

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-