with these subsidies. The GAO conducted an undercover test. They had heard anecdotally about some of this fraud, but the GAO, which is non-partisan, said: Let's get into this. Let's dive in. Let's do an undercover test.

So they submitted applications for these Biden subsidies for 24 fictitious individuals, for people who don't exist, with addresses that are not accurate and names and Social Security numbers that are not accurate. Each application had false and missing information on identities and incomes. They just made it up. So they ran their test. To their surprise—get this—they didn't have one or two people who were approved or even half of the people—a dozen—of these fictitious people who made it through. They had 23 of the 24 fake people approved. They had fake identities and fake income—nothing was real—but ObamaCare approved 23 of the 24 applications. The U.S. taxpayer who is footing the bill for this paid more than \$10,000 a month to insurance companies to provide for these people who don't exist, for these fictitious enrollees. Think about that—\$10,000 a month.

A preliminary analysis by the GAO found that there were at least 190,000 applications between 2023 and 2024 that had unauthorized changes by agents or brokers. That means people didn't know that they were enrolled or they didn't know that changes on income and personal data had been made to their applications. Over the same period, there were close to 100,000 duplicate Social Security numbers enrolled in the program. So you have a broker or somebody who is enrolling people. They get a Social Security number, and they are going to town with it. They are wearing that thing out.

So you have got 100,000 duplicate numbers enrolled in the program. In one case, a single Social Security number—one number—was used to apply for more than 125 policies.

I call that fraud. And I think it is amazing that ObamaCare is so poorly run that they are allowing this level of fraud and waste of your tax dollars, which are paying for every bit of this.

This is a program that now our colleagues across the aisle are saying: We don't want to fix it. We just want to kick the can. We want to extend these subsidies for 3 more years because the program is really expensive.

And why is it expensive? Waste, fraud, abuse, and government mandates. And ObamaCare is too expensive to afford.

Now, Republicans have already started to address the root cause of the issue, and in the Big Beautiful Bill, there are provisions that require individuals who misstate their income to repay the excess subsidy amount in full.

Requiring applicants to verify their income, their family size, their immigration status, and residence before enrolling ensures no one can abuse the system at the expense of American taxpayers.

This is what you call old common sense. If you are going to go apply for a credit card or a loan at the bank, you have got to verify this, and you are going to be held legally responsible.

Under ObamaCare, it is like nobody gave a ripping flip about what you put on the paper. Whatever you said, all right—there was no verification that was done.

Republicans are also working on solutions to lower the cost—how about that one?—and to promote healthcare freedom, to let you, the patient, the individual, have more choice, more options, and make decisions that affect your healthcare.

This week, our Finance Committee chairman, Senator CRAPO, and the Health Committee chairman, Senator CASSIDY, introduced legislation that would direct funds directly to patients, not to insurance companies. Well, how about that?

Let's make certain that patients—patients—are the ones who receive those funds, not the insurance companies, because we have already defined the waste, the fraud, and the abuse that is taking place in the program.

Now, doing this through health savings accounts and funding for cost-sharing reduction payments, these are things that are positive, that would help to bring some transparency to the system.

Unlike the Democrat proposal, which only further adds to our \$38 trillion in debt, the Crapo-Cassidy bill would drive down the cost of premiums and provide an off-ramp for the Biden plussed-up bonus COVID credits for individuals that were making six-figure incomes.

Now, last week, I introduced a package of bills to support and expand Ten-

nessee's Medicaid innovation, including the Medicaid Primary Care Improvement Act, which would allow States to use Medicaid dollars to pay for direct primary care arrangements, expanding healthcare access for Medicaid beneficiaries and improving outcomes.

And we are introducing legislation that I have worked on for years to empower citizens to purchase health insurance across State lines and have portability on policies. If they get a policy that works, that they like, that they can afford, allow them to take that policy with them, regardless of where they live—again, common sense.

We do know this: You have got to promote competition so that we can bring down prices and give consumers—individuals, patients—more power to price shop for affordable plans.

Americans do not want the Federal Government in charge of their healthcare. They do not want socialized medicine. They do not want government-run healthcare plans. And they definitely do not want their hard-earned tax dollars underwriting fraud.

I yield the floor.

The PRESIDING OFFICER (Mr. BANKS). The Senator from Iowa.

#### ARCTIC FROST INVESTIGATION

Mr. GRASSLEY. Mr. President, if you hear the term "Arctic Frost," for most of us in Washington, DC, it is not a meteorological term. It is a name that the Biden administration put on the efforts through Special Counsel Jack Smith to put then-citizen Trump in prison so he could never run for President again.

I have been trying to make as much of this information that we discover public. So I come to the Senate floor now to discuss this now-infamous Arctic Frost investigation that I and Senator JOHNSON of Wisconsin have exposed.

As we have shown through our investigation, Arctic Frost was not just about putting President Trump in prison, but it was a means to an end. That end that the Arctic Frost investigation sought was a vehicle by which partisan FBI agents and partisan Department of Justice prosecutors could improperly investigate the entire Republican political apparatus.

As Arctic Frost became Special Counsel Jack Smith's election case, it also targeted over 400 Republican groups and individuals. Recently, Senator JOHNSON and I have exposed that the Special Counsel's office obtained phone records of at least 11 Senators and 6 Members of the House of Representatives—all of them Republican. I expect there will be more Members of Congress added to that list. Each of these subpoenas included a court-issued nondisclosure order.

Recently, I made public Department of Justice documents, including emails. These documents showed that Special Counsel Smith's office knew of the constitutional implications of issuing a subpoena for congressional data.

A May 17, 2023, email shows that Molly Gaston from Special Counsel Smith's office emailed John Keller, one of the heads of Biden's Department of Justice Public Integrity Section. In that email, Gaston consulted Keller about issuing subpoenas for Members' phone records. Keller, from the Department of Justice, told her that there might be litigation risk if you do that.

So Smith's staff was warned.

And the reason why? Keller said subpoenaing congressional information could violate the speech or debate clause of the Constitution.

As we all know, the speech or debate clause protects Members of Congress from any retaliation or civil action for what is said right here on the floor of the House and Senate.

Well, no kidding—they were warned.

Of course, the Department of Justice knows that core constitutional activity of constitutional officers is protected in the Constitution.

Keller's email to Gaston also notes case law saying legislators asserting an invasion of speech or debate may intervene and oppose subpoenas. So it is a constitutionally based opposition. However, affected Members—remember they are all Republicans—weren't afforded the opportunity to challenge the subpoenas, as the law would give them the right to do.

It is all about the subpoenas having a nondisclosure order in it.

Now, these nondisclosure orders, rubberstamped by a judge named Boasberg and others on the same court, kept secret Jack Smith's action against the Republican Members. So far, almost all of the nondisclosure orders for Members' own records were signed by Judge Boasberg.

On November 20, 2025, I, along with Chairman JOHNSON and Mr. JORDAN, chairman of the House Judiciary Committee, wrote to Judge Boasberg. We asked what information Special Counsel Smith's office presented, if any, to the court that led to the approval of the nondisclosure orders of Members' phone records, in violation of Federal law.

We also asked Mr. Boasberg if he ever denied any Department of Justice nondisclosure order requests.

Now, Judge Boasberg never answered our letter. He had Judge Robert Conrad, the Director of the Administrative Office of the U.S. Courts, responding on his behalf. Judge Conrad failed to fully answer our questions. The letter claimed that responding to our letter fully would "encroach upon the separation of powers."

Now, the court ought to have raised that concern when Special Counsel Smith requested the nondisclosure orders for the legislative branch phone records—not after it became public as a result of our getting these documents.

But the limited response by the judge shows that the Federal court, including Judge Boasberg, essentially acted as a rubberstamp in approving Special Counsel Smith's nondisclosure orders.