

end there. She has got to heal, which may take weeks and months, or longer, physically. But the scars of what happens to this little girl and millions around the world and in our country, as well, lasts the rest of their lifetime. For what?

As our society becomes more transient and diverse, we must strengthen our efforts to stop this practice. It simply must end immediately. Those who perpetrate it must be brought to swift justice in the United States. We can no longer have somebody report and put themselves out there and peril themselves, make themselves vulnerable to retribution or what have you for the judge to throw it out.

I am not here to criticize the judge who looked at the Constitution and said: Look, this isn't the place for it.

I get that. That is the judge's job. But it is our job in Congress to get this right, to make sure that the law says one way or the other: This is a problem in our country. We don't accept this. We reject this, and there is going to be a penalty for doing this.

Those little girls can't protect themselves. They have no protection whatsoever. They are counting on their parents and the adults in their lives.

Mr. Speaker, I thank my colleagues from both sides of the aisle and across the political spectrum for their support of bipartisan solutions to condemn and stop this atrocity. We have great support, and we think we are going to get even more support, bipartisan support.

There are not many things that Democrats and Republicans, that conservatives and liberals across the country can agree upon, but we can all agree that, if that were our little girl, there is no way in hell we would let that happen. There is no way.

So not only us, as different people on different sides of the aisle here in this United States Congress, but the international community is also weighing in on this as well, as you have already heard. They have said enough is enough.

It is bad enough that it is happening in other parts of the world, but in the 21st century, in 2019, this is happening right here in the United States of America. And Americans need to be aware. They need to be informed. The medical practitioners need to be informed.

Law enforcement needs a tool. They need something to ensure that the people who are contemplating doing this will contemplate not doing it; that people who think somehow it is culturally acceptable figure out and are informed that it is not; that people who somehow feel that they must do this to their little girl so that they can then force her into some marriage and that she will be acceptable to the partner that she is forced to be with, that that is no longer acceptable either.

It never was acceptable. It is not acceptable in the United States, and it is our job to make sure it is not acceptable anywhere. And it starts right

here, and it starts right now. We have waited too long.

Mr. Speaker, it has been my privilege to speak up on this issue.

□ 1530

It is sensitive, and that is why people don't want to speak up on it, because it is embarrassing to talk about, and I guess they are afraid of the embarrassment. But I am not. Somebody has to speak up for these little girls that have no one else, that, after the fact, can do nothing about this for the rest of their lives.

They only have us here, people who don't know them, people who will probably never ever know them. They have us, and it is our job. It is our duty to stick up for them and put ourselves out here. And if it takes being uncomfortable, well, that is what it takes.

Mr. Speaker, I am privileged to be here today to offer this. I would ask that if my colleagues who are listening haven't heard about this, please take a look at these two pieces of legislation. I appreciate their input. If they have got ways to improve them or if they are concerned about what we are trying to do here and think it is overreaching or something like that, I would appreciate your input.

We want to make sure that we are doing the best job that we can, and that we are doing the best job that we can for little girls like this who are being held down against their will and having their body parts cut off of them because of some culture and some ideas that they will somehow be more worthy in their community once they are mutilated for the rest of their life. That is our job here.

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

DEMOGRAPHIC BUBBLE

The SPEAKER pro tempore (Mr. JOHNSON). Under the Speaker's announced policy of January 3, 2019, the Chair recognizes the gentleman from Arizona (Mr. SCHWEIKERT) for 30 minutes.

Mr. SCHWEIKERT. Mr. Speaker, what we are doing today is sort of a continuation of the theme that since the beginning of this Congress we have been walking through. So let's put this sort of in context.

This is probably our fourth or fifth time to come to the floor and do part of this theme. The first time we did this we took almost an hour and we actually sort of walked through what is happening in our society, when you actually do the math of the massive unfunded liabilities in Medicare; the issues with the fact that in 9 years, 50 percent of the noninterest spending of this government in 9 years will be to those 65 and over.

So it is important to understand what is happening to us demographically. Much of that difficulty that is coming toward us is about healthcare costs.

One of my passions has been trying to get an understanding of this. There are a number of things we can do to actually deal with the fact that we are getting older as a society. We are seeing what is happening on our birth rates. The fact of the matter is, those of us who are baby boomers—there are 74 million of us—and in 9 years, all of the baby boomers will be functionally 65 and older.

It is a demographic bubble moving through our society, and there are benefits that we as a society have been promised. So what do you do? How do you make sure you have a vibrant enough economy to keep our promises? How do you make sure we have a vibrant enough economy not to crush the young in their opportunities?

We have been laying out five little legs. We will call them our proposals, everything from an immigration system that is talent based so you maximize economic vitality; policies, such as tax, regulatory, trade, that maximize economic growth; policies that are all up and down, whether it be our programs within the social safety net, or just incentives within Social Security, and Medicare; other programs to stay in the workforce or enter the workforce because labor force participation is crucial.

We had a good number last month where we broke over 63 percent labor force participation. I know this sounds a little geeky, but it is crucial.

The fifth one—and we will come back to the fourth—the fifth one is looking at our retirement entitlements and how we design them to incentivize everything from being a good consumer to staying in the labor market longer. But the fourth one that we keep talking about over and over and over again is technology.

Once again, I put up this slide right here just to understand the scale. In a decade, you and your partner, if you have jobs, there will be two people working for every one person in retirement in 10 years: two workers, one retiree. And understand Medicare and Social Security are functioning right now as pay-as-you-go programs because we are using today's income to pay today's retirees.

The next slide is just to emphasize the scale of the unfunded liability. When you look at this slide, you will see up on the top that this is the 30-year projection. It is not adjusted for inflation. So if you want to adjust it for inflation, you can remove a third of the value. But, functionally, over the next 30 years, you have an \$84 trillion unfunded liability when you add in the cost of the programs and the interest related, \$84 trillion over the next 30 years.

But if you take a really close look, almost all of that comes from Social Security and Medicare. The rest of the budget has about a \$16 trillion on the positive side, so you have got an \$84 trillion shortfall. So what do you do as far as solutions?

Well, we are going to show some slides of some creative ideas. Remember, we are working on that. We have five piers. Right now we are going to talk about our technology pier. Just, once again, to sort of get your head around these numbers, from 2008 to 2028, the calculation is 91 percent of the increased spending of this Federal Government will be interest, Social Security, and healthcare benefits.

Your government is functionally an insurance company with an Army. So how do you have a revolution in healthcare costs? We have lots of proposals around here, and if you listen to them—and we have got to be brutally honest—think about the ACA, many know it as ObamaCare, or some of our alternatives; we are often having a debate of who gets to pay. Those don't have a revolutionary—they don't have a disruptive nature in the cost of healthcare services. We are just moving around saying: we want more government subsidies. No, we want more nongovernmental private-sector competition, but we are often moving around who gets to pay.

Our argument is we are in the middle of a technology revolution. How many of you have a watch that helps you manage your blood pressure? How many of you have seen the patch that helps you manage your blood oxygen? There are a number of these sorts of things—we call them digiceuticals—that are coming onto the market. We as a body need to drag technology into this debate so technology brings us a disruption in the cost.

I say this over and over and over, but it is a good visual. When was the last time you went to Blockbuster video? Didn't it feel like almost overnight from going down and getting the little silver disk and getting a movie recommendation to now you go home and hit a button? We are living in a society that is having an amazing technological revolution.

What happens when this supercomputer in your pocket is functionally your primary-care physician? It turns out that that technology is here today, but we as a body need to talk more about who gets to pay and more about lowering the price of healthcare.

I will argue that the elegance of dragging this technology, removing the barriers, removing our inequities in the compensation for using this healthcare IT is we will be healthier. We will deal with our issues much faster, particularly for those of us who have very busy lives, instead of waiting for that appointment.

So I want to just show some of the revolution that is already out there. These things are already out there in our society.

This next slide shows a handheld ultrasound. It is basically the size of your phone. You plug it into your Bluetooth, or you plug it into whatever, iPhone—at least I think this one is an iPhone in this picture—and it is a handheld ultrasound.

What happened to the days when you used to have to go to a medical clinic that had the specialty equipment? You would sit there and find out that you had a bone chip in your heel. Now, you are at your office, your nurse's office, your company's office. You can actually buy this as an individual. You can actually see, and we are reading articles that are saying very soon you won't actually look at the picture. You will use this handheld ultrasound and the algorithm will actually tell you what it is seeing. This is a revolution.

Right now, I think you can buy one of these on Amazon for under \$2,000. Conceptually something that used to be a large piece of equipment is in the palm of your hand. That is a revolution.

We are about to have a series of discussions about drug pricing. Drug pricing is a huge component of what we do to have a revolution in the cost of healthcare.

Here is a quick thought experiment. What if I came to you and said: 50 percent of the pharmaceutical prescriptions that will be written this year will not be properly used or used at all. So just as a thought experiment, half the pharmaceutical prescriptions written this year just won't be used at all, or will be misused.

Well, right there—it is absurd to say if we would fix this problem we would have a 50 percent reduction in the need to pay for pharmaceuticals, but it could be a huge impact. This has less to do with fighting over the formularies, the mechanisms over here. Will we have enough money for healthcare research? This is just about proper utilization.

So what would happen if I would come to you right now and say: I have a relative who has some dementia issues or did you take your hypertension medicine this morning? Turns out, we can actually put on a bottle cap that actually would talk to your phone saying: Hey, you did not take your pill today. Hey, you did not take your pill in the time prescribed that you are supposed to take it.

Something like this, as simple as this, is a technology solution to an issue where we know we have lots and lots of seniors that don't take their medicines on time or in the proper fashion.

We even have more complicated ones that are in the same vein. What if you are someone who has multiple pills that you take? This one was particularly designed for seniors with some memory issues combined.

This is a dispensary that was just shown at the Consumer Electronics Show in Las Vegas 3 weeks ago. At a certain time, it notifies you and drops the prescribed combination of pills into a little cup for you. It is a technology solution for drug utilization where we know that 50 percent of pharmaceuticals are not being properly used.

Mr. Speaker, I beg of us as a body, we need to get out of our rhetoric sound-

ing like it is the late 1990s. There is a technology revolution around us. Let's drag that creative thought, creative design into our debate and say, this is more than the continuing debate of who pays, who doesn't pay. It is: we need a revolution in how we stay healthy.

Is this Republican or Democrat? I am making the argument it is technology. Now, as we joke in our office, eventually, we will figure out that one party will take a side so we can fuss at each other. But at least right now, the discussion of dragging technology into our own personal healthcare is not partisan. It is a solution. Let's go on to the next slide.

About 2 years ago I had a situation where I was cooking. It was a Sunday evening. I love to cook, and I almost chopped off my pinky. So I am at the emergency room in Scottsdale, Arizona, and I am bleeding like crazy.

The wonderful person who is on the intake side in the emergency room, as I am bleeding down my arm, is saying: David, do we have your medical records? Are you allergic to anything?

And I am going: I am bleeding. Well, the absurdity is my medical records were in the office that was closed because it was a Sunday evening. I should have my medical records with me and you should have your medical records with you. It is not that hard. It turns out others agree. This technology is out there.

Now, I had the blessing of being the co-chair of the Congressional Blockchain Caucus. I actually believe there is a really elegant way of using an encrypted, what we call, blockchain, a distributive ledger, with levels of permission. So it is more than just my medical records, because, as we are going to show in a couple more slides, this is actually just the beginning.

If I can carry my medical records with me on this, why can't I have that wearable that helps me manage my diabetes, also doing 24 hours, 7 days a week data; the thing that actually helps me deal with my heart arrhythmia, 7 days a week, 24 hours every day. That type of algorithmic data is also attached to my medical files; instead of thinking that my medical professional is going to find out I have an issue in that 15 minutes I am in their office.

□ 1545

This is more than a medical record concept. If I am able to have digiceuticals—wearables—that will help me manage my healthcare and help me manage my chronic condition, will I be healthier?

Mr. Speaker, it is like the contact lens that actually helps manage your blood glucose talking to your pump, so you don't crash if you are diabetic, it helps maintain you. You already see some of that technology on a number of people's shoulders today where it is actually Bluetoothing into the pump.

The revolution is already around us using these technologies. We, as a

body, need to have a very honest conversation of how do we remove barriers—and we will need our friends at the State and local level to also remove some of their regulatory barriers—to allow the adoption of these types of technologies.

The thought experiment goes a little further. In the Scottsdale area—I think we now have five or six, maybe seven of them up—there are functionally autonomous healthcare clinics. It is a crazy thought. You walk in, you sign up on an iPad, and you take a picture of your insurance card. You go into a booth, and the avatar on the screen talks to you and says: Can you shine this in your nose? Can you turn it right, turn it left? It will show you.

This avatar bends the device, and then says, put it in your ear, turn it, and down your throat, turn it, turn it. It is autonomous. Think about the cost savings.

The algorithm does a calculation and says: we are actually calculating you have the flu.

It turns out that algorithm is remarkably accurate.

Now, in today's world, at the very end of the consult, a doctor comes on to the screen and talks to you. A doctor can choose to hit the button and accept that algorithm.

But, conceptually, think about that. What if that type of technology wasn't just sitting in an autonomous healthcare clinic, but was at your school nurses' office, your office?

How about if it got small enough, compact enough, and inexpensive enough so it was at your home?

How many of us have had the occasion where we have the cold or the flu, we suffer with it for a couple days, and then we start saying: Can I go to the urgent care center? Maybe I can get an appointment with my doctor.

By the time you show up at your doctor's appointment, Mr. Speaker, you are actually already on the mend.

I have a picture on my phone of something that looks like a large kazoo, and here is the final part. You blow into this, Mr. Speaker, and it is able to tell you if you have a viral infection—the flu—or a bacterial infection like a cold.

What would happen if that large kazoo you could have sitting at home, you blow into it, it says that you have the flu, we are ordering your antivirals, and they are going to be delivered—let's say by a drone or an autonomous vehicle, if we are going to be really techno-utopian—and it is delivered to your home a couple of hours later.

How much healthier did our society get? The fact you didn't go to work and infect everyone; that you were able to deal with this almost immediately; that the time between actually getting your pharmaceutical to actually manage this infection and the moment you were feeling sick it is now hours.

How much cost did you just save out of the medical system?

So I need us all to be creative here and think this issue through. If 50 percent—actually more than 50 percent of our healthcare cost is 5 percent of our brothers and sisters with chronic conditions; we already know these types of technologies are helping us manage individuals' needs and issues who have chronic conditions.

We saw the pill bottles to make sure that—is there a way that the 50 percent of pharmaceuticals that are not being properly used or used at all are being properly managed? Our ability to manage our data is going to be coming from all these healthcare devices.

So my thesis is very, very simple. As we have the arguments about drug prices and as we have the arguments about healthcare costs, we need to have the discussion of it is time for a technology revolution, and we need to drag that technology solution into the debate in how we regulate, how we incentivize, and how we compensate.

Because, Mr. Speaker, I will make you the argument: this is the moment that—if you remember, the first couple slides were the healthcare costs that we have committed to as a society that functionally consume almost every incremental dollar of our future. What would our future look like if we were able to bend that cost curve because we actually found and embraced the technology disruption that is on our doorstep?

Wouldn't this be a much more elegant debate and a much more optimistic conversation?

That is what I have for today. But we are going to do the next phase of this next week and the week after that to sort of walk through these pillars of, there is a path where we can make this work.

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

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 3 o'clock and 50 minutes p.m.), the House stood in recess.

□ 1636

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. McGOVERN) at 4 o'clock and 36 minutes p.m.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 840, VETERANS' ACCESS TO CHILD CARE ACT; PROVIDING FOR ADOPTION OF H. RES. 86, PROVIDING AMOUNTS FOR THE EXPENSES OF THE SELECT COMMITTEE ON THE CLIMATE CRISIS AND THE SELECT COMMITTEE ON THE MODERNIZATION OF CONGRESS; AND PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

Mr. MORELLE, from the Committee on Rules, submitted a privileged report (Rept. No. 116-6) on the resolution (H. Res. 105) providing for consideration of the bill (H.R. 840) to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide child care assistance to veterans receiving certain medical services provided by the Department of Veterans Affairs; providing for the adoption of the resolution (H. Res. 86) providing amounts for the expenses of the Select Committee on the Climate Crisis and the Select Committee on the Modernization of Congress; and providing for consideration of motions to suspend the rules, which was referred to the House Calendar and ordered to be printed.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 49. An act to designate the outstation of the Department of Veterans Affairs in North Ogden, Utah, as the Major Brent Taylor Vet Center Outstation; to the Committee on Veterans' Affairs.

ADJOURNMENT

Mr. MORELLE. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 4 o'clock and 38 minutes p.m.), under its previous order, the House adjourned until tomorrow, Thursday, February 7, 2019, at 10 a.m. for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

82. A letter from the Secretary, Securities and Exchange Commission, transmitting the Commission's final rule — Disclosure of Hedging by Employees, Officers and Directors [Release No.: 33-10593; 34-84883; IC-33333; File No.: S7-01-15] (RIN: 3235-AL49) received February 5, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

83. A letter from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Office of Energy Efficiency and Renewable Energy, Department of Energy, transmitting the Department's final rule — Energy Conservation Program: Energy Conservation Standards for Certain External Power Supplies [EERE-2019-BT-STD-