

will seek the harshest possible penalty even for nonviolent, low-level drug crimes.

This is a significant reversal from the Obama-era Smart on Crime Initiative, in which Federal prosecutors were instructed to focus on more dangerous drug traffickers and avoid charging less-serious offenders with crimes that required long, mandatory minimum sentences. As a result of the Obama policies, Federal drug cases dropped by more than 19 percent between 2012 and 2016, according to the U.S. Sentencing Commission. Cases with charges carrying longer, mandatory minimum sentences fell precipitously, from nearly 60 percent in 2012 to 45 percent last year. Thanks in part to this initiative, President Obama became the first President since Carter to leave the White House with a smaller Federal prison population than when he took office.

Meanwhile, prosecutions of the more serious crimes—the evil drug dealers, those who run the drugs, often from out of this country to here, they are the ones we can really go after and need to go after—increased by 17 percent and 14 percent, which makes it the way we can stop these evil drugs from coming into this country.

So that policy was tough on crime and smart on crime. Our law enforcement agencies have finite resources. They should be focused on combating violent crimes. When a prosecutor is spending hours in court, days, for a low-level possession charge and not having the resources to go after the drug runners, the drug dealers who poison our kids, that is misplaced priorities.

What Attorney General Sessions has just ordered is the exact opposite approach of what we need. Instead of giving judges and juries the discretion to use their judgment in sentencing, it compels prosecutors to seek as much jail time as they can get for every single offense, treating low level and high level the same. It is a blunt instrument that will result in more unnecessary, punitive sentences, overcrowding of our prisons, and will be less effective in our fight on crime. It runs completely counter to a bipartisan consensus here in Congress.

Many Members of this body, Democrats and Republicans, agree that mandatory minimum sentences have led to bloated, costly prisons, and disproportionately ravaged minority communities.

In the last Congress, a bipartisan group of Senators sought to make meaningful progress with a sentencing reform proposal that had, among its cosponsors, a diverse group of Senators, ranging from Senators DURBIN and BOOKER on the Democratic side to Senators LEE and PAUL on the conservative side. Unfortunately, those efforts to strike a compromise to bring much needed reform to our Nation's criminal justice system were derailed by the obstruction of, guess who—then-Senator

Sessions, with the cooperation of the Republican leadership. Now, after making progress under President Obama and Attorney General Holder, Attorney General Sessions has chosen to simply revert back to the one-size-fits-all approach that criminologists, police leaders, and bipartisan lawmakers have determined is not the right answer.

In order to truly be tough on crime, we must be smart on crime. This approach is dumb on crime. Congress, of course, still has the power to legislate this issue. We have the power to override the Attorney General's decision. So I hope this misguided change in the Department of Justice's policy revives a bipartisan desire to pursue sentencing reform. When we look for areas where there can be significant bipartisan cooperation, this is one of them. I hope Leader MCCONNELL will choose to pursue it.

Thank you, Mr. President.
I yield the floor.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to resume consideration of the Brand nomination, which the clerk will report.

The assistant bill clerk read the nomination of Rachel L. Brand, of Iowa, to be Associate Attorney General.

The PRESIDING OFFICER. Under the previous order, the time until 12 noon will be equally divided in the usual form.

The Senator from Connecticut.

HEALTHCARE LEGISLATION

Mr. MURPHY. Mr. President, I am on the floor to talk about the status of America's healthcare system. As we speak though, the country is obsessed with the question of the firing of FBI Director Comey and the appointment last night of a special counsel who is going to seek to get to the bottom of this question as to whether there was coordination between the Trump campaign and the Russian Government and their attempts to influence an American election.

There have been secret meetings happening in the Senate among Republicans—reportedly 13 Republicans, to be specific—attempting to craft a new version of legislation that passed the House of Representatives, now, I guess,

2 weeks ago, that would rob healthcare from 24 million Americans. According to the Congressional Budget Office, it would drive up costs for everyone immediately by about 15 percent to 20 percent and jeopardize the protections that are built into the law for people with preexisting conditions.

There is no CBO score on the latest House proposal because Republicans decided to ram the bill through without the ability of anyone to read the legislation. No one read that bill. Let's be honest. It was filed hours before it was voted on, and no one knows the cost of that bill because they didn't wait for a CBO score.

It is simply unbelievable that the House of Representatives decided to reorder one-fifth of the American economy without reading the proposal or without understanding its cost, but Republicans in the Senate are attempting to pass their own version of a repeal-and-replace bill. We await the results of these secret partisan meetings.

I think Democrats have been pretty clear that we would like to be in this conversation. We want to preserve what works in the Affordable Care Act, and there is a lot that works. A new report out just a couple of weeks ago shows an astonishing decrease in the number of people who face personal bankruptcy in this country. Why? Because half of personal bankruptcies in the United States of America, prior to the Affordable Care Act being passed, were due to medical debt. So the reason that less people than ever before are having to declare personal bankruptcy is because medical bills don't bankrupt them anymore because of the Affordable Care Act. Let me guarantee you, that number will spike back up if anything approximating the House bill passes.

We think there are good things in the Affordable Care Act. Our constituents agree. Polling now routinely tells you the majority of Americans want to keep the Affordable Care Act, not replace it, but we want to be part of a conversation in which we talk about keeping the things that work and addressing the parts of the healthcare system that don't work. Costs are still way too high. We would like more competition on these exchanges. So let's have a conversation about that.

As of today, Democrats are being shut out of the process. If you are represented by Democrats in the U.S. Senate, you have no voice in this process because Republicans have chosen to do it just amongst their own party. I think that is a shame. I understand in the end, Democrats passed a product in 2010 with Democratic votes, but anybody who was here remembers that there was a long process by which President Obama and Democrats in Congress tried to work with Republicans and brought the bill through the committee process. The HELP Committee and the Finance Committee had exhaustive meetings, hearings, and markups. In the end in the HELP Committee, upon which I sit today, there

were over 100 Republican amendments that were accepted and included in the piece of legislation that eventually passed on the floor of the Senate.

As far as we know, this secret process happening behind closed doors will include no Democrats now and will not go through a committee process. If they ever come up with something that can come up with 50 votes, it will be rushed to the Senate floor. That is outrageous. We want to be part of this process.

I am on the floor not to talk about what will happen if a bill robbing healthcare from millions of Americans, jeopardizing protections for people with preexisting conditions, comes to the floor of the Senate, I want to talk about what is happening right now because President Trump made it very clear, just a few days after he was sworn in, that his desire was to kill the aspects of the American healthcare system that are affected by the Affordable Care Act. By the way, that is almost the entirety of the American healthcare system because that bill did—in addition to extending coverage to 20 million Americans—grant protections from insurance abuse to hundreds of millions more.

A January 20 Executive order issued by the President said that “it is the policy of my Administration to seek the prompt repeal” of the law. It said:

To the maximum extent permitted by law, the Secretary of HHS and the heads of all other executive departments . . . shall exercise all authority available to them to waive, defer, grant exemptions from, or delay the implementation of any provision or requirement in the Act that would impose a fiscal burden on any State or a cost, fee, tax, penalty, or regulatory burden on individuals, families, healthcare providers.

President Trump made it clear that his motive from the start was to destroy the Affordable Care Act. My colleagues, he has consistently kept up that attack. I am often bringing President Trump’s tweets to the floor because, well, they continue to exist on social media. It is nice to be reminded of the fact that, over the course of the first 100 days in office, President Trump has been routinely—routinely—attacking the American health care system, saying: ObamaCare will fall of its own weight; be careful—i.e., if you are thinking of signing up, be careful—discouraging people from signing up for these exchanges.

Once again, ObamaCare is dead, says the President of the United States, despite the fact that 19 million people rely on the exchanges for their healthcare coverage. Here is another one: ObamaCare will explode. Do not worry; he has it taken care of, he says. Finally, ObamaCare is in a death spiral.

So these are the routine, almost daily attacks, rhetorically, that this administration has waged against the Affordable Care Act. He has commanded his agencies to pick it apart in any way that they can. So, to the extent there is any diminution in the

health of these exchanges, to the extent that insurers are thinking about not participating or are pushing up their rates, there is only one reason for it. It is the active sabotage campaign that the Trump administration is engaged in to try to destroy the Affordable Care Act.

This is purposeful. This is intentional. This is planned. That Executive order, unlike some other Executive orders, was not just an exercise in political and public relations, because the next month, in February, the IRS announced that it would not reject tax forms from people who failed to answer the question of whether they had health insurance. So the IRS took a definitive step to undermine the Affordable Care Act by telling consumers they were not going to enforce the individual mandate.

Now, here is a news flash: Republicans think the individual mandate is a good idea. After attacking it for the last 6 years, the House bill they passed includes an individual mandate. It does. It is in a slightly different place. Instead of the penalty applying when you lose healthcare, in the House, all they did was just shift the penalty to when you sign up for healthcare again. All they did was move the mandate from when you lose healthcare to when you repurchase healthcare. But it is still there.

The administration is seeking to undermine the existing mandate. Insurance companies have noticed. Senator MCCONNELL came to the floor a week or so ago to take note of the pretty serious premium increases that were requested in Maryland, in part, by Blue Cross Blue Shield. But the head of Blue Cross Blue Shield in Maryland was very clear about why they were increasing rates.

He said the uncertainty around the individual mandate plays a significant role in the company’s rate filing because failure to enforce the mandate makes it far more likely that healthier, younger individuals will drop coverage and drive up the costs for everyone else.

Insurance companies are noticing that the administration is picking apart the protections that can keep rates down in the exchanges and, thus, they are filing higher rates. But with less people in the exchanges than anticipated, insurance companies are also rethinking participation. This is intentional as well. Shortly after taking office, the HHS Secretary pulled the advertising for the Affordable Care Act in the last week of open enrollment. We know exactly what happened here because we have the data on who was signing up before Trump took office and after Trump took office.

Before Trump took office, open enrollment was exceeding open enrollment for the prior year. After that decision was made to pull funding for advertising, open enrollment cratered. The former marketing chief for healthcare.gov estimates that 480,000

people did not sign up for coverage in the last week because the ads were pulled and because the President of the United States was out there actively telling people that they should “be careful” before signing up for the exchanges because he was going to kill it.

So almost half a million Americans did not sign up for these exchanges. A half million Americans don’t have health care today, potentially, because the Trump administration stopped advertising the exchanges and because the President of the United States told people, essentially, not to sign up.

Finally, let me talk about what is happening right now with respect to something called cost-sharing reduction payments. A big part of the Affordable Care Act—and really the foundation of the Affordable Care Act—is subsidies that are given to individuals, often passed straight through to insurance companies, in order to help folks who are lower income buy insurance.

Guess what. Republicans think this is a good idea too. I know that because we stole the idea from Republicans. This was initially a Heritage Foundation plan that was adopted by Mitt Romney in Massachusetts. It was the Republican alternative to the Clinton healthcare bill in 1993. So this idea of individuals getting subsidies is a Republican idea that Democrats stole.

Republicans included it in the House bill. The subsidies are lower, but they are still there. The subsidies come in two forms. One, there is a tax credit to individuals based upon their income, and, two, for lower income individuals there is a payment that goes to the insurance companies that mitigates the amount of money that you have to pay out of pocket—just two different kinds of subsidies.

These subsidies are relied upon by the insurance companies to continue to offer these products. The Trump administration is paying the subsidies but is trickling them out 1 month at a time, constantly making public pronouncements that question whether they will continue to make those payments.

Here is what OMB Director Mick Mulvaney told reporters. He said the administration could pull the plug on subsidies at any time. He said: We haven’t made any decisions. The payments are due, I believe, the 20th or the 21st of every single month. We have not made any decisions at all on whether we will pay in May.

Think about if you are an insurance company executive deciding, A, whether to put a plan on an exchange or, B, if you put a plan on an exchange, how much to charge, and the White House is telling you: You may not get the subsidies that are called for under the law, and we may give you no warning in pulling those subsidies. We are going to pay them for May. We might not pay them for June. Maybe we will pay them for July and August. Maybe we will pull them for September.

How would you make a decision on how much to charge consumers? Why

would you enter into a contract with a State or Federal-based exchange? So whether it is the attack on the individual mandate, whether it is the decision to pull advertising, or whether it is the games being played with cost-sharing reduction payments, there is a coordinated effort inside the White House today to destroy the American healthcare system to the extent that much of the system has the Affordable Care Act at its foundation.

President Trump was pretty clear about this the day of the failure of the first healthcare bill in the House of Representatives. He essentially telegraphed that he was going to try to undermine the Affordable Care Act as punishment to Democrats, and that if he hurt enough people, eventually Democrats would come to the table and negotiate with him. Well, I have a message for the President of the United States: That is not how it is going to work. You are not going to blackmail Democrats by hurting our constituents by undermining the Affordable Care Act.

We want to be part of this discussion about improving the healthcare system. We do. We want to work with Republicans. It will be a much smaller and likely less revolutionary bill than Republicans are considering today, but it will have both party's fingerprints on it. We are not going to be part of a bill that strips healthcare away from tens of millions of Americans, and we cannot support this administration while it seeks to undermine the Affordable Care Act on a daily basis.

If these exchanges fail—I don't think they will, but if the exchanges fail—or if rates go up, there is only one place to put the blame—on an administration that is actively, regularly, and on a daily basis trying to sabotage the Affordable Care Act.

I yield the floor.

The PRESIDING OFFICER. The Senator from Mississippi.

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

The PRESIDING OFFICER. We are not. We are on the Brand nomination.

THE INTERNET

Mr. WICKER. Mr. President, I rise today to point out that the Federal Communications Commission is voting today, perhaps this morning, to begin the process to roll back a regulatory framework that should never have been imposed on broadband service providers in the first place. Like many of my colleagues, I am glad the FCC is working to restore the "light touch" regulatory framework that has allowed the internet to thrive since its creation.

This action sets the stage for Congress to then put a legislative solution in place that strikes the right balance between providing regulatory oversight on the one hand and giving the broadband industry the flexibility it needs to innovate and expand on the other hand.

We should not rely on a classification that was devised during the depression

era. There should be 21st-century rules for 21st-century technology. As chairman of the Senate subcommittee that oversees internet issues, I look forward to the task ahead. Keeping the internet free and open is a goal shared by most of us and by many of my friends on the other side of the aisle. A bipartisan solution can help provide long-term certainty for both consumers and broadband providers.

This certainty will be essential to our efforts to close the digital divide and remove barriers to internet connectivity that exist in Mississippi and around the United States. The online experience we enjoy today and the revolutionary advances of the internet over the past quarter century did not happen because of the heavy hand of the Federal Government.

These advances happened because the Federal Government stayed out of the way, supporting a "light touch" regulatory framework where innovation, competition, and investment could truly survive and thrive.

This was the framework that existed under both Republican and Democratic administrations until 2015, when politics got in the way. With a party-line vote, the FCC that year decided to adopt a utility-style framework, as I said, resulting from legislation devised during the depression. It classified broadband service as a common carrier under title II of the Communications Act of 1934.

A utility-style framework for telephones may have worked during the Bell telephone monopoly of the depression era, but that does not mean it is a right fit now. Nor does it mean we should adopt a completely hands off regulatory approach, which I would also oppose. The goal of net neutrality, which is designed to prevent internet providers from prioritizing some legal content over others has not gone away. But we know that handing over broad control of the internet to Washington is also not the answer.

FCC Chairman Ajit Pai has outlined some of the reasons for this, including the impact of title II regulations on big and small internet service providers. If we do not give providers the confidence to invest in better services and better infrastructure, it could limit consumers' options and services. This could also affect our efforts to close the digital divide, to bring the digital world to our rural communities in Alabama and Mississippi. Underserved communities could remain underserved.

Without broadband access, these communities could lose out on critical jobs, economic development, and many other opportunities borne out of the thriving internet economy.

At the end of the day, we need to be asking: What do Americans want and what do Americans need? They need broadband that is accessible, affordable, fast, and reliable. They want to be able to choose the services and content that best meets their needs.

These are the priorities that need to be kept in mind as the FCC works today and as lawmakers work to strike a balance between regulatory oversight and free market productivity.

Thank you, Mr. President.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

TRIBUTE TO MICHAEL CARSON

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

Mr. SULLIVAN. Mr. President, every week I have been coming to the Senate floor to talk about someone in my great State of Alaska who makes Alaska a better place for all of us—for the community, for everybody living there. I call this person our Alaskan of the Week. To be honest, it is one of the most fulfilling things I get to do as a Senator, recognizing back home and across the country special people in my State.

There is no doubt that many here in the Chamber and the people who are watching from home have seen pictures and television shows about Alaska. We are a little biased—I know one of our pages is an Alaskan—that we have the most beautiful State, not only in the country but in the world. So we want to encourage everybody watching to come visit Alaska. It will be the trip of a lifetime, absolutely guaranteed. It is truly the people of Alaska who make our State so special, people with big hearts who band together to solve challenges. Like all places, we have challenges.

This week I would like to recognize Michael Carson for his work to help people in Alaska who are struggling with addiction. We know this is a problem that is impacting every single State in our great Nation. Michael lives in Palmer, AK, a picturesque town about 45 miles from Anchorage in Alaska's vast Matanuska-Susitna Valley—what we just call the Valley or the Mat-Su. It is about the size of West Virginia, so don't get me going on the size of Alaska. It will embarrass most of my—actually all of my colleagues here, unfortunately for them. Palmer is flanked by the rolling Talkeetna Mountains to the north and the sawtoothed Chugach Mountains to the south. It is a close-knit community where most people know each other.

Many people in Palmer and the Mat-Su across the State know Michael Carson's name. Like many Alaskans, Michael's story is one full of adventure. Originally from California, he received his undergraduate in early childhood development from the University of Texas. After hitchhiking through Africa and spending a summer in Mexico, he took a job teaching in Nome, AK, in 1974. A few years later, he moved to the Mat-Su to teach and taught our students for many years.

He retired from teaching, but his yearning to help people, particularly our youth, did not leave him. He got a job at Covenant House in Anchorage, which is a homeless youth shelter. It is a wonderful place, by the way. I am a little biased on this one; my wife Julie happens to work at Covenant House. Michael's shift started at 8 p.m. and ended at 8 a.m. That is what he was doing at Covenant House. He spent those hours walking through the city, reaching out to kids on the streets, sharing his own story, and inspiring our youth because his story also involves recovery. It is a privilege to say here on the Senate floor that Mike has been sober for 29 years.

Eventually realizing that kids in the Mat-Su Valley also needed a place to go when they were in trouble and needed help, Michael and another incredible constituent of mine, Michelle Overstreet, founded MYHouse in Palmer, a place that provides services like job assistance, access to healthcare, clothing, food, and showers for homeless youth. Michael still sits on the board, still remains a champion for all youth, particularly those in recovery and the homeless or disadvantaged. He leads recovery groups on-site weekly, as well as meetings with clients who are struggling. He has also volunteered to host recovery groups at the Mat-Su youth detention facility for the past 13 years. Michael has helped many young people get sober and stay sober.

In Michelle Overstreet's words, it is not uncommon for youth to come into the drop-in center, homeless and just out of juvenile detention, and ask specifically for Michael, to come in and say that he helped them somewhere along their journey through life to sobriety, just to come in and say: Thank you, Michael.

Most of us know that our country is in the midst of an opioid crisis, one that has become an epidemic in many places across the country. In 2015, more people in America died from overdoses—over 52,000, and most were linked to opioids and heroin—than car crashes or gun violence.

On Wednesday morning, Alaskans awoke to a disturbing headline in the Alaska Dispatch News: "Anchorage is seeing a dramatic surge in heroin overdoses." Anchorage is the largest city in Alaska. It is my hometown. The article said that since May 1, there have been more than 2 overdoses a day in Anchorage—34 overdoses in just a little more than 2 weeks.

Like almost every State in this great Nation of ours, Alaska is being hit hard by the opioid crisis, and we are trying to focus as much attention as we can in a bipartisan fashion on addressing this crisis, whether in Alaska, Kentucky, New Hampshire, Indiana, or Vermont.

We need people like Michael. Every State does. He started the only grassroots opioid task force in the State of Alaska and continues to chair that effort to this day. He knows too well how the abuse of opioids, other drugs, and

alcohol robs our citizens—but particularly our youth—of their lives, promise, and future. He also understands how very important it is to have resources for those who need the support and recovery. Those resources come in many forms. We have been trying in the Congress in the last year, year and a half, to bring significant resources to our State and local communities. We are doing that.

State support is also important across the country. Perhaps most important is the community support and having people like Michael on the frontlines who understand that addiction is not a moral failure and that people who are suffering need help. They need help, not moral judgments from us.

Because of Michael's involvement and the involvement of so many others in Alaska and particularly in the Mat-Su, there are places for people who are suffering to call and get help. There are places to go and heal and places where our youth can have leaders who listen to them, like Michael.

Michael says it is vital for his own recovery to continue to help people who are suffering from addiction. He calls it "survivor obligation." I call it the work of angels.

Michael, thanks for all you do, and congratulations on being our Alaskan of the week.

I yield the floor.

THE PRESIDING OFFICER (Mr. SULLIVAN). The Senator from South Dakota.

THE INTERNET

Mr. THUNE. Mr. President, the internet worked great in 2014 when there were no Federal net neutrality rules. Truth be told, even after the Obama-era Federal Communications Commission applied depression-era phone monopoly regulations to broadband in 2015, most Americans saw little or no difference in their internet experience. The internet still creates jobs, expands educational opportunities, keeps us in touch with loved ones, and, as a bonus, it is often entertaining.

This internet that we know and love isn't going to fall apart anytime soon, no matter what the FCC decides. But there are important policy questions that need to be answered about how the internet will grow and develop into the future. Let's put the apocalyptic rhetoric and fearmongering aside.

The internet doesn't belong just to Republicans, Democrats, big Silicon Valley tech companies, internet service providers, small Silicon Prairie startups, or the Federal Government. It belongs to everyone. It is global. It is best when it is free and open.

Today, as the FCC reconsiders the flawed broadband regulations it issued only 2 years ago, Congress should look back at the path that we could have taken but didn't. In November of 2014, I offered former FCC Chairman Tom Wheeler an opportunity for Democrats and Republicans to come together to craft a permanent legislative solution

banning controversial practices known as blocking, throttling, and paid prioritization of internet traffic. With colleagues in the House of Representatives, I even put forward a draft bill doing exactly that. It wasn't a final offer but, rather, an outreach to get the conversation started. I thought the time and opportunity to protect the open internet on a bipartisan basis had arrived. Through bipartisan legislation, I believed Congress should put into statute widely accepted principles of network management, commonly referred to as "net neutrality."

Our idea for legislation was straightforward: Combine protections ensuring that owners of broadband infrastructure can't use their role to manipulate the user experience with those guaranteeing a continuation of the light-touch regulatory policies that helped the internet thrive for two decades.

But Chairman Wheeler rejected our idea for bipartisan legislation. Instead, he and his staff lobbied to block such discussions from even happening in Congress. He then, with only partisan support, issued an order that gave the FCC authority to regulate the internet under old laws designed for phone monopolies and eliminated all the authority the Federal Trade Commission had to police broadband providers.

I represent South Dakota, a rural State that is home to small but still very innovative technology businesses. In other parts of the State, communities lack access to high-speed broadband. In the debate over the FCC regulating broadband with rules designed for phone monopolies, there were many concerns that Chairman Wheeler's approach would create uncertainty that chills investment.

"Chilling investment" is a term that one often hears among the business community. To me, what it really means is that many Americans in rural communities will have to wait longer before they have an opportunity to select high-speed internet service. Today there are 34 million Americans who lack access to broadband services at home.

As innovation on the internet thrives, demand for data rises, and the stock market hits all-time highs, one would have suspected that broadband investment would continue growing as it had for two decades. But according to one analysis, annual investment actually went down 5.5 percent in 2016 compared to 2014. This is a troubling sign that private investment may have second thoughts about the ability to turn capital expenditures into future profits under an excessive regulatory regime.

Chairman Wheeler assured the public that his FCC would not use new authority over the internet to aggressively restrict many regular online practices, but he could not offer assurances that, as years pass and administrations change, such regulatory restraint would remain. His order gives wide legal latitude for any future FCC

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.

Some of our colleagues have said: Well, we would be revisiting ObamaCare even if Hillary Clinton had been elected, and that is absolutely true because ObamaCare is failing millions of Americans, and it is our responsibility, on a bipartisan basis, to do something about it. So far, the politics of the day seem to be carrying our Democratic colleagues along with it. I hope at some time the fever breaks and they will see fit to do their duty, as we are attempting to do our duty, which is to replace ObamaCare with affordable healthcare that preserves individual choices and doesn't continue to exacerbate and aggravate the national debt and our financial status in the country.

ObamaCare, we now know, was over-sold. At the time, the President said: If you like your policy, you can keep your policy; if you like your doctor, you can keep your doctor; and, oh, by the way, a family of four will see a reduction in their premiums of \$2,500 a year. None of those claims proved to be true.

Again, the Presiding Officer was a former attorney general, as I was in my State, and we had a Consumer Protection Division. When people misrepresented the services or product they sold, we sued them. We went after them for consumer fraud. ObamaCare, to me, is one of the largest cases of consumer fraud I have ever seen, and people deserve better.

It is time to do away with this government-mandated, top-down approach that doesn't work. It is time to provide the American people with more affordable options. That is what we are trying to do. One would think that would be something all of us would want to do.

ObamaCare has taken a heavy toll on folks in my State. It is estimated that more than one-third of our counties are down to just one health insurance provider this year, and the ones that are there are saying that unless something changes, they are going to see double-digit increases in premiums for 2018. They are down to one provider because everybody else has decided they have lost enough money and they want to get out while they can. To have one provider is not about more options and choices and better coverage, it is an unworkable path forward for our Nation's healthcare needs.

Fortunately, every member of the Republican conference is now working together to do away with this unworkable healthcare plan and replace it with healthcare that helps American families get the coverage they need at a price they can afford. Why wouldn't we all be interested in providing the healthcare they need at a price they can afford?

The House has taken the first critical step, and I know my colleagues and I are eager to do our part. Since the Democrats refuse to lift a finger, we are going to have to do this with 52 Republicans, and it is not easy, but just because it is hard is no excuse for not

succeeding. We must succeed in the best interests of our constituents.

This isn't just a matter of taking something that is OK and making it better; this is taking something that is failing and, if we fail to act, will continue to drag Americans by the millions down with it.

It is important to understand the trials that Americans have faced under ObamaCare so we can move forward in a direction that supports families across the country. One of my constituents wrote me recently and told me that his premiums were going up by about 50 percent. To make matters worse, his doctors wouldn't accept patients on ObamaCare plans. That is a theme we have seen across the country: healthcare options dwindling while prices keep getting higher. The cost of his healthcare keeps going up, and his salary isn't going up at the same rate. He is losing disposable income, even though he has a job. So he is literally poorer as a result of ObamaCare. This isn't helping him, this is hurting him, and all because his monthly payment for health insurance is climbing. So he is living from paycheck to paycheck, and of course he is worried about the future, which is the reason he contacted me.

Unfortunately, this gentleman is representative of the unintended consequences brought about by ObamaCare. All of our offices get a lot of calls, a lot of emails and letters just like his. He is not on the exchanges because he wants to keep his doctors, and he is employed with employer-provided health insurance. To many in America, this would be a huge blessing, but unfortunately ObamaCare did nothing to help people like him. His premiums are going up so high, he is concerned about being able to put food on the table for his family. What a tragedy. What a disaster. This is truly a manmade disaster, and it is a crystal clear example of just how flawed ObamaCare really is.

This constituent of mine ended his letter to me by calling on Congress to fully repeal ObamaCare, and that is exactly what we will do. He is not alone in calling for change. Many Texans have been writing and calling in, and have been for some time, to tell me their ObamaCare story. It is making their lives harder, as I mentioned, with skyrocketing premiums, higher deductibles, and fewer choices of doctors and healthcare providers. These are the folks I was sent here to represent and whom I am fighting for, and each of us, I know, is doing their part—at least on this side of the aisle—to fight for our constituents who are being hurt by the status quo.

The status quo is not acceptable. I know it is not acceptable to our colleagues across the aisle, but they are so frozen in place by their own politics that they can't even step across the aisle and work with us in areas where we might agree. I hope this happens at some point, but it is not happening right now.

So we are going to repeal and replace ObamaCare and come up with the very best healthcare plan that we can—again, one that preserves choices, brings premiums down, and makes it more affordable.

Here is the final reason why we need to do this: We promised. We promised. In the last elections, we promised. There is a reason why, when ObamaCare passed, there were 60 Democrats and today there are 48. It is because in every intervening election we have made the perils of ObamaCare an issue, and in every election our friends across the aisle have lost Senators because they simply can't defend the status quo.

But beyond elections, I believe there is a time to engage in electioneering and there is a time to govern, and now is the time for us to govern responsibly. But it does have political benefits, too, because if people think you are doing a good job and if people think you care about them, then, they are likely to reward you politically. But that is not the main reason we should do it. We should do it because it is the right thing to do and because people are hurting and people are anxious and concerned about their future, living paycheck to paycheck, with ObamaCare taking a bigger and bigger bite out of their ability to provide for their family.

So we are going to get this done. Just because it is not easy isn't an excuse for not doing it. We can't complain that it is too hard because that is what we asked our constituents to send us here to do—to do the hard stuff, not the easy stuff—to do the hard stuff. This is hard, but it is not impossible. It is imminently doable. But it takes political will and commitment not just to keep our promise but, then, to do the dead-level best of our abilities to come up with a plan that actually believes not in more government control but in more individual control over your healthcare choices and to bring competition back into the marketplace, to let the market set rates and quality rather than the government determining this from Washington, DC.

One thing I truly believe is that competition makes things better for consumers. It brings down prices and it improves service because in a competitive environment where people have choices, they are going to go to the choice which serves their interests the best. They are going to reward the people who are doing the best job of delivering what they need and what they want at the price they can afford. It has a way of regulating the insurance market better than anything Washington, DC, could do—particularly by command and control of programs like ObamaCare.

So we are going to get it done, and we are all working together. We would continue to invite our colleagues across the aisle not to sit on their hands, not to do nothing but to do what they can, working with us in a

nonpartisan or bipartisan way to help save the people who are currently being damaged and hurt by the failures of ObamaCare but then to help us build something better, something more durable than what we have seen with ObamaCare.

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.

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

The PRESIDING OFFICER (Mrs. FISCHER). Without objection, it is so ordered.

The question is, Will the Senate advise and consent to the Brand nomination?

Mr. SASSE. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Hawaii (Ms. HIRONO) and the Senator from Virginia (Mr. KAINE) are necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 52, nays 46, as follows:

[Rollcall Vote No. 131 Ex.]

YEAS—52

Alexander Flake Perdue
Barrasso Gardner Portman
Blunt Graham Risch
Boozman Grassley Roberts
Burr Hatch Rounds
Capito Heller Rubio
Cassidy Hoeven Sasse
Cochran Inhofe Scott
Collins Isakson Shelby
Corker Johnson Strange
Cornyn Kennedy Sullivan
Cotton Lankford Thune
Crapo Lee Tillis
Cruz McCain Toomey
Daines McConnell Wicker
Enzi Moran Wyden
Ernst Murkowski Young
Fischer Paul

NAYS—46

Baldwin Gillibrand Peters
Bennet Harris Reed
Blumenthal Hassan Sanders
Booker Heinrich Schatz
Brown Heitkamp Schumer
Cantwell King Shaheen
Cardin Klobuchar Stabenow
Carper Leahy Tester
Casey Manchin Udall
Coons Markey Van Hollen
Cortez Masto McCaskill Warner
Donnelly Menendez Warren
Duckworth Merkley Whitehouse
Durbin Murphy Wyden
Feinstein Murray
Franken Nelson

NOT VOTING—2

Hirono Kaine

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table and the President will

be immediately notified of the Senate's action.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The senior assistant legislative 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, do hereby move to bring to a close debate on the nomination of Terry Branstad, of Iowa, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the People's Republic of China.

Mitch McConnell, Jeff Flake, Bob Corker, Roger F. Wicker, Cory Gardner, Marco Rubio, John Boozman, Pat Roberts, Joni Ernst, Mike Rounds, Todd Young, Rob Portman, John Thune, Chuck Grassley, Richard Burr, James M. Inhofe, John Cornyn.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Terry Branstad, of Iowa, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the People's Republic of China shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The assistant bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Hawaii (Ms. HIRONO) and the Senator from Virginia (Mr. KAINE) are necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 86, nays 12, as follows:

[Rollcall Vote No. 132 Ex.]

YEAS—86

Alexander Franken Murray
Barrasso Gardner Nelson
Bennet Graham Paul
Blunt Grassley Perdue
Boozman Hassan Portman
Burr Hatch Reed
Cantwell Heinrich Risch
Capito Heitkamp Roberts
Cardin Heller Rounds
Carper Hoeven Rubio
Casey Inhofe Sasse
Cassidy Isakson Schatz
Cochran Johnson Scott
Collins Kennedy Shaheen
Coons King Shelby
Corker Klobuchar Strange
Cornyn Lankford Sullivan
Cortez Masto Leahy Tester
Cotton Lee Thune
Crapo Manchin Tillis
Cruz Markey Toomey
Daines McCain Udall
Donnelly McCaskill Van Hollen
Durbin McConnell Warner
Enzi Menendez Whitehouse
Ernst Merkley Wicker
Feinstein Moran Whitehouse
Fischer Murkowski Wyden
Flake Murphy Young

NAYS—12

Baldwin Duckworth Sanders
Blumenthal Gillibrand Schumer
Booker Harris Stabenow
Brown Peters Warren

NOT VOTING—2

Hirono Kaine

The PRESIDING OFFICER. On this vote, the yeas are 86, the nays are 12. The motion is agreed to.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Terry Branstad, of Iowa, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the People's Republic of China.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of the following nominations en bloc, which the clerk will report.

The senior assistant legislative clerk read the nominations of Todd Philip Haskell, of Florida, a Career Member of the Senior Foreign Service, Class of Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of the Congo and Tulinabo Salama Mushingi, of Virginia, a Career Member of the Senior Foreign Service, Class of Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Senegal, and to serve concurrently and without additional compensation as Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Guinea-Bissau.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Haskell and Mushingi nominations en bloc?

The nominations were confirmed en bloc.

The PRESIDING OFFICER. Under the previous order, the motions to reconsider are considered made laid upon the table en bloc and the President will be immediately notified of the Senate's action.

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Senator from Maine.

(The remarks of Ms. COLLINS pertaining to the introduction of S. 1185 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

The PRESIDING OFFICER (Mr. SULLIVAN). The Senator from Nevada.

Mr. HELLER. Thank you, Mr. President.

YUCCA MOUNTAIN

I rise today to once again speak out against the administration's proposal