

Before I close, I do want to yield to my colleague from the Rio Grande Valley, FILEMON VELA, who wants to make sure that we are focusing on problems where they truly exist, not where they have been created for political purposes.

Mr. VELA. Thank you, Mr. O'ROURKE. I just have one final point to make.

In neither Chamber nor, for that matter, in neither party, do we hear talk these days of two things that I think are very crucial to the debate, and that is the violence in Mexico. Both countries have an obligation to ensure that we eliminate that violence. Second is the economic development along the U.S.-Mexico border. The Mexican economy is doing exceedingly well in central Mexico; but along our U.S.-Mexico border, we still have a lot to go.

Until we address those two things—the violence and the economic conditions along the border—we are going to have a very difficult time solving this entire problem.

Mr. O'ROURKE. I thank my colleague from Texas.

Mr. Speaker, I hope that what we have discussed today has been able to illustrate the positive dynamic of the U.S.-Mexico border.

What we have offered historically to this country, whether it is Ellis Island for much of Latin America or the economic growth that we've seen, not just along the border and in border States but for this entire country, 6 million jobs depend on the commerce and trade that cross our ports of entry along the U.S.-Mexico border today.

I hope we have also been able to illustrate how harmful policies don't just hurt the U.S.-Mexico border but how they hurt the rest of this country in our ability to grow this economy and create more jobs.

Lastly, I hope that we've been able to show a positive way forward where we can have comprehensive immigration reform, where we can respond to concerns about a secure border but do so in a way that does not sacrifice our economy, our way of life, and our Constitution.

With that, Mr. Speaker, I yield back the balance of my time.

JOBS, SECURITY, AND THE WELL-BEING OF THE COUNTRY

The SPEAKER pro tempore (Mr. PITTENGER). Under the Speaker's announced policy of January 3, 2013, the Chair recognizes the gentleman from Connecticut (Mr. LARSON) for 30 minutes.

Mr. LARSON of Connecticut. Thank you, Mr. Speaker. I believe I will be joined by my colleague from Ohio (Mr. RYAN), whom I will recognize at the appropriate time.

We wanted to make this Special Order this evening about solution-driven legislation and about the need on behalf of the United States Congress to

come together in a nonpartisan manner and get after the concerns that this Nation cares so deeply about, most notably those as they relate to jobs and security and the well-being of the country.

This evening, Mr. Speaker, what if I told you that we could deal with all of the rising costs of health care, bring down the national debt and that we could do so while providing better quality, coordinated patient-centered care?

□ 1650

There might be some skepticism. What if I further told you that we could do it without raising taxes or cutting Medicare? In fact, what if we did it by extending the benefits of Medicare?

What if I were to tell you, Mr. Speaker, that this idea germinated with the Heritage Foundation, a conservative organization dedicated to conservative ideas, and was piloted by a Republican Governor in a Democratic State and served as the basis for what we now call the Affordable Health Care Act?

The Affordable Health Care Act, in its final form, was something that a number of colleagues on the Democratic side didn't necessarily prefer. It was not their first choice. A number wanted to see a single-payer system or Medicare for all, but that is not what transpired and that is not what is the law of the land nor is what is upheld by the Supreme Court.

We need, in this body, a paradigm shift that will allow us to come together and embrace the ideas that we all agree upon in a way that we can move this Nation forward. The budget leader in the Republican conference is PAUL RYAN, a distinguished, bright, and capable gentleman. We agree that health care costs are what are driving our national debt. There is no doubt about that. Statistics will reveal that.

Further, when it comes to improving patient care, patient outcomes, making sure that we provide for our elderly, making sure that we have a continuum of care for people, that's something that's neither Democrat nor Republican. That's something that is truly American and that we all agree on.

Where we may disagree but where we can come together is in recognition of how we get to the solution, solve this problem, instead of these endless "tastes great, less filling" debates that go on in the United States Congress. To do so, you have to be bolstered by studies.

This slide will show that there are no less than 10 different studies that have been authored by private sector individuals that all point to one thing: that there's \$750 billion to \$800 billion annually that's wasted in fraud, abuse, and inefficiencies.

This evening, we want to focus on the inefficiencies, noting of course that fraud, abuse, and waste are very important, have been documented several times on "60 Minutes" and other notable sources as well, and certainly is

something that will help us in terms of bringing down the costs of health care, which, of course, solves our problems with the national debt.

Health care costs in the United States of America have risen to 18 percent of our gross domestic product. This next slide will demonstrate clearly that we are way above every other Western democracy, and this is what the inefficiencies of a system have produced: a hodgepodge system that is inefficient and driven upward in its cost because of the lack of coordinated care and outcomes that suggest a new paradigm shift and people coming together and embracing that which is in the public health care system that works and does extraordinarily well, all that's in the realm of science, technology, and innovation that we get from the National Institutes of Health and for the Centers for Disease Control that have been taxpayer funded and produced miraculous opportunities and a better quality of life.

Then, thirdly, to embrace that with the private sector, entrepreneurial efforts to drive inefficiencies out of a system. This chart demonstrates how that can be done and that there is both the profit in doing it for the private sector and the results of lowering that cost for the public sector and an outcome for patients that is centered around wellness, their well-being and their security in the later years of their life. It's that combination that we believe can work.

How do we know that that is so? We're fortunate to see, even in this time of politics where there has been disagreement and too much politics around the quality of health care, that our citizens rightly deserve and the private sector in our hospitals with our doctors, with our surgeons, with our medical devices, and with our entrepreneurship are coming to embrace. The passage of the Affordable Health Care Act is, in fact, a paradigm shift.

What do we need to shift to? How do we need to move that forward? Mark Bertolini, the president of Aetna, based in Hartford, Connecticut, said that the one thing we have to make sure of is that we're not taking away benefits from people who are going to pay for the medical devices—the hospitals, the doctors, the insurance, and the pharmaceuticals that they all need. We need to enhance that system.

Economists like Clayton Christensen have talked at length about how we need to be disruptive in economies, and in doing so, disruptive in terms of our innovation. With the genomic projects at hand and the potential for people to be living well beyond the age of 100 for my children and for current generations, as we all know obviously living longer, there's a need for us to embrace commonsense solutions and not issues that either say we have to drive down the debt at the expense of beneficiaries or that we have to raise taxes to help the beneficiaries.

How about we drive out the inefficiencies within the system, get after

the fraud, abuse, and the waste, and work together as Democrats and Republicans and achieve the goals that we were sent here to do by both lowering the national debt and securing the future by making sure that there is Medicare there for all of our recipients?

I think of so many people nearing the age of retirement who get trapped in this gap. Once you turn 56, you start thinking, Is my company going to keep me to age 65? What is going to happen to my pension? But most importantly, what is the bridge I'm able to take to get to Medicare and will it be there? There's got to be a resounding "yes," and the important thing is that there's a path forward to this.

Two things that are important to remember:

One, that the national debt is real and that we all agree that it has to be addressed, and the primary driver is health care;

Secondly, Medicare is not an entitlement. It's the insurance that people paid for. It's taken out of your paycheck. And if we drive the inefficiencies out of the system, we actually can enhance the Medicare system and make it solvent well into the future while paying down our national debt.

□ 1700

That should be the focus of the United States Congress. It will help the economy, but most of all, it will help people in terms of the quality of care that they need. This is what we hope to achieve in Special Orders and prevailing upon our colleagues on both sides of the aisle to come together and discuss solutions that will both reduce the debt and preserve the Medicare system.

A person who understands this better than most, who has made firsthand trips to hospitals and has written books, in fact, or at least a book, as I seek to credit you beyond your authorship, Mr. RYAN, but certainly someone who understands the importance of coordinating care in such a manner that an enlightened new Republic that we are will be able to participate in the wholeness and wellness that can come from this paradigm shift afforded by the Affordable Care Act, and where reasonable minds can come together to achieve these goals. I yield to my colleague, the gentleman from Ohio (Mr. RYAN).

Mr. RYAN of Ohio. I thank the gentleman, and I would like to say a deep thank you because I think this is one of the key issues that we need to address as a country in order to have healthier citizens, have a healthier economy, and drive down the national debt. As you said so eloquently, the big driver for our national debt and deficits are the Medicare and Medicaid programs, issues dealing with health. Look at what is weighing down businesses right now. Small businesses especially, huge increases in health care, year in and year out—10, 15, 20, 30 per-

cent. We've all had people come to our office and say, Hey, it went up 90 percent this year. How am I supposed to plan for capital investments? I want to buy a new machine, and on and on and on and on.

Where we start is, the current health care system is not working. We spend \$8,000 per capita in the United States versus \$3,000 in developing countries, and we have worse outcomes. We have worse outcomes here. What we're talking about, what the CEO of Aetna is talking about, is how do we take this system and recognize and begin to appreciate in 2013 in America that if we put some money into prevention, if we pay doctors and nutritionists and dieticians on the front end, we're going to save a boatload of dollars on the back end. Seventy-five percent of health care costs go to chronic diseases that are mostly preventable.

So here we are bogged down by a system when the answer is patient-centered care and having people participate in their own health care. This is a challenge to every American to take responsibility for their own health, their own well-being, and to create a system that incentivizes everyone who is in the system to operate in this fashion and help drive down health care costs in the long run. We all know this intuitively, that if you take care of yourself, your diet matters, your nutrition matters, your exercise matters, your checkups matter, and through the Affordable Care Act, by having everybody covered, it begins to change that business model of having the insurance company incentivized to keep and help people get and stay healthy. I think it's time for us to take the advice of the CEO of Aetna. This isn't JOHN LARSON, this isn't me. We're looking at the statistics here in our country, and we have to say, This is unacceptable. We have so many sick people in our country, and we are doing nothing to prevent them from getting sick in the first place.

Mr. LARSON of Connecticut. It isn't just the CEO of Aetna. As I was pointing out earlier, a number of studies, whether they be done by Reuters, whether they be done by Dr. Blumenthal and a number of groups focused on this issue, they all arrive at the same conclusion: the system is inefficient in its form, and how do you improve that system. We're at a fork in the road here, as Dr. Blumenthal from the Commonwealth Fund points out. Health care policy, we either are going to end up in a situation, as the poster points out, where we cut payments, reduce benefits, and restrict eligibility for public programs, or we re-engineer health care and improve the health care costs, improve the outcomes for patients.

As Mark Bertolini from Aetna says, the answer lies not in cutting people's benefits but in improving their care. This is the juncture that we're at. It would seem to me that, especially in this body, that we now have an oppor-

tunity. We all agree that the national debt is a problem. We know that health care is the primary domestic driver of that debt. We have an opportunity to change that. We have a structure, the framework of which, as I said in my opening remarks, was provided by the Heritage Foundation and was pioneered by Mitt Romney in Massachusetts as Governor, and done successfully.

Let's expand on that opportunity, only make it better. Make it better because we know the great virtue of public health and all it has meant for the wellness of this country. We know the great strength of our hospitals and doctors and our scientific community, our innovators, our manufacturers, our medical devices, our pharmaceutical companies, we know the great genomic project that is going to have remarkable abilities that are going to enhance the quality of life like we have never seen it before.

Instead of arguing the old wars and the last battles, we have to be embracing the future in a way that makes the American citizenry secure in the outcome of knowing that science, technology, and innovation, their government and the best of the private sector, are all working on their side. It's not a question of choosing one or the other; it's embracing all three in a way that both lowers the costs, demonstrated in study after study after study, and that will also enhance the quality of health for our individuals. So many people in Ohio, I know, have problems that have dealt with this.

Mr. RYAN of Ohio. And to figure out how to target the technology. We were out at Walter Reed a few weeks ago, going through and seeing all of the various techniques and approaches that are being used for our veterans that are coming back, and they talk about having high-tech health care, high-touch health care. A good portion of our health care costs are driven up by the sickest 1 percent of the people, and the top 5 percent of the people in health care are driving a lot of the costs.

Mr. LARSON of Connecticut. Fifty percent of the costs.

Mr. RYAN of Ohio. From the top 5 percent. So 5 percent of the people drive 50 percent of the health care costs. I think what a lot of these folks are finding out, if you can surround that patient, the patients in the center and figure out exactly what's going on and make sure that that patient has preventive care and a consistent doctor and a consistent nurse and somebody to consistently make sure that they are taking their medication, these techniques, these medical homes, these accountable care organizations, to surround the patient to make sure that they get better, and then reward the doctor and the nurses and everybody, the hospital, everybody who is involved for saying, we're not going to pay you the same amount of money every time you see this patient that still has the same problem that they had from the first time they came in; you will be

paid to make them healthy. And that begins to shift the incentive and squeeze some of that excess out of the system that the gentleman from Connecticut talked about.

□ 1710

Mr. LARSON of Connecticut. Well, you know, inefficiencies, as I said, were going to be our focus. Let's talk about that just from a practical standpoint.

You say the word "inefficiency" and what do people actually think?

Think about the last time you were in any doctor's office, or made any trip to the emergency room, and the number of forms you had to fill out, the number of forms where we have complicated a system that needs to be streamlined.

One of the things that our colleagues and I should embrace is the need for us to streamline regulation in the process so that it becomes simple, cost-effective, electronically or digitally driven in a way that both reduces costs and adds to a better quality of life for the individual.

When Mr. Bertolini speaks, he talks about, as you point out, developing coordinated care with our areas, our centers of expertise. Whether it's the Mayo Clinic or, in Ohio, the Cleveland Clinic, or whether it's Sloan Kettering, whether it's Jackson Labs in the State of Connecticut, by working in conjunction and coordinating the best outcomes, and then also doing this locally, from the bottom up, that coordination, quite frankly, hasn't existed before. That's what's driven our health care costs up so dramatically.

No other Western democracies in the world, some that have more aging populations than we do, face a similar crisis. We have the opportunity to attack this like no other nation in the world.

Just a word about the genomic project. Jackson Labs is located in my district in Connecticut, and they're known for their Nobel Prize winners because of what they have been able to do with mice.

Mice, as I know the gentleman from Ohio knows, because of their lack of an immune system, allow them to be great vehicles to test with respect to breakthroughs in disease and how we deal with disease.

Well, when we add the genomic project to that, and the advances that we can make in cancer, heart disease, diabetes, all of the areas that plague us, we now have, at our disposal, but instead of a multitude of tests, and random testing, we can now get down to an individual's DNA and make that change.

That is enormous cost savings. That is the full embrace of science and technology and innovation. That should be the discussion on the floor here, the greatest breakthroughs and what we're going to do, and how it's American ingenuity, it's American innovation, it's American doctors and surgeons and medical manufacturers and medical devices and chemistry, through pharma-

ceuticals and all the science that we've brought to bear.

We put a man on the Moon in less than 10 years. Can we solve this problem?

Of course we can. And it's on the cusp of being solved.

Let's embrace what the private sector is doing. Let's embrace our scientific and university communities and our labs in a way that we're coordinating with them, coordinating in a way that we drive out the inefficiencies, because our end goal here is the consumer, it's the patient, it's the citizen of this country who's paid tax dollars for this, who's bought into an insurance system, who believes that his country, or she believes that her country, is there for them in their time of need as we make these critical transitions.

The American people want to see us here in this body working together. Let's work around the issues that drive us, the national debt, securing Medicare for the future, and understand that we have the tools, many of which we owe to the public health system, and the innovation, the labs, the Centers for Disease Control, the National Institutes of Health, and all that's been done in our universities, as well as the entrepreneurial expertise and the creation and innovation that comes from our great system.

Let's enjoin that in a way that we solve problems, solution-oriented legislation that gets over the ideological divide and recognizes that we need common outcomes on behalf of the American people.

Mr. RYAN of Ohio. And, I think, take what is working in areas systemically, but also techniques. Up at Walter Reed, for example, they're using things like acupuncture. They're using things that can help with stress reduction. They're using mindfulness-based stress reduction because we now know, in 2013, given all of the brain science, all of the research that the neuroscientists have done all over the country and the world, Dr. Richard Davidson, at the University of Wisconsin, and Dr. Amishi Jha, at the University of Miami, all of the greatest institutions in the United States and the scientists that run these labs, that study the body, study the mind, they know that the future of health care is self-care.

How do we help people reduce their stress?

How do we help some of these soldiers that come back that are on 6, 8, 10, 12 drugs?

We spend \$300 billion a year on pharmaceuticals. That's more than many of the other countries in the world combined. And we're not saying that you shouldn't have prescription drugs, because you're going to need them in this system that appreciates and tries to utilize all of the tools in the toolbox to keep people healthy.

But how do we create a system where a doctor can have more than 5 minutes with a patient?

And it's on to the next one and on to the next one and on to the next one. That's not a system. That is not protecting the integrity of the doctor/patient relationship. And that, in and of itself, can be a healing relationship, being able to sit down with the doctor and find out what's wrong.

How much stress and anxiety do people have when they just don't know what's wrong?

Mr. LARSON of Connecticut. The gentleman makes excellent points; and it's a point that underscores that, within this system, as the gentleman points out, we are going to need that high quality of care.

But our care coordination problems have been driven by flawed designs. The coordination of care in the new era, with all the science, technology and innovation that we can bring to bear on this problem, and the flawed design of our payment systems, are what we need to correct.

The beneficiaries will not only be our veterans who return home and are in need of our care, but our general population in dealing with this. The exchange is going to present a great opportunity, an opportunity to have a paradigm shift, an opportunity for us to come together and solve major problems.

And you know what? As the gentleman from Ohio knows, if we solve the national debt problem, then we don't have an issue with sequester, we don't have an issue with debt ceilings, and we can get about the infrastructure system that we desperately need in this country to further enhance jobs.

But within the innovation, technology, and manufacture of drugs and of medical devices, and the technology that grows out of health care, we have a whole economy that's ready to burst and boom as well.

That's what we've got to be about. That's what I believe the American people want to see us solving. And I'm glad that we've taken the time this evening to do that.

Mr. RYAN of Ohio. And if you think about what the small business person who's suffered the brunt of these huge health care increases over the last decade or two, 120-some percent increase, I think, in the last 10 years for a small business person, their health care, over that period of time has gone up.

So if you start reducing that cost, the money that business person will have to reinvest can be a stimulant for the economy.

Mr. LARSON of Connecticut. I thank the gentleman. I see that our time has expired. I thank the Speaker, and we thank everyone for the opportunity to lay out this case of coordinated care and cooperation, reducing our national debt, and securing Medicare for our citizens.

I yield back the balance of my time.

ADJOURNMENT

Mr. RYAN of Ohio. Mr. Speaker, I move that the House do now adjourn.