

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 MEMORIAL 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

for—are these things that Medicare, Medicaid, and other insurers will pay for?—and how we do it.

Also, the data. What happens in a society where you are now going to be walking around with certain wearables?

You have the fancy watch that helps you manage your hypertension, the patch that does your blood oxygen, the port that helps you actually manage your blood sugar. There is lots of data coming off of those wearables. We, in our office, call them digiceuticals. How does that all tie into the rest of the ecosystem?

And that data, how do you actually get that data so a doctor or the algorithm can see, when you open your pill bottle—because the pill bottle has a sensor in it, we know when you took your pill, and 15 minutes later we see this on your EKG that is coming from your watch, we see this reaction, can that data become incredibly usable? Can that data be blinded from your own personal information and help all of society get healthier because we gained more data in those algorithms?

This is cutting edge, but it is not utopianism. We actually have those things right now today.

If you start to think about it, you can actually go to Amazon, or I am sure others online, and see that it exists today. For under a couple of thousand dollars, you can buy a handheld ultrasound. Think about that.

Apparently, there are other versions, faster, better, even ones coming in the future where the algorithm will actually read the ultrasound. You hold it up on your iPhone, and as you are using this handheld ultrasound to look at the picture, the algorithm is also going to help you interpret it.

What did an ultrasound system cost a few years ago? You can buy this online today. It exists, and we are doing experiments with it right now in a VA, I believe, just right here in Maryland. Apparently, they are having terrific outcomes because the doctor can walk up and check something.

These technologies exist. How do we start to have these technologies start to disrupt the price of healthcare? Because to be absolutely intellectually honest, if you actually look at the Affordable Care Act, ObamaCare, or Republican alternatives, we have spent a couple of decades in this body having a debate on who pays, not how to disrupt.

With the ACA, we are going to have government pay a lot more. Over here, in our version, we are going to try to create incentives to have individuals actually get market competition.

They have been debates on paying. We have almost never stepped up and said: What are our barriers at the State level? What are our barriers at the regulatory level? What are the barriers at the HHS levels that actually prevent the adoption of disruptive technologies?

These things do exist today. We need to actually embrace the concept of

rapid disruptive adoption of these technologies because, remember our five pillars, if we do not have a disruption in the cost of healthcare as we are getting older very quickly as a society, remember, in only 9 years, we have two workers for every one person in retirement.

In 9 years, if you pull interest out, half the spending here coming out of Washington, D.C., will be to those 65 and older, and it is, substantially, healthcare.

We all carry around these smartphones. Should our health records be on those? Of course they should be, because they should be portable with us because health data, health records are going to become something dramatically different than the record that is sitting there at the hospital. It is going to be living.

How many of you ever use something like Waze or a crowdsourcing on your phone? You are going to be having these things on your body, or the pill bottle that knows when you opened it. That data should be living with you so you are constantly managing.

There is a debate going on with those folks who build these algorithms. The fact that you had a surgery 7 years ago that is sitting on your health record or the health data that is coming off your wearables from the last 48 hours, which one is actually more valuable to your healthcare? The living data has incredible value in keeping you healthy. We need to find a way to embrace this and build this ecosystem.

This next one I put up, even though there are a dozen, we are going to show a couple of versions of this just for the fun of it. Think about the debates we are having here in Washington, D.C., and for those of us on the Ways and Means Committee in regard to drug pricing.

We need to fix many of the incentives. We need to actually deal with the fact that some of the games that are played on patents and other things—okay. That is an honest debate. But understand, the data says that half the pharmaceuticals that will be picked up at pharmacies today or delivered in the mail today, half of them will either not be used or will not be used properly.

Think about that just conceptually. Half of the pharmaceuticals that will be taken home today aren't going to be used properly. Is there a data solution?

We have everything from just the pill bottle top that lets us know that you opened it and when it opened and would tag your healthcare record, hopefully, be portable with you on your phone so we know that you actually took it, to actually, now, for those who may be on the severely mentally ill side who have certain maintenance medications that are providing miracles—they actually have a super small tiny chip that is actually in the pill itself that we can actually read that we know you are digesting it, that we know you took your meds.

Think about it. We need to embrace these types of technologies, even down to this type of pill dispenser for someone who may have a little more complicated issue where they take some of their pharmaceuticals either at multiple times during the day or they have certain complications.

Here is one that was shown at the Consumer Electronics Show in Las Vegas about 6 weeks ago. You put your cup under it and it automatically dispenses at a certain time and tells us what pharmaceuticals were delivered to you. It is technology dealing with the fact that we have documented that half the pharmaceuticals aren't properly used or used at all.

It turns out the data that will flow off of these things actually will help us. When you have a wisdom tooth taken out, do you really need 30 pills or do you need 3? It turns out, the data from this may actually help us dramatically change the way we do prescriptions in the first place.

So I am making the argument, it turns out that data and technology are also one of the solutions as we talk about pharmaceutical pricing.

Now we are actually going to move on to something else we, as a body—and this is going to take my brothers and sisters on the Democratic side and Republican side. We need to have a very, hopefully, math-based, honest conversation about how we are going to finance miracles that are coming, and some of them are going to be here before the end of this year.

We just put up this slide as part of the thought experiment. In America, we have about 8,000 Americans who have hemophilia A. The price range, we have actually found some documents that say the blood clotting factors and those things may be a half million dollars a year to keep that American stable.

What happens this November or December—which we are actually very hopeful is about to happen—when a single shot cures hemophilia A? How do we pay for it? What are we willing to pay for it? How do you value that in society? It is a single shot of a very small population so it is not like the next day there is going to be a competitor drug in the pipeline like we had with other drugs. In this case, it is a single-shot cure.

But we actually know that over 50 percent of all of our healthcare expense is to 5 percent of our brothers and sisters who have chronic conditions. What happens when we start having miracle drugs like a genomic biological like this that is curing diseases that are part of our brothers and sisters, that 5 percent who actually have the chronic conditions that consume over half of our healthcare dollars?

We are actually, as an office, proposing ideas of a type of healthcare bond so you can actually finance the adoption of the distribution of these disruptive, revolutionary drugs and then pay for it using some of what

would have been the future costs, pull those forward so you get the disruption of the future savings.

These individuals are out of that chronic condition, but we are going to have to have a very tricky conversation. How do you price it? What is the value of a pharmaceutical that is functionally a miracle that cures something like hemophilia A? How do you price it? There is only going to be one producer of it, would be my guess, because there is such a small population. There are only 8,000 Americans with hemophilia A. Is it worth \$1.5 million an injection?

There is actually a math way to get there dealing with the reality of this is a population that costs us a quarter of a million dollars a year to keep them healthy, and this is the life expectancy. What was the research cost, because we want these miracle drugs as part of our society to help us have that disruption as part of the holistic theory of technology, these new miracle drugs that are coming, to disrupt the future healthcare costs.

Now, I want you to take this concept a bit further and spread it beyond healthcare. Think of some of the crazy debates we have actually had here on the floor in regards to—forgive me—environment. I want to argue with you that there is a technology disruption that can make our environment cleaner but we don't actually hurt the economy. We can actually help it grow.

So here is my first thought experiment. This has been a fixation of mine for a few years here.

Think of the community you live in. What if tomorrow, instead of today's current model—you want to open up a paint shop or you want to open up a bakery or this and that. You go out and fill out forms. You send them down to the local environmental regulator. You may also file them with the State. If you are doing certain types of volatile organics, you may have to file with the EPA. You are basically filling up file cabinets. Do filled-up file cabinets make the environment, the air quality in your community cleaner?

□ 1445

It is an honest concept because we functionally have a 1938 regulatory model of file—lots and lots of paper—maybe even do quarterly audits, maybe annual audits, fill out more paper, and fill up file cabinets full of paper that functionally a lawyer gets to come and look at a couple years later.

Does that make the environment in your community cleaner?

What would happen if you had a few hundred or a few thousand people traveling around in your community that actually just had the little sensor traveling with them that they were collecting data on hydrocarbons, on volatile organics, and on ozone, and you could actually see the map of your community? If all of a sudden you had a hot spot over here because you find out you have clowns painting cars in

the backyard of their house, you would know about it instantly, and the environmental regulator, instead of putting paper in file cabinets, they would get in, hopefully, their electric vehicle, and go over and actually stop the clowns from painting cars in their backyard.

Which made the environment cleaner?

The trade-off here is actually very elegant because I don't need you to file lots of paperwork. I don't need you to actually be doing quarterlies and annuals because if you screw up, we catch you instantly.

What made the economy grow, what reduced the bureaucratic burden in our society, and what actually made our communities healthier and cleaner?

It is just technology.

Mr. GAETZ. Will the gentleman yield?

Mr. SCHWEIKERT. I yield to the gentleman from Florida.

Mr. GAETZ. Madam Speaker, I thank the gentleman for yielding.

With all due respect to the gentleman from Arizona, he is very weird in that he runs his congressional office like a think tank where people contemplate the ways that technology can improve healthcare and the environment in a nonpartisan way, because these are not issues that have anything to do with whether someone is a Republican or a Democrat.

But so many of these ideas that the gentleman and I have discussed for years fail to make their way into the most dynamic economy and marketplace in the world, which is the United States of America.

So my question for the gentleman is: How do we go from the innovative space of great Americans coming up with sensor technology to action in the Congress or within our government that is worthy of the great people we serve?

Mr. SCHWEIKERT. Will the gentleman enter into a colloquy?

Mr. GAETZ. I will.

Mr. SCHWEIKERT. The gentleman is one of my buddies from Florida. He actually gets this, but he also knows I actually love the technology disruptions, because none of us has figured out if it is Republican or Democrat yet, which actually makes it possible for us to do it. Now, eventually, we will break it into partisan because everything has become weaponized and partisan around this body.

But, right now, think of this: this is a natural gas electric facility. It can power 5,000 homes. It is up and running outside Houston. It doesn't have a smokestack. All the ACO<sub>2</sub>, so all the carbon is captured. They actually came up with this brilliant technology that the carbon actually flows through. My understanding of the engineering is it helps spin the turbines, and then the excess carbon that is generated is safe and sold.

We actually have a tax credit that we adjusted that hopefully made it more

robust as we did tax reform that if you want to take some of that carbon you can put it in concrete, or a piece of plastic, or do it for certain types of oil recovery.

Mr. GAETZ. Was it a refundable tax credit or was it an upfront credit?

Mr. SCHWEIKERT. It is actually a tax credit according to the amount of tonnage you produce of ACO<sub>2</sub>.

Mr. GAETZ. So it is a production tax credit?

Mr. SCHWEIKERT. Yes. But the beauty of it is that model has said that we have actually already created a value on this carbon, and if you don't put it into the environment but actually use it for other things as a filler in plastics, as a filler in concrete, in putting it back in to the ground to enhance recovery, we are already doing it. This technology isn't utopianism, it exists. It is already running.

How many times around here have we talked about that we can actually have a hydrocarbon generation without a smokestack?

The technology exists. If we are going to talk about a green agenda, then we actually all need to sit down and actually meet with the really smart researchers and scientists and actually understand the math and science. That science is way ahead of where our heads are.

The gentleman from Florida has some amazing technologies coming out of his State right now on everything from biogeneration to the ways to manage the environment.

Mr. GAETZ. I would ask the gentleman, as we try to take these good ideas that seem to not be emerging from the Federal Government but from several States and from local communities that are doing some of their own great work, I feel at times like you have got one party here that thinks that Big Government is always the answer, and you have another party who thinks that big business is always the answer, and at times these technological solutions come from neither. They come from the creative class, the innovative class.

Mr. SCHWEIKERT. That is actually a brilliant way to phrase it.

My continuing thought experiment, and this is a little beyond where we were going, but it makes the point, visit Washington, D.C., or a bunch of other locations now. They are not going to give you a straw or they are going to give you a paper straw.

The math is—and this actually, I believe, comes from the United Nations—90 percent of all the plastic in the ocean—and, look, it is a big deal. I am looking at my data here, roughly 8 million tons a year of plastic goes in to the ocean. The gentleman is from a coastal State—comes from 10 rivers, eight of them in Asia, two of them in Africa.

If you actually really cared about plastic in the ocean, that 8 million tons, we would actually take our environmental policy, our trade policy, and

our foreign aid policy and say that we are going to actually help these 10 rivers that are responsible for 90 percent of the plastic in the ocean and work on those. But instead we do these feel-good, absurd, theatrical things of “my community isn’t going to do straws, don’t we feel better that we did something for plastic in the ocean?”

It had nothing to do with plastic in the ocean. It is these 10 rivers. Let’s grow up and stop the political theater.

Mr. GAETZ. So what is the get-out-of-jail-free card so that we can liberate ourselves from a policymaking climate that seems to be more robust in virtue signaling than in actually following data?

Mr. SCHWEIKERT. I knew you were going to say virtue signaling.

This is a little bit sarcastic, and I mean it to be slightly on the humor side, one of the first things every Member of Congress should put into their budgets is the ownership of a calculator, because we functionally work in a math-free zone where our feelings become public policy instead of the baseline data where we can actually have an impact of making our society and the world healthier and more economically prosperous. If you actually, genuinely cared about plastic in the ocean, we have 10 rivers, 90 percent of the plastic, we know exactly where they are; focus there, instead of the absurdity of the straw at your local whatever.

Mr. GAETZ. I appreciate the gentleman mentioning our oceans. As someone from a coastal State that means a great deal to me.

Mr. SCHWEIKERT. Coming from Arizona we have sort of this utopian view that one day Arizona may become a coastal State.

Mr. GAETZ. Based on the current rate of climate change you may get your wish.

Mr. SCHWEIKERT. Or an earthquake.

Mr. GAETZ. It doesn’t strike me as an enviable outcome. I do thank the gentleman again for yielding for this discussion.

It is my sincere hope that this is a discussion that we can have with Members of Congress from urban districts, rural districts, liberal Members, and conservative Members, because as the gentleman correctly points out, these are actually solutions that do not lend themselves to a partisan tilt.

I am sincerely hopeful that the gentleman will continue to lead on this subject, and I thank the gentleman for yielding.

Mr. SCHWEIKERT. You are very kind, and I thank you for the colloquy.

Look, many of us just want to solve the problems. I have the best little girl in the world sitting in the back right now. She is 3 years old.

What does her future get to be like? We have a demographic crisis. It is just math. We are getting older very quickly. If we don’t grow the economy, if we don’t have lots of labor force participation, and if we don’t use trade

and tax policy and innovation, we need these things to grow.

But instead, Madam Speaker, if you listen to the speeches that often end up behind these microphones, it is an absurdity that is partisan because we care about power more than actually doing those things that are so important for our future of this society.

So I want to give you one last, ultimate thought experiment. I am still just stunned this article hasn’t gotten more coverage around the country, but it is going to require many of us to actually deal with some of our political constituencies that have lots of folklore built into their belief systems.

About 6 weeks ago, an article came out. University of Illinois U.S. Agricultural Research Service published a paper saying—now, you all remember your high school or your first botany class or when you were actually learning about cell biology—there is actually a weird inefficiency in plant cells on how they grab a carbon molecule or oxygen molecule—we won’t geek out too much—but they found a way through a bit of genetic engineering to make the cell wall superefficient.

They basically believe that they have broken the Holy Grail that plants, commodity crops—right now they did it on tobacco plants, because the reason they do research on tobacco plants is we have known the genome of tobacco plants for quite a while now—40 percent increase in efficiency.

We have got to think this through. Now, there is a really disruptive side of that. Forty percent, tomorrow if you could plant a corn seed or wheat or something else, and it had 40 percent more yield, what does that mean to feeding the world 50 years from now?

Yay.

What does that mean to commodity prices?

Scary.

But you need functionally now 40 percent less land, 40 percent less water, 40 percent less fuel, and we actually have some data here from the IPCC 2014 report which is from the United Nations that just a little under one-quarter of all the human emissions, functionally greenhouse gases, come from agriculture.

If you do the math—think about this—this 40 percent increase in yield for agriculture would functionally equal removing every car off the face of the Earth.

Think about the conversations we have here talking about the environment. Here is a miracle. And the reality we know from other disruptions in seeds that it can be rolled into society very quickly as these new seed stocks, except we are going to have to deal with our brothers and sisters saying: well, that is a genetically modified seed.

Yes, but it has this amazing disruption in the world. If you truly care about greenhouse gases, if that is your fixation, just moving to this new disruptive technology that I hope is real,

I hope the research continues to demonstrate a 40 percent production increase, this here could be the fastest, biggest disruption in greenhouse gases in the world because you could actually adopt these seed crops within just a few years.

That is an example of technology not just bringing a small improvement or even a disruption, in many ways it is a major disruption, but you have to deal with the politics of belief systems. It is genetically modified, but it is not a genetically modified seed stock to deal with pests or this and that, they just dealt with the inefficiency of the cell wall. It is a miracle. If it is true, it is a miracle. Think about it, though, but understand the disruptions that are going to roll through our society.

What happens to the value of agricultural land?

What happens to the ability of nations to ultimately feed themselves if all of a sudden they had a 40 percent increase in productivity?

But also what happens in our world if I come to you right now, Madam Speaker, and say that agriculture produces functionally, by my math, a bit more than 2½ times the amount of emissions of every car on the Earth?

So this technology would be as if you just removed every car off the Earth.

How come we don’t have these types of conversations here on the floor?

It is because it doesn’t fit our political folklore model of what has become just a stunningly partisan gotcha weaponized body.

As we go through our five pillars for the future one more time, the reason for the fixation on this, we have 74 million of our brothers and sisters who are baby boomers, the last baby boomer hits 65 in 9 years, many of the things we should have done we should have done a decade or two decades ago, and we didn’t have the political appetite. We have to deal with the reality that we have this population bubble that is getting older and our birthrates have substantially collapsed.

If we are going to keep our promises to those folks who have worked their entire lives who will be moving into their benefit years, we have to think disruptively. We have to be willing to do everything from tax policy, trade policy, and regulatory policy that we have talked about here using technology, to labor force participation, encouraging people all up and down the spectrum to actually enter the labor force.

We have to be willing to talk about redesigning some of the programs to incentivize, if you wish to work, you get to work. We are going to have to actually also embrace the miracle of these disruptive technologies and not be scared of them.

But this body is going to also have to deal with something that is very difficult for a political body, and that is a lot of our friends are going to either have to change their economic models and a lot of our States are going to

have to change their regulatory models just as we will. But it is these disruptions that give us the economic robustness to actually keep our promises over the next 30 years.

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

□ 1500

#### MEDICARE FOR ALL ACT

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

#### GENERAL LEAVE

Ms. TLAIB. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on the subject of the Special Order today.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Michigan?

There was no objection.

Ms. TLAIB. Madam Speaker, I am honored to co-chair this Special Order for the Congressional Progressive Caucus with my amazing colleague from California, KATIE PORTER.

This is a privilege for me to be able to work with so many of my colleagues on the issues that they are very passionate about, from healthcare to environmental justice to LGBTQ rights. It has been an honor to lead this and to be part of this.

Today, we are talking about an important, important issue to one of my colleagues whom I have known for over 15 years as a community organizer and, later, as an immigration rights attorney working on civil rights issues. It is an honor to introduce my colleague from the State of Washington, the leader on healthcare for all, our wonderful, great colleague, Representative PRAMILA JAYAPAL.

Madam Speaker, I yield to the gentlewoman from Washington (Ms. JAYAPAL).

Ms. JAYAPAL. Madam Speaker, let me say how pleased I am to be with Ms. TLAIB today, leading the Special Order hour, and, Madam Speaker, how pleased I am to see you at the podium.

This is a fantastic group of individuals who have joined us here in Congress, and I couldn't be prouder to serve with both of you and with others who are here as well.

The topic of this Special Order hour is so important. It has been important to me, of course, but also to Members of Congress in general and to communities across the country, and that is the topic of healthcare.

I wanted to break this down a little bit, in terms of where we are on this issue for people who are watching, because this is one of the beauties of the Special Order hour, that we get to talk about the issues that matter; we get to explain things; and we get to put forward our proposals and our ideas.

I am so proud to say that, on February 27, I and my colleague, Representative DEBBIE DINGELL, introduced the Medicare for All Act of 2019, and we had 107 original cosponsors. Those are the folks who sign on right as it is getting introduced.

Of course, a bill gets introduced, and we always add people on after that. But this is 107 original cosponsors for this act that would build upon, improve, and expand Medicare so that it covers every single person in this country—universal healthcare, the idea that healthcare is a right and not a privilege.

Let me start by saying that we Democrats are absolutely united around the need to shore up the Affordable Care Act. There is no question that there is work to do immediately on some of the things that were done to take away access to those with pre-existing conditions, to strip away the benefits of the Affordable Care Act. We are 100 percent united around continuing to do that.

However, we have to have a bold vision that addresses the healthcare crisis in this country that leaves 30 million people uninsured and 40 million people underinsured, without access to healthcare.

We have to understand, in doing that, in the United States today, we spend, depending on what estimate you look at, about \$32 trillion to \$39 trillion on healthcare costs over 10 years. That is going up to about \$50 trillion over the next 10 years on healthcare. That is about 18½ percent of GDP.

If you look at every other major industrialized country in the world, what you see is that they provide healthcare, comprehensive care, to everybody in their country, and they do it at about half the cost, or less, of what the United States spends.

You might think that you could look at costs of healthcare in this country and you could say: Well, America has the best healthcare system in the world, and that is why we spend so much. We have the best healthcare outcomes.

Well, let's talk about that for a second. In the United States, we spend 18½ percent of our GDP on healthcare costs, yet we have the worst health outcomes of any peer country in the world.

Today in the United States, we have the highest maternal mortality rate. We know what that is; that is moms dying in childbirth.

We have the highest infant mortality rate. That is kids dying at young ages.

We have the lowest life expectancy rate of any of our peer countries. In fact, we are the only industrialized country in the world where life expectancy is going down and not up.

So we don't even have good health outcomes to show for our healthcare system.

That is why Representative DINGELL and I and our 105 additional cosponsors of the bill, and Representative TLAIB

and many others who are part of this effort, have introduced the improved Medicare for All Act of 2019.

What this bill does is it offers, first of all, comprehensive coverage to everyone in the country. We say that that includes primary care; it includes vision, dental, hearing; it includes mental health and substance abuse; it includes long-term services and supports, maternal healthcare, and more.

Everybody in the country will have access to healthcare when you get sick, not when you need an emergency room, not when you simply can't take your illness anymore, but when you actually get sick.

This bill is the first time that we will actually have long-term care supports and services included in this coverage. This is very, very important because it covers seniors, obviously, our elderly, as they get toward the end of their life, and it includes people with disabilities who have, traditionally, been left out of this entire sphere.

What we do is we say that, instead of the current system where you have to get so poor that you have to be on Medicaid—you have to have a low level of income, be on Medicaid—if you want long-term supports and services, and the automatic default is institutional care instead of home care, we flip that on its head and we say you get to stay at home with the people you love. You get to be in your home as you are dealing with these incredible challenges that you may have.

Our bill says no premiums, copays, and deductibles. We don't want you to have to think about that as you go to the doctor.

This is very important, because you will hear this is a government takeover of healthcare. That is what opponents of my bill are already trying to tell you.

I want you to hear this really clearly, if you are listening: We use the same network of doctors and hospitals that is already here.

In fact, I bet, if we had a roomful here and I were to ask people how many of you have been told, or have a family member or a relative who has been told, that you can't go to a certain hospital or doctor because it is out of network, or you only get a certain coverage if you go, I bet everybody would raise their hands. I see people raising their hands right now. Good for you. I feel like I have an audience here.

What our plan says is that you can go to any doctor or hospital. The government isn't taking over those services. It is not going to be a different government service. It is just the same as what you have right now.

The only thing that changes is, instead of having to argue with five insurance companies—because maybe you have Medicare and you have Medicare Advantage; maybe you don't have anything at all; maybe you have a combination of things put together. Instead of having to argue with five insurance companies, you get to just say: