''(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''; and

(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. INOUYE, Mr. CARDIN, Ms. COLLINS, Mrs. FEINSTEIN, Mr. COCHRAN, Mr. CHAMBLISS, Mr. TESTER, Mrs. MURRAY, Mr. LAUTENBERG, Mr. MENENDEZ, Mr. BENNET, 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. INOUYE, 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