been crushed by COVID. And when you look at why, I think we have a solution, but we have to think differently in this place.

So first let's do the global problem. The honest truth about what is about to crush us, as a people, is debt. Take a look at this chart next to me. Over the next 30 years—and this is in adjusted dollars, so this is in today's dollars—$101 trillion of debt in today's dollars. I don't think we ever get close to that, being able to finance that type of debt.

But if you look at the chart, 67 percent of it is just Medicare. The rest here is Social Security. The little green part of that $101 trillion, only about $3 trillion of it is the rest of government. It is Medicare and Social Security.

If you believe, like I do, that we have a moral obligation to keep our promises on Social Security and Medicare, we need to step up and deal with the reality of the math hiding it.

So think about the debates that have been going on here. We are talking about $4 trillion here, $4 trillion for this. This is the Damocles sword hanging over our head. And the economic violence, the evil that we will do to seniors and this government when this blows up on us is terrifying.

So I want to walk through some basics, and as I juggle these boards, a really interesting number here, and this one is really important. If you can take a look at this top line, this is what needs to bounce off here. Of that, functionally, I think it is $68 trillion of debt that is driven just by Medicare over the next 30 years, 31 percent of it is diabetes.

If you look at the health outcomes from COVID, from my Tribal communities out in the Southwest, for urban populations that have lots of diabetes issues, take a look at what a crappy year they had, dying from COVID.

If we don't change this policy of saying, well, we are going to spend money putting up more medical clinics and in doing this and doing that, we are going to spend money to help people live with their misery?

Is that really what we are about?

How about doing something bold?

We are going to do an Operation Warp Speed to cure diabetes, and, yes, it is going to be hard.

There is some incredible science coming on type 1 because type 1 is an autoimmune. Type 2, a lot tougher because a lot of it is lifestyle. And we are going to have to deal with government policy on how we do farm policy, on how we do nutrition support.

But maybe we can come together here and say we are going to stop financing misery; the diabetes that is rampant through our society. Oh, by the way, at the same time, it is the single biggest impact you can have on the debt bomb that is hanging over our society.

And we have got to work through some of the crazy policy proposals here that sound great, and you work through, and all they are going to do is bring more misery to our society.

How many of you have actually read H.R. 3?

That is the Democrats' bill on trying to deal with prescription drug costs. And I understand we need to something about prescription drug costs, but what it does is it uses reference pricing. Which means we are going to go to Great Britain here and take what they allow for a year—so a single quality year of life—and if the drug costs more than $37,000, you don't get it.

So the new Alzheimer's drug that was finally approved last week, you don't get it because it doesn't give you—it costs more than $37,000. That is the price mechanism that makes H.R. 3 work. That is cruel.

But on the conservative side, we have got to get our math right. We tell people, price transparency. Price transparency does a good thing. It makes a difference, but it only makes a fractional difference. The best research we have been able to find is it is .1 percent to .7 percent change in healthcare cost.

So here is the point I am trying to get through. ObamaCare, the ACA, the Republican alternative, they were financing bills. It is who had to pay, who got subsidized. We need to start having a debate here on what we pay and how we crash the price of healthcare.

Mr. Speaker, how much time do I have left?

The SPEAKER pro tempore. The gentleman has under 3 minutes remaining.

Mr. SCHWEIKERT. Mr. Speaker, okay. In that case, I am sorry, I am going to talk even faster.

I am going to make an argument that there is a technology disruption here that can help us change what we pay. The single thing we could do immediately to have the most impact is if we could get our brothers and sisters to take their hypertension medicines, to take their pills. That is 16 percent of all healthcare costs. A half a trillion dollars a year is just from people misusing or not taking their pharmaceuticals.

There is technology now on the pill cap, the dispenser, to help grandma, to help me, to help all of us take our pharmaceuticals when we need it.

But the other thing, this can be in your medicine cabinet. We now have the technology that you blow into, that tells you if you have a virus; that tells you if you have a cancer; tells you what you have.

It is time for the technology disruption, and it is time this body started to legalize that technology to help us disrupt the price of healthcare. We can do something. And the beauty of it is, by doing the right thing, it affects the debt crush that is coming to our society. But, also, we start helping our brothers and sisters not have to live with the misery.

So an Operation Warp Speed for diabetes, Republicans, Democrats, we can get on that. There may be some who want to do it because of debt. Some want to just do it for a humanitarian cause. It is the right thing to do.

And then let's legalize the technology that helps us change what we pay, instead of having the crazy debate we have here of how we pay.

It is time for the revolution. Adopt the technology. Let's change the price of healthcare.

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

ENROLLED BILL AND JOINT RESOLUTION SIGNED

Cheryl L. Johnson, Clerk of the House, reported and found truly enrolled a bill and a joint resolution of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 49. An act to designate the National Pulse Memorial located at 1912 South Orange Avenue, Orlando, Florida, 32806, and for other purposes.

H.J. Res. 27. Joint resolution providing for the appointment of Barbara Barrett as a citizen regent of the Board of Regents of the Smithsonian Institution.

BILLS PRESENTED TO THE PRESIDENT

Cheryl L. Johnson, Clerk of the House, reported that on May 20, 2021, she presented to the President of the United States, for his approval, the following bill:

H.R. 941. To reauthorize the Stem Cell Therapeutic and Research Act of 2005, and for other purposes.

Cheryl L. Johnson, Clerk of the House, further reported that on May 24, 2021, she presented to the President of the United States, for his approval, the following bill:

H.R. 1318. To restrict the imposition by the Secretary of Homeland Security of fines, penalties, duties, or tariffs applicable only to coastwise voyages, or prohibit otherwise qualified non-United States citizens from serving as crew, on specified vessels transporting passengers between the State of Washington and the State of Alaska, to address a Canadian cruise ship ban and the extraordinary impacts of the COVID–19 pandemic on Alaskan communities, and for other purposes.

Cheryl L. Johnson, Clerk of the House, further reported that on June 7, 2021, she presented to the President of the United States, for his approval, the following bill:

H.R. 2523. To amend the American Rescue Plan Act of 2021 to improve the COVID–19 Veteran Rapid Retraining Assistance program, to make certain technical corrections to the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, and for other purposes.

ADJOURNMENT

The SPEAKER pro tempore. Pursuant to section 11(b) of House Resolution 188, the House stands adjourned until 9 a.m. tomorrow.

Thereupon (at 10 p.m.), under its previous order, the House adjourned until