

Madam President, I yield back the remainder of my time.

The PRESIDING OFFICER. The Senator from Ohio.

VETERANS' ADMINISTRATION
MODERNIZATION AND HEALTH
INSURANCE CO-OPS

Mr. BROWN. Madam President, earlier today I attended two hearings. One was held by the Senate Finance Committee on Consumer Operated and Oriented Plans, or CO-OPs, created by the Affordable Care Act. The other was held by the Senate Committee on Veterans' Affairs, where Secretary McDonald, a son of Ohio, detailed his plan to modernize the Veterans' Administration.

Both of these hearings are a strong reminder of the importance of government in supporting public health and access to health care and services. We know the Veterans' Administration, with all its problems today, has provided extraordinary health care for millions of veterans all across our country for decades. It doesn't mean we sit back and don't make very important improvements that are necessary at the VA.

When we learned that shocking wait times at the VA were delaying veterans from getting the care they have earned, we took action and passed a new law to invest in better care and provide more health care choices to veterans, but we can't simply act in times of crisis and then turn our backs on those who served in our Nation's military. It is our responsibility to make sure VA facilities in Ohio, Connecticut, the Presiding Officer's State of Iowa, and all over—it is important that these facilities across the country have what they need to provide state-of-the-art medical care for our veterans.

I have been struck by my time on the Veterans' Affairs Committee—I am the only Ohio Senator to ever sit on that committee for a full term. I am struck by how there are a whole lot of Members of Congress who are always happy to appropriate billions of dollars to send our men and women to war, but then when it comes time to take care of them when they come home, these same Members of Congress are not nearly as generous as let's say they were in sending them off to combat. That needs to change.

The same is true for health insurance CO-OPs or CO-OPs that face challenges. Twelve of these programs have failed. We can't sit back and let the remaining 11 CO-OPs meet the same fate. That is why I will continue to work with my colleagues to make sure CMS understands the importance and that they have the support and solvency they need to succeed.

When it comes to providing quality health care, the Ohio CO-OP is a success story worth telling. InHealth Mutual in Ohio covers approximately 25,000 people, 25,000 lives. It has en-

rolled individuals in each of Ohio's 88 counties. InHealth is doing some wonderful work, and it has taken it upon itself to be a major player in the community and in enhancing public health in Ohio.

One issue InHealth has chosen to highlight is health equity. InHealth is working to eliminate health disparities and is focusing on reducing barriers to care through its InHealth Cares Program.

To that end, InHealth started a faith-based initiative called Project REACH to address health disparities. Three years ago at a Martin Luther King celebration, a Martin Luther King breakfast in Cleveland, a minister told us something we perhaps already knew, but he said it so poignantly. He said: Your life expectancy is connected to your ZIP Code. Think about that. If you are born in Appalachia in Southeast Ohio or if you are born in East Cleveland versus if you are born in the more affluent suburbs of Shaker Heights or Bexley or Upper Arlington, your life expectancy can literally be a difference of 20 years. Imagine there are places in Cuyahoga County—one only 8 or 9 miles apart from the other—where a baby born has a life expectancy of literally 24 years less than a baby born in the more affluent suburb.

But one of the things these CO-OPs can do is—by involving trusted members of the faith community and focusing on issues such as infant mortality, asthma, and diabetes, InHealth is successfully utilizing key community players to strategically improve access to care in minority communities across Ohio, but despite InHealth's current success, they continue to experience significant challenges.

Earlier today, the Acting Administrator of the Centers for Medicare and Medicaid Services testified in front of our committee about the challenges facing CO-OPs. At the hearing, many of my colleagues expressed significant concerns about the closure of the 12 CO-OPs that have pulled out of the market as well as the viability of the others that remain. I share those concerns, and I urge the Acting Administrator of CMS, Andy Slavitt, to work with Congress and the remaining CO-OPs, such as InHealth, to ensure their future viability. I commend him on his performance at this morning's hearing. I hope the committee will take the appropriate steps to confirm him so he is no longer an Acting Administrator but has the real job.

Congress and CMS must work together to find creative ways to ensure these CO-OPs that are negatively affected by the lower than expected risk corridor payments can find alternative ways to ensure financial stability.

We should work together to improve the current risk adjustment calculation, which is currently designed to favor the larger, more established health insurance carriers over new and significantly smaller health insurance plans, such as the CO-OPS, and im-

prove provider cost transparency in the market. They must work together to support the alternative ways for CO-OP small businesses like InHealth to raise capital.

CO-OPs like InHealth in Ohio are putting customer service before profits in making a positive difference in patients' health and their pocketbooks. CO-OPs boost competition, they drive down prices for customers, and because they are locally run and operated by their own members, CO-OPs are invested in providing the best possible care for the communities they serve. CO-OPs like InHealth are working. We need to make sure they have the support they need to continue providing quality, affordable local insurance to thousands of people in my State of Ohio and across the country.

I look forward to working with my colleagues on the Finance Committee, on the floor, and with CMS on these important issues so the existing CO-OPs—like InHealth—can continue to pursue innovative approaches to affordable comprehensive health insurance.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. MURPHY. Madam President, let me thank my friend from Ohio for his very constructive remarks on the success of CO-OPs. We have a CO-OP in Connecticut that has been providing very good quality care at very reasonable rates. It is part of what helps make our marketplace function, and I will look forward to working with him as we try to sustain the success of CO-OPs across the country moving forward as an element of the Affordable Care Act which, as I have said many times on this floor, is working.

AUTHORIZATION FOR MILITARY
FORCE

Mr. MURPHY. Madam President, today I have come to the floor to speak very briefly about a resolution that the majority leader introduced, I believe, yesterday. This is an authorization for military force that apparently purports to give the President legal authority to conduct military operations against ISIS. Before we break for the weekend, I thought it was important to come to the floor to explain very briefly to my colleagues what this resolution really is.

This resolution is a total rewrite of the war powers clause of the U.S. Constitution. Let's be clear about that. It is essentially a declaration of international martial law, a sweeping transfer of military power to the President that will allow him or her to send U.S. troops almost anywhere in the world for almost any reason with absolutely no limitations.

Article I, section 8, clause 11 of the Constitution vests in Congress the responsibility to declare war. Many of us on both sides of the aisle have been arguing for over a year that the President—right now—has exceeded his constitutional authority in continuing