

you to think about “smart regulations.”

This requires a dramatically smaller bureaucracy, dramatically less burden on those who are creating productive capacity in our communities, yet it would keep us healthier and would show us where the bad actors are.

I beg of this body, think forward. We keep designing pieces of legislation around here that might have been brilliant if it was still the 1980s or early 1990s. How do we push the way we think of everything, from the environment to environmental protection all the way down to creating the next generation of pharmaceuticals that cure us?

I truly believe we live in a time of miracles. I also believe that our inability to be forward-thinking in this body is one of the biggest problems we have in these sorts of technologies reaching our communities.

We always start with this slide, because, one more time: What is the greatest fragility, long term, to this country? I am going to argue it is debt, but that debt is driven by our demographics.

Our birth rates have collapsed over the last couple of decades, particularly these last few years. There is a large number of us who are baby boomers; we have our earned benefits coming to us. If you look at the debt accumulation that is about to happen, it is stunning.

How do we build a path that makes it so that we can keep our promises and still have a growing economy so that my 4-year-old daughter has the same opportunities I have had?

My brothers and sisters on the left will often come up with: “Well, we will tax rich people.” My brothers and sisters on the right will often say: “Well, we are going to find waste and fraud.”

You do realize that is mathematical lunacy? None of that works mathematically.

You have to grow the economy. You have to have a disruption in healthcare prices. You have to have a disruption of how you incentivize people to stay in the labor force.

That is why we put up this slide, because we believe there are these five pillars that if we get the economic growth; the labor force participation; the adoption of disruptive technology; the population stability of encouraging family formation; and if you are going to change the immigration system, you actually incentivize more of a talent-based immigration system, because you need the economic velocity.

Now, a lot of this is really politically uncomfortable. I mean, some of these things, when you go talk about it, people get really mad because they are not comfortable with it. But it is almost the only way, at least in our little office, that we have been able to build a

model that we can have enough economic growth, enough tax revenues, enough change in the price of what our promises are that we end up having a pretty amazing future as a country.

How do you ever get a body like this, where you have lots of smart people, to act when a lot of what we know is long since out of date and when the math is really, really uncomfortable to deal with and talk about? When you show up in front of an audience at home and say, “You do understand the biggest driver of debt is Medicare?” you will get booed, hissed at. But you need to understand, if you don’t talk about it, how do you save it?

Remember, the Medicare trust fund, which is the part A, has only a few years left, and then it is gone.

We need to step up, both Democrats and Republicans, and start telling the truth about the math, maybe invest in that crazy thing called a calculator and start to build a model of how we disrupt the prices, how we grow the economy, how we create the velocity that makes this work and provides hope and opportunity.

My thesis is very, very simple: It is here. There is a way to do it. And the biggest barrier to it happening is this body here. We need to change the way we look at the disruption of technology.

The last one I will give you is just this simple example. I have come to the floor multiple times and sort of done a thought experiment: the technology of something that looks like a large kazoo that you can blow into and instantly tells you that you have the flu, that instantly can bounce off your medical records on your phone, that knows you are not allergic to a certain antiviral, and that orders your antivirals.

Isn’t that wonderful? Think about just the cost disruption that technology would have, particularly with what is going on right now.

It turns out that technology exists, yet the professor who was working on it had incredible difficulties raising capital, being able to get investors to move it forward. You know why? Because it is functionally illegal. It would save lots of money, but the algorithm for being allowed to write a prescription is functionally illegal. It is illegal under State licensing laws, the Social Security Act, the way we reimburse.

We need to become much more forward-thinking because it is the way we save ourselves. If we stay the way we are, we do nothing but bathe in debt and stagnation.

But there is a path.

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

#### COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,  
HOUSE OF REPRESENTATIVES,  
Washington, DC, March 4, 2020.

Hon. NANCY PELOSI,  
*Speaker, House of Representatives,*  
*Washington, DC.*

DEAR MADAM SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on March 4, 2020, at 2:57 p.m.:

That the Senate passed S. 1869.

That the Senate passed with an amendment H.R. 4334.

That the Senate passed without amendment H.R. 5214.

With best wishes, I am  
Sincerely,

CHERYL L. JOHNSON.

#### CALL FOR REPRODUCTIVE JUSTICE

The SPEAKER pro tempore. Under the Speaker’s announced policy of January 3, 2019, the gentlewoman from Massachusetts (Ms. PRESSLEY) is recognized for 60 minutes as the designee of the majority leader.

Ms. PRESSLEY. Mr. Speaker, I thank my dear friend and sister in service, Representative TLAIB, for cohosting this special session with me this evening to discuss the critical issue of reproductive justice in our country.

As chair of the Abortion Rights and Access Task Force in this first-ever pro-choice majority Congress, I am proud to join my colleagues tonight as we stand up and push back against these unprecedented, coordinated attacks on our collective reproductive rights and liberties.

You see, Mr. Speaker, the stakes could not be any higher. Since 2011, anti-choice politicians have pushed a wave of nearly 450 restrictive laws through State legislatures and now all the way to the U.S. Supreme Court. Over the last year alone, they have enacted 25 bans across dozens of States, pushing comprehensive reproductive healthcare, including abortion care, further and further out of reach.

They are working overtime to peddle harmful misconceptions and to legislate abortion out of existence.

As a result, reproductive health facilities have been forced to shut their doors, forcing individuals to travel across State lines, shoulder additional financial burdens, and jump through unnecessary and humiliating hoops just to access comprehensive care.

Just this morning, I, along with several of my House colleagues, marched to the Supreme Court to stand in solidarity with the justice warriors who are on the front lines, fighting for our collective humanity because, today, the Supreme Court begins deliberations on the constitutionality of a Louisiana State law that, if upheld by the Court, would literally shut down every abortion clinic across the State except for one.

To put this further into perspective, Mr. Speaker, this could leave just one doctor to provide abortion care for nearly 1 million individuals of reproductive age across the entire State.

If Louisiana's clinic shutdown law takes effect, it will not only decimate abortion access in Louisiana, but it will further embolden State legislatures around the country to do the same.

Additionally, this law is literally identical to the Texas law struck down by the Court just 3 years ago in the Whole Woman's Health case.

Since the Texas case, the facts certainly haven't changed. The precedent certainly hasn't changed. The only thing that has changed is the makeup of the Supreme Court, a court that is now filled with judges who want to strip us of our bodily autonomy.

Laws that restrict reproductive freedom undermine the very nature of equality and disproportionately harm the most vulnerable among us.

Every person, every individual, regardless of income, sexual orientation, or gender identity, deserves equitable access to comprehensive reproductive healthcare, including queer, trans, and nonbinary individuals. As I often say, people don't live in checked boxes; we live in nuance and intersectionality.

Abortion is healthcare. Reproductive justice is economic justice. Reproductive justice is racial justice.

Mr. Speaker, the stakes are high. Our fundamental human rights and liberties are not and should not be up for debate.

□ 1730

I am proud to stand here on the floor today to remind the courts that *Roe v. Wade* is still the law of the land and that the days of the Hyde amendment are numbered and that we stand with our partners in community, the organizers and resisters who are fighting day in and day out to ensure that every person has the right to self-determination over their reproductive health.

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

#### REPRODUCTIVE JUSTICE FOR WOMEN

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the gentlewoman from Michigan (Ms. TLAIB) is recognized for the remainder of the hour as the designee of the majority leader.

Ms. TLAIB. Mr. Speaker, today's Special Order is a call for reproductive

justice for women, those who can become pregnant and families everywhere who believe, as I do, that reproductive rights are a human right.

This Special Order hour comes as the Supreme Court, today, considers yet another attack on our right as women and those who can become pregnant to determine what we do with our own bodies. Worse, it comes less than a month after Senate Majority Leader McCONNELL's thankfully failed attempt to pass, not one, but two, abortion bans.

Never mind the 250-plus bills to reduce prescription drug costs, improve access to the ballot box, and more that would make a real difference in the lives of the American people that he could have taken up; instead, he tried to control women's bodies.

The obsession with telling women, transgender folks, and nonbinary people what to do with their own bodies must end. The obsession with trying to legislate what those who can become pregnant can do and cannot do with their own body must end.

I represent one of the most beautiful, most Black cities in the country, the city of Detroit. The issue of reproductive justice is one that is very much affecting Black women and women of color and transgender people all around the world.

Of all female title X patients, for example, 32 percent are Latinas, 21 percent are Black, and 4 percent are Asian American and Pacific Islander.

For the 2 million transgender people in the United States, this funding makes access to the hormone replacement therapy and other transition-related care that they need very much possible for their health.

How? With over 100 clinics across 17 States offering HRT, Planned Parenthood is one of the largest transition care providers in the country. This money, this funding that is often threatened by anti-abortion rights advocates is actually a critical source of healthcare for these women who already face health disparities.

Indeed, title X providers are one of the few places where women of color can access reproductive and preventive healthcare services. It is really critical in this institution, in this Chamber, that we ensure that those health disparities are not exacerbated by a reduction or revocation of that funding.

When we talk about 20-week abortion bans, the stories illustrating why access to them is so important are as heartbreaking as they are harrowing.

Take Jenni L. from my home State of Michigan as a perfect example. At her 18-week ultrasound, Jenni and her husband were given the devastating news that their unborn son had severe brain malfunction. For weeks after that appointment, she visited multiple specialists and genetic counselors who all gave her unborn son the same prognosis: He was unlikely to survive a full term. So, at 21 weeks, Jenni terminated her pregnancy.

Jenni said: "Deciding to end my much-wanted pregnancy was difficult and deeply sad, but also deeply personal. At no point during that process did I consider my legislators a part of the conversation. I listened to my doctors, genetic counselors, my family, and my heart."

Women like Jenni should absolutely have the right to listen to their doctors and their hearts when it comes to the health of themselves, their unborn children, and their bodies.

Had the GOP had their way, Jenni would have spent the remainder of her pregnancy term living in fear that at any moment her son would pass away from this awful prognosis or the fear that she would give birth and watch him suffer.

As a mother of two boys myself, I cannot imagine what Jenni went through or her emotional trauma as she considered or made that very personal choice. If she had to carry her son or not is up to her.

She is just one story of many in which a mother, through no fault of her own, has had to make heart-breaking decisions about her pregnancy.

Sadly, nearly 99 percent of abortions actually do occur before this deadline of 20 weeks into pregnancy, but they decide to ignore that. They decide to make this a political issue, and it is not. It is a human issue, a women's issue.

For Jenni and the countless other mothers like her, this legislative body must keep their hands off of women's bodies. It is so critically important to know, when we talk about this issue, that it is an economic justice issue. It is a racial justice issue. It is interconnected to so much of what we fight for as women in this country, to have ourselves be able to make very important choices, not only about our jobs, with no fear of discrimination, but also about our health, which is so interconnected to so many other social justice issues that we face.

So it is critically important that we really try to push back against this continued agenda that has been politicized and making the issue of choice and the issue of healthcare for women something that they are vilifying and trying to use to a process.

Mr. Speaker, I yield to the gentlewoman from New York (Ms. OCASIO-CORTEZ).

Ms. OCASIO-CORTEZ. Mr. Speaker, I thank my esteemed colleagues, AYANNA PRESSLEY and RASHIDA TLAIB, for hosting this week's Special Order hour on an issue that is so critically important to all people who want healthcare and need equitable access to reproductive healthcare and justice in the United States.

Right now, we are facing a critical juncture in the fight for healthcare and reproductive healthcare in the United States. Louisiana lawmakers designed a law to push abortion out of reach. It compounds the financial barriers of