

### REMEMBERING LOUISE SLAUGHTER

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

Mr. MCGOVERN. Madam Speaker, it is fitting that we are honoring Congresswoman Slaughter during Women's History Month because her legacy is planted firmly in the history books.

She wasn't the daughter of wealth or privilege, but she traveled from the coalfields of Kentucky to become the first woman ever to chair the House Rules Committee.

Louise's 30 years of service here embodied what it means to be a public servant: writing the STOCK Act and the Genetic Information Non-discrimination Act, shepherding through the Affordable Care Act. I could go on and on.

There was no special interest too influential for her to take on, no politician too powerful.

Many of us saw her determination firsthand, whether we were with her on an issue or especially if we were on the opposite side. We are all better for it. This Chamber and this country are better for it.

I am proud to have worked alongside her. I am glad that she will be joining so many pioneering women in the National Women's Hall of Fame this year.

Madam Speaker, and on behalf of all the Members of this Chamber and on behalf of her staff, especially in the Rules Committee, let me just say we loved her, and we miss her a lot.

### APPOINTMENT OF MEMBERS TO UNITED STATES HOLOCAUST ME- MORIAL COUNCIL

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to 36 U.S.C. 2302, and the order of the House of January 3, 2019, of the following Members on the part of the House to the United States Holocaust Memorial Council:

Mr. ZELDIN, New York

Mr. KUSTOFF, Tennessee

### APPOINTMENT OF MEMBER TO BRITISH-AMERICAN INTER- PARLIAMENTARY GROUP

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to 22 U.S.C. 2761, and the order of the House of January 3, 2019, of the following Member on the part of the House to the British-American Interparliamentary Group:

Mr. HOLDEN, North Carolina

### FIVE PILLARS OF WHAT WE BELIEVE SAVES US

The SPEAKER pro tempore. 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, what we are going to do right now is, and we are going to hopefully only take about a half an hour, actually walk through sort of the continuing theme of how at least our math—and particularly in our office, we have been trying to put together sort of a unified theory of how do we deal with the reality of what is happening in our country with our demographics. We are getting older much faster, and our birth-rate has fallen dramatically.

Repeatedly, we have come up here with other boards that basically show, over the next 30 years, the greatest threat to our economy, to our society, to our country's priorities, is the fact that our interest, Social Security, Medicare, healthcare entitlement costs consume everything. The rest of the budget is functionally imbalanced.

I know this is uncomfortable because it is one of those things that is hard for us to talk about. It is not Republican or Democratic. It is demographics. It is math.

Part of that baseline, to understand 2008 to 2028, take those 20 years, 91 percent of the spending increase here in Washington, if you remove interest, 91 percent of the spending increase is—actually, I think it does include interest—interest, Social Security, healthcare entitlements.

We need to understand the basic math. And now, how do you actually deal with it?

How do you maximize economic growth?

How do you maximize labor force participation?

How do you encourage people, if we built the incentives, to actually stay in the labor force longer?

How do you actually embrace technology, particularly disruptive technology that crashes the prices and makes our society healthier and more efficient?

And then, how do we have an honest conversation of those earned benefits and build them so they have incentives in there that, if you are fit and healthy and happy, you are willing to stay in the labor force longer? Are there certain spiffs and benefits we can design into these?

So those are sort of our five pillars.

Today, we are going to do something that is fun.

We just grabbed a handful of concepts that are about technology, and the tough part—when you start talking about disruptive technology—it makes you sort of giddy for what the future is and the opportunities.

But there is this thing we call incumbency, particularly in economics—incumbency: the incumbent business; the incumbent medical provider; the incumbent over here.

These technologies are going to be a real challenge.

□ 1430

The running joke in our office is how many of us went to Blockbuster Video

last weekend. We sort of woke up one night and all decided to go home and hit a button called HBO Go, Netflix, those things. We no longer stood in line and got movie suggestions and went home with a little shiny disc.

We are going to walk through, first, some of the healthcare IT and why this is so important. I want you to first think about some of the technologies that are starting to roll out.

If you got to take home or had in the back of the office or we had on the back of the floor here something that looked like a gigantic kazoo that you could blow into and it told you whether you had the flu or whether you had a bacterial infection and, instantly, it could ping your medical records that you are carrying around both on your phone or in the cloud and instantly order your antivirals and they were delivered to your house, did we just crash parts of the price of healthcare? Of course we did.

Did we just make a lot of incumbent businesses? We are challenging part of their business model because you used this technology instead of going to the urgent care center or going to the emergency room or going to the hospital or even going to the pharmacy. But we have to be willing to think about these things. These types of technologies are rolling out all around us.

An Israeli company—the picture over in the far corner—actually has, and I guess it is being certified all across Europe right now, a desktop blood test that actually does a whole plethora of different blood tests with just a few drops. Remember, we talked about this 10 years ago. It turns out the technology now actually exists.

In a couple of blog posts, even the concept of going into an autonomous healthcare center—and we actually have about 10 of these up in the Phoenix area where you go in and sign up on an iPad. You take a picture of your driver's license and a picture of your insurance card.

You go into a booth alone. You put your arm in this thing. It does blood pressure and does a number of readings. You pick up this particular tool, and an avatar on the screen says: Can you shine this down your throat? Can you bend? Can you turn? Now do your ears, your eyes. It actually does algorithmic healthcare.

What if that few-drop blood test—actually, as a couple of blog posts talked about, you put your hand on something and it pricks your finger. It takes the blood test right there, and before you walk out the door, 5 minutes later, it is giving you a full blood workup.

What did you just do using technology to disrupt parts of healthcare costs?

These things are real. They are rolling out right now. There are amazing technologies in almost everything you can think of. But we are going to have to think about both the ecosystem and the complications of how it is paid