

an opportunity to foster cooperation between public and private interests, to work together to provide low-cost, clean energy. Instead, it has been used by the House Republicans to bludgeon the EPA and to roll back the environmental gains of the past half century.

SUPPORTING COMPUTER SCIENCE EDUCATION

(Mr. KILMER asked and was given permission to address the House for 1 minute.)

Mr. KILMER. Mr. Speaker, last week Hadi Partovi, co-founder of Code.org, testified in the Science Committee that by 2020 there will be 100,000 more computer science jobs in America than American students to fill them, and that women and minorities are underrepresented in these growing fields.

I have got 24,002 reasons to care about this: there are 24,000 open computing jobs in my State right now, and I have two little girls who will be entering into a workforce that will rely on skills in computing.

Right now, only 17 States accept computer science as a core math or science credit. That is why I support the Computer Science Education Act to fix this. According to an article in Education Week, in this last year in 11 States, not a single African American student took the AP computer science course; not a single Latino student in eight States, not a single female student in two States.

If we are going to compete and ensure all students can make it in America, we have got to close the participation gap and provide these opportunities in every State. We have got to step it up.

COMMEMORATING RICHMOND HEIGHTS' 65TH ANNIVERSARY

(Mr. GARCIA asked and was given permission to address the House for 1 minute.)

Mr. GARCIA. Mr. Speaker, today I rise to commemorate the 65th anniversary of Richmond Heights, a community that from its very beginning fostered inclusion and respect.

I recently had the opportunity to read a great book, "Miami's Richmond Heights," which was written by Patricia Harper Garrett and her daughter, Jessica Garrett Modkins, good friends of mine. It chronicles the story of a community that was set up by Captain Frank Martin, a White Pan Am pilot, who bought the land in 1949, knowing that a lot of World War II veterans, African American World War II veterans, would be returning armed with the GI Bill, but unable to purchase homes. He created this community based on racial equality and inclusion. It is one of the great communities of my district.

The African American leadership that it inspired—folks like Canon Theodore Gibson, Reverend John A. Ferguson, who created the Second Baptist Church, and Senator Larcenia

Bullard—that leadership has been passed on to others in Richmond Heights where today we have Senator Dwight Bullard and Reverend Alphonso Jackson.

Mr. Speaker, it is with great pride that I commemorate the 65th anniversary of Richmond Heights and Patricia Garrett's terrific book.

UNEMPLOYMENT INSURANCE

(Mr. BARBER asked and was given permission to address the House for 1 minute.)

Mr. BARBER. Mr. Speaker, on December 28, 1.3 million Americans lost their unemployment insurance because Congress failed to act. These families are struggling to put food on the table, to pay their bills, to heat their homes; and we have a responsibility to assist them in their time of need and as they continue to look for work.

But instead, Congress will go home today without taking action, and this is just outrageous. Every week that Congress ignores its responsibilities to our citizens, 72,000 more Americans lose their unemployment insurance, crucial assistance which not only supports them, but also our economy.

That is why I call on leadership to keep the House in session and to extend unemployment insurance now. We should stay here and do our job, for we are representing the people of America and those who we have a duty to serve. Let us stay here and make sure that Americans know that we have their back, that we are going to take care of them in their desperate time of need. I urge the House to stay in session and pass an extension to the unemployment insurance program.

EXTEND UNEMPLOYMENT BENEFITS

(Mr. SEAN PATRICK MALONEY of New York asked and was given permission to address the House for 1 minute.)

Mr. SEAN PATRICK MALONEY of New York. Mr. Speaker, I have learned a lot in my first year in Congress, but I could serve here a lifetime and never understand how some Members could be so callous and so shortsighted that they are ready to cut off a lifeline for millions of Americans, including 137,000 New Yorkers.

These New Yorkers are hardworking people, like Stephen from Sugar Loaf, who wrote to me because he needs unemployment insurance to stay in his house; like Brenda in Fishkill, where she and her husband are both enrolled in retraining courses right now trying to get work and need this insurance just to make ends meet; like Johnine in Warwick, who lost her job to outsourcing, but still has to take care of her daughter; like Carol in Dutchess County, who may not be able to take care of her disabled husband without this assistance; like Ingrid from Highland Falls, who fought for her country in war and now has to worry about putting food on the table for her children.

We must renew unemployment insurance for people like these now because every week that goes by, there are 5,000 more people like Stephen and Brenda and Johnine and Carol and Ingrid. These aren't statistics. They are hardworking Americans, and they need this Congress to act, and act now.

HONORING CAPTAIN CHRISTOPHER STOVER

(Ms. HERRERA BEUTLER asked and was given permission to address the House.)

Ms. HERRERA BEUTLER. Mr. Speaker, today I rise to honor Captain Christopher Stover of Vancouver who was tragically killed last week in a military training accident near Salthouse, England. A 4.0 student at Evergreen High School, Captain Stover chose to serve his country and attend the United States Air Force Academy.

Captain Stover was a pilot of the HH-60G Pave Hawk helicopter and served tours in both Iraq and Afghanistan. According to his family and friends, Chris had a passion for flying and he loved his job. A high school teacher said he was caring and nurturing and was known for fostering a strong sense of community. Not long ago, he visited an elementary school in Vancouver to thank a group of children who had sent him cards while he was overseas, and to tell them about his passion for flying.

He is survived by his wife, Sarah, and his parents, Maribel and Richard. Our thoughts and prayers are with you. We can never replace what you have lost, but on behalf of a grateful Nation, we thank you; and we will always remember his service.

There is an Air Force Academy tradition for those graduates who pass away. It comes from the third verse of the Air Force song. I will carry on that tradition by saying:

Captain Stover, here's a toast.

EXCHANGE INFORMATION DISCLOSURE ACT

GENERAL LEAVE

Mr. PITTS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on H.R. 3362.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

Mr. PITTS. Mr. Speaker, pursuant to House Resolution 455, I call up the bill (H.R. 3362) to amend the Patient Protection and Affordable Care Act to require transparency in the operation of American Health Benefit Exchanges, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 455, the amendment printed in part B of House

Report 113-322 is adopted. The bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 3362

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Exchange Information Disclosure Act”.

SEC. 2. WEEKLY REPORTS ON HEALTH BENEFIT EXCHANGES.

Section 1311(c)(5) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(c)(5)) is amended—

(1) in subparagraph (A), by striking “and” at the end;

(2) in subparagraph (B), by striking the period and inserting a semicolon; and

(3) by inserting after subparagraph (B) the following:

“(C) not later than the first Monday after the date of enactment of this subparagraph, and each Monday thereafter through March 30, 2015 (or the next business day when Monday occurs on a Federal holiday), in coordination with the Secretary of the Treasury and the Secretary of Labor, submit to Congress and make available to State governors, State insurance commissioners, and the public, a report concerning consumer interactions with the Internet website maintained by the Federal Government for health insurance coverage (healthcare.gov or any subsequent Internet site (or sites) that is established in whole or in part by the Federal Government to facilitate enrollment in qualified health plans, the receipt of advance premium tax credits or cost sharing reduction assistance, or comparisons of available qualified health plans) and any efforts undertaken to remedy problems that impact taxpayers and consumers, such report to include—

“(i) a State-by-State break down of—

“(I) the number of unique website visits;

“(II) the number of web chat logins;

“(III) the number of individuals who create an account;

“(IV) the number of individuals who have selected a qualified health plan;

“(V) the number of individuals who enrolled in Medicaid, and, of such number, the number who became eligible to enroll because of changes in eligibility effected under this Act and the number who otherwise were eligible to enroll;

“(VI) the number of individuals who have effectuated enrollment in a qualified health plan through payment of the first monthly premium;

“(VII) the age of individuals who have effectuated enrollment in a qualified health plan through payment of the first monthly premium;

“(VIII) the number of enrollees in each zip code; and

“(IX) the level of coverage obtained;

“(ii) a detailed description of the problems identified with website functionality, the actions that have been taken to resolve those problems, the identity of the contractors that are involved in such actions, the cost of such actions, how such actions are being paid for, and the names of the Federal officials responsible for overseeing the process; and

“(iii) a description of the separate problems with the website, including problems relating to—

“(I) logging into the website;

“(II) enrolling in coverage;

“(III) transferring to the State Medicaid programs;

“(IV) the calculation of advance premium tax credits or cost sharing reductions;

“(V) eligibility for qualified health plans, advance premium tax credits, cost sharing reductions, Medicaid, or the Children’s Health Insurance Program;

“(VI) income or identity verification;

“(VII) the transfer of information to health insurance issuers; and

“(VIII) consumer privacy and data security; and

“(D) not later than the first Monday after the date of enactment of this subparagraph, and each Monday thereafter through March 30, 2015 (or the next business day when Monday occurs on a Federal holiday), in coordination with the Secretary of the Treasury and the Secretary of Labor, submit to Congress and make available to State governors, State insurance commissioners, and the public, a report concerning the Federally operated customer service call center, including the number of calls received by the call center, the Internet website or enrollment problems identified by users, how many calls are referred to the Centers for Consumer Information and Insurance Oversight, how many calls are referred to State insurance commissioners, and how many callers enrolled in a qualified health plan through the call center.”.

“(E) not later than the first Monday after the date of enactment of this subparagraph, and each Monday thereafter through March 30, 2015 (or the next business day when Monday occurs on a Federal holiday), in coordination with the Secretary of the Treasury and the Secretary of Labor, submit to Congress and make available to State governors, State insurance commissioners, and the public, a report concerning the Federally operated customer service call center, including the number of calls received by the call center, the Internet website or enrollment problems identified by users, how many calls are referred to the Centers for Consumer Information and Insurance Oversight, how many calls are referred to State insurance commissioners, and how many callers enrolled in a qualified health plan through the call center.”.

“(F) not later than the first Monday after the date of enactment of this subparagraph, and each Monday thereafter through March 30, 2015 (or the next business day when Monday occurs on a Federal holiday), in coordination with the Secretary of the Treasury and the Secretary of Labor, submit to Congress and make available to State governors, State insurance commissioners, and the public, a report concerning the Federally operated customer service call center, including the number of calls received by the call center, the Internet website or enrollment problems identified by users, how many calls are referred to the Centers for Consumer Information and Insurance Oversight, how many calls are referred to State insurance commissioners, and how many callers enrolled in a qualified health plan through the call center.”.

“(G) not later than the first Monday after the date of enactment of this subparagraph, and each Monday thereafter through March 30, 2015 (or the next business day when Monday occurs on a Federal holiday), in coordination with the Secretary of the Treasury and the Secretary of Labor, submit to Congress and make available to State governors, State insurance commissioners, and the public, a report concerning the Federally operated customer service call center, including the number of calls received by the call center, the Internet website or enrollment problems identified by users, how many calls are referred to the Centers for Consumer Information and Insurance Oversight, how many calls are referred to State insurance commissioners, and how many callers enrolled in a qualified health plan through the call center.”.

“(H) not later than the first Monday after the date of enactment of this subparagraph, and each Monday thereafter through March 30, 2015 (or the next business day when Monday occurs on a Federal holiday), in coordination with the Secretary of the Treasury and the Secretary of Labor, submit to Congress and make available to State governors, State insurance commissioners, and the public, a report concerning the Federally operated customer service call center, including the number of calls received by the call center, the Internet website or enrollment problems identified by users, how many calls are referred to the Centers for Consumer Information and Insurance Oversight, how many calls are referred to State insurance commissioners, and how many callers enrolled in a qualified health plan through the call center.”.

“(I) not later than the first Monday after the date of enactment of this subparagraph, and each Monday thereafter through March 30, 2015 (or the next business day when Monday occurs on a Federal holiday), in coordination with the Secretary of the Treasury and the Secretary of Labor, submit to Congress and make available to State governors, State insurance commissioners, and the public, a report concerning the Federally operated customer service call center, including the number of calls received by the call center, the Internet website or enrollment problems identified by users, how many calls are referred to the Centers for Consumer Information and Insurance Oversight, how many calls are referred to State insurance commissioners, and how many callers enrolled in a qualified health plan through the call center.”.

“(J) not later than the first Monday after the date of enactment of this subparagraph, and each Monday thereafter through March 30, 2015 (or the next business day when Monday occurs on a Federal holiday), in coordination with the Secretary of the Treasury and the Secretary of Labor, submit to Congress and make available to State governors, State insurance commissioners, and the public, a report concerning the Federally operated customer service call center, including the number of calls received by the call center, the Internet website or enrollment problems identified by users, how many calls are referred to the Centers for Consumer Information and Insurance Oversight, how many calls are referred to State insurance commissioners, and how many callers enrolled in a qualified health plan through the call center.”.

SEC. 3. DISCLOSURE OF NAVIGATOR AND CERTIFIED APPLICATION COUNSELOR GRANTEES.

Section 1311(i) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(i)) is amended by adding at the end the following:

“(7) PUBLIC AVAILABILITY OF LIST OF NAVIGATORS.—Not later than 5 days after the date of enactment of the Exchange Information Disclosure Act, the Secretary shall make available to Congress, State attorneys general, State insurance commissioners, and the public a list of all navigators and certified application counselors that have been trained and certified by Exchanges, including contact information for all navigator entities and their partner organizations, including subcontractors. Such list shall be updated by the Secretary on a weekly basis through March 31, 2015.”.

SEC. 4. DISCLOSURE OF CERTIFIED AGENTS AND BROKERS.

Section 1312(e) of the Patient Protection and Affordable Care Act (42 U.S.C. 18032(e)) is amended by adding at the end the following flush sentence: “Not later than 5 days after the date of the enactment of the Exchange Information Disclosure Act, the Secretary shall make available on the Internet website maintained by the Federal Government for health insurance coverage (healthcare.gov or any subsequent Internet site (or sites) that is established in whole or in part by the Federal Government to facilitate enrollment in qualified health plans, the receipt of tax credits or cost sharing reduction assistance, or comparisons of available qualified health plans) a list of all agents and brokers who have been trained and certified by the Federal Exchange, including their name, business address (if available), and phone number. Such list shall be updated on a weekly basis through March 31, 2015.”.

“(8) PUBLIC AVAILABILITY OF LIST OF NAVIGATORS.—Not later than 5 days after the date of enactment of the Exchange Information Disclosure Act, the Secretary shall make available to Congress, State attorneys general, State insurance commissioners, and the public a list of all navigators and certified application counselors that have been trained and certified by Exchanges, including contact information for all navigator entities and their partner organizations, including subcontractors. Such list shall be updated by the Secretary on a weekly basis through March 31, 2015.”.

“(9) PUBLIC AVAILABILITY OF LIST OF NAVIGATORS.—Not later than 5 days after the date of enactment of the Exchange Information Disclosure Act, the Secretary shall make available to Congress, State attorneys general, State insurance commissioners, and the public a list of all navigators and certified application counselors that have been trained and certified by Exchanges, including contact information for all navigator entities and their partner organizations, including subcontractors. Such list shall be updated by the Secretary on a weekly basis through March 31, 2015.”.

“(10) PUBLIC AVAILABILITY OF LIST OF NAVIGATORS.—Not later than 5 days after the date of enactment of the Exchange Information Disclosure Act, the Secretary shall make available to Congress, State attorneys general, State insurance commissioners, and the public a list of all navigators and certified application counselors that have been trained and certified by Exchanges, including contact information for all navigator entities and their partner organizations, including subcontractors. Such list shall be updated by the Secretary on a weekly basis through March 31, 2015.”.

“(11) PUBLIC AVAILABILITY OF LIST OF NAVIGATORS.—Not later than 5 days after the date of enactment of the Exchange Information Disclosure Act, the Secretary shall make available to Congress, State attorneys general, State insurance commissioners, and the public a list of all navigators and certified application counselors that have been trained and certified by Exchanges, including contact information for all navigator entities and their partner organizations, including subcontractors. Such list shall be updated by the Secretary on a weekly basis through March 31, 2015.”.

“(12) PUBLIC AVAILABILITY OF LIST OF NAVIGATORS.—Not later than 5 days after the date of enactment of the Exchange Information Disclosure Act, the Secretary shall make available to Congress, State attorneys general, State insurance commissioners, and the public a list of all navigators and certified application counselors that have been trained and certified by Exchanges, including contact information for all navigator entities and their partner organizations, including subcontractors. Such list shall be updated by the Secretary on a weekly basis through March 31, 2015.”.

“(13) PUBLIC AVAILABILITY OF LIST OF NAVIGATORS.—Not later than 5 days after the date of enactment of the Exchange Information Disclosure Act, the Secretary shall make available to Congress, State attorneys general, State insurance commissioners, and the public a list of all navigators and certified application counselors that have been trained and certified by Exchanges, including contact information for all navigator entities and their partner organizations, including subcontractors. Such list shall be updated by the Secretary on a weekly basis through March 31, 2015.”.

“(14) PUBLIC AVAILABILITY OF LIST OF NAVIGATORS.—Not later than 5 days after the date of enactment of the Exchange Information Disclosure Act, the Secretary shall make available to Congress, State attorneys general, State insurance commissioners, and the public a list of all navigators and certified application counselors that have been trained and certified by Exchanges, including contact information for all navigator entities and their partner organizations, including subcontractors. Such list shall be updated by the Secretary on a weekly basis through March 31, 2015.”.

“(15) PUBLIC AVAILABILITY OF LIST OF NAVIGATORS.—Not later than 5 days after the date of enactment of the Exchange Information Disclosure Act, the Secretary shall make available to Congress, State attorneys general, State insurance commissioners, and the public a list of all navigators and certified application counselors that have been trained and certified by Exchanges, including contact information for all navigator entities and their partner organizations, including subcontractors. Such list shall be updated by the Secretary on a weekly basis through March 31, 2015.”.

“(16) PUBLIC AVAILABILITY OF LIST OF NAVIGATORS.—Not later than 5 days after the date of enactment of the Exchange Information Disclosure Act, the Secretary shall make available to Congress, State attorneys general, State insurance commissioners, and the public a list of all navigators and certified application counselors that have been trained and certified by Exchanges, including contact information for all navigator entities and their partner organizations, including subcontractors. Such list shall be updated by the Secretary on a weekly basis through March 31, 2015.”.

“(17) PUBLIC AVAILABILITY OF LIST OF NAVIGATORS.—Not later than 5 days after the date of enactment of the Exchange Information Disclosure Act, the Secretary shall make available to Congress, State attorneys general, State insurance commissioners, and the public a list of all navigators and certified application counselors that have been trained and certified by Exchanges, including contact information for all navigator entities and their partner organizations, including subcontractors. Such list shall be updated by the Secretary on a weekly basis through March 31, 2015.”.

“(18) PUBLIC AVAILABILITY OF LIST OF NAVIGATORS.—Not later than 5 days after the date of enactment of the Exchange Information Disclosure Act, the Secretary shall make available to Congress, State attorneys general, State insurance commissioners, and the public a list of all navigators and certified application counselors that have been trained and certified by Exchanges, including contact information for all navigator entities and their partner organizations, including subcontractors. Such list shall be updated by the Secretary on a weekly basis through March 31, 2015.”.

“(19) PUBLIC AVAILABILITY OF LIST OF NAVIGATORS.—Not later than 5 days after the date of enactment of the Exchange Information Disclosure Act, the Secretary shall make available to Congress, State attorneys general, State insurance commissioners, and the public a list of all navigators and certified application counselors that have been trained and certified by Exchanges, including contact information for all navigator entities and their partner organizations, including subcontractors. Such list shall be updated by the Secretary on a weekly basis through March 31, 2015.”.

“(20) PUBLIC AVAILABILITY OF LIST OF NAVIGATORS.—Not later than 5 days after the date of enactment of the Exchange Information Disclosure Act, the Secretary shall make available to Congress, State attorneys general, State insurance commissioners, and the public a list of all navigators and certified application counselors that have been trained and certified by Exchanges, including contact information for all navigator entities and their partner organizations, including subcontractors. Such list shall be updated by the Secretary on a weekly basis through March 31, 2015.”.

“(21) PUBLIC AVAILABILITY OF LIST OF NAVIGATORS.—Not later than 5 days after the date of enactment of the Exchange Information Disclosure Act, the Secretary shall make available to Congress, State attorneys general, State insurance commissioners, and the public a list of all navigators and certified application counselors that have been trained and certified by Exchanges, including contact information for all navigator entities and their partner organizations, including subcontractors. Such list shall be updated by the Secretary on a weekly basis through March 31, 2015.”.

“(22) PUBLIC AVAILABILITY OF LIST OF NAVIGATORS.—Not later than 5 days after the date of enactment of the Exchange Information Disclosure Act, the Secretary shall make available to Congress, State attorneys general, State insurance commissioners, and the public a list of all navigators and certified application counselors that have been trained and certified by Exchanges, including contact information for all navigator entities and their partner organizations, including subcontractors. Such list shall be updated by the Secretary on a weekly basis through March 31, 2015.”.

tleman from Michigan (Mr. LEVIN) each will control 10 minutes.

The Chair recognizes the gentleman from Pennsylvania.

Mr. PITTS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 3362, the Exchange Information Disclosure Act. This bill is fundamentally about transparency.

Since healthcare.gov’s disastrous launch, the public has received confusing and conflicting information about the site’s functionality and the number of individuals actually able to purchase insurance through the Web site.

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States trying to enroll individuals in Medicaid and insurance companies trying to sign people up for private insurance have received incomplete and inaccurate applications from the Web site.

H.R. 3362 would require the Secretary of HHS to provide a State-by-State breakdown of the number of unique Web site visits, the number of individuals who create an account, the number of individuals who select a qualified health plan, and the number of individuals who enrolled in a qualified health plan or Medicaid. The report must also describe the problems Americans are encountering with the Web site and how HHS is addressing them.

The American people have a right to firm data and an accurate picture of the exchanges. I urge my colleagues to support this bill.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

I am afraid the bill before the House today, H.R. 3362, the Exchange Information Disclosure Act, is simply an effort by Republicans to continue to impede the efforts of the administration to implement the Affordable Care Act.

Transparency and enrollment information is important for Members of this body to receive. But this bill’s requirements on the Secretary go way above and beyond what I think is necessary and valuable information. This is just an attempt to pile so many requirements on the administration that they are taking away from the true job of enrolling people in the law.

Enrollment numbers and visitors to the site are important pieces of information, and we certainly all know that, but this bill is simply unnecessary. There is already extensive disclosure of data on health insurance enrollments being provided. The administration releases enrollment data monthly, just like they do with Medicare and the children’s health insurance program and other Federal programs. The monthly HHS enrollment reports are excellent, detailed reports. In fact, the newest HHS monthly enrollment report, which was issued this Monday, which covers enrollment through December, has even more extensive data than the two earlier monthly reports.

Mr. Speaker, in addition to providing data on total enrollments nationally

and in the States, the latest report includes data both for the Nation and the States on, first, greater breakdown of those who have selected marketplace plans; second, age breakdown—I stress, age breakdown—of those who have selected marketplace plans; third, financial assistance status of those who have selected marketplace plans; and, lastly, a breakdown of the coverage level—or metal level—of the plans people have selected.

So these numbers show that there is a very strong demand for the quality, affordable coverage options now available to Americans because of the Affordable Care Act. More than 6 million Americans have now either signed up for a private health insurance plan or for Medicaid, including the nearly 2.2 million who signed up for private insurance through the marketplace. Nearly 1.8 million of these consumers signed up for private plans in December, and that is nearly five times as many people as signed up in October and November combined.

Frankly, Mr. Speaker, I am encouraged and excited by these numbers. Americans aren't going to the Web site because they are forced to, like the Republicans claim. They are going to the Web site because they want and need access to health insurance. This should be no surprise. Thirty percent—nearly one in three—of people who have enrolled in a marketplace plan are younger than age 35; 24 percent are between 18 and 34 years old; and there was a more than eightfold increase in December enrollments in the Federal marketplace. In addition, more than 3 million young adults have gained coverage because the Affordable Care Act allows them to stay on their parents' plan until they turn 26. So we are getting more of the younger people as well.

Meanwhile, healthcare.gov and State Web sites have received more than 53 million visits, and State and Federal call centers have received more than 11 million calls.

The administration has committed to release this information monthly, the way they have done with every other Federal program to date. So I am sorry to say that I simply do not believe this is a serious effort in any sense of the word by Republicans. This bill is nothing but a weak effort to smear the law.

I urge Members to oppose the bill. There are only so many resources out there. Why would we want HHS to have to provide this excessive information? I would rather they spent their time trying to enroll people, doing more outreach, and encouraging people to sign up so that they actually have health insurance.

So again, Mr. Speaker, I urge Members to oppose this legislation, and I reserve the balance of my time.

Mr. PITTS. Mr. Speaker, at this time, I am pleased to yield 3 minutes to the gentleman from Michigan (Mr. UPTON), the chairman of the Energy and Commerce Committee.

Mr. UPTON. Mr. Speaker, I rise in strong support of H.R. 3362, the Exchange Information Disclosure Act.

This bill would require that HHS provide weekly progress reports regarding the President's health care law and attempt to ensure greater transparency from an administration that has done everything that it can so far to bury the facts when it comes to its signature health care law. Remember, this is the administration that knew millions of Americans would receive cancellation notices, but they only acted to allow people to keep their health care plans that they had and liked after we forced their hand back a few months ago. Perhaps by acting today we can again force them to do the right thing and share basic information with policymakers and the public about how the law is working or not.

In building healthcare.gov for the October 1 start of open enrollment, the administration chose not to allow Americans to window-shop and find accurate and reliable prices of health care plans in the exchange.

Over the last 17 weeks since the law was launched, this administration has released enrollment figures on just a handful of occasions. We are still left asking the most important question: "Who's paid?"

Instead, the administration has gone to great lengths to redefine enrollment as the number of folks who have selected a plan through the exchanges. These numbers simply don't tell us the true status of the law, however. More than 3 months after the start of open enrollment, we still don't know how many Americans have actually enrolled in health plans by paying their first month's premium.

Just 1 day before the start of open enrollment, Secretary Sebelius defined success as enrolling 7 million Americans by the end of March of 2014. The administration has since distanced itself from enrollment being a measure of success at all. If enrolling individuals in health plans is not the goal, what is?

Preventing access to reliable data about the exchanges is not exactly what you would expect from the self-proclaimed "most transparent administration in history." It should not take a vote in Congress to get basic information from the administration, but without voluntary transparency, we don't have any other choice.

The bill before us would require HHS to provide accurate, useful figures about enrollment and the operation of the exchanges on a weekly basis. It also is going to require HHS to report to the American people other key metrics, including demographics of enrollees, Medicaid enrollment, regular reporting on ongoing problems with healthcare.gov, and HHS' efforts to address those issues.

The President's health care law will cost the taxpayers an estimated \$2 trillion over the next decade. At the very

least, the administration should provide the American people regular and ongoing information about its implementation. There is no reason for the administration to keep the public and the Congress in the dark. Whether the news is good or bad, it is time for full disclosure.

I urge my colleagues to support the bill, and I applaud Mr. TERRY for his leadership.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from North Carolina, G.K. BUTTERFIELD, a member of the Energy and Commerce Committee.

Mr. BUTTERFIELD. Thank you, Mr. PALLONE, for yielding time, and especially thank you for your leadership on our committee. It has been nothing less than extraordinary.

Mr. Speaker, I rise today in strong opposition to the Exchange Information Disclosure Act. This bill would cost millions of dollars of limited Federal resources but doesn't include any mechanism for paying for it. It is an unnecessary piece of legislation that will have no impact or benefit to the American people. It is just the latest attempt by the Republican majority to incite fear and distrust of the Federal health insurance marketplace and discredit President Obama and the Affordable Care Act.

Washington Post columnist Greg Sargent wrote that the Exchange Information Disclosure Act is "a political attack coming from a party that wants to see the law fail." The House has voted 47 times, Mr. Speaker, on bills that would repeal or undermine the Affordable Care Act, but not one of them has become law.

My friend Mr. TERRY's bill that we are considering today marks the 48th attempt, and it is another nail in the coffin of haphazard Republican efforts to disenfranchise the American people by chipping away at the Affordable Care Act, with the ultimate goal of taking away Americans' access to affordable health care.

Make no mistake, this bill is not about transparency and open government. Its true purpose is to pile on more and more unnecessary, cumbersome, and unprecedented requirements so that HHS will be forced to focus time and attention away from managing the Federal health insurance marketplace and redirect it to completing worthless weekly reports.

I am particularly disappointed in the committee process—or more accurately, the lack of committee process—with regard to this bill. I sit on Energy and Commerce's Health Subcommittee, and at no point did the chairman of the subcommittee nor the full committee hold a legislative hearing or markup on this bill. I don't recall one. Surely, adding mountains of onerous reporting requirements that will cost the government millions in order to comply would have warranted an opportunity for members to weigh in before it was brought to the floor. Apparently, the

chairman of the committee felt differently.

This bill is now the 48th example of House Republicans pandering to their base by ramming through partisan policies that attack the President. The bill would require HHS to supply Congress weekly reports detailing the number of unique Web site visitors to healthcare.gov, the number of chat logins, the number of enrollees by ZIP Code, their level of coverage, and other data sets. What exactly my friends hope to accomplish with this weekly data dump still escapes me.

Perhaps House Republicans weren't aware of the extensive disclosure of data on health insurance enrollments that is already being provided on a monthly basis. The administration releases enrollment data monthly, Mr. Speaker, just like they do with Medicare, CHIP, and other Federal programs.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. PALLONE. Mr. Speaker, I yield the gentleman an additional minute.

Mr. BUTTERFIELD. The monthly HHS enrollment reports are excellent, detailed reports. Weekly reports will shed no more light on enrollment in the health exchange than would monthly reports.

The bill also demands that HHS make publicly available a list of navigator grantees. Were my colleagues unaware that the Department released the entire list of navigator grantees back in October? I have those here for your inspection.

I will say it again: this bill is completely unnecessary, and it is Republican fear mongering. The fact is, Mr. Speaker, the Affordable Care Act is the law of the land. I ask my colleagues to embrace it. It is benefiting millions of Americans in my district and in your district as well.

Thank you for the time, Mr. PALLONE.

Mr. PITTS. Mr. Speaker, at this time, I am pleased to yield 3 minutes to the gentleman from Nebraska (Mr. TERRY), the prime sponsor of the legislation.

Mr. TERRY. Mr. Speaker, to clarify one thing, we did have a legislative hearing on this bill with robust debate on it in that committee hearing. Evidently, you didn't get the notice of that hearing.

Mr. BUTTERFIELD. Will the gentleman yield?

Mr. TERRY. No, I only have 3 minutes. If I have extra time, I will.

Today we are taking what should be an easy vote and, frankly, a bipartisan vote.

My legislation, the Exchange Information Disclosure Act, does nothing more than ask the administration to provide Congress, Governors, State insurance commissioners, and the American people with information.

By the way, the information that is outlined in this bill to be provided or accessible on a weekly basis is simply

what most States already require to be done by health insurance companies within their States. This is a request by State insurance commissioners, especially ours from Nebraska that are very frustrated with the lack of information that they are receiving about who is signing up for what plans in the State of Nebraska.

This should be easy. What we are talking about here today is basic transparency so we all have the data to assess what is working and what is not. This bill is a mechanism for accountability so we can get the answers that both Democrats and Republicans and State insurance commissioners and Governors need to know in order to understand what is working and what is not.

We are asking for information that an entity overseeing a health insurance operation should have at the tip of their fingers at all times.

□ 1030

Our metrics are not complex. We are simply asking for: How many people have enrolled? How many of these people have paid their first month's premiums, which means they are actually insured, that they have been effectuated? What plans did they pick? What ZIP Codes are they from so we know if people from Nebraska or Iowa or Kansas have signed up? Were they already eligible for Medicare or are these new enrollees from the expansion? These are critical issues in determining the safety and soundness of the policies being issued, and is, again, information that State insurance commissioners usually receive.

This administration and some on the other side say that this information that we are requesting is extraneous and costly and burdensome, but yet this data is already being obtained; it is already on a realtime basis being calculated. It is just the issue of when and in what form this is released to the public. As to cost, here is the CBO score—zero—not the millions that we are being told by our friends on the other side of the aisle and the White House. This is necessary, usual course of business data.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. PITTS. I yield the gentleman an additional 1 minute.

Mr. TERRY. We do add another part in here and another frustration from our State insurance commissioners, which is that they don't know who is selling the insurance. They would like to have the names of the people who are the navigators out there. Grants go to organizations, but we don't know who is actually sitting down and selling policies or helping them through the exchange. That is, again, basic information that is the normal course of business in the insurance world. We are just asking that they provide the same information that the State law would require of an insurance company that has had a salesman who is out signing people up.

So that is the totality of this bill, and you have to ask the question: If they are fighting so hard, what are they trying to hide?

Mr. PALLONE. Mr. Speaker, I yield 4 minutes to the gentleman from California (Mr. WAXMAN), the ranking member of the Energy and Commerce Committee.

Mr. WAXMAN. Mr. Speaker and my colleagues, supporters of this legislation claim that it is simply an effort to get more information about how the Affordable Care Act is being implemented, but it is not really that. It is an effort to slow down the implementation of the new law by drowning the Department of Health and Human Services in red tape.

They want enrollment information, but this week, they got enrollment information from the administration. That enrollment information showed that 2.2 million Americans have signed up for private coverage. They want demographic information. HHS has given them demographic information. HHS is going to release all of the information that they are asking for every month, but the Republicans say, "Oh, that is not good enough. We want it every week." They want more than what otherwise might be available to them because they want to know some things that I can't understand why they would want to know them.

They want to know the ZIP Codes of everybody who has signed up. They want to know what the details are of a chat between somebody who is asking a question on the Web site and what answers he got. I can't understand why that is important. They want to know what transpired in the call centers. In other words, they want to know what somebody said in a call center. Is it their business to know what questions are asked in a call center? They want a list of the people who are the adjusters and the brokers. There are thousands of them around the country, so there is no purpose to knowing that. They are not accredited by the government. If they are by the States, it is up to each State. They could ask each State that information.

Let me put this in perspective.

If anybody had a bill asking the private sector to come up with reports every single week on information that they could wait a couple of more weeks to get, it would be looked at as just straight harassment, government red tape, bureaucracy that is intruding into the business for no purpose. That is what this bill is all about. They want to intrude in a government agency. I guess, if they have a bureaucratic intrusion and the harassment of a government agency, it is okay, but if it were to happen to a private sector business, it would be inappropriate. If we asked polluters this information, you could get the information. If you asked them to give you the information every week, why do you need it every week?

I ask the Republicans: Why do they need this every week if they are going to get it every month?

It is obvious. This law is working, and they don't want to come again to the floor and ask for its repeal because people have insurance. Millions of people now have insurance. If they want to repeal the law, they are going to take that insurance away from them.

They want to continue to say: What are they hiding? What are they hiding that they are not giving you on a weekly schedule but that they are giving you on a monthly schedule?

Absolutely nothing that is significant. The enrollment reports we already have indicate that over 6 million people have signed up for coverage since October 1. The Web site can handle 80,000 simultaneous users, and it has been stable even though there was a surge of enrollment in late December.

The law is working. Republicans don't want to hear these facts. They don't want to know about it, but they think they should get everybody at HHS—maybe even have them hire more people—to report to them every week so they can still not recognize that there is good news in what is actually happening.

This is a goofy bill—it is absolutely unnecessary—and I urge my colleagues to vote against it.

Mr. PITTS. Mr. Speaker, just to clarify, we hear the words “sign up,” “signed up,” “equal to enrollment.” We may know how many people have signed up. We do not know how many have actually enrolled and have paid their first month's premiums. Secondly, we are stewards of the taxpayers—we are not shareholders—and the lack of data is precisely what led the chairman of the Senate Finance Committee to declare this law as a train wreck in that there are no metrics, no data, to determine whether this law is working and on track.

With that, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from Maryland (Mr. SARBANES), a member of the Energy and Commerce Committee.

Mr. SARBANES. I thank the chairman of the Health Subcommittee.

Mr. Speaker, I rise to urge a “no” vote on H.R. 3362, which, I think, is really just designed to harass the Department of Health and Human Services as it is trying to do its job in bringing affordable health care to people all across this country.

If you look at the metrics that are already being assembled by the agency on a monthly basis, they really present a very clear picture of whether there is progress being made or not being made with respect to the Web site and signing people up for affordable health care, and of course, we know that there is a lot of progress being made. That monthly report includes the total enrollments nationally and by State so that we can get a clear picture of what that trend is, and that is a positive trend. It includes a gender breakdown of those who have signed up for the

plans, an age breakdown, the financial assistance, and what kinds of plans people are choosing. That is all good, useful information. Frankly, it is the kind of information that it makes sense to collect on a monthly basis, not on a weekly basis. I mean, these numbers sort of naturally evolve month to month. That is the picture, the photograph, you want to take—month to month. Week to week doesn't really get you any added insight into what is happening with the Web site or with the signups.

Then look at some of the information that they would require on a weekly basis, and you have got to ask yourself: What purpose would it serve, a State-by-State breakdown—I am reading from the bill now—of the number of Web chat logins? What are we going to do with that information? That is not useful. That does not add anything to the clear picture that can emerge on a monthly basis of how we are doing with the Web site.

Finally, I have to observe, as Ranking Member WAXMAN just did a moment ago, that we hear all the time from our friends on the other side about the importance of government efficiency and about working well and streamlining. We hear them talk about that both with respect to government and, obviously, in terms of what they want to do for private sector businesses out there. These kinds of requirements don't help with that. They are not going to make the agency function more smoothly and more efficiently and get the information out in a sensible way to the American people.

This is really just designed to kind of harass the agency, to make them run around in small circles, gathering information and providing stuff that doesn't give us any added perspective or insight into the progress that really is now being made. We can get that picture on a monthly basis. The information that HHS is providing to us and to the public—to the American people—I think, is very valuable on that monthly basis, and that is the way we ought to continue to have it presented to us and presented to the American people.

So I urge my colleagues to vote against H.R. 3362. Let's let the agency do its job and do it well.

Mr. PITTS. Mr. Speaker, opponents of the Exchange Information Disclosure Act have argued that requiring weekly reports on the health care law to the American people is too burdensome, too costly for the Department of Health and Human Services. Yet, somehow, HHS managed to find money in its budget for taxpayer-funded grants spent on such things as bike lane signs, dog neutering campaigns, promoting a sport called “pickleball,” and lobbying campaigns for soda taxes. Clearly, HHS does not suffer from a lack of resources.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, may I just ask how much time remains.

The SPEAKER pro tempore. The gentleman from New Jersey has 5 minutes

remaining. The gentleman from Pennsylvania has 10 minutes remaining.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to my colleague from New Jersey (Mr. ANDREWS), who has spent so much effort in passing and drafting the Affordable Care Act.

(Mr. ANDREWS asked and was given permission to revise and extend his remarks.)

Mr. ANDREWS. I thank my friend from New Jersey for his tireless leadership on this very important cause. It is inspirational.

Mr. Speaker, since the Affordable Care Act became law, 9 million Americans have health insurance who did not have it before—9 million people. Now, not surprisingly, there have been problems in the implementation of the law. Many customer service problems need to be addressed, and we should come together in good faith and make sure they get addressed. This bill takes us in the opposite direction. It says that people who could be working on solving the very real and important problems of customers who are trying to enroll in health insurance will have to write a report once a week instead of once a month.

If you go to get your car fixed and if there is a long line of people ahead of you and if you are going to be late to get back to work and if you find out the reason the line takes so long is that the person at the counter explains the history of the carburetor to every person who comes to pick up his car instead of waiting on the people who are in line, requiring a report a week instead of a report a month just doesn't make any sense.

There is another reason to oppose this bill, though, that is even more important than that. Today, 10,000 Americans will go home and tell their children or their loved ones that they have run out of income because their unemployment benefits have expired. This week, 72,000 Americans will have that happen to them. There is a bill in this House, on this floor, that could be taken up this morning and voted on to provide relief to our neighbors and family members who are in that position. This majority leadership has ignored that legislation.

This is a breathtaking misplacement of priorities. We can spend an hour of the House's time on harassing Health and Human Services into filing one report every week instead of one report every month, but we can't take 5 minutes and debate on a bill that will restore a measure of decency and income to 72,000 Americans a week. Many of these Americans are over 50 years old. For every one job that is advertised there are three people looking for that job. The callous indifference of the House majority leadership to these people is just wrong—and so is this bill.

We should reject this bill and, instead, proceed with a vote on aid to America's long-term unemployed.

Mr. PITTS. Mr. Speaker, at this time, I am pleased to yield 3 minutes

to the gentlelady from Tennessee (Mrs. BLACKBURN), the vice chairman of the Energy and Commerce Committee.

□ 1045

Mrs. BLACKBURN. Mr. Speaker, I thank the gentleman from Pennsylvania for the great work that he has done on this bill.

What is so interesting and one of the reasons we find it necessary to come and address these issues is Secretary Sebelius told us in December that 5,000 people a day were getting access to health care that they had not had before.

The other side of that story, which was not told, is 74,000 American families a day were getting cancellation notices. They were looking at one another across the dinner table and saying, Guess what, our insurance has been canceled.

It has had a devastating effect. And as we try to do oversight and due diligence and continue to push for that oversight and due diligence and carry it out, even this morning at the Energy and Commerce Committee, where we had Mr. COHEN, what we have found is it is very difficult to get information, even when we are sometimes hearing from employees admitting what they told us was wrong; but then we do not get the straight story.

So it is very appropriate that we require HHS to release weekly detailed reports about the exchanges, including their enrollment, their functionality, and efforts to address the technical issues at healthcare.gov.

It is absolutely appropriate because this is all being done with the taxpayers' money. The American taxpayers have paid for every bit of this. It is not the Federal Government's money. It is not President Obama's money. It is not Congress' money. It is the taxpayers' money. This is a failed rollout and a failed program.

This administration was supposed to be the most transparent administration in history. It has not been that. It is well documented that it hasn't been. Indeed, the rollout and the implementation of this law have been even less transparent. The reason, I think, is because there have been so many problems, such as millions of Americans losing access to their health insurance.

None of the information being shared by the administration regarding enrollment means much of anything. We talk about people that enrolled, but we don't know how many people have paid and how many people have completed that process. What are the demographics of the individuals that are enrolling?

All of this is information that the individual that is paying for this—the American taxpayer—deserves to know.

Who has paid for this insurance? The White House has backed away from using any measure of enrollment as a means to determine success.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. PITTS. I yield the gentlewoman an additional 1 minute.

Mrs. BLACKBURN. As recently as September, Secretary Sebelius herself said that 7 million enrolled by the end of March would define success of the law. Well, is that 7 million that go to the Web site, put an insurance product in their cart, and then go think about it?

Mr. Speaker, when I was growing up, I spent a lot of time working in the retail industry selling clothes in a little dress shop. Everybody once in a while we would have somebody that would come in and put something on hold. They would say, I'm going to be back.

Well, we called them the "be-backs" because, guess what, more often than not, they did not come back and complete that purchase. Yes, they put it on hold. Yes, they put it in an online shopping cart. But then they move away from it because this program is broken, it is too expensive to afford, and the American people do not want it.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time.

Mr. PITTS. Mr. Speaker, at this time I am pleased to yield 3 minutes to the gentleman from Louisiana, Dr. CASSIDY, a very active member of the Health Subcommittee.

Mr. CASSIDY. Mr. Speaker, I kind of keep asking myself why we would not want to provide transparency.

If the Federal Government is going to impose a massive bureaucratic regime involving the American people, why should we not at least require them to be accountable for the success or failure of that regime?

The Exchange Information Disclosure Act requires accountability and transparency, which has been, frankly, elusive from the administration on these issues. And, indeed, before committees and before Americans there has been a tendency to give information which is misleading.

For example, enrollment numbers are calculated by the numbers who sign up for coverage, not those who actually pay for their first month's premium. In reality, unless you pay for that first month's premium, you are not enrolled. Coverage does not become effective until these are paid; and history shows many will sign up who will never actually enroll.

The American people are affected by this. They are paying for it. We are their employees, so to speak. They pay our salary. They have a right to know, and the only way to know is to see the results.

I keep on smiling in kind of an angry sort of way when I think about those folks who came to testify about the Web site.

Two weeks before it was to open, we were told that it was ready and that there were no problems. I specifically asked if the Spanish-language Web site was ready. Oh, yes, there's no problem. We can just stand it up.

In truth, none of that was true. The only way we learned it was not true

was when the numbers came out, it was clear that folks were not enrolling. So everything we had been told was exposed as a lie, and yet we would not have known had we not seen those enrollment figures.

Compliance should not be difficult. Insurance companies know on a daily basis how many people have clicked on, how many people have signed up, how many checks they receive. Insurance companies know this on a daily basis. Certainly, Mr. Speaker, the Federal Government can tell the American people these results on a weekly basis.

The Exchange Information Disclosure Act is a commonsense piece of legislation that all my colleagues who champion transparency and accountability should support. All it does is ensure full disclosure of the most important data points needed to determine what is really going on with the President's health care law's implementation.

It is vitally important for the public, and it is vitally important for us as we attempt to do the American people's will in our oversight of the program.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from Minnesota (Mr. ELLISON).

Mr. ELLISON. Mr. Speaker, we are told that the Exchange Information Disclosure Act is just a good-faith effort to try to get some transparency. But wait, isn't this bill coming from the same party that shut the government down to try to kill it? Didn't that just happen?

My memory is not faint about it. My memory is very clear that we stood here watching the Republican majority shut down all of government to prevent people from health care access.

And now we are supposed to believe, Oh, we just want to make the bill a little better with transparency. No. What has happened is that millions of people are signing up. People know that if you snatch a benefit from people that they have—and expect to have—that is going to cause issues. And so now the tactics have changed. Instead of an overt 50th repeal bill, now we will just try to undermine it by making a bunch of paper requirements—more distraction, more paperwork, more division, more obstruction.

I think I prefer the days when we just had repeal bills.

Vote "no" on this bill.

Mr. PITTS. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, again, this GOP bill is designed to harass the Department, preventing it from doing its job. It is an unworkable, unnecessary bill that places onerous, unrealistic, and costly reporting requirements on HHS, with no benefit to the general public.

I heard my colleagues say over and over again, Oh, nobody is going to enroll. Now people are enrolling, and they say they want to know whether they paid or not.

Where does it end? Why don't you spend your time trying to get people to enroll, trying to give people information and do more outreach so people actually are able to get health insurance? That is what we are trying to do with the Affordable Care Act—make people who don't have insurance get insurance, make people who do have it, have it more affordable and have a better benefit package.

All these things are wonderful. This is what people want. That is why so many people are, in fact, signing up. And I just cannot help but think that this is nothing but another effort to make it more burdensome, to scare people to make it less likely that people actually enroll.

Mr. Speaker, I wanted to mention that the administration opposed the bill. The administration said that they oppose the passage because it would require unfunded, unprecedented, and unnecessary reporting requirements that exceed those of other public and private programs.

I urge a "no" vote, and I yield back the balance of my time.

Mr. PITTS. Mr. Speaker, as Secretary Sebelius acknowledged at an Energy and Commerce hearing in December, enrollment in an exchange plan is not complete until the first month's premium has been paid.

The administration, so far, has refused to tell the American people how many people are actually enrolled by paying their first month's premium in the health care law's exchanges.

Asking the Department to provide the American people regular updates is simply a matter of transparency. Given that HHS officials were so blatantly wrong about the readiness of the health care law's exchanges, they don't deserve the benefit of the doubt.

Regular disclosure is necessary to assess the status of the law, and that is all this bill requires. Let's make the administration, who has continually held back facts regarding implementation of the health care law, meet their pledge to be the most transparent in history.

I urge my colleagues to vote for this bill, and I yield back the balance of my time.

Mr. CAMP. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 3362, the Exchange Information Disclosure Act. There is widespread agreement that the ObamaCare rollout was a failure. Most of us believe the administration's lack of transparency and candor with Congress and the American people caused most of the problems.

Since the beginning of the rollout, I have pressed the administration to release enrollment data to Congress. That data, including who is actually enrolling and what the mix of those who signed up looks like, are the kinds of hard facts we need before us to evaluate how this fundamental restructuring of our health care is really operating.

Yet the administration did not provide that long-promised transparency. Instead, I was forced to subpoena the administration to get any information. While I received some of what I requested, it is not enough for Congress to understand the true impact of this law.

It is clear that, more than halfway through the enrollment, the administration is failing to meet its own goal of 7 million enrollees by March 31.

Last week, the administration released data that showed it has failed to meet an even more important goal—the right mix of young and healthy enrollees. The reality is that you need a good balance of young and healthy individuals in order to offset the more expensive costs of those who are older and less healthy.

Without enough young and healthy enrollees, millions of Americans, including those who have had their plan canceled as a result of the President's broken promise, will see higher costs and fewer choices. With the little data we have, we can see this is actually what is happening.

The American people deserve better than the administration's empty promises. They deserve to know what is really going on. Additionally, the administration has not provided any information on the number of people who have completed enrollment. We don't know how many people have paid their premium.

Taxpayers don't know how many people are receiving tax credits. There is no harm to national security if the administration provides this information to Congress, the media, and the American people; but there may be harm to an individual's health security if their interests aren't protected.

Frankly, I believe this administration cares more about implementing this law than protecting the health care of American families.

The American people have every right to know this information and the future of their health care. Having this data will not change the President's broken promise that "if you like your plan, you can keep it," or his promise that families will see a \$2,500 reduction in their premiums.

□ 1100

However, it will undoubtedly affect Americans' health care future. This is not just arbitrary data. This information will determine how much premiums will increase next year, whether access to care will become more limited, how many insurers may no longer offer coverage, and whether or not you can keep seeing your current doctor.

This administration's failed rollout has given the American people little confidence that they can effectively oversee the overhaul of one-sixth of the economy. What possible reason, other than politics, could there be for the administration not releasing this information? This is data that Congress and the American people deserve to know

and that the administration should readily and willingly provide.

I urge my colleagues on both sides of the aisle to support this bill today, and I call on the Senate to take quick action to move this commonsense legislation forward.

I reserve the balance of my time.

Mr. LEVIN. I yield myself such time as I may consume.

Mr. Speaker, I think informed people are asking why are we taking up this bill this morning. I guess one reason is the Republicans will do anything they can to undermine ACA. Indeed, the more it is successful, the more desperate they become.

The administration says it quite clearly:

To implement this new reporting system, contracts may need to be modified and new staff would need to be hired on an expedited basis, adding millions of dollars in costs to States and the Federal Government, without additional funding from the Congress, for information that is already largely being provided on a monthly basis, consistent with other publicly funded health care programs.

Maybe a second reason we are taking up this bill is because the Republicans in this House think there is nothing else to do. This bill is going nowhere in the Senate, and you know that. You know that. But there is something else that we should be doing.

We are leaving here for 11 days. The House Republicans have said we are not going to be in session next week. 1.5 million Americans have lost their unemployment insurance because of inaction from this House of Representatives. Next week, 72,000 more will be added to the 1.5 million people, 50,000 in the State from which Mr. CAMP and I come, 50,000 left out in the cold—left out in the cold—left, really, to their own devices, without a single bit of assistance that they really worked for. These are people out of work through no fault of their own, looking for work, and essentially they get, from this institution, action this morning on a bill going nowhere when there is somewhere we should be going.

I think this morning represents maybe more vividly than in recent times a reprehensible distortion of priorities of the majority in this House. There are 50,000 people in Michigan looking for work at a time when there remains a historically high percentage of the unemployed who are long-term unemployed. There are three people looking for work for every job that is available. And we come forth here with a bill that is going nowhere? Reprehensible. Inexcusable. You can go home.

I suggest you go home and talk—I guess you haven't done this yet—to the long-term unemployed. Every single person who votes for this bill should go home and talk to those out of work and out of luck, because the majority in this institution, in this House, are simply out of synch with the needs of the American people.

We shouldn't vote "no" on this bill, because we need the opportunity to vote "yes" on what really matters.

I reserve the balance of my time.

The SPEAKER PRO TEMPORE. Members are reminded to address their remarks to the Chair and not to others in the second person.

Mr. CAMP. I thank the Chair for that admonition, and I yield 3 minutes to the gentleman from Indiana (Mr. YOUNG), the distinguished member of the Ways and Means Committee.

Mr. YOUNG of Indiana. Mr. Speaker, since the launch of open enrollment and healthcare.gov on October 1, I have heard repeated stories of frustration from my constituents trying to enroll in the Federal exchanges.

The President and his administration have tried to assure us time and again that the Web site is improving and that Americans are enrolling.

Unfortunately, neither the stories I have been told, nor the claims of this administration, are easy to verify because HHS is giving us very little data to go off of. Now, that is a shame, because one of the greatest constitutional obligations of the legislative branch is robust oversight of the executive branch—to be sure that laws are working and being enforced as intended.

But there is an even bigger shame here. In August of 2013, HHS estimated that approximately 900,000 individuals in my home State of Indiana were uninsured. This week, HHS offered us a progress report. Now, can you guess how many Hoosiers, according to this report, actually selected a plan through healthcare.gov as of December 28? Only 30,000. Now, that means, according to the HHS estimates, the Obama administration estimates 29 out of every 30 uninsured Hoosiers have not selected a plan through healthcare.gov.

That 30,000 figure, by the way, is suspect in itself, to put it charitably. Since HHS is only reporting those who put a plan in a shopping cart, we don't know how many actually went through with the purchase.

Now, with a big deadline coming up for the individual mandate tax penalty, it is imperative that Congress understands exactly how many people are in compliance with the law. Merely selecting a plan won't help you avoid being taxed by the IRS.

That is why I am a strong supporter of the Exchange Information Disclosure Act. The Obama administration should be required to provide the American people and Congress weekly reports on the status of healthcare.gov. They should be required to tell us how many are actually purchasing plans. They should be required to tell us all sorts of additional data points they are already tracking that will help Congress perform our oversight role on behalf of the American people.

I urge my colleagues to support this measure here in the House and, hopefully, in the Senate.

Mr. LEVIN. Mr. Speaker, I yield 3 minutes to the gentleman from New York (Mr. CROWLEY), a member of our committee.

Mr. CROWLEY. Mr. Speaker, I thank the gentleman from Michigan for yielding me this time.

Mr. Speaker, it is a shame we are not up here considering an extension of the unemployment insurance. American families are looking for some kind of sign that their Congress isn't going to leave town without extending unemployment insurance, and I don't think they are amused by this 48th attempt to undermine health care in our country.

The fact is the legislation before us is supposedly all about the numbers. My colleagues on the other side of the aisle are fixated on the numbers behind the Affordable Care Act. They seem to think they will find numbers that somehow discredit the law and the important benefits it provides. But you know what? It is true that numbers tell an important story, so here are some numbers that actually matter for the American people:

Nine million, that is how many people have already obtained health insurance under the Affordable Care Act—9 million. It is also 9 million people who don't have to worry that a major medical incident could bankrupt them and their families;

Twenty-five million, that is how many seniors on Medicare received free preventive care last year because of the Affordable Care Act—25 million. That is 25 million seniors who can get a mammogram or a cholesterol screening without financial barriers, so that serious diseases can be caught and treated earlier, saving taxpayers' dollars;

Eight million—big number, 8 million—that is how many jobs have been created in this country since the passage of the Affordable Care Act—8 million. That is more than twice as many jobs created than were lost during the 10 years before the Affordable Care Act was enacted.

These are just some of the numbers that tell the true story of the Affordable Care Act, not to mention the number of people with preexisting conditions who can no longer be discriminated against, or the seniors who are seeing reduced prices on their prescription drugs, or the small business owners who now have a way to provide insurance for themselves and their employees.

These are the numbers. These are the numbers that matter to me because the Affordable Care Act is about helping the American people afford care in this country.

So my colleagues on the other side of the aisle can go and play their numbers games as long as they want, but their fixation doesn't add up. These numbers do.

Mr. CAMP. Mr. Speaker, I reserve the balance of my time.

Mr. LEVIN. Mr. Speaker, how much time is left on either side?

The SPEAKER pro tempore. The gentleman from Michigan (Mr. LEVIN) has 2½ minutes remaining. The gentleman from Michigan (Mr. CAMP) has 3½ minutes remaining.

Mr. LEVIN. Mr. Speaker, I yield the balance of our time to the gentleman from Washington (Mr. MCDERMOTT).

(Mr. MCDERMOTT asked and was given permission to revise and extend his remarks.)

Mr. MCDERMOTT. Mr. Speaker, what we are engaged in today is what I call loving a bill to death. Every legislator knows how you do it. You load it up with a bunch of stuff to kill it. They are still trying to do this. They are not talking about transparency or accountability. It is simply another plan to muck up the path to better health for Americans.

It is not surprising, because the House Republicans don't want a health care system that works any more than they want a balanced budget. If they wanted a balanced budget, they wouldn't push for health care policies that cost more to get less.

America spends more on health care than any other advanced nation, and we get worse outcomes. Let me tell you one of the reasons for that. We spend less on social services. Instead of helping people afford good food to stay in shape, we cut food stamps. Instead of supporting families who care for their parents in the comfort of their home, we force them to push them into nursing homes. Instead of helping people to stay in their homes, instead of strengthening the bridge between job and new career, we pull the rug out from under them.

And right now, every 8 seconds, another American loses his unemployment insurance. While I am speaking, 15 families will lose their way of supporting themselves.

Where do these people go? How do they stay healthy? Is it any wonder our diet is full of what we call comfort food? And is it any wonder that we are the most anxious country in the world? Is it any wonder that the ER has become more common than the doctor's office?

We can pay now. We can invest in a country where people have jobs. We can help people keep their homes and care for themselves, or we will pay later in skyrocketing health care costs and the economic drag of a sick nation.

□ 1115

If Republicans wanted a health care system that works, we would be investing, not wasting our time in forcing States and the Federal Government to spend more on useless bureaucracy.

Nobody is asking for this. Maybe the insurance companies want to have more data. I don't know. But nobody who is administering this program has said, Let's have more reports. We don't know enough.

It is like babies; you don't weigh them every day to see if they have gained weight. You take them in every couple of months or every month to get the baby checked. That is what we are doing here already. And they say, No, let's do it every day. Let's do it every week. Let's waste more time and money.

Vote “no” on this wasteful, destructive bill.

Mr. CAMP. I yield myself the balance of my time.

Mr. Speaker, the reason this legislation is important is that, from what little information we do have, we know the administration is not meeting their stated goals, and they are not on track to meet 7 million people by March 31. We don't know the mix of people that have enrolled. We don't know how many of them are young and healthy. We don't know how many of them have paid a premium. The reason these things are important for us to know and to track is, this is a big deal. This is one-sixth of the American economy. There is probably no legislative area that affects people more than their health care.

The reason we have to know this information is because if they aren't meeting their stated goals and their projections in terms of the cost of this bill, it could mean that people's premiums skyrocket next year. It could mean that the physician that they are used to seeing and being treated by, many times for an ongoing illness, may not be available to them under their insurance plan.

So these are important issues. These are important benchmarks for us to know. It is important for the American people to know. It is important for the media to know. Because then, if we can understand what is really happening as we are in the middle of this, constructive changes could be made to this bill. What they want to do is keep us in the dark. They say vote “no.” Make sure we don't know what is going on, and then we will have a health care crisis even greater than the one we have now.

So I urge a “yes” vote on this bill, and I yield back the balance of my time.

Mr. BRADY of Texas. Mr. Speaker, I rise in strong support of the Exchange Information Disclosure Act. This legislation is needed because of what we know and what we do not know.

Congress has repeatedly asked this administration for information about the rollout of Obamacare. We know this administration is not transparent. We know this administration has not been forthcoming or willing to acknowledge problems. The administration repeatedly came before Congress and testified the exchange was ready. Now know the federal exchange was not ready and there is mounting evidence just how early the administration knew.

We know enrollment is in serious trouble. Based on the Administration's projections, December enrollment was over 1 million people below their own goal. At the current pace, enrollment for 2014 will fall over 2.4 million people short of the Administration's own projections. They project they need 38 percent of enrollees to be young and healthy, so far only 24 percent are. We know, without the right demographic mix premiums will continue to go up.

This is what we know. But there is a lot we do not know.

We do not know how many people have completed enrollment by actually paying premiums. We need this information to understand just how bad the problem really is. The administration has been unwilling to regularly

release data about enrollments; instead we get limited, sterilized data of the administration's choosing provided on seemingly random dates.

Our health care system is facing a crisis, and Congress needs to be a full partner with the Administration in fixing this disaster. For that, we need the raw data, we need the hard truths and we need to know what the administration knows, when they know it. This bill requires weekly reports of all of the important data. This bill is needed if Congress is going to be able to do its job for the American people.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 455, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Ms. CLARK of Massachusetts. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentlewoman opposed to the bill?

Ms. CLARK of Massachusetts. I am.

Mr. PITTS. Mr. Speaker, I reserve a point of order against the motion to recommit.

The SPEAKER pro tempore. A point of order is reserved.

The Clerk will report the motion to recommit.

The Clerk read as follows:

Add at the end of the bill the following new section:

The SPEAKER pro tempore. A point of order is reserved. The Clerk will report the motion to recommit.

The Clerk read as follows:

Ms. CLARK of Massachusetts moves to recommit the bill H.R. 3362 to the Committee on Energy and Commerce with instructions to report the bill back to the House forthwith with the following amendment:

Add at the end of the bill the following new section:

SEC. 5. DISCLOSURE OF LOWER COSTS AND ADDITIONAL HEALTH BENEFITS PROVIDED TO INDIVIDUALS AND FAMILIES.

Not later than 5 days after the date of the enactment of this Act, and every month thereafter through March 2015, the Secretary of Health and Human Services shall submit to Congress and make available to State governors, State insurance commissioners, and the public a report containing information, with respect to individuals and families enrolling in health insurance coverage through an Exchange established under title I of the Patient Protection and Affordable Care Act, on each of the following:

(1) The number of such individuals and families who have received premium tax credits or have lower out-of-pocket costs.

(2) The number of such individuals and families who are no longer subject to discrimination based on pre-existing conditions.

(3) The number of such individuals and families who are no longer subject to annual and lifetime limits on health insurance coverage.

(4) The number of such individuals and families who were uninsured prior to enrolling in health insurance coverage through such an Exchange.

Nothing in this Act shall limit the ability of the Secretary of Health and Human Services

to inform individuals and families of the lower costs for health insurance coverage and additional benefits that are available pursuant to the Patient Protection and Affordable Care Act and title I and subtitle B of title II of the Health Care and Education Reconciliation Act of 2010.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Massachusetts is recognized for 5 minutes in support of her motion.

Ms. CLARK of Massachusetts. Mr. Speaker, I yield myself such time as I may consume.

This is the final amendment to the bill. This amendment will not kill the bill; and should it pass, the House will immediately take up the bill, as amended.

Mr. Speaker, having just been sworn in a month ago, may I first say, it is an honor to serve the Fifth District of Massachusetts. My district is looking to us to focus on jobs, rebuild the economy, and extend unemployment benefits. Instead, Republicans have scheduled the 48th vote to undermine the Affordable Care Act.

We have a job to do. We have to ensure that the hardworking families we serve are able to navigate the health care law and are able to make informed decisions about their health care coverage. Our job is to ensure that should problems arise, we are able to direct resources toward a timely fix.

Some of my colleagues believe that an increase in transparency will help us achieve those goals. So why not do that? Why not let Americans know exactly what has been going on since this law has been implemented? Why not let people understand all facets of this law? I support transparency and making the law the best it can be for millions of families and children who will benefit from it.

I know firsthand how good this reform will be for the American people because I watched it happen in my own State. In 2006, Massachusetts implemented health care reform which today is benefiting hundreds of thousands of families. It took hard work, and it meant lawmakers who didn't always agree on everything had to work together to do right by those they served. Today, 98 percent of the people in Massachusetts are benefiting from some form of health care coverage.

Because I was not yet elected last fall, like millions of Americans, I watched from home as the destructive and irresponsible fight against the ACA shut our government down. It is time to stop the obstruction over this issue and get back to work for the American people.

If our goal is truly transparency—not just harassment to make sure the law never works—why not give the full picture? Let's give families and businesses all of the information they need regarding what is available to them, as well as what we are going to do to make the law work better.

My motion to recommit will better inform those we serve with facts about the benefits which millions of American families are seeking. My amendment will provide the full picture, not just data handpicked to support a partisan argument.

This includes information regarding how many families and individuals have received tax credits. It will include disclosures on the number of Americans who are no longer subject to discrimination based on preexisting conditions. Families at home will know how many people are no longer subject to annual and lifetime limits on coverage. They will know how many people who were previously uninsured are now able to access health care and plan for the future.

If we are to do right by those we serve—do what we were elected to do, which is to make health care reform work for the American people—then we should spare the partisan agendas and pass this commonsense amendment.

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

Mr. PITTS. Mr. Speaker, I withdraw my point of order, and I claim the time in opposition to the motion.

The SPEAKER pro tempore. The point of order is withdrawn.

The gentleman from Pennsylvania is recognized for 5 minutes.

Mr. PITTS. Mr. Speaker, opponents of the Exchange Information Disclosure Act argue that HHS is already reporting data. Yet more than 3 months after the disastrous launch of the exchanges, we simply do not know how many Americans have actually completed enrollment by paying their first month's premium. As Secretary Sebelius acknowledged at an Energy and Commerce Committee hearing in December, enrollment in an exchange is not complete until the first month's premium has been paid.

The administration so far has refused to tell the American people how many people are actually enrolled in the health care law's exchanges. Either the administration is refusing to tell us how many people are actually enrolled or they simply do not know. Neither answer should instill confidence in a law that puts over 2 trillion taxpayer dollars on the line.

This underlying bill would require the administration to give us real and actual enrollment data. The American people deserve transparency, and this is what the Exchange Information Disclosure Act would deliver. I urge all Members to oppose this motion to recommit and vote for the underlying bill.

I yield back the balance of my time. The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Ms. CLARK of Massachusetts. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum

time for any electronic vote on the question of passage.

The vote was taken by electronic device, and there were—yeas 186, nays 226, not voting 20, as follows:

[Roll No. 22]

YEAS—186

Andrews	Green, Al	Negrete McLeod
Barber	Green, Gene	Nolan
Barrow (GA)	Grijalva	O'Rourke
Bass	Gutiérrez	Pallone
Beatty	Hahn	Pascrell
Becerra	Hanabusa	Pastor (AZ)
Bera (CA)	Hastings (FL)	Payne
Bishop (GA)	Heck (WA)	Pelosi
Bishop (NY)	Higgins	Perlmutter
Blumenauer	Himes	Peters (CA)
Bonamici	Holt	Peters (MI)
Brady (PA)	Honda	Peterson
Braley (IA)	Horsford	Pingree (ME)
Brown (FL)	Hoyer	Pocan
Brownley (CA)	Israel	Polis
Bustos	Jackson Lee	Price (NC)
Butterfield	Jeffries	Quigley
Capps	Johnson (GA)	Rahall
Capuano	Johnson, E. B.	Rangel
Cárdenas	Kaptur	Richmond
Carney	Keating	Roybal-Allard
Cartwright	Kelly (IL)	Ryan (OH)
Castor (FL)	Kennedy	Johnson, Sam
Castro (TX)	Kildee	Jordan
Chu	Kilmer	Joyce
Ciilline	Kind	Sanchez, Loretta
Clark (MA)	Kirkpatrick	Sarbanes
Clarke (NY)	Kuster	Schakowsky
Clay	Langevin	Schiff
Clyburn	Larsen (WA)	Schneider
Cohen	Larson (CT)	Schrader
Connolly	Lee (CA)	Schwartz
Conyers	Levin	Scott (VA)
Cooper	Lewis	Scott, David
Costa	Lipinski	Serrano
Courtney	Loebsock	Sewell (AL)
Crowley	Lofgren	Shea-Porter
Cuellar	Lowenthal	Sherman
Cummings	Lowe	Sinema
Davis (CA)	Lujan Grisham	Sires
Davis, Danny	(NM)	Smith (WA)
DeFazio	Luján, Ben Ray	Speier
DeGette	(NM)	Swalwell (CA)
Delaney	Lynch	Takano
DeLauro	Maffei	Thompson (CA)
DelBene	Maloney,	Thompson (MS)
Deutch	Carolyn	Tierney
Doyle	Maloney, Sean	Titus
Duckworth	Matheson	Carson (IN)
Edwards	Matsui	Tonko
Ellison	McCollum	Tsongas
Engel	McDermott	Van Hollen
Enyart	McGovern	Vargas
Eshoo	McNerney	Veasey
Farr	Meeks	Vela
Fattah	Meng	Velázquez
Foster	Michaud	Visclosky
Frankel (FL)	Miller, George	Walz
Fudge	Moore	Wasserman
Gallego	Moran	Schultz
Garamendi	Murphy (FL)	Waters
Garcia	Nadler	Waxman
Grayson	Napolitano	Welch
	Neal	Wilson (FL)
		Yarmuth

NAYS—226

Aderholt	Camp	Dent
Amash	Campbell	DeSantis
Amodei	Cantor	DesJarlais
Bachus	Capito	Diaz-Balart
Barletta	Carter	Duffy
Barr	Cassidy	Duncan (SC)
Barton	Chabot	Duncan (TN)
Benishek	Chaffetz	Ellmers
Bentivoglio	Coble	Farenthold
Bilirakis	Coffman	Fincher
Bishop (UT)	Cole	Fitzpatrick
Black	Collins (GA)	Fleischmann
Blackburn	Collins (NY)	Fleming
Boustany	Conaway	Flores
Brady (TX)	Cook	Forbes
Bridenstine	Cotton	Fortenberry
Brooks (AL)	Cramer	Fox
Brooks (IN)	Crawford	Franks (AZ)
Broun (GA)	Crenshaw	Frelinghuysen
Bucshon	Culberson	Gardner
Burgess	Daines	Garrett
Byrne	Davis, Rodney	Gerlach
Calvert	Denham	Gibbs

Gibson	Marchant	Rooney
Gingrey (GA)	Marino	Ros-Lehtinen
Gohmert	Massie	Roskam
Goodlatte	McAllister	Ross
Gosar	McCarthy (CA)	Rothfus
Gowdy	McCaul	Royce
Granger	McClintock	Runyan
Graves (GA)	McHenry	Ryan (WI)
Graves (MO)	McIntyre	Salmon
Griffin (AR)	McKeon	Sanford
Griffith (VA)	McKinley	Scalise
Grimm	McMorris	Schock
Guthrie	Rodgers	Schweikert
Hall	Meadows	Scott, Austin
Hanna	Meehan	Sensenbrenner
Harper	Messer	Sessions
Harris	Mica	Shimkus
Hartzler	Miller (MI)	Shuster
Hastings (WA)	Miller, Gary	Simpson
Heck (NV)	Mullin	Smith (MO)
Hensarling	Mulvaney	Smith (NE)
Herrera Beutler	Murphy (PA)	Smith (TX)
Holding	Neugebauer	Southerland
Hudson	Nugent	Stewart
Huelskamp	Nunes	Stivers
Huizenga (MI)	Nunnelee	Stutzman
Hultgren	Olson	Terry
Hunter	Owens	Thompson (PA)
Hurt	Palazzo	Thornberry
Issa	Paulsen	Tiberi
Jenkins	Pearce	Tipton
Johnson (OH)	Perry	Turner
Johnson, Sam	Petri	Upton
Jordan	Pittenger	Valadao
Joyce	Pitts	Wagner
Kelly (PA)	Poe (TX)	Walberg
King (IA)	Pompeo	Walden
King (NY)	Posey	Walorski
Kingston	Price (GA)	Weber (TX)
Kinzinger (IL)	Radel	Webster (FL)
Kline	Reed	Wenstrup
Labrador	Reichert	Westmoreland
LaMalfa	Renacci	Whitfield
Lamborn	Ribble	Williams
Lance	Rice (SC)	Wilson (SC)
Lankford	Rigell	Wittman
Latham	Roby	Womack
Latta	Roe (TN)	Woodall
LoBiondo	Rogers (AL)	Yoder
Long	Rogers (KY)	Yoho
Lucas	Rogers (MI)	Young (AK)
Luetkemeyer	Rohrabacher	Young (IN)
Lummis	Rokita	

NOT VOTING—20

Bachmann	Hinojosa	Ruppersberger
Buchanan	Huffman	Rush
Carson (IN)	Jones	Slaughter
Cleaver	McCarthy (NY)	Smith (NJ)
Dingell	Miller (FL)	Stockman
Doggett	Noem	Wolf
Gabbard	Ruiz	

□ 1151

Messrs. ROGERS of Michigan, RICE of South Carolina, ROGERS of Kentucky, WHITFIELD, STIVERS, and FORTENBERRY changed their vote from "yea" to "nay."

Mrs. KIRKPATRICK and Mr. PETERSON changed their vote from "nay" to "yea."

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. ANDREWS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 259, nays 154, not voting 19, as follows:

[Roll No. 23]

YEAS—259

Aderholt Gowdy Pearce
 Amash Granger Perry
 Amodei Graves (GA) Peters (CA)
 Bachmann Graves (MO) Peterson
 Bachus Griffin (AR) Petri
 Barber Griffith (VA) Pittenger
 Barletta Grimm Pitts
 Barr Guthrie Poe (TX)
 Barrow (GA) Hall Pompeo
 Barton Hanna Posey
 Benishek Harper Price (GA)
 Bentivolio Harris Radel
 Bera (CA) Hartzler Rahall
 Bilirakis Hastings (WA) Reed
 Bishop (UT) Heck (NV) Reichert
 Black Hensarling Renacci
 Blackburn Herrera Beutler Ribble
 Boustany Holding Rice (SC)
 Brady (TX) Hudson Rigell
 Braley (IA) Huelskamp Roby
 Bridenstine Huizenga (MI) Roe (TN)
 Brooks (AL) Hultgren Rogers (AL)
 Brooks (IN) Hunter Rogers (KY)
 Broun (GA) Hurt Rogers (MI)
 Brownley (CA) Issa Rohrabacher
 Buechson Jenkins Rokita
 Burgess Johnson (OH) Rooney
 Bustos Johnson, Sam Ros-Lehtinen
 Byrne Jordan Roskam
 Calvert Joyce Ross
 Camp Kelly (PA) Rothfus
 Campbell King (IA) Royce
 Cantor King (NY) Runyan
 Capito Kingston Ryan (WI)
 Capps Kinzinger (IL) Salmon
 Carter Kline Sanford
 Cassidy Kuster Scalise
 Chabot Labrador Schneider
 Chaffetz LaMalfa Schock
 Coble Lamborn Schrader
 Coffman Lance Schweikert
 Cole Lankford Scott, Austin
 Collins (GA) Latham Sensenbrenner
 Collins (NY) Latta Sessions
 Conaway LoBiondo Shea-Porter
 Cook Loebsock Shimkus
 Cooper Long Shuster
 Costa Lucas Simpson
 Cotton Luetkemeyer Sinema
 Cramer Lujan Grisham Sires
 Crawford (NM) Smith (MO)
 Crenshaw Lummis Smith (NE)
 Culberson Maffei Smith (NJ)
 Daines Maloney, Sean Smith (TX)
 Davis, Rodney Marchant Southerland
 Denham Marino Stewart
 Dent Massie Stivers
 DeSantis Matheson Stutzman
 DesJarlais McAllister Terry
 Diaz-Balart McCarthy (CA) Thompson (PA)
 Duffy McCaul Thornberry
 Duncan (SC) McClintock Tiberi
 Duncan (TN) McHenry Tipton
 Ellmers McIntyre Turner
 Enyart McKeon Upton
 Farenthold McKinley Valadao
 Fincher McMorris Vargas
 Fitzpatrick Rodgers Vela
 Fleischmann Meadows Wagner
 Fleming Meehan Walberg
 Flores Messer Walden
 Forbes Mica Walorski
 Fortenberry Michaud Walz
 Foxx Miller (MI) Weber (TX)
 Franks (AZ) Miller, Gary Webster (FL)
 Frelinghuysen Mullin Wenstrup
 Gallego Mulvaney Westmoreland
 Garcia Murphy (FL) Whitfield
 Gardner Murphy (PA) Williams
 Garrett Neugebauer Wilson (SC)
 Gerlach Nugent Wittman
 Gibbs Nunes Womack
 Gibson Nunnelee Woodall
 Gingrey (GA) O'Rourke Yoder
 Gohmert Olson Yoho
 Goodlatte Palazzo Young (AK)
 Gosar Paulsen Young (IN)

NAYS—154

Andrews Bonamici Cartwright
 Bass Brady (PA) Castro (TX)
 Beatty Brown (FL) Chu
 Becerra Butterfield Cicilline
 Bishop (GA) Capuano Clark (MA)
 Bishop (NY) Cardenas Clarke (NY)
 Blumenauer Carney Clay

Clyburn Jeffries Pelosi
 Cohen Johnson (GA) Perlmutter
 Connolly Johnson, E. B. Peters (MI)
 Conyers Kaptur Pingree (ME)
 Courtney Perry Pocan
 Crowley Kelly (IL) Polis
 Cuellar Kennedy Price (NC)
 Cummings Kildee Quigley
 Davis (CA) Kilmer Rangel
 Davis, Danny Kind Richmond
 DeFazio Kirkpatrick Roybal-Allard
 DeGette Langevin Ryan (OH)
 Delaney Larsen (WA) Sanchez, Linda
 DeLauro Larson (CT) T.
 DeBene Lee (CA) Sanchez, Loretta
 Deutch Levin Sarbanes
 Doyle Lewis Schakowsky
 Duckworth Lipinski Schiff
 Edwards Lofgren Schwartz
 Ellison Lowenthal Scott (VA)
 Engel Lowey Scott, David
 Eshoo Lujan, Ben Ray Serrano
 Esty (NM) Lynch Sewell (AL)
 Farr Lynch Sherman
 Fattah Maloney, Carolyn Smith (WA)
 Foster Foster Speier
 Frankel (FL) Matsui Swalwell (CA)
 Fudge McCollum Takano
 Garamendi McDermott Thompson (CA)
 Grayson McGovern Thompson (MS)
 Green, Al McNeerney Tierney
 Green, Gene Meeks Titus
 Grijalva Meng Tonko
 Hahn Miller, George Tsongas
 Hanabusa Moore Van Hollen
 Hastings (FL) Moran Veasey
 Heck (WA) Nadler Velázquez
 Higgins Napolitano Visclosky
 Himes Neal Wasserman
 Holt Negrete McLeod Schultz
 Honda Nolan Waters
 Horsford Owens Waxman
 Hoyer Pallone Welch
 Huffman Pascrell Wilson (FL)
 Israel Pastor (AZ) Yarmuth
 Jackson Lee Payne

NOT VOTING—19

Buchanan Gutiérrez Ruppertsberger
 Carson (IN) Hinojosa Rush
 Castor (FL) Jones Slaughter
 Cleaver McCarthy (NY) Stockman
 Dingell Miller (FL) Wolf
 Doggett Noem
 Gabbard Ruiz

□ 1200

So the bill was passed.
 The result of the vote was announced as above recorded.
 A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. CLEAVER. Mr. Speaker, due to a medical procedure, I was unable to vote the week of January 13, 2014. On Monday, January 13, had I been present, I would have voted "yes" on rollcall vote 12 (H.R. 1513), and "yes" on rollcall vote 13 (S. 230).

On January 14, had I been present, I would have voted "yes" on rollcall vote 14 (H.R. 2274), "yes" on rollcall vote 15 (H.R. 801), "yes" on rollcall vote 16 (Journal), "yes" on rollcall vote 17 (H.R. 2860), and "yes" on rollcall vote 18 (H.R. 1233).

On January 15, had I been present, I would have voted "no" on rollcall vote 19 (Previous Question on H.R. 1233), "no" on rollcall vote 20 (H. Res. 458), and "yes" on rollcall vote 21 (H.R. 3547).

On January 16, had I been present, I would have voted "yes" on rollcall vote 22 (Motion to Recommit H.R. 3362) and "no" on rollcall vote 23 (H.R. 3362).

PERSONAL EXPLANATION

Ms. SLAUGHTER. Mr. Speaker, I was unavoidably detained and missed rollcall vote Nos. 22 and 23. Had I been present, I would have voted "yes" on rollcall vote No. 22 and "no" on rollcall vote No. 23.

PERSONAL EXPLANATION

Mr. MILLER of Florida. Mr. Speaker, today I attended the funeral of Army Sergeant, First Class William Kelly Lacey, a fallen soldier from my district, and missed the following rollcall votes: Nos. 22 and 23 on January 16, 2014.

If present, I would have voted: rollcall vote No 22—On Motion to Recommit with Instructions, H.R. 3362, Exchange Information Disclosure Act, "nay;" rollcall vote No. 23—H.R. 3362, Exchange Information Disclosure Act, "aye."

PERSONAL EXPLANATION

Mr. CARSON of Indiana. Mr. Speaker, on January 16, 2014, I missed rollcall votes 22 and 23 because of district business. Had I been present, I would have voted "yes" on rollcall 22 and "no" on rollcall 23.

APPOINTMENT OF MEMBER TO BOARD OF VISITORS TO UNITED STATES NAVAL ACADEMY

The SPEAKER pro tempore (Mr. RODNEY DAVIS of Illinois). The Chair announces the Speaker's appointment, pursuant to 10 U.S.C. 6968(a), and the order of the House of January 3, 2014, of the following Member on the part of the House to the Board of Visitors to the United States Naval Academy:

Mr. MIKE ROGERS, Michigan

ELECTING A MEMBER TO A CERTAIN STANDING COMMITTEE OF THE HOUSE OF REPRESENTATIVES

Mr. BECERRA. Mr. Speaker, by direction of the Democratic Caucus, I offer a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 460

Resolved, That the following named Member be and is hereby elected to the following standing committee of the House of Representatives:

(1) COMMITTEE ON THE JUDICIARY.—Mr. Cicilline.

The resolution was agreed to.

A motion to reconsider was laid on the table.

PROVIDING FOR A JOINT SESSION OF CONGRESS TO RECEIVE A MESSAGE FROM THE PRESIDENT

Mr. CANTOR. Mr. Speaker, I send to the desk a privileged concurrent resolution and ask for its immediate consideration in the House.

The Clerk read the concurrent resolution, as follows:

H. CON. RES. 75

Resolved by the House of Representatives (the Senate concurring), That the two Houses of Congress assemble in the Hall of the House of Representatives on Tuesday, January 28, 2014, at 9 p.m., for the purpose of receiving such communication as the President of the United States shall be pleased to make to them.

The concurrent resolution was agreed to.

A motion to reconsider was laid on the table.