

Throughout his career, both as an attorney and as a historian, John's passion for preservation was evident by his service in a number of capacities throughout central Arkansas, including sitting on the board of Little Rock Visitor Information Center Foundation and leading the efforts to preserve and restore Curran Hall. He also was president of the board of Preserve Arkansas in 2010.

John has demonstrated his passion for preservation through his commitment to service and leadership. I congratulate my friend John Gill on receiving this year's Parker Westbrook Award for Lifetime Achievement.

#### RECOGNIZING NATIONAL HUMAN TRAFFICKING AWARENESS MONTH

(Mr. LAMALFA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LAMALFA. Madam Speaker, I rise today to recognize National Human Trafficking Awareness Month.

In my home State of California, human trafficking is a massive and dangerous industry, with 375 reported cases of trafficking involving minors in 2018. This must end.

That is why I am a cosponsor of H.R. 836, the Interdiction for the Protection of Child Victims of Exploitation and Human Trafficking Act, introduced by my colleague, Mr. MCCAUL from Texas.

This bill would establish a pilot program to provide training to Federal, State, and local law enforcement officers on identifying child victims of trafficking, exploited children, and missing children.

Indeed, the cues are out there, if we can see them. If our law enforcement is able to identify victims of human trafficking more quickly, it would lead to a safer environment, and identifying them a lot sooner would save more of the individuals.

Our most vulnerable populations need our help in order to keep them safe from this truly heinous and disgusting crime.

#### RECOGNIZING PABLO CUEVAS

(Mr. CLINE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CLINE. Madam Speaker, if you were to attend any public event in Rockingham County, it is likely that you would have the privilege of meeting Pablo Cuevas.

Today, I rise to recognize Pablo because, after seven terms and a 30-year tenure on the Rockingham County Board of Supervisors, he has recently retired.

Cuevas encapsulates the meaning of public service. An immigrant from Cuba, Mr. Cuevas has not taken lightly the privilege it is to live in America. Over the years, Pablo has given back to his community by not only serving on

the board of supervisors but also on the Broadway Town Council, the Broadway Planning Commission, the Rockingham County Planning Commission, and the James Madison University Board of Visitors.

Some of his greatest accomplishments include constructing new school buildings and expanding industries important to the area, such as agriculture. His dedicated service on the board of directors at the Virginia Poultry Growers Cooperative was invaluable to our region.

His passion for making his community a better place for all who live and visit the valley is going to be sorely missed on the board of supervisors. However, I am sure his wife, Elaine, and his daughter, Erika, will welcome the opportunity to have such a good man back home.

Madam Speaker, I wish Pablo a happy retirement and thank him for sharing his wealth of knowledge and passion for community service with Rockingham County for the past 30 years.

#### RECOGNIZING EAGLE SCOUT ANDREW ROCK

(Mr. VAN DREW asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. VAN DREW. Madam Speaker, today, I recognize Andrew Rock from south New Jersey on his attainment of the Eagle Scout rank.

Eagle Scout is the highest rank attainable from the Boy Scouts of America. Only 4 percent of Boy Scouts ever achieve this prestigious recognition.

Eagle Scouts are more likely to dedicate their life to service of all kinds, becoming future leaders in military, business, or politics.

I was proud to attend Andrew's beautiful outdoor ceremony on the lake this past November. The ceremony also highlighted the beautiful traditions of the American Indian people.

Madam Speaker, I congratulate Andrew. We look forward to big things from him in the future. I am proud of him; south Jersey is proud of him; and the United States of America is proud of him.

#### TALKING DEBT AND DEFICITS

The SPEAKER pro tempore (Ms. PORTER). Under the Speaker's announced policy of January 3, 2019, the gentleman from Arizona (Mr. SCHWEIKERT) is recognized for 60 minutes as the designee of the minority leader.

Mr. SCHWEIKERT. Madam Speaker, to our stenographer, if I start talking too fast, just give me that horrible look because my staff was telling me last week that I was sounding like a machine gun.

Madam Speaker, this is something I try to do at least half an hour every week. It is basically to have a little bit

of honesty about math and a little optimism about what policy can do to make things work.

Once again, I have a couple of my old slides here. I am sorry that I haven't been able to update them because there are some new numbers, but it is a really simple concept. Let's walk through it.

How many times do you hear Members from both the right and the left get on television and talk about things? Why does no one talk about the debt and deficits? I can tell you why we don't talk about the debt and deficits, because to tell the truth of what is driving the debt and deficits is really uncomfortable.

We are going to try to do a little bit of that math honesty because it is demographics. It turns out, demographics are not Republican or Democratic. It is just math.

We continue to exist in this pretend world, saying: Well, if we would tax rich people more, if we get rid of waste and fraud—none of those.

I have brought these charts here before. There are fractions of fractions of variance.

Why is it so hard for us to tell the truth? Why is it so hard for us to own calculators? We basically are a math-free zone.

This slide is a few months old, and I am sorry about that because there is optimism on the tax cuts in the revenues. As you all know, last fiscal year, we broke over 4 percent revenue growth in a time with lower rates, which none of us modeled. The economy is doing really well there.

□ 1415

Demands on social services have fallen fairly dramatically because of the incredibly robust labor environment. Discretionary spending, turns out the caps that that line is about, the benefits we were getting from the caps, when we did the budgetary deal functionally in September and October, we blew up the caps. So this line is bigger; this line is smaller.

But the punch line here is really, really simple: 90 percent of rising debt deficits between 2019, so last fiscal year, and 2029—90 percent Social Security and Medicare.

Now, those are earned entitlements. We have a societal obligation to keep our promises. But it is mostly Medicare. So we can't have an honest conversation here about debt unless you are willing to actually have an honest conversation about medical costs, healthcare costs.

We are going to pull some slides here that I am just incredibly optimistic that we could actually have a revolution in healthcare costs, but the only way that happens is this place has to grow up intellectually and join this century of technology and opportunities because, once again, let's go back a decade.

The ACA, ObamaCare, what was it really? It was a financing mechanism.

It was who got subsidized and who had to pay.

What did we, as Republicans, do? I still think ours was much better. It wasn't who got subsidized and who had to pay; it was who had to pay and who got subsidized.

We basically debate about healthcare financing. We do not have honest conversations about how to crash the price, because it is a really uncomfortable conversation because the things that would crash the price often actually make us have to have very uncomfortable conversations with our constituencies.

The different groups that are wandering the hallways right across the street right now lobbying us for this or that, they believe in their causes. They are wonderful people. But there is a disruption of technology.

So let's sort of walk through the math once again so we understand that we could have this amazing future if we could just focus on the facts.

This is a slide I have been showing almost for a year. If you and I remove Social Security and Medicare out of the 30-year projection, we have \$23 trillion in the bank. If we pull Social Security and Medicare—and this chart is not inflation adjusted, so you could remove about a third of it if you want to do constant dollars and you will see the difference of what is actual spending and then the financing costs, the interest on those. But if you pull Social Security and Medicare back into that number, we are \$103 trillion in debt.

So think about that difference: 23 cash positive, \$103 trillion in debt.

For those of you who care about your Medicare, you care about Social Security, you actually want these to exist, we must be honest about the math, because if we don't get our act together, we are going to get squeezed and there are no more dollars.

It is math. It is not Republican math; it is not Democratic math; it is demographics.

We have 73 million of us who are baby boomers. We are about halfway through retirement. That is what is driving the future debt.

So the next time you hear someone walk behind a microphone and say, "I am very concerned about the excess spending; I am very concerned about debt and deficits," if their next sentence isn't, "And I am going to work on a revolution to change the costs of healthcare and the things we provide," they are not being honest about how we save this society or how we save this country.

So, one more time, just to get our heads around the scale of the problem, and then we are going to actually talk about solutions.

This is a 2024 chart, so it is only what? Now, that is 3 fiscal years from now.

Nondefense, this is discretionary. This is what we get to vote on. This is defense. Everything you see in a blue shade there is on autopilot.

Do you notice something? The vast majority of spending is on autopilot. We don't vote on it. We don't do policy on it, and it is consuming everything.

So get our heads around something. Just the growth, just the growth of Social Security, Medicare, and the healthcare entitlements, over the next 5 years, just the growth portion equals one of these wedges. It functionally equals the entire Defense Department spending.

So, if you are someone who walks in the door and says, "Well, we spend too much money on defense; get rid of it," do you realize you just took care of only 5 years of the growth? What do you want to do with everything else? Over 10 years, it equals all the discretionary spending.

Once again, it is demographics.

Why is this place so uncomfortable to talk about that? Because it violates the pitches we go home and tell our voters. But it is math and it is honest, and if we keep avoiding the subject, the future becomes incredibly ugly. If we take it on, there is a path where things work.

So every week I come behind this microphone and I say, here is where the problem is, but here are solutions. And the very last slide is the one we do all the time, where we believe we have a formula where you grow the economy very aggressively. You do things from tax policy to immigration policy to trade policy that maximize economic velocity, and you are seeing some of that right now.

If I had come to this room a couple of years ago and said we are going to live in a time where we have more jobs than available workers, where the bottom 10 percent, the working poor in our society, have had the fastest growing wages in modern times, basically double what the mean is—it is working.

We should be, actually, as Republicans and Democrats, trying to figure out what is working, particularly for those quartiles—and I hate that term—those quartiles in our population that we were writing off a couple of years ago: You don't have a high school degree, you don't have skills, we are writing you off. You are part of the permanent underclass.

That was brutal. It was arrogant. It was vicious. It was wrong.

We know, right now, over the last couple of years, the movement of wages for those very people we were writing off 3 years ago, it is working.

How do we keep that going?

If you love and care about people, we need to keep this going, because, in my lifetime, there has never been a period of this type of economic growth and stability. Let's keep it going.

But let's not pretend that our future isn't buried in debt. Once again, if we take a look at it, it is substantially the growth of Medicare.

I intend that this Congress is going to keep its promises, but, mathematically, we are not going to keep our

promises unless we actually deal with the reality.

So when we have come in here, we have tried to show that there is a path, but beyond the economic growth issues.

We have labor force participation. You can't grow the economy unless our brothers and sisters are working, and those are folks who are both older, but we still have a problem with millennial men.

We had a miracle begin a year ago, December, where millennial females started entering the labor force in droves. The math right now says there are more females in the labor market than there are males.

Those are good things, because when we did tax reform, the joint tax folks, you know, the 50 of them who are all freaky smart, said your two problems of continuing the economic expansion will be capital stock—and I know I am getting a little geeky, and I am sorry—but capital stock, available capital for lending, for borrowing, for the growth, and people, available labor.

It turns out they were completely wrong on the capital stock. We have had hundreds and hundreds of billions of dollars more in what we call repatriation come back into the country than we had originally modeled. People are saving much more of their tax savings from tax reform than we ever modeled.

So the United States now is flush with cash. This is working over here. We have great capital stock, and you see it in our interest rates.

Our biggest fragility right now for continued economic expansion is actually labor participation. Now, there are miracles there.

Sure, because we are all really geeky, we all ran and looked at the U-6 unemployment numbers last Friday—not the top line, not where we stayed at 3.5, but the actual, what we used to talk about for years, "What is the real unemployment?" and you saw now we are in the sixes. We broke below 7 percent of real unemployment.

These are the folks who had become and we wrote off as discouraged workers, not participating; their skill sets are outdated. All of a sudden, they are entering the labor force.

We need public policy that continues to encourage that. How do you do that? How do you take someone who says, "I am older, but I am still a skilled worker; yeah, I might need an employer that is willing to make some accommodations for me," how do we create policies that incentivize that?

For our millennial males, how do we create policies that incentivize them? Because if we don't have that labor participation, we can't grow the economy.

The other things that also get uncomfortable, and we are going to talk about those today, is: How do you have a disruption, a disruption in the cost of healthcare?

I want to argue and I am going to make you an argument that we are living on the cusp of miracles.

On one hand, we have technology. Many of you are carrying it in your pocket. That cell phone, that super-computer, and the new sensors and other things, the ability to stay healthy, the ability to know when you have a problem.

Then, on the other side, the miracle cures, the single-shot cure for hemophilia that will be here this year, the experiment that is going on that cures sickle cell anemia. We are in the time of miracles.

Why this side is so important on my little upside-down bell curve is 5 percent of our population is the majority of our healthcare spending. It is our brothers and sisters who have chronic conditions.

What happens if we could get our act together and, through a series of financing and policy and licensing, these new biologic drugs, these new small-molecule drugs, these new things we are learning, get them to market and we are curing people who are part of that 5 percent of chronic conditions? Even if we can cure parts of their struggles, it is wonderful for society, and it is also really good for the cost of healthcare.

So we are going to touch base on just some things that I find fun, because it is part of the—and I know I overuse this term—thought experiment of what is coming.

So we now have almost complete miracles of technology. This is something that was just shown last week at the Consumer Electronics Show. This is a defibrillator you can carry in your purse. You can almost carry it in your pocket. It is just handheld.

This type of technology, as you now know, with the new types of pacemakers, the new abilities to help someone manage everything from hypertension to arrhythmia to now actually being able to restart a heart, this is at the Consumer Electronics Show.

We need to think about these types of disruptions.

Here is one. It turns out, if you were to take a look at how many Americans will lose their life to heart disease, to a heart attack, we now have the ability to monitor, with just almost a single pod like this in your home, just a single patch you put on, talking to your phone. These concepts crash the price of that disease if we could get them adopted.

It means we, as policymakers, have to figure out everything from the elegance of the licensing mechanisms—which the FDA does get some credit. They have been trying to create some kind of a third rail.

If you wear one of the Apple watches, you realize parts of that are coming on a new third rail of: Is it technology? Is it a health device?

These things are coming, and we are building models now that show they can help crash the price of keeping people healthy.

One of the slides I did not bring today but we have talked to the pro-

fessor, the thing that looks like a big kazoo. I am sorry. This is the best way we have to describe it.

You blow into it, and it instantly knows if you have the flu, instantly can bounce off your medical records if you are carrying them on your phone and instantly can order your antivirals.

So this could be in your medicine cabinet at home. You blow into it. They think the future version will be able to pick up bacterial infections, and the one a couple of years in the future will pick up as many as 20 different cancer proteins.

And it is a kazoo. You blow into it. We call it a flu kazoo in our office. People laugh at me for that, but they remember it.

Do you know that technology is illegal?

Think about that. The thing you would blow into that instantly knows you have the flu, that instantly can ping your medical records, knows that you are not allergic or are allergic to this particular antiviral, orders that antiviral and that Lyft or Uber or somehow gets it to your door an hour later, that process right now is illegal under many of our State laws under the way we reimburse under the Social Security Act because an algorithm is writing the prescription.

Should Congress, a few years ago, have slowed down the internet to protect Blockbuster video from Netflix?

You have got to understand, we have these disruptions in our society; we live with them all the time; but we sometimes need to step back and say: Okay. I like going home and hitting a button on my television and seeing all those movies instead of going and getting the little silver disc.

□ 1430

Apparently, Blockbuster Video didn't have armies of lobbyists walking up and down the hallways here in Washington, D.C. trying to protect their portion of the business model.

The technology is here that could crash the price of healthcare. Is that Republican or Democrat? I am going to argue it is just necessary. We do not have a choice. Do you remember the earlier boards? They were about if we don't have a revolution in healthcare costs.

So part of that same thought experiment, over that next 30 years you saw the majority of the debt and deficits are driven by Medicare. Thirty percent of that spending is just diabetes. What happens if—and I accept diabetes I and II are incredibly complex, there are autoimmune issues, there are lifestyle issues, it is complex, but just as part of the thought experiment—the single biggest impact you could have on future deficit spending is a cure for diabetes. Does that help sort of put it into perspective?

Let's actually walk through a couple of these. It turns out, remember how I said I think it is sort of an upside-down

cure? On this side is the use of technology to keep us healthy to be able to manage our health issues, if you need a pharmaceutical get it quickly, get it through use of technology; over here is the curative.

It turns out we are now coming across some studies that are talking about some of the new gene therapies that are crazy expensive, except the model is because of the cures they are producing, it will save billions of dollars in the future because you are cured. The miracles are coming.

Have you seen what we are able to do now in what we call CAR T? That is where we find out the type of cancer you have, we see what types of proteins it is producing, what T cells would properly attack it, and we set your body's immune system to attack. Some of the companies that are producing this technology actually give you a guarantee that if it doesn't work, you don't pay.

We just had a breakthrough a couple weeks ago, it turns out that we may be able to not only grow these in a petri dish, but we may be able to grow parts of those first immune responses to these types of diseases in an agnostic fashion before it is customized to you, so the price is about to crash. What is the value of curing your cancer instead of trying to find a way where you live with it for decades?

This place needs to think through the benefits of: How do we finance the cures? And this is where it gets a little political. I am sorry I am going to hurt some people's feelings, but there is a bill that has moved through this House called H.R. 3. It was a drug pricing bill. If you will be honest and sit and read it in detail, it is basically the keep Big Pharma protected bill because what it does is it wipes out all the small biologic, small molecule companies that are the disrupters.

These are the ones, you know, the product clearance is really simple. The drug that cures hemophilia is here. It is going to be like a million-and-a-half bucks a shot, but in many parts of the country hemophilia A may be a half a million dollars a year for the clotting factor and everything that goes with that. A million-and-a-half dollars a shot is a great investment. You are back in the money after 3 or 4 years. Our discussion should be financing that and getting those rolled out into society really fast.

But if H.R. 3 had existed when they were starting to research that drug, that drug would not be here. In a perverse way, the incentives are, without that drug, the ways of pharma and the infrastructure around that disease, they don't have a disruption. They are not put out of business by a cure.

H.R. 3, I know some of my brothers and sisters on the Democratic side, we have worked on it, we have talked about it, they mean well. There are actually some good things in the bill. But the basic reference pricing mechanisms that come with it, importing the European model, which in Great Britain a

year of healthy life is worth, I think \$38,000. So if the drug costs more than \$38,000, even though it gives you a year of healthy life, they don't buy it. And that is what this bill does, it imports that pricing mechanism into our market.

It is absurd because we should be looking at both pricing mechanisms that crash the price where we can, but cure. How do we cure our brothers and sisters who are part of that 5 percent who have chronic conditions that are the drivers?

We just passed a bill through this body that basically protects Big Pharma's current monopolies and wipes out the disrupters that were going to take their market share. They did it with glee because I think the hatred of Big Pharma blinded from understanding who actually won and who gets to just change their business model a little bit and stay protected and who you just wiped out, because that would wipe out those miracles that are coming.

I know that is partisan, and I don't mean to hurt anyone's feelings, but it is the math of the legislation. So these are important.

Another thought, if you want to have a real disruption that you could do before the end of this year, half the pharmaceuticals that will be picked up today at pharmacies will not be used or will not be used properly. Our model says it is a half a trillion dollars a year from not using your pharmaceuticals properly. The person that doesn't take their hypertension pills and ends up having an aneurism, the person over here that takes too many, or the person over here gets confused. Half a trillion dollars a year for noncompliance with pharmaceutical regimes, and half the pharmaceuticals that will be picked up today will not be used or will not be used properly.

The thought experiment is really simple. Go look in your own medicine cabinet. Take a look, and what is sitting in there? What is the value of what is sitting in there? Let's be honest. Almost all of us, if we go, yes, I probably do have hundreds of dollars of value sitting there. Let's just go after one small portion, the efficacy, the person who, if they really take their hypertension pill every morning, and there is a miracle, we think there might be a one- or two-shot-a-year system about to come that may actually intervene instead of having to take the daily pill—but I don't mean to take us down that side.

How about a pill bottle that pings you and says, Hey, Bob, you didn't take your hypertension pill this morning. Don't forget, this is really important. It turns out, just that \$20 piece of technology would save billions of dollars of healthcare costs and stop many tragedies in our families.

I have actually brought the board here that is actually for seniors that looks a little bit like a dome that drops the pills into a little cup and then noti-

fies you, because some people have regimes where they need to take this one in the morning, this one during lunch, these three before going to bed to stay stable. And how many of us have ever had that moment saying, Now did I take it? Did I remember? This technology exists. We need to think about making those as part of our formulary, so we are reimbursed. Because it turns out in those cases it is not the price of the pharmaceutical, it is our efficacy of how we take them. Half a trillion dollars a year, because we don't stay on our regimes of our pharmaceutical prescriptions properly.

If you wanted to have a disruption in healthcare costs tomorrow, make high-value pharmaceuticals, put them in a double blister pack, put them in a cartridge so they stay sterile, and make them returnable. Use technology like this so we take our pharmaceuticals as we are supposed to. Make it so it could also talk to family members or even the physicians' assistants to call in and say, Betty, we are getting a notice that you haven't been opening your pill bottle. The technology is here. Why do we fight it?

Here is also a level of disruption that was being shown at the consumer electronics show, but I need to put this a little more in context.

In the Phoenix area we have an experiment going on. I am blessed, I represent, I truly believe, the greatest congressional district you could ever imagine. I have north Phoenix and Scottsdale, and I have a lot of freaky-smart people in our community and moving into our community. And there is this one business, a couple autonomous automobile engineers got together and said, Hey, we have made a lot of money, we want to take on the biggest issue in our society, which is the cost of healthcare. Let's try an experiment. Let's see if we can create autonomous healthcare clinics.

Think of this, you walk into a Safeway grocery store—it is a little unfortunate, they are in former Theranos spots, but you all get that joke—but you walk in the door, you pick up the iPad, you sign in. You take a picture of your driver's license, a picture of your insurance card. You walk into a booth alone. The instructions pop up on the screen. You put your arm in this, you hold this up, you follow an avatar, you shine this in your mouth, your nose, your ears, you do this, you look into this, and it turns out the algorithm is stunningly accurate. And I believe they have had a couple of their algorithms now certified by the FDA. And there are a dozen clinics now or they have a dozen clinics in a dozen grocery stores.

Are we willing to make that technology legal? Because at the end they have to bring a doctor on the screen to meet the laws. Well, what would happen if that autonomous—what they call in some of the literature, they now refer to them as sensor clinics or sensor healthcare, but we need to think about this. This is here. It is coming very fast.

It turns out at the electronics show last week they were showing one that is a micro size that you could have in your medicine cabinet that does many of those very same types of tests and the algorithm apparently is freaky accurate and can do all sorts of diagnostics. Are we ready for this?

Last year I came and showed a box—that actually is sort of what Theranos had promised, but it actually now exists—it is from an Israeli company, it is certified in the EU, that does all sorts of blood tests. The technology now exists. It is not being offered here because it is too hard to hit our market at this point.

Go back to the beginning slides. The debt and deficit are functionally being driven by our demographics. The cost of those demographics is our healthcare. Are we going to continue to have the absurd debate around here of financing options, which may have effects? There are parts of it that are good, but they don't have a disruption. Are we going to find a way to promote, legalize the next-generation technology that can crash the price of healthcare and make us healthier and cure many of the diseases that crush our brothers and sisters?

So back again—the slide we either start with or end with—we believe to take on the debt-ridden future and keep us from breaking through that 95 percent debt-to-GDP it is not a single solution. Today we just did healthcare technology disruption. But it is everything. It turns out it is economic policies that grow because if we don't grow the math, you can't get anywhere.

Population stability, how do we incentivize family formations? How do you build an immigration system that is much more talent-based, because—let's be brutally honest—since 1971, the United States has been below replacement rate in our birth rates. The last few years we have actually had fairly stable economic times, the last 2 years, great economic times, and our birth rates are still falling.

There is a paper I have in my office that says, in about 8, 9, 10 years, two workers, one retiree. The math doesn't work. So what do you do to encourage family formation? For some Republicans we are going to have to really step up and think about that.

But also for immigration, you need to move to a talent-based system. The elegance of that is you don't care about someone's religion, their race, who they cuddle with, or where they come from. But what you do care about is what they bring to our society to maximize economic expansion. In many ways it is a much more honest and elegant system than this carve-out system that we have today.

Changing the way or creating benefits incentives within the benefits of Social Security and Medicare to stay in the labor force or to come back into the labor force or become a part-time entrepreneur, we need to fix the way we tax certain benefits, the way we

crush people if they are still saving when they are older. We need to deal with the reality of how much longer baby boomers are going to be living. And we have got to get our labor force participation numbers up. It turns out all these things tie together. You can't do one without doing the others to get the economic benefits of it.

And that is what terrifies me about our place here: Are we capable of doing complex policy, when over here I am doing immigration issues, and over here I am doing tax reform issues, and over here I am doing trade issues, and over here I am doing healthcare technology issues; and understanding they are all sympathetic to each other, they all tie together to create the economic philosophy and the changes in our cost structure together? When what we have here is a place where we fight over the naming of a post office.

I understand we are living in a time of political rage, and that is how so many people raise money, how they hold office.

□ 1445

I have a 4-year-old daughter. I am 57 with a 4-year-old daughter. My wife, the same.

You know I am pathologically optimistic, but I am optimistic because I get to get behind this microphone and advocate for what I believe is an actual path that saves us from a debt-ridden future.

I have been doing this now for a year, saying here is the problem, but also offering the steps of a solution.

I will go back to my office now, and the phones won't ring. There won't be any text messages or emails from even fellow Members, let alone the world, saying: Hey, DAVID, can you tell me about this technology? Can you tell me about this? How do we help?

If we don't have that revolution, I am terrified.

Madam Speaker, I yield to the gentleman from Texas (Mr. ROY) for the purposes of a colloquy.

Mr. ROY. Madam Speaker, I thank the gentleman from Arizona for highlighting a number of different issues, starting, of course, with spending and talking about the future that we are going to deal with from a fiscal standpoint in our country, particularly the extent to which Medicare and our entitlement situation is going to drive that, but, importantly, getting to the point of disruption, technology, and the ways that we can totally transform healthcare in a way that will both fix our fiscal situation as well as provide the best healthcare in the world.

As the gentleman from Arizona (Mr. SCHWEIKERT) knows, I am a cancer survivor. I am a father, as well, of a 10-year-old and an 8-year-old.

Mr. SCHWEIKERT. Madam Speaker, I wish he would tell that story more.

Mr. ROY. Madam Speaker, I do, and I try to talk about it. There are others of us in this body who have gone through that sort of thing.

This is what is so critically important, what we are talking about: We have the ability at our fingertips to transform our healthcare system and to save our country from the depths of \$23 trillion, \$24 trillion, \$30 trillion, \$40 trillion of debt. This is where we are headed if we don't go down this road.

I know there is a bipartisan thirst for this, but we have to stop having our leadership in two corners, with shirts and skins squabbling instead of focusing on these kinds of roll-your-sleeves-up solutions.

The question I would ask my friend from Arizona is, what does he see as the obstacles to what we are talking about here, in terms of the current situation with insurance oligopolies and the government bureaucracies that get in the way of innovation, technology, and direct primary care and going to the doctors of your choice, and being able to get that kind of innovation?

Mr. SCHWEIKERT. Madam Speaker, look, in some ways, telling the truth is like soaking yourself in kerosene and running around with a lighter.

Congress has functionally become a protection racket. The armies in our hallways, both with Democrats and Republicans, say, "We like this technology, but," and the "but" always happens to be, "you are going to blow up my business model."

How do we as policymakers stop having the arrogance of thinking we know what the future is and, instead, design the rules, reimbursements, licensing, and mechanisms that all go with that so the best technology is constantly winning and today's winner, it turns out, gets crushed tomorrow because a better one comes along?

Today the way we do it is we build walls of protection that say, "This is good. Yeah, there is something incredibly good over here, but."

That is why I use that Blockbuster video example. We all sort of accepted that, hey, we used to go get the little silver disk and shove it in the machine. The creepy guy would give us movie recommendations. He was creepy, but his movie recommendations were really good.

Today, we go home and hit a button. We just lived through that, and the world didn't come to an end.

When it comes to healthcare technology particularly—and I do a similar presentation on environmental technology. There is stunning stuff that could revolutionize those issues. If you are concerned with global warming or greenhouse gases, the technology is here, yet we don't talk about it because we know what we know. The problem is, much of what I and others know is a decade out of date.

Mr. ROY. Madam Speaker, I would ask the gentleman, does he agree with me that when we are talking about this kind of disruption, that this is not a partisan problem, that this is a problem of this body not sitting down and rolling up its sleeves to try to address using innovation and finding how to

break through and not getting into the trap of this town where the power brokers make all the decisions and the lobbyists are driving a lot of what we are doing so powerful insurance companies or powerful government entities are making decisions for you instead of you and your doctor, and technology and innovation?

Mr. SCHWEIKERT. Madam Speaker, we have to be a little careful because I find there are certain insurance companies that are ready to offer a technology, sensor-based healthcare, but it is illegal.

There are hospitals I have worked with that desperately want to do an outreach in the community, where they are using data and algorithms to keep people healthy and to know when there is an issue coming.

It is not only us as Members of Congress and what we know and don't know, and the arrogance of how we often do pieces of legislation where we don't future-proof it to use it, and also the incentives that are built in to surviving election, raising money, everything there, I will also argue our bureaucracies have become calcified.

The bureaucracies now have become incredible barriers when they say: "Well, we don't see that in the rules; therefore, you can't do it. Yes, it would help society. Yes, it would make us healthier. Yes, it would."

Mr. ROY. Madam Speaker, by that, government and private sector bureaucracies, and State and Federal.

Mr. SCHWEIKERT. Exactly, Madam Speaker. States are going to be a real issue, and then different lobbying organizations and different constituencies.

Guess what? We don't have a choice. The single biggest threat to our Nation is the massive wave of debt that is here.

One of our charts, in just a decade or two, we are running \$2½ trillion, almost approaching \$3 trillion, deficits. It is almost all solely driven by our demographics. We have gotten older.

Mr. ROY. Madam Speaker, I would just like to thank the gentleman. I appreciate his time and his dedication to this. Let's do this again.

Mr. SCHWEIKERT. Madam Speaker, I enjoyed it.

Madam Speaker, there is a path. Will we step up and understand that the path turns out to be complicated? We are going to make some of our constituencies just elated with the opportunity to change. We are also going to terrify some of our constituencies.

There is a way to get there, and believe it or not, it is technology. It is not Republican technology. It is not Democratic technology. It turns out it is math, and the math will always win.

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

#### STILL I RISE: SENATE IMPEACHMENT TRIAL

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the gentleman from Texas