

“(j) DETERMINATION OF PREMIUM FOR INDIVIDUALS ONLY ELIGIBLE FOR COVERAGE OF IMMUNOSUPPRESSIVE DRUGS.—The Secretary shall, during September of each year, determine and promulgate a monthly premium rate for the succeeding calendar year for individuals who enroll only for the purpose of coverage of immunosuppressive drugs under section 1836(b). Such premium shall be equal to 35 percent of the monthly actuarial rate for enrollees age 65 and over, determined according to paragraph (1), for that succeeding calendar year. The monthly premium of each individual enrolled for coverage of immunosuppressive drugs under section 1836(b) for each month shall be the amount promulgated in this subsection. Such amount shall be adjusted in accordance with subsections (c) and (f).”

(6) GOVERNMENT CONTRIBUTION.—Section 1844(a) of the Social Security Act (42 U.S.C. 1395w(a)) is amended—

(A) in paragraph (3), by striking the period at the end and inserting “; plus”;

(B) by adding at the end the following new paragraph:

“(4) a Government contribution equal to the estimated aggregate reduction in premiums payable under part B that results from establishing the premium at 35 percent of the actuarial rate under section 1839(j) instead of 50 percent of the actuarial rate for individuals who enroll only for the purpose of coverage of immunosuppressive drugs under section 1836(b).”; and

(C) by adding at the end the following flush matter:

“The Government contribution under paragraph (4) shall be treated as premiums payable and deposited for purposes of subparagraphs (A) and (B) of paragraph (1).”

(7) EXTENSION OF SECONDARY PAYER REQUIREMENTS FOR ESRD BENEFICIARIES ELIGIBLE FOR COVERAGE OF IMMUNOSUPPRESSIVE DRUGS.—Section 1862(b)(1)(C) of the Social Security Act (42 U.S.C. 1395(y)(b)(1)) is amended by adding at the end the following new sentence: “With regard to immunosuppressive drugs furnished to an individual who enrolls for the purpose of coverage of immunosuppressive drugs under section 1836(b) on or after January 1, 2012, this subparagraph shall apply without regard to any time limitation, except that when such individual becomes entitled to benefits under this title under sections 226(a) or 226(b), or entitled to or eligible for benefits under this title under section 226A, the provisions of subparagraphs (A) and (B), and the time limitations under this subparagraph, respectively, shall apply.”

(8) ENSURING COVERAGE UNDER THE MEDICARE SAVINGS PROGRAM.—Section 1905(p)(1)(A) of the Social Security Act (42 U.S.C. 1396d(p)(1)(A)) is amended by inserting “or an individual who is enrolled under part B for the purpose of coverage of immunosuppressive drugs under section 1836(b)” after “section 1818”.

(9) PART D.—Section 1860D-1(a)(3)(A) of the Social Security Act (42 U.S.C. 1395w-101(a)(3)(A)) is amended by inserting “(but not including an individual enrolled solely for coverage of immunosuppressive drugs under section 1836(b))” before the period at the end.

#### SUBMITTED RESOLUTIONS

#### SENATE RESOLUTION 242—SUPPORTING THE GOALS AND IDEALS OF NATIONAL OVARIAN CANCER AWARENESS MONTH

Ms. STABENOW (for herself, Ms. SNOWE, Mr. INOUE, Mr. CARDIN, Ms.

COLLINS, Mrs. FEINSTEIN, Mr. COCHRAN, Mr. CHAMBLISS, Mr. TESTER, Mrs. MURRAY, Mr. LAUTENBERG, Mr. MENENDEZ, Mr. BENNETT, Mr. LIEBERMAN, Mrs. HUTCHISON, Mrs. BOXER, Mr. MERKLEY, Mr. UDALL of Colorado, Mr. BROWN of Ohio, Mr. WICKER, Mr. BROWN of Massachusetts, Mr. BLUMENTHAL, and Mr. SCHUMER) submitted the following resolution; which was considered and agreed to:

#### S. RES. 242

Whereas ovarian cancer is the deadliest of all gynecologic cancers;

Whereas ovarian cancer is the 5th leading cause of cancer deaths among women in the United States;

Whereas almost 21,000 women will be diagnosed with ovarian cancer in 2011, and 15,000 will die from the disease;

Whereas these deaths are those of our mothers, sisters, daughters, family members, and community leaders;

Whereas the mortality rate for ovarian cancer has not significantly decreased since the “War on Cancer” was declared 40 years ago;

Whereas all women are at risk for ovarian cancer, and 90 percent of women diagnosed with ovarian cancer do not have a family history that puts them at a higher risk;

Whereas some women, such as those with a family history of breast or ovarian cancer, are at a higher risk for the disease;

Whereas the pap test is sensitive and specific to the early detection of cervical cancer, but not ovarian cancer;

Whereas there is currently no reliable early detection test for ovarian cancer;

Whereas many people are unaware that the symptoms of ovarian cancer often include bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, urinary symptoms, and several other symptoms that are easily confused with other diseases;

Whereas in June 2007, the first national consensus statement on ovarian cancer symptoms was developed to provide consistency in describing symptoms to make it easier for women to learn and remember the symptoms;

Whereas there are known methods to reduce the risk of ovarian cancer, including prophylactic surgery, oral contraceptives, and breast-feeding;

Whereas, due to the lack of a reliable early detection test, 75 percent of cases of ovarian cancer are detected at an advanced stage, making the overall 5-year survival rate only 45 percent;

Whereas there are factors that are known to reduce the risk for ovarian cancer and that play an important role in the prevention of the disease;

Whereas awareness of the symptoms of ovarian cancer by women and health care providers can lead to a quicker diagnosis;

Whereas, each year during the month of September, the Ovarian Cancer National Alliance and its partner members hold a number of events to increase public awareness of ovarian cancer; and

Whereas September 2011 should be designated as “National Ovarian Cancer Awareness Month” to increase public awareness of ovarian cancer: Now, therefore, be it

*Resolved*, That the Senate supports the goals and ideals of National Ovarian Cancer Awareness Month.

#### SENATE RESOLUTION 243—PROMOTING INCREASED AWARENESS, DIAGNOSIS, AND TREATMENT OF ATRIAL FIBRILLATION TO ADDRESS THE HIGH MORBIDITY AND MORTALITY RATES AND TO PREVENT AVOIDABLE HOSPITALIZATIONS ASSOCIATED WITH THE DISEASE

Mr. CRAPO (for himself, Mr. CASEY, Mr. INOUE, Mr. AKAKA, Mr. RUBIO, and Mr. TOOMEY) submitted the following resolution; which was considered and agreed to:

#### S. RES. 243

Whereas atrial fibrillation is a cardiac condition that results when the usual coordinated electrical activity in the atria of the heart becomes disorganized and chaotic, hampering the ability of the atria to fill the ventricles with blood, and allowing blood to pool in the atria and form clots;

Whereas an estimated 2,500,000 people in the United States are living with atrial fibrillation, the most common “serious” heart rhythm abnormality that occurs in people older than 65 years of age;

Whereas atrial fibrillation is associated with an increased long-term risk of stroke, heart failure, and all-cause mortality, especially among women;

Whereas people older than 40 years of age have a 1-in-4 risk of developing atrial fibrillation in their lifetime;

Whereas an estimated 15 percent of strokes are the result of untreated atrial fibrillation, a condition that dramatically increases the risk of stroke to approximately 5 times more than the general population;

Whereas atrial fibrillation accounts for approximately 529,000 hospital discharges annually;

Whereas atrial fibrillation costs an estimated \$3,600 per patient for a total cost burden in the United States of \$15,700,000,000;

Whereas better patient and health care provider education is needed for the timely recognition of atrial fibrillation symptoms;

Whereas an electrocardiogram is an effective and risk-free screen for heart rhythm irregularities and can be part of a routine preventive exam;

Whereas there is a dearth of outcome performance measures that focus on the management of atrial fibrillation; and

Whereas evidence-based care guidelines improve patient outcomes and prevent unnecessary hospitalizations for individuals with undiagnosed atrial fibrillation and for patients once atrial fibrillation is detected: Now, therefore, be it

*Resolved*, That it is the sense of the Senate that the Secretary of Health and Human Services should work with leaders in the medical community to explore ways to improve medical research, screening and prevention methods, and surveillance efforts in order to prevent and appropriately manage atrial fibrillation, including by—

(1) advancing the development of process and outcome measures for the management of atrial fibrillation by national developers;

(2) facilitating the adoption of evidence-based guidelines by the medical community to improve patient outcomes;

(3) advancing atrial fibrillation research and education by—

(A) encouraging basic science research to determine the causes and optimal treatments for atrial fibrillation;

(B) exploring development of screening tools and protocols to determine the risk of developing atrial fibrillation; and

(C) enhancing current surveillance and tracking systems to include atrial fibrillation; and

(4) improving access to appropriate medical care for patients suffering from atrial fibrillation by encouraging education programs that promote collaboration among the Federal health agencies and that increase public and clinician awareness of atrial fibrillation, including risk assessment, screening, treatment, and appropriate clinical management.

SENATE RESOLUTION 244—CONGRATULATING OMEGA PSI PHI FRATERNITY, INC. FOR 100 YEARS OF SERVICE TO COMMUNITIES THROUGHOUT THE UNITED STATES AND THE WORLD, AND COMMENDING OMEGA PSI PHI FOR UPHOLDING ITS CARDINAL PRINCIPLES OF MANHOOD, SCHOLARSHIP, PERSEVERANCE, AND UPLIFT

Ms. LANDRIEU (for herself, Mrs. HAGAN, Mr. WICKER, Mr. BROWN of Ohio, Mr. NELSON of Florida, Mr. LEVIN, Mr. CARDIN, Mrs. GILLIBRAND, and Mr. CORNYN) submitted the following resolution; which was considered and agreed to:

S. RES. 244

Whereas Omega Psi Phi is the first international fraternal organization to be founded on the campus of a historically black college;

Whereas Omega Psi Phi Fraternity, Inc. was founded at Howard University in Washington, District of Columbia, on November 17, 1911, by undergraduates Oscar James Cooper, M.D., Frank Coleman, Ph.D., and Edgar Amos Love, D.D., and their faculty advisor Ernest Everett Just, Ph.D.;

Whereas, on November 17, 2011, Omega Psi Phi will celebrate 100 years of service to communities throughout the United States and the world in many diverse fields of endeavor;

Whereas, in 2011, Omega Psi Phi has more than 700 chapters throughout the United States, Bermuda, the Bahamas, the Virgin Islands, South Korea, Japan, Liberia, Germany, and Kuwait;

Whereas Omega Psi Phi has maintained a commitment to the betterment of mankind, the enhancement of the community, and the enrichment of collegiate men through dedication to its cardinal principles of manhood, scholarship, perseverance, and uplift;

Whereas Omega Psi Phi chapters participate in activities that uplift their communities, including voter registration, illiteracy awareness, Habitat for Humanity, health awareness programs, and youth mentoring;

Whereas the men of Omega Psi Phi have distinguished themselves in the field of science, including Dr. Ernest Everett Just, an internationally known biologist, Dr. Charles Drew, who perfected the use of blood plasma, Dr. Ronald E. McNair, an astronaut and member of the flight team aboard the Space Shuttle Challenger, Charles Bolden, an astronaut and the Administrator of the National Aeronautics and Space Administration, and Dr. Fred Drew Gregory, an astronaut and graduate of the United States Air Force Academy;

Whereas the men of Omega Psi Phi have distinguished themselves in the field of sports, including Dr. Robert M. Screen, the tennis coach at Hampton University and the coach with the most wins in the history of the National Collegiate Athletic Association, Michael Jordan, who was inducted into the Naismith Memorial Basketball Hall of

Fame in 2009, Charlie Ward, the winner of the Heisman Trophy in 1993 and a former guard with the New York Knicks of the National Basketball Association, Dr. LeRoy Walker, a former president of the United States Olympic Committee, and Terrance Trammell, a world champion hurdler;

Whereas the men of Omega Psi Phi have distinguished themselves in the field of government, including William Hastie, the first Governor of the Virgin Islands, Lawrence Douglas Wilder, the first black Governor of Virginia, Togo West, a former Secretary of the Army, James E. Clyburn, a Member of the House of Representatives from South Carolina and the 26th Majority Whip of the House of Representatives, Jesse Jackson, Jr., a Member of the House of Representatives from Illinois, and Hank Johnson, a Member of the House of Representatives from Georgia;

Whereas the men of Omega Psi Phi have distinguished themselves in the field of the arts, including Langston Hughes, the poet laureate who excelled as a poet, playwright, novelist, lyricist, and humorist, and William "Count" Basie, an internationally known pianist, composer, arranger, and band leader; and

Whereas Omega Psi Phi will commemorate its history and promote its continued success at its centennial celebration to be held July 27 through July 31, 2011, in Washington, District of Columbia: Now, therefore, be it

*Resolved*, That the Senate—

(1) congratulates Omega Psi Phi Fraternity, Inc. for 100 years of service to communities throughout the United States and the world; and

(2) commends Omega Psi Phi for upholding its cardinal principles of manhood, scholarship, perseverance, and uplift.

SENATE RESOLUTION 245—DESIGNATING NOVEMBER 2011 AS "STOMACH CANCER AWARENESS MONTH" AND SUPPORTING EFFORTS TO EDUCATE THE PUBLIC ABOUT STOMACH CANCER

Mr. KERRY (for himself and Mr. DURBIN) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 245

Whereas stomach cancer is 1 of the most difficult cancers to detect and treat in the early stages of the disease, which contributes to high mortality rates and human suffering;

Whereas stomach cancer is the second-leading cause of cancer mortality worldwide; Whereas, in 2009, an estimated 21,000 new cases of stomach cancer were diagnosed in the United States;

Whereas, in 2010, it was estimated that 10,000 people in the United States would die from stomach cancer;

Whereas the estimated 5-year survival rate for stomach cancer is only 26 percent;

Whereas approximately 1 in 113 individuals will be diagnosed with stomach cancer in their lifetimes;

Whereas an inherited form of stomach cancer carries a 67- to 83-percent risk that an individual will be diagnosed with stomach cancer by 80 years of age;

Whereas, in the United States, stomach cancer is more prevalent among racial and ethnic minorities;

Whereas better patient and health care provider education is needed for the timely recognition of stomach cancer risks and symptoms;

Whereas more research into effective early diagnosis, screening, and treatment for stomach cancer is needed; and

Whereas November 2011 is an appropriate month to observe "Stomach Cancer Awareness Month": Now, therefore, be it

*Resolved*, That the Senate—

(1) designates November 2011 as "Stomach Cancer Awareness Month";

(2) supports efforts to educate the people of the United States about stomach cancer;

(3) recognizes the need for additional research into early diagnosis and treatment for stomach cancer; and

(4) encourages the people of the United States and interested groups to observe and support November 2011 as "Stomach Cancer Awareness Month" through appropriate programs and activities to promote public awareness of, and potential treatments for, stomach cancer.

AMENDMENTS SUBMITTED AND PROPOSED

SA 589. Mr. REID proposed an amendment to the bill S. 627, to establish the Commission on Freedom of Information Act Processing Delays.

SA 590. Mr. REID proposed an amendment to amendment SA 589 proposed by Mr. REID to the bill S. 627, *supra*.

SA 591. Mr. REID proposed an amendment to the bill S. 627, *supra*.

SA 592. Mr. REID proposed an amendment to amendment SA 591 proposed by Mr. REID to the bill S. 627, *supra*.

SA 593. Mr. REID proposed an amendment to amendment SA 592 proposed by Mr. REID to the amendment SA 591 proposed by Mr. REID to the bill S. 627, *supra*.

TEXT OF AMENDMENTS

**SA 589.** Mr. REID proposed an amendment to the bill S. 627, to establish the Commission on Freedom of Information Act Processing Delays; as follows:

Strike all after "Section" and insert the following:

**1. SHORT TITLE AND TABLE OF CONTENTS.**

(a) **SHORT TITLE.**—This Act may be cited as the "Budget Control Act of 2011".

(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

Sec. 1. Short title and table of contents.

**TITLE I—DISCRETIONARY SPENDING CAPS AND ENFORCEMENT**

Sec. 101. Discretionary spending limits.

Sec. 102. Senate budget enforcement.

**TITLE II—OTHER SPENDING CUTS**

Subtitle A—Federal Pell Grant and Student Loan Program Changes

Sec. 211. Federal Pell Grant and student loan program changes.

Subtitle B—Farm Programs

Sec. 221. Definition of payment acres.

**TITLE III—JOINT SELECT COMMITTEE ON DEFICIT REDUCTION**

Sec. 301. Establishment of Joint Select Committee.

Sec. 302. Expedited consideration of joint committee recommendations.

Sec. 303. Funding.

Sec. 304. Rulemaking.

**TITLE IV—DEBT CEILING DISAPPROVAL PROCESS**

Sec. 401. Debt ceiling disapproval process.

**TITLE I—DISCRETIONARY SPENDING CAPS AND ENFORCEMENT**

**SEC. 101. DISCRETIONARY SPENDING LIMITS.**

(a) **POINT OF ORDER.**—It shall not be in order in the House of Representatives or the