

Remember, this is a loop. Everything here we talk about is, if we are going to keep our promises on Social Security and Medicare, we have got to have the economic expansion that provides the resources.

The next one I am going to give you is the one that I am most optimistic about. And let's put that board up. But this one is a little harder to talk about, so I will beg you to bear with me.

When we have had debates around here on the ACA—some people know it as ObamaCare—or our Republican alternative, or this healthcare debate, I need everyone intellectually to strip away our partisanship and take a step backwards. Almost all of the debates have been about who gets to pay.

The ACA just shifted lots and lots of the spending onto the government. Some of our alternatives were actually trying to spread the cost out more across the private payer populations. But we have done almost nothing to disrupt the cost curve.

So part of the thought experiment I want us all to engage in is: How many of us went to Blockbuster Video last weekend? I know it is a little starky, but think about it. Didn't it feel like almost overnight you no longer stood in line at the local retail strip center at Blockbuster Video to get the little silver disk that you were going to take home and shove into your Blu-ray player? You would now go home and you hit a button and you get Netflix, or HBO Go, or Hulu, or whatever you are watching.

That is what we call a disruption. Almost overnight, society figured out, hey, this is cheaper, faster, better.

How do we take that sort of concept of disruption and make it part of healthcare? How do you say, instead of playing this game that we have played over and over of just trying to move around who gets to pay, we are going to engage technology in such a fashion that we disrupt the cost curve of healthcare delivery?

The fact of the matter is there is so much technology rolling out, this is about to become your primary care physician.

How many of you have seen the articles of something that looks like a kazoo, a large kazoo that you blow into and it tells you if you have the flu virus. The article from last week, something a little bigger, a cone over your nose and mouth, you blow into it and it tells you if you have a bacteria.

There is the Apple Watch that will help you manage your arrhythmia. There is all of this technology rolling out. There are things, I am told, right

now at the Consumer Electronics Show, a couple of hundred items being shown at this moment that are all technology—we like to refer to them as digiceuticals in our office—that will disrupt the cost of healthcare if we can break down the regulatory legal barriers, whether it be on how we pay for them or the fact that many of them provide a level of autonomous healthcare. Our system as it is regulated and compensated today does not, was not designed for a level of autonomous.

We have a company in Scottsdale that now has four or five locations up. I guess they used to be Therascan booths. I think they are at Safeways, if I am allowed to say such a thing.

You go in and you functionally fill out your information in an iPad. You go into a private booth. There is an avatar on the screen. You grab the scope—and forgive me, I am not a medical person—and you shove it down your throat, in your ear, in your nose. It tells you how to move it. It tells you what they need.

You put your hand on something. It can do a pulse and the temperatures and other things. And an algorithm does the calculations. Apparently, the algorithm is amazingly accurate.

What would happen if that type of healthcare became available to all of us? We crash the price. We dramatically change the availability. And, yes, these things are scary because it is a disruption of technology into our economy, but we don't have a choice.

You saw the charts before. The greatest fragility in our society is promises we have made that we have no money. And almost every solution gets us nowhere close to the types of resources needed. We must have a disruption in the cost of delivery.

And part of the thought experiment, it has been a year or two, but we have seen things like the contact lens that can calculate your blood glucose, that talks to your insulin pump.

Because we do know that more than half of our healthcare costs in this country are for the 5 percent of our brothers and sisters who have chronic conditions, what happens when those digiceuticals help manage those chronic conditions to prevent the crashing?

How about the pill bottle that makes sure that—we know that 50 percent of pharmaceuticals are not used properly. The solution becomes a technology one when all of a sudden your phone rings. The beeper goes off. You haven't taken your hypertension medicine that morning.

We desperately need this body to start to understand this. And is that

Republican or Democratic? It is technology. Now, I am sure, eventually, we will break down and it will become a Republican issue or a Democratic issue, whether it be because which lobbyists go where, but for right now, it is just a solution.

The last one I will give you of my five is when we do all of this progrowth, this ability to crash the cost of delivery of healthcare, we are going to then have to have a really honest conversation of what we must do, particularly in Medicare, to modernize the design, deal with the reality that life expectancies for those who make it into retirement are going up.

Many of us will spend a third of our life in retirement. Do we need to change the incentives within those individual programs on how we take our benefits? How we manage those costs? How we participate in them?

We have some really interesting ideas: Would you make adjustments for folks who may have the ability to carry previous healthcare options with them?

But I truly believe we need to do all five of these, and we need to do them almost immediately because every day we wait, another 10,300 of our brothers and sisters, Americans, reach 65 and start to move into their benefits. And every day we wait, we avoid the reality of math.

I guess there are a couple of smart people out there who many years ago said: Tell me your demographics and I will tell you your destiny.

I have just told you our demographics. I have just shared with you the scale that is off the charts on the promises we have made and our lack of resources, and I believe I have actually begun to give an approach of a unified theory of how we make it work and how we make it through, functionally, our 74 million baby boomers who are moving into retirement and how we move through that population bubble so someone like my 3-year-old daughter also has the economic opportunities that I have had.

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

ADJOURNMENT

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

The motion was agreed to; accordingly (at 7 o'clock and 10 minutes p.m.), the House adjourned until tomorrow, Friday, January 11, 2019, at 9 a.m.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Official Foreign Travel during the first, second, third, and fourth quarters of 2018, pursuant to Public Law 95-384, are as follows: