

Act. It is, frankly, absurd that such legislation is even necessary to restore the American people's freedom to travel that the Federal Government should never have taken away.

Fifty-five Senators of both parties are on record in support of doing away with the restrictions in law that even President Obama could not fix; and, frankly, if there is a vote on this bill, it will pass overwhelmingly. I hope the majority leader will strike a blow for democracy and actually let us have that vote so we can show the Cuban people what real democracy looks like when people are allowed to vote.

We support freedom not only for the people of Cuba, we support it for the American people because we reject the idea that any government should deny its citizens the right to travel freely, least of all our own government. We actually believe Secretary Tillerson's rhetoric. We believe that restoring the punitive policy of the past is little more than a misguided act of vengeance rooted in a half-century-old family feud that will do nothing to bring freedom to Cuba.

Who do we see now coming to Cuba to build a railroad? The Russians. Who do we see as we turn our back on Cuba planning to invest there? The Chinese. Let's not repeat the mistake we made for 50 years.

The Cuban people and the American people want closer relations. Every single poll shows that. I wish President Trump would listen to the American people rather than to a tiny minority who want to turn back the clock.

If we really care about freedom in Cuba, we should flood Cuba with American visitors and make it possible for American farmers and American companies to compete there as they would in any other country.

If we really care about freedom, our government should stop playing Big Brother with the lives of Americans. It doesn't work. It has never worked. Frankly, it is wrong.

I yield the floor.

THE PRESIDING OFFICER (Mr. MORAN). The Senator from Rhode Island.

HEALTHCARE LEGISLATION

Mr. REED. Mr. President, I come to the Senate floor, once again, to urge my colleagues to work in a bipartisan, transparent fashion to improve our healthcare system and help bring down costs.

Over the weekend, members of the American Medical Association—the Nation's largest organization of doctors—had a chance to finally read the proposed Republican bill and found it violates their “do no harm” principle. According to a letter they wrote to Leaders MCCONNELL and SCHUMER, “Medicine has long operated under the precept of *Primum non nocere*, or, ‘first do no harm.’ The draft legislation violates that standard on many levels.”

That is the conclusion of the American Medical Association, and they are

correct. This bill will not lower costs, and it will not improve our healthcare system. Instead, it will remove health insurance coverage for millions of Americans. Indeed, the CBO has just released their estimate that 22 million Americans will lose their health insurance coverage. It will increase costs for everyone and decimate State budgets, creating a ripple effect throughout our economy.

The bill my colleagues worked in secret to craft is, in a sense, a sham. It will not lower costs, and it will not improve our healthcare system, as they insist. Instead, it will remove health insurance coverage for millions of Americans—22 million, according to the CBO—increase costs for everyone, as I said, and decimate State budgets. In fact, their bill essentially is a huge tax cut for the wealthiest 2 percent of Americans at the expense of everyone else.

If you need any further proof of the real driver of this bill, one of its biggest giveaways is a retroactive tax break on investment income for people making at least a quarter of a million dollars. Dozens of leading economists, including six Nobel laureates, have criticized this plan as, in their words, a “giant step in the wrong direction” that prioritizes tax breaks averaging \$200,000 annually per household in the top 0.1 percent of Americans over the well-being of working families. In fact, President Trump himself will get an estimated \$2 million tax break each year from the giveaways in this bill. Let's call this bill what it is: a massive giveaway to the wealthiest Americans. Meanwhile, the rest of the country—all of our constituents—will be the ones paying the price for these tax breaks for those well-off. So much for the President's claim that he would end a rigged system.

Now, how do Republicans pay for these tax breaks? For starters, they are proposing to end the Medicaid expansion under the Affordable Care Act, which is providing health insurance to nearly 15 million Americans, but then they go even further by effectively block-granting Medicaid, cutting hundreds of billions of dollars from the program over the next decade. These are not reforms designed to lower costs. This is a cut, pure and simple, which will sharply curtail and eliminate needed healthcare services to many across this country. In fact, the Center on Budget Policies and Priorities published data that shows a stark contrast of who gains and who loses under this bill. The 400 households in the country with the highest incomes will get tax breaks totaling \$33 billion because of the Senate TrumpCare bill. As a result, over 725,000 Americans will lose Medicaid coverage in just four States to equate to that \$33 billion: Alaska, Arkansas, Nevada, and West Virginia. That doesn't even scratch the surface as to who will lose access to care in the remaining 46 States.

Medicaid has played a critical role in ensuring access to care for millions of

Americans, including children, seniors, and people with disabilities. In fact, across the country, and in my home State of Rhode Island, about half of all Medicaid funding is spent on nursing home care. Over 60 percent of nursing home residents access care through Medicaid. If you think nursing home care will be protected, you are in for a rude awakening because the math just doesn't work. It will be impossible to cut Federal funding for State Medicaid programs by hundreds of billions of dollars and not impact the most significant Medicaid expenditures, which are nursing homes.

I would also like to talk about the role Medicaid plays in emergencies like a recession or public health crisis. We know all too well how an economic downturn impacts communities. With job loss, comes loss of health insurance, pensions, and other benefits. The tax base shrinks, and State budgets suffer. Medicaid, as currently structured, is able to adapt to this. As the need increases, the program grows to cover everyone who is eligible, including those who have just lost jobs. This saves families from having to choose whether to take their kids to the doctor or put food on the table.

Under the Senate TrumpCare bill, States will be hamstrung by arbitrary caps and limits on Medicaid. In fact, States will be unable to expand coverage during a recession to those in need, and they will likely have to make cuts across the board, from healthcare and education to transportation infrastructure, to make up for the lost tax revenues. This is not strictly going to be an issue of healthcare policy in States. The cuts are so dramatic that after they have taken all they can from other healthcare programs, they will inevitably go to education funding—the biggest expense most States have—and then to transportation and then to public safety. Even then, I don't think they can keep up with these cuts.

Like most of the country, Rhode Island was hard hit by the recession. It took many years for the economy to even begin to turn around in the right direction. It seemed my colleagues are forgetting how Medicaid has been a critical safety net through tough economic times.

I am also concerned that my colleagues are not aware of the impact Medicaid has on our Nation's veterans. The uninsured rate among veterans has dropped by 40 percent since implementation of the Affordable Care Act. Nationwide, nearly 1 in 10 veterans is covered by Medicaid, including approximately 8,000 veterans in my home State of Rhode Island. The cuts to Medicaid that have been proposed by my Republican colleagues put the care of our veterans at risk. We have all promised to provide the best care possible to our brave men and women when they leave the service, but the Senate TrumpCare bill would do the opposite.

That is not the only way this bill would damage veterans' care. Many

veterans seek help for mental health care by going outside of the VA system. TrumpCare puts mental health and substance abuse treatment at risk by saying insurance companies no longer need to cover these services. For the over 15,000 veterans in Rhode Island who access mental and behavioral healthcare outside of the VA, they would be out of luck. For all the bipartisan work in this Chamber to increase veterans' access to these services, it would all be for naught if Senate Republicans pass their TrumpCare bill.

These are just some of the things Republicans are sacrificing in the name of tax breaks for the wealthy. It is, frankly, unconscionable. More importantly, this will not be lost on the American people. I have heard from thousands of my constituents since the beginning of this year, and if Senate Republicans press forward with this legislation, I think we will all hear from many more of these constituents for many years to come.

TrumpCare is fundamentally flawed and cannot be fixed. We would welcome the opportunity to work across the aisle on improvements to the Affordable Care Act, like those to lower costs, especially prescription drug costs, any time.

I, once again, urge my colleagues to drop their efforts and to work with us to instead make improvements to the ACA.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Florida.

Mr. NELSON. Mr. President, last week, I spoke with a very brave mother. She had endured what not one of us ever wants to have to endure while she watched her child go through cancer, over and over and over again. That mother is Elaine Geller from my State of Florida. I want to show you her daughter. This is her daughter Megan. She was working as a kindergarten teacher when she was diagnosed with leukemia in 2013 at the age of 26. At the time Megan was admitted to the hospital, her blood count was four. She had pneumonia, and she had water on her heart.

She ultimately checked into one of the very good cancer centers at the University of Miami, and she stayed there for 7 months. She went through the regimen of chemo. She spent months in the hospital, receiving multiple rounds of chemo, biopsies, and various other treatments. Eventually, Megan's doctor told her she had to have a transplant, which required a \$150,000 upfront payment. I think you see where I am going with this story. Very few families would be able to afford a 150-grand payment, especially a single mother.

I heard this story last week from Megan's mother. She said that thanks to the Affordable Care Act, she didn't have to write a check for the transplant. In fact, she didn't have that money. Because that transplant was provided for under the Affordable Care

Act coverage, she knew that was one worry that could be taken off of her mind. She had enough to worry about as a mother, what she should be doing in such a situation, and of course she wanted to give all of her attention to her daughter.

The cancer went into remission after the transplant; however, after leaving the hospital, 63 days later, the cancer came back. This time, they went to MD Anderson Cancer Center in Houston. I asked the mom why she wanted to do that. She said: "When your child is dying, there's nothing that you won't do." I think all of us as parents can identify with that, but we are so very fortunate that we haven't had to go through it.

Maybe, as we get ready to vote on this healthcare bill, on the Republican alternative—which, by the way, just came out of CBO today—the Congressional Budget Office—and they said that if the Senate bill were enacted, 22 million people would lose health insurance coverage. Remember, that is not too much different from what CBO said when the House bill was passed a couple of months ago, the bill to which there has been such a negative reaction. CBO said that 23 million people in this country would lose their coverage as a result of the House bill. We just got the score from CBO minutes ago. Twenty-two million people. Is that the direction we want to be going in?

Megan is still going through treatment, and the cancer was only in remission for 32 days before it came back again. Megan received multiple blood transfusions. Remember, this is a single mom trying to keep her daughter, a schoolteacher in her twenties, alive. This time, all of the blood transfusions started to take another toll on Megan. She became so weak. When trying to walk, she faltered, she fell, she hit her head, and at age 28, she passed away.

Let's get to the bottom line of this discussion, other than that our hearts go out to all the Megans all across America. The bottom line is, that whole treatment over 2 years cost \$8 million. There was not a cap on the total amount of money that could be paid under the existing law, the Affordable Care Act. An insurance company cannot put a cap on the amount of your medical bills that can be reimbursed. Suppose before the ACA that cap was \$50,000. This single mom could not even have come up with money for the initial transplant, which looked as though it worked and did work for several months. In fact, \$8 million over time—2 years—how in the world could any one of us afford that?

A lot of people say: Well, the ACA isn't doing it. Well, why don't we all get together in a bipartisan way and fix it? And one of the fixes would be, because certain healthcare problems, like Megan's, cause the insurance company to pay out a lot of money—do you know what we can do about it? We can create a reinsurance fund, which is a bill that I had filed, and it is to rein-

sure against that catastrophic healthcare problem like Megan's of \$8 million, to reinsure the insurance company. Do you know what that would do in the State of Florida, if we passed this as a fix to the ACA? It would lower the premiums in the ACA in Florida 13 percent. That is reinsurance.

It is not unlike what we have done for hurricanes. A catastrophic hurricane could cost so much more than the insurance company has assets for, and therefore they buy insurance from a company like Lloyd's of London or other reinsurance companies. They buy insurance in case of a catastrophe—the insurance company does that. If an insurance company did not have to pay out this \$8 million because it had insured against that kind of catastrophic loss, everybody else's premiums are going to come down. Otherwise, they have to make premiums actuarially sound, and they have to raise them in order to take care of the cases that are prohibitively expensive.

All of this sounds down in the weeds, but the bottom line is this: If we want to fix the ACA, we can fix it, but we can't do it one party against the other. We have to have the will to come together in a bipartisan agreement to fix it.

Of course, if the mom of this girl had been faced with this without insurance coverage, she would be bankrupt. She wouldn't have been able to even afford the first transplant, much less the 2 years of extra life her daughter had while fighting for her life. Anybody who goes through something like Elaine and her daughter Megan did knows that every second counts.

That is what this healthcare debate is about—giving people peace of mind, giving them that financial security, that certainty, putting people's health ahead of other things, such as company profits. You can do it all and solve everybody's problem, including the insurance company's, which obviously is in business to make a profit. You can do it.

Elaine said her daughter would be proud to know that we are telling that story today. It matters. It matters to her, albeit deceased. It certainly matters to her mom. It matters to their Senator. It matters to a lot of other people.

The ACA, the existing law—the one there was such a fractious fight over 5 to 7 years ago—is working. Here is a good example. Then we see that the aim of our friends on that side of the aisle is—they want to repeal it. They don't want anything that has the taint of ObamaCare, and so they concoct something in the House. You see what kind of greeting that has gotten in the country. I think it was in the upper teens—a poll that showed it was viewed favorably. In other words, it is viewed very unfavorably.

In order for the Senate majority leader to come up with something that he can repeal ObamaCare with, in the dead of night, in secret—even the Republican Senators didn't know what it

was until they hatched it in the public last Friday. This bill is just as bad as the House bill.

They will claim, in trying to stand up this bill—by the way, it is going to wither, the more it is examined in the glare of the spotlight. They claim that it maintains the ACA's protections for those with preexisting conditions. Can anybody really say that with a straight face? It leaves it up to the States.

Before I came to Washington and the Senate service, I was the elected insurance commissioner, State treasurer of Florida. It was my job to regulate the insurance companies—all kinds of insurance companies, including health insurance companies. I can tell you that I have seen some insurance companies use asthma as a preexisting condition, and therefore that was the reason they would not allow the person who needed insurance to be covered. They said: If you have a preexisting condition, we are not going to insure you. I have even seen insurance companies use as an excuse a rash as a preexisting condition, and that means they are not going to insure you. Under the existing law, the ACA, they can't do that. You are going to have the security of knowing you are going to have coverage.

Do you know something else you are going to have the security of knowing? You are not going to deal with some of those insurance companies that I regulated. Of your premium dollar for health insurance, they would spend 40 percent of that dollar not on your healthcare, but they would take 40 cents of that premium dollar that you paid and that was going to executive salaries. It was going to administrative expenses. It was going to plush trips. Don't tell me that is not a true story. I saw it over and over in the 1990s as the elected insurance commissioner of Florida.

You know what the existing law says? It says that of every premium dollar you pay, 80 cents of that premium dollar has to go into healthcare. It can't be commissions. It can't be executive salaries. It can't be the executive jets for the corporate executives. Eighty cents of that premium dollar has to go into healthcare so you get what you pay for in that premium dollar. At some point there is going to be an attempt to undo that. If you start leaving things up to the States, watch out.

When Megan was in the ICU, she had a respiratory failure that cost thousands of dollars more, and thanks to the ACA, her insurance carrier covered it. But under the Republican bill that has been now released, States could let their insurance companies pocket more of those premium dollars to pay for those things I just shared, which I had seen back in the decade of the 1990s as the insurance commissioner. Well, we shouldn't be padding their pockets. The premium dollar for health insurance ought to go to healthcare.

The Senate bill cuts billions in Medicaid. We haven't even talked about

that. Who gets Medicaid? Millions of people in this country do. It is not only the poor. It is not only the disabled. It is 65 to 70 percent of all seniors in nursing homes who are on Medicaid, and it is also some children's programs. Let me just give you one example. I went to the neonatal unit at Shands Hospital in Jacksonville, a hospital affiliated with the University of Florida, but in Jacksonville. The doctors and nurses were showing me how miracles occur for premature babies; they keep them alive.

Then what they wanted to show me was—with the opioid epidemic, which has hit my State just like all the other States, they wanted me to see and understand that when a pregnant mom is addicted to opioids, she passes that on in her womb to her unborn child. When born, that baby is opioid-dependent. The doctors showed me the characteristics—that high, shrill cry, the constant scratching, the awkward movements. Do you know what they use to wean those little babies off opioids over the course of a month? They use doses of morphine.

Do you want to devastate Medicaid? Do you want to take over \$800 billion over 10 years out of Medicaid? What about those single moms? The only healthcare they get is Medicaid. And what about those babies I just described, who are also on Medicaid? If you start capping the amount of money that goes to the States on a Federal-State program for healthcare—Medicaid—you are going to throw a lot of people off any kind of healthcare, including senior citizens in nursing homes.

A Medicaid block grant, or a cap, would end the healthcare guarantee for millions of children, people with disabilities, pregnant women, and seniors on long-term care. There are 37 million children in this country who rely on Medicaid for care. The seniors, the poor, the disabled, the children—they are all vulnerable to the cuts that would occur.

If that is not enough to vote against this bill that is coming to the floor this week, the Senate bill actually imposes an age tax for older Americans, allowing insurance companies to charge older Americans up to five times more for coverage than a young person. You say: Well, older people have more illnesses and ailments; older people ought to cost more. If that is your argument, well, that is true.

The age rating in the existing law, the ACA, is three to one. This changes it to five to one, and five to one means one thing: higher premiums for senior citizens—I am talking about all insurance policies—until they reach that magic age of 65 and can be on Medicare. Do you want an age tax on older Americans as a result of this bill? I don't think so. But that is what is in there.

Fixing our Nation's healthcare system shouldn't be a partisan issue. That is why I have joined—bipartisan—with colleagues to introduce a bill that I de-

scribed a moment ago, which would lower healthcare premiums by 13 percent. That bill would stabilize the ACA's insurance marketplace through the creation of a permanent reinsurance fund. I have seen the policies work, as I described, with catastrophic hurricane insurance. There is nothing magic about my idea. It is just an obvious fix to the existing law, and ideas like that can bubble forth in a bipartisan way to make the existing law that we have sustainable.

What we ought to be doing is trying to look for ways to help people like that single mom Elaine and her daughter Megan. We should be working together to make the ACA work better. We shouldn't be plotting behind closed doors in the dead of night with a secret document—a secret document that we now know will make it worse.

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

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

Mr. CARPER. Mr. President, it is good to see you this afternoon.

I rise in support of the nomination of Kristine Svinicki to hold a third term as a member of the Nuclear Regulatory Commission, known as the NRC. Many Senators heard from our chairman on the Environment and Public Works Committee in support of this nominee last week, just prior to our cloture vote. I want to add my voice in support of her nomination as well.

Since joining the Environment and Public Works Committee, I have worked closely with my colleagues to strengthen what we call the "culture of safety" within the U.S. nuclear energy industry. In part, due to our collective efforts and the NRC leadership and the Commission's dedicated staff, the NRC continues to be the world's gold standard for nuclear regulatory agencies. However, as I say time and again, that does not mean we can become complacent when it comes to nuclear safety and our NRC oversight responsibilities, a perspective that I am certain is shared by every Member of this body.

Ensuring that the Nuclear Regulatory Commission continues to have experienced and dedicated leadership is one of the most important things that our committee, the Committee on Environment and Public Works, and the Senate can do to maintain a high level of safety and excellence in our Nation's nuclear facilities.

I am quite impressed with our NRC Commissioners, and I am encouraged with their ability to work cooperatively with each other. Each Commissioner, including our current chair, Kristine Svinicki—let me say her name again: Svinicki. People have a hard time saying her name. It is Svinicki.

She brings a unique set of skills to the table—something that has served the Commission and our country well.

I continue to have ongoing discussions with our friend, the chairman of the committee, Senator JOHN BARRASSO, about the strong interest I and our minority members of the committee have with ensuring parity, as the Senate looks to confirm other nominees to the NRC. This is in order to ensure that we have a balance of Democratic and Republican members on the Commission for years to come. It continues to be a priority for me and our Democratic colleagues.

At this time, I support moving Chairman Svinicki through the confirmation process. I do so out of respect for her long service to the NRC and for the need to ensure certainty and predictability within the NRC and its leadership. I hope my colleagues will join me in supporting her nomination.

Mr. President, as to this particular nominee, not everybody on the committee or probably in the Senate will support the nomination of Kristine Svinicki. They could have held her up. No one has, and she has moved through our committee expeditiously. She, in my view, should have moved through expeditiously and will be coming before us for an up-or-down vote in a few minutes.

HEALTHCARE LEGISLATION

Mr. President, I want to suggest, as we approach our business later this week with respect to healthcare legislation, that maybe the way we have handled this nomination might be a little bit of a model for the way we can actually work together.

We need to. People in this country say to me all the time and people in my State say to me all the time: Just work together. Get something done.

I know the Presiding Officer and the Senator from West Virginia, who has just entered the Chamber, want to work that way, too, and so do I. What I think we ought to be doing on healthcare in this body is to look at the ACA and study it up and down. God knows we had enough hearings, roundtables, opportunities to debate it, vote for it, and amend it—over 80, I think, or maybe over 400 amendments, all told, and 80-some days of working on it in 2009.

Rather than have legislation that just Democrats or just Republicans vote to put on the table and to try to push through here on Thursday, my hope is that we will hit the pause button. My hope is that we will hit the pause button, and we will focus—Democrats and Republicans—on trying to figure out what in the Affordable Care Act needs to be fixed and fix it, and figure out what needs to be maintained and preserved and preserve it. That is what I think we should do.

Lo and behold, if we were to do those things, I think we would end up with a better healthcare system with better healthcare coverage and maybe actually make true of the word of the Pres-

idential nominee, Donald Trump, who said he favored healthcare legislation that would actually cover everybody and get better results for less money. That is not a bad goal for us to shoot for. What I have laid out here just very briefly is this: Figure out what needs to be fixed in the Affordable Care Act and fix it, figure out what needs to be preserved and preserve it, and do it not just as Democrats or Republicans, but do it together. I think if we would do that, in the words of Mark Twain, we would confound our enemies and amaze our friends.

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

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

All time has expired.

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

Mr. MANCHIN. 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.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Arizona (Mr. FLAKE), the Senator from Georgia (Mr. ISAKSON), and the Senator from Alabama (Mr. STRANGE).

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

The result was announced—yeas 88, nays 9, as follows:

(Rollcall Vote No. 154 Ex.)

YEAS—88

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

NAYS—9

Booker	Harris	Merkley
Cortez Masto	Heller	Sanders
Gillibrand	Markey	Warren

NOT VOTING—3

Flake Isakson Strange

The nomination was confirmed.

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the motion to reconsider with respect to the Svinicki nomination be considered made and laid upon the table and the President be immediately notified of the Senate's action.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business for debate only and with Senators permitted to speak therein.

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

The Senator from Hawaii.

HEALTHCARE LEGISLATION

Ms. HIRONO. Mr. President, we are all one diagnosis away from having a serious illness. Lots of us believe that getting a serious illness is something that happens to other people. I was one of them.

My moment of reckoning came 2 months ago. During a routine physical, my doctor told me I have kidney cancer. It is a moment everyone dreads. Thankfully, I had health insurance. I was able to sit down with my doctors and decide how I would fight my cancer, not how I would pay for treatment.

No one should have to worry about whether they can afford the healthcare that one day might save their life. Healthcare is personal, and it is a right, not a privilege reserved only for those who can afford it. It is why we are fighting so hard against TrumpCare.

Thirteen of our male colleagues spent weeks sequestered away, literally plotting how to deny millions of people in our country the healthcare they deserve. They spent these weeks figuring out how to squeeze as much as they could out of the poorest, sickest, and oldest members of our society so they could give the richest people in our country a huge tax cut. This is not a healthcare bill. This is a tax cut for the rich bill.

Last week, the majority whip looked the American people in the eye from his desk and accused us of denouncing TrumpCare before we had a chance to read it. Well, read it we did, and it is as bad as we thought.

The Congressional Budget Office is estimating that 22 million people will lose their insurance under TrumpCare. Its draconian cuts to Medicaid would have a devastating impact on our seniors—our kupuna, as we refer to them