Resolved, That a copy of this resolution shall be transmitted to the President of the United States Senate and the Speaker of the United States House of Representatives; and be it further

Resolved, That a copy of this resolution shall be transmitted to the Honorable Debbie Stabenow, Chairwoman of the Committee on Agriculture. Nutrition, and Forestry of the United States Senate, and the Honorable Frank Lucas, Chairman of the Committee on Agriculture of the United States House of Representatives; and be it further

Resolved, That a copy of this resolution shall be transmitted to each member of the Iowa congressional delegation; and be it further

Resolved, That a copy of this resolution shall be transmitted to the Honorable Tom Vilsack, Secretary of the United States Department of Agriculture.

Mr. HARKIN. I thank the Chair and I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

HEALTH CARE REFORM

Mr. BARRASSO. Madam President, as someone who has practiced medicine in Wyoming for about a quarter of a century, and as medical director of the Wyoming health fairs to bring low-cost blood screenings to people all around Wyoming, I have been very involved in the health care issue and in actually helping to provide health care for people.

It was ironic last night during the State of the Union Address to listen to the President talk about health care as if he had some understanding of how it all worked. It became evident to me, sadly, that the President put forth some bold proposals and then came out with a 2,700-page bill that I think many people who voted for never read, didn't understand, didn't know the harm it was going to do to American families, and then the President last night was talking about it in the State of the Union Address in ways that it is actually helping people. It may be helping some, but it is hurting many more. It is not just the Web site. The Web site is the tip of the iceberg. There is huge damage being done to families.

Today I have a letter with me that just came in from a family in Wyoming to talk about how much this is harming this person's individual family. A man from Upton, WY, a small community, somebody who tries to get up every day, go to work, take care of his family, put food on the table. Yet his whole family is being harmed by this law the President has put into place, forced down the throats of the American people on a party-line vote.

So let me start with the letter:

> Opening up my insurance letter today has lead me to write you this letter. I'm usually the type of person that just keeps trudging along—

I think all of us have constituents who are like this—

> and take things as they come. I'm a longtime resident of this beautiful state and graduated from the University of Wyoming—as so many people have done—

> I'm married and have 4 young kids from ages 9 to 3.

He has four young kids ages 9 to 3. He said:

> We're a healthy and active family. Nonsmokers. Go to doctors for emergency care only. Go to the chiropractor and dentist regularly. I have a high deductible insurance plan.

It is a $10,000 deductible, which is high. He says he is paying $584 a month for that. I wish the President of the United States would get letters such as this and read them and understand the impact he is having on people's lives and how much his plan is hurting American families.

Justin writes:

> Now, due to the current healthcare climate, I'm going to have to pay $945 a month.

So he will be paying a lot more. He was paying $584, now $945 a month. He says:

> And they conveniently raised my deductible to $11,000.

He had a $10,000 deductible, which is high. They have raised that, and raised his premiums from $584 to $945 a month. He says:

> How does Obama expect the middle class to stretch their budgets every month to get healthcare coverage?

That is what middle-class Americans want to know. How does this President expect the middle class to stretch their budgets every month to get health care coverage?

He goes on:

> How can we get rid of ObamaCare?

That is a question I was asked repeatedly around the State of Wyoming last week.

This gentleman goes on to say:

> Every chance you get, please vote to repeal ObamaCare.

The President last night ridiculed people such as Justin—ridiculed him—saying, Well, sure, vote over and over and over. This man from Wyoming is saying: Every chance you get, vote to repeal ObamaCare.

He also said:

> Every chance you get please help the middle class.

Every chance you get, please help the middle class. We are not seeing that from this President, this administration, and those who supported these policies which have hurt the middle class.

He said:

> Thank you and I appreciate your leadership for the state of Wyoming. Now I'll go back to working hard to pay my insurance bill, (and probably some for the people that Obama is trying to help.)

Finally he says:

> Obama stated to the public that our premiums were not going to rise. Thanks for listening to me rant.

I don't consider what we are hearing from my friend Justin from Upton, WY, a rant. I hear it as a cry for help due to a health care law the President and the Democrats forced down the throats of the American people against their will. Many people who voted for it never read it, didn't understand it, and I really have strong doubts the President himself understands the health care law, what is in it, and the damage it continues to do to middle-class Americans and families all across this country.

Thank you, Madam President. I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. BLUNT. Madam President, last night in the State of the Union Message, the President looked at the Congress again and said: You need to be for my plan unless you have another plan, and suggested once again that we have never had other plans. I don't know in a handful of minutes that I can do justice to the other plans out there, but I can tell my colleagues there were other alternatives that were filed in legislation and that were debated in 2009. Clearly, today's experiences, one of which has been shared by a family from Wyoming, would be different experiences if we had looked at those other plans.

Let me very quickly respond to the President when he asked, What are your ideas, and remind him again of what the ideas were that were proposed by people who thought we had the best health care system in the world but thought it could be improved. Some thought there were people who did not have the access they needed and there were rules that could be changed to make a difference. Here is what some of them are.

One idea is to allow small business health plans. Most people get their insurance at work and they like what they have. Eighty-five percent of the people who had insurance last year got insurance at work and well over 90 percent of them thought what they had at work was good and met their needs. For years we have talked about ways to try to expand that so people, whether their association is the farm bureau or some other group they are associated with, where they can, through small businesses or associated health plans, get their health care plan that way, so they too become members of a bigger group that competes for health insurance through that group.

No. 2, expand coverage for young adults. The President said last night that 3 million of the people have been added of the—he thought maybe 12 million; I haven't seen that figure yet. A few days ago Senator REID said it was 9 million people, and a third of the people who had been added did so by staying on their parent's health care a little bit longer. That was the most uninsured group. The only person who filed that legislation in the House as the principal sponsor was me—to let people stay on their insurance. We said age 25, not 26. So I suppose the President added that 1 year to it, or whoever wrote the Affordable Health Care Act. But if that is right—I got the bill out the other day here on the floor—it was 3 pages and 4 lines. If 3 pages have

solved 25 to 33 percent of the problem, I guess maybe our side should have come up with 12 pages of legislation and solved the whole problem. This was not something that took 2,600 pages that nobody understood.

If we had that debate today, it would be a much better debate, because people have begun to understand how dangerous it is to deal with the health care of individuals and families.

Medical liability reform makes a big difference in how costs and insurance are impacted and how health care is done.

Increasing insurance flexibility lets people buy insurance across State lines. This is something that was out there as a significant idea that didn't minimize the choices people have, it maximized the places people could look to find out what their family needed.

As to preexisting conditions, we had a system that was dealing with that pretty effectively if a person could get into it—the State high-risk pools. We talked about ways to expand those. Why would that be better than where we are now? If an insurance company, a government—if in some way an entity is making that high-risk pool better—they know they are dealing with individuals who had a preexisting condition. It is not necessary to try to structure everybody else's costs so they pay a lot more just in case people with a preexisting condition become an unreasonable part of an insurance group that an entity is trying to provide for. These programs have been closed as of December 31 in most States. And in every case we have been contacted on, people who had preexisting conditions, were in a high-risk pool, are paying more for insurance with less coverage and, in many cases, can't get their doctor. And these are people who had a preexisting condition so who their doctor was mattered to them. In many cases, they no longer can have that doctor.

Clearly, I don't have time today to respond fully to the President. Whether it is high-risk pools that work better, wellness programs, preventing insurance companies from being able to cancel policies—that didn't require millions of taxpayer dollars; it just requires a rule that said they can't cancel a policy because somebody gets sick. The same as limits on coverage.

As for encouraging health savings accounts, the Affordable Care Act eliminates one of the real tools that was working for families.

As far as more transparency, how do health care providers do and how much do they charge to do it? What are their results and what are their costs?

And income tax treatment so that everybody who buys insurance buys that with dollars that are treated the same way. If the biggest company in America can buy an insurance policy and have it nontaxed, have it tax deductible, so should the individual who buys insurance on their own.

There are all kinds of alternatives out there that would work better that are not nearly as complicated and not nearly as expensive. The President needs to at least understand there are plenty of competing ideas. His ideas are not the only ideas that will work to make the system work better.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arkansas.

Mr. BOOZMAN. Madam President, surprisingly, the President didn't talk much about ObamaCare, his signature achievement. The people of Arkansas, the people of America certainly are talking a great deal about it and they are writing a great deal about it also. The reason is because they are so concerned that health care has become an absolute mess.

The President talked about a single mom who was able to resolve the problem of her preexisting conditions. I think we all agree that is something that was desperately needed. I am an optometrist, an eye doctor, and very much aware of the situations people have been put in, in the past. Although the reality is we can fix this problem—problems such as this—without creating a massive bureaucracy, without creating a situation where we have thousands of pages of regulations, and the reality is the unintended consequences of the situation we are in now with ObamaCare is that we have made it unaffordable. We have made it such that millions of Americans simply cannot afford the health insurance they are being offered.

Let me talk about a few people who have written to me to talk about their situation. Jack from Springdale writes:

> I just found out recently from my current health insurance provider that my current health insurance policy will be discontinued effective the first of next year, and a replacement policy will be approximately double which will be around $1,200 per month. My question is, is this what ObamaCare was supposed to do? And if not, what can be done about it?

Leonard and JoAnne write:

> This letter comes to you to ask for your needed support to defeat/defund the Affordable Care Act in any way possible.
>
> We recently received notification from Health Advantage of Arkansas that our 2014 monthly premiums increased $173.70 for a total of $1,360.06. Our out of pocket max increased from $3,000 to $5,000, the primary care physician co-pay increased from $25 to $35 and the specialist co-pay increased from $35 to $70. If either of us has to visit the ER, that co-pay increased from $100 to $250 dollars. The drug co-pay also increased. We are insulted to have to pay for benefits such as maternity, pediatric dental, and drug rehab which we have no need for since we are in our 60s and do not use drugs or alcohol. Health Advantage of Arkansas explained that these changes to our policy and increased costs were due to compliance to ACA.
>
> We have supported you in the past and would like to know what your plan is to relieve Arkansans and other Americans from these additional financial burdens imposed upon us by the Affordable Care Act.

Mary in Little Rock writes that she received a notice that her Medi-Pak Advantage plan was canceled at the end of last year. She explains:

> I had no idea that Obamacare was going to also affect Medicare. Now, to receive comparable coverage for 2014, I will have to pay an additional $500+ in premiums. This additional cost will definitely place an unfair burden on my finances. What are you & the Senate going to do to correct this situation?

I think Mary asks a very fair question. What are we going to do to correct her situation and the situation of so many others? I think the answer is we need to repeal ObamaCare. We need to put in place a system that does take care of the problems we have but without the bureaucracy, without the tremendous expense, and make health care affordable for all Americans.

I yield back.

The PRESIDING OFFICER (Mr. KAINE). The Senator from South Dakota.

Mr. THUNE. Mr. President, I appreciate the comments of my colleague from Arkansas and prior to him those of my colleagues from Missouri and Wyoming—we will be hearing in a minute from my colleague from Nebraska—all of whom are expressing sentiments that are conveyed to them by their constituents in their individual States about the very real and very personal impacts ObamaCare is having on them.

Last night, in the President's State of the Union speech, he sort of glanced over that issue. It is kind of the equivalent of a driveby. He sort of acknowledged the law. He said it is not going to change and if Republicans have better ideas, then come forward with them.

We just heard the Senator from Missouri, Mr. BLUNT, list 10 or 12 things that we think could be done that would be dramatically different and would be a dramatic improvement in a very different approach from what is included in ObamaCare, which is a heavyhanded, government-driven solution to health care, which essentially puts the health care in this country, which is one-sixth of our economy, under political control here in Washington, DC.

As a consequence, what we are seeing out there are higher premiums, higher out-of-pocket costs in the form of deductibles and copays, canceled coverages, and fewer choices when it comes to doctors and hospitals. That has been the real-world impact of the passage of ObamaCare. The President said when he was running for office he was going to reduce health care costs by $2,500 per family. We now know they have gone up, since he has taken office, by about $2,500 per family, and they continue to go up all the time.

We hear consistently from our constituents in our individual States, and those stories that are being shared this morning are good examples again of the real-world impact of this law and why it is so important we go back, start over, and do this the right way, with reforms that actually address the issue of creating more competition, more choice for individuals, allowing market forces in the world of health care as opposed to having this overreaching government approach, which clearly has not worked.

The one thing I and many of us got up and talked about when ObamaCare was being debated was the fact that there was not anything in there that constrained utilization or that put downward pressure on costs. So costs keep going up. That keeps getting passed on. Taxes keep going up. They keep getting passed on. What does that mean? For middle-class families it means higher premiums and higher deductibles, higher copays, and in many cases fewer jobs because that is the impact it is having on the economy, and it worsens the very thing the President says he is most concerned about; that is, the issue of income inequality. Because when you are driving up the cost for consumers in their daily lives—and I would say health care for most people is a very significant cost and I would add energy to that—but those are a couple of things where we have seen policies that have made it more expensive for middle-class Americans to make ends meet. Health care is certainly an example of that.

I would like to share a couple examples from my State. Of course, as has been mentioned earlier by my colleagues, we hear these stories in the form of emails, letters, phone calls coming into our offices. Lest anybody think what we do is done in a vacuum, these are not abstract issues. These are very real personal experiences that people across this country are having.

This is a letter from a constituent in Harrisburg, SD, which is a growing community near Sioux Falls, SD. It is a growing, vibrant community. The letter says:

> My wife and I have been fortunate to have become small business owners and entrepreneurs. So far, we have been successful of living the American dream for the last 3 years and have seen great success at what we do.
>
> Unfortunately, with ObamaCare, we are needing to make choices I never thought we would have to make.
>
> Based upon the rates for health insurance, we would be paying approximately $800 out of pocket per month. Essentially, we are thrown in to make an additional house payment per month, or face a penalty at the end of the year and not have health insurance.

This constituent goes on to say:

> Needless to say, I am very disappointed and upset right now. I feel I am being taken advantage of because I am a small business owner and wanted to live the ''American Dream.''

This next statement is from another constituent who is from Rapid City, and this is in the form of a letter regarding the President's broken promises. He says:

> Bottom line is the president lied to us. He said if we like our policy we can keep it. He said we would be saving around $2,500 a year. Wrong on both Accounts.

He then concludes:

> When our policy expires it will be cancelled and we will have to pay almost triple what we're paying now.

Those are examples from my State of South Dakota, and my colleague from Arkansas shared some examples from his State. I know my colleague, my neighbor from Nebraska, Senator JOHANNS, hears many of those same stories coming from his State. He represents people very much like those I represent in South Dakota who in many cases make their living the same way and are experiencing the economic consequences of a bad policy, a failed policy, a bad law that was rushed through here, and they now—the American people—unfortunately, are experiencing the adverse impacts of that in their own personal economic lives and, in a broader sense, on our economy nationally. Higher costs, canceled coverages, fewer choices in the form of doctors and hospitals, and fewer jobs for American workers whom we want to get back to work, that is the real-world experience.

There is a better way. The Senator from Missouri talked about many of those ideas. I hope the President would work with us to repeal this bad law and start over in a way that makes sense for the American people and for our health care economy in this country.

I yield the floor.

The PRESIDING OFFICER. The Senator from Nebraska.

Mr. JOHANNS. Mr. President, I wish to express my appreciation to Senator BOOZMAN and Senator THUNE for being down here this morning to talk about an issue that is extremely important and an issue we certainly are hearing a lot about in our Senate offices and hearing a lot about when we travel back to our home States; that is, the whole issue of ObamaCare.

The President, of course, mentioned this in his State of the Union last night, and I think he truly hopes he can change the subject here. But the reality is he cannot because so many people are being hurt by this legislation.

Over 4 years ago, when the health care law was being debated, there was one concern that dominated the discussion when we talked to our constituents back home. That concern was cost. They talked about the rising cost of health care and wanted to see what we thought in terms of this law's impact on that. But since this year's rates were posted, it has become absolutely obvious that this law did not hold true to its promise to reduce costs.

Our Nebraska insurance director was asked to comment about this when the rates were coming out. He said: ''Basically, the rates are going up.'' No truer words could have been spoken.

A CNBC headline read: ''Consumers say they're shelling out more for health insurance.''

But it is not just those headlines or the opinion of our director of insurance. It is what is happening to real people in their lives.

A father from just outside Omaha, NE, wrote a letter to me, and he said this: In 2013, his family's flexible spending account was cut from $5,000 a year to $2,500 a year as a result of the health care law.

If there was one thing people appreciated, it was the flexible spending account. Why you would want to cut this does not make any sense, but that is what the health care law did to him. He goes on to say that his wife's employer-sponsored insurance premiums have increased by an incredible 50 percent and their deductible and maximum out-of-pocket costs—well, they have not gone down—have gone up too, and these increases have been the worst they have seen in 14 years of employment, all due to the health care law.

His sons who are struggling to pay for college had their work hours restricted to 28 hours a week. Why? Because of the law. So as a result they are applying for more financial aid, they are going further in debt, and even taking on part-time jobs so they can stay in school.

But that is not the only person who has written to me. A Nebraskan from the south central part of the State reports this: He spent 27 hours trying to enroll on healthcare.gov only to find out he could not afford coverage, even with a premium subsidy. Under the best option, his deductible would increase by $7,000.

To a middle-class family, $7,000 out of pocket is bankruptcy. They do not have it. It is not like that money is going to fall out of the sky.

A young traveling nurse from northeastern Nebraska also faced sticker shock and reached out to me. Under a new plan, her premium more than doubled and her deductible went from $3,500 to $6,500. She wrote to me and said: ''This is not affordable when I have student loans to pay for and I'm trying to support myself.''

It is possible some Nebraskans have temporarily renewed their old policy under the delay that was announced by the President, but that just means they have delayed the pain until next year, and we will see more of these stories of skyrocketing costs and deductibles.

Let's face it. Americans did not get what they were promised when the law was passed. They expected a bill that would deliver on the promises and address the cost of health care. Instead, they are stuck with the very real consequences of a poorly crafted policy.

I think it is time we show Americans we can do better. I believe the place to start is to repeal the law and start working on step-by-step solutions that draw down health care costs for American families.

Those of us on the floor today are ready to tackle the challenge. I hope we find willing partners.

I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mrs. GILLIBRAND. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

HOMEOWNER FLOOD INSURANCE AFFORDABILITY ACT OF 2014

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the motion to proceed to S. 1926, which the clerk will report.

The assistant legislative clerk read as follows:

Motion to proceed to S. 1926, a bill to delay the implementation of certain provisions of the Biggert-Waters Flood Insurance Reform Act of 2012 and to reform the National Association of Registered Agents and Brokers, and for other purposes.

The PRESIDING OFFICER. Under the previous order, all postcloture time is yielded back and the motion to proceed is agreed to.

The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 1926) to delay the implementation of certain provisions of the Biggert-Waters Flood Insurance Reform Act of 2012 and to reform the National Association of Registered Agents and Brokers, and for other purposes.

AMENDMENTS NOS. 2702, 2704, 2705, AND 2698

The PRESIDING OFFICER. Under the previous order, Amendments Nos. 2702, 2704, 2705, and 2698 are considered proposed and agreed to.

The amendments are as follows:

AMENDMENT NO. 2702

(Purpose: To exempt certain loans from the escrow requirement under section 102(d)(1) of the Flood Disaster Protection Act of 1973)

At the end of title I, add the following:

SEC. 1___. EXCEPTIONS TO ESCROW REQUIREMENT FOR FLOOD INSURANCE PAYMENTS.

(a) IN GENERAL.—Section 102(d)(1) of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4012a(d)(1)) is amended—

(1) in subparagraph (A), in the second sentence, by striking ''subparagraph (C)'' and inserting ''subparagraph (B)''; and

(2) in subparagraph (B)—

(A) in clause (ii), by redesignating subclauses (I) and (II) as items (aa) and (bb), respectively, and adjusting the margins accordingly;

(B) by redesignating clauses (i) and (ii) as subclauses (I) and (II), respectively, and adjusting the margins accordingly;

(C) in the matter preceding subclause (I), as redesignated by subparagraph (B), by striking ''(A) or (B), if—'' and inserting the following: ''(A)—

''(i) if—'';

(D) by striking the period at the end and inserting ''; or''; and

(E) by adding at the end the following

''(ii) in the case of a loan that—

''(I) is in a junior or subordinate position to a senior lien secured by the same residential improved real estate or mobile home for which flood insurance is being provided at the time of the origination of the loan;

''(II) is secured by residential improved real estate or a mobile home that is part of a condominium, cooperative, or other project development, if the residential improved real estate or mobile home is covered by a flood insurance policy that—

''(aa) meets the requirements that the regulated lending institution is required to enforce under subsection (b)(1);

''(bb) is provided by the condominium association, cooperative, homeowners association, or other applicable group; and

''(cc) the premium for which is paid by the condominium association, cooperative, homeowners association, or other applicable group as a common expense;

''(III) is secured by residential improved real estate or a mobile home that is used as collateral for a business purpose;

''(IV) is a home equity line of credit;

''(V) is a nonperforming loan; or

''(VI) has a term of not longer than 12 months.''.

(b) APPLICABILITY.—

(1) IN GENERAL.—

(A) REQUIRED APPLICATION.—The amendments to section 102(d)(1) of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4012a(d)(1)) made by section 100209(a) of the Biggert-Waters Flood Insurance Reform Act of 2012 (Public Law 112–141; 126 Stat. 920) and by subsection (a) of this section shall apply to any loan that is originated, refinanced, increased, extended, or renewed on or after January 1, 2016.

(B) OPTIONAL APPLICATION.—

(i) DEFINITIONS.—In this subparagraph—

(I) the terms ''Federal entity for lending regulation'', ''improved real estate'', ''regulated lending institution'', and ''servicer'' have the meanings given the terms in section 3 of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4003);

(II) the term ''outstanding loan'' means a loan that—

(aa) is outstanding as of January 1, 2016;

(bb) is not subject to the requirement to escrow premiums and fees for flood insurance under section 102(d)(1) of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4012a(d)(1)) as in effect on July 5, 2012; and

(cc) would, if the loan had been originated, refinanced, increased, extended, or renewed on or after January 1, 2016, be subject to the requirements under section 102(d)(1)(A) of the Flood Disaster Protection Act of 1973, as amended; and

(III) the term ''section 102(d)(1)(A) of the Flood Disaster Protection Act of 1973, as amended'' means section 102(d)(1)(A) of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4012a(d)(1)(A)), as amended by—

(aa) section 100209(a) of the Biggert-Waters Flood Insurance Reform Act of 2012 (Public Law 112–141; 126 Stat. 920); and

(bb) subsection (a) of this section.

(ii) OPTION TO ESCROW FLOOD INSURANCE PAYMENTS.—Each Federal entity for lending regulation (after consultation and coordination with the Federal Financial Institutions Examination Council) shall, by regulation, direct that each regulated lending institution or servicer of an outstanding loan shall offer and make available to a borrower the option to have the borrower's payment of premiums and fees for flood insurance under the National Flood Insurance Act of 1968 (42 U.S.C. 4001 et seq.), including the escrow of such payments, be treated in the same manner provided under section 102(d)(1)(A) of the Flood Disaster Protection Act of 1973, as amended.

(2) REPEAL OF 2-YEAR DELAY ON APPLICABILITY.—Subsection (b) of section 100209 of the Biggert-Waters Flood Insurance Reform Act of 2012 (Public Law 112–141; 126 Stat. 920) is repealed.

(3) RULE OF CONSTRUCTION.—Nothing in this section or the amendments made by this section shall be construed to supersede, during the period beginning on July 6, 2012 and ending on December 31, 2015, the requirements under section 102(d)(1) of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4012a(d)(1)), as in effect on July 5, 2012.

AMENDMENT NO. 2704

(Purpose: To require the Administrator of the Federal Emergency Management Agency to make publicly available data that provide the basis for risk premium rates for flood insurance, to allow monthly installment payments for premiums, and to ensure that mitigation activities completed by an owner or lessee of real property are accounted for when determining risk premium rates for flood insurance)

At the end of section 103, add the following:

(h) DISCLOSURE.—

(1) CHANGE IN RATES UNDER BIGGERT-WATERS.—Not later than the date that is 6 months before the date on which any change in risk premium rates for flood insurance coverage under the National Flood Insurance Program resulting from the amendment made by section 100207 of the Biggert-Waters Flood Insurance Reform Act of 2012 (Public Law 112–141; 126 Stat. 919) is implemented, the Administrator shall make publicly available the rate tables and underwriting guidelines that provide the basis for the change.

(2) CHANGE IN RATES UNDER THIS ACT.—Not later than the date that is 6 months before the date on which any change in risk premium rates for flood insurance coverage under the National Flood Insurance Program resulting from this Act or any amendment made by this Act is implemented, the Administrator shall make publicly available the rate tables and underwriting guidelines that provide the basis for the change.

(3) REPORT ON POLICY AND CLAIMS DATA.—

(A) IN GENERAL.—Not later than 90 days after the date of enactment of this Act, the Administrator shall submit to Congress a report on the feasibility of—

(i) releasing property-level policy and claims data for flood insurance coverage under the National Flood Insurance Program; and

(ii) establishing guidelines for releasing property-level policy and claims data for flood insurance coverage under the National Flood Insurance Program in accordance with section 552a of title 5, United States Code (commonly known as the ''Privacy Act of 1974'').

(B) CONTENTS.—The report submitted under subparagraph (A) shall include—

(i) an analysis and assessment of how releasing property-level policy and claims data for flood insurance coverage under the National Flood Insurance Program will aid policy holders and insurers to understand how the Administration determines actuarial premium rates and assesses flood risks; and

(ii) recommendations for protecting personal information in accordance with section 552a of title 5, United States Code (commonly known as the ''Privacy Act of 1974'').

At the end of title I, add the following:

SEC. 110. MONTHLY INSTALLMENT PAYMENTS FOR PREMIUMS.

Section 1308(g) of the National Flood Insurance Act of 1968 (42 U.S.C. 4015(g)) is amended by striking ''either annually or in more frequent installments'' and inserting ''annually, monthly, or in other installments that are more frequent than annually''.