

(relating to passive activity defined) is amended by adding at the end thereof the following new subparagraph—

“(C) TERMINATION.—Subparagraph (A) shall not apply for any taxable year beginning after December 31 2012.”

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2012.

SEC. 436. UNIFORM SEVEN-YEAR AMORTIZATION FOR GEOLOGICAL AND GEOPHYSICAL EXPENDITURES.

(a) IN GENERAL.—Paragraph (1) of section 167(h) of the Internal Revenue Code of 1986 (relating to amortization of geological and geophysical expenditures) is amended by striking “24-month” and inserting in lieu thereof “7-year”.

(b) CONFORMING AMENDMENTS.—Section 167(h) is amended—

(1) by striking “24-month” in paragraph (4) and inserting in lieu thereof “7-year”, and

(2) by striking paragraph (5).

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to amounts paid or incurred after December 31, 2012.

SEC. 437. REPEAL ENHANCED OIL RECOVERY CREDIT.

(a) IN GENERAL.—Subpart D of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 (relating to business related credits) is amended by striking section 43 (relating to enhanced oil recovery credit).

(b) CLERICAL AMENDMENT.—The table of sections for subpart D of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by striking the item relating to section 43.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2012.

SEC. 438. REPEAL MARGINAL WELL PRODUCTION CREDIT.

(a) IN GENERAL.—Subpart D of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 (relating to business related credits) is amended by striking section 45I (relating to credit for producing oil and gas from marginal wells).

(b) CLERICAL AMENDMENT.—The table of sections for subpart D of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by striking the item relating to section 45I.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2012.

Subtitle E—Dual Capacity Taxpayers

SEC. 441. MODIFICATIONS OF FOREIGN TAX CREDIT RULES APPLICABLE TO DUAL CAPACITY TAXPAYERS.

(a) IN GENERAL.—Section 901 of the Internal Revenue Code of 1986 (relating to credit for taxes of foreign countries and of possessions of the United States) is amended by redesignating subsection (n) as subsection (o) and by inserting after subsection (m) the following new subsection:

“(n) SPECIAL RULES RELATING TO DUAL CAPACITY TAXPAYERS.—

“(1) GENERAL RULE.—Notwithstanding any other provision of this chapter, any amount paid or accrued by a dual capacity taxpayer or any member of the worldwide affiliated group of which such dual capacity taxpayer is also a member to any foreign country or to any possession of the United States for any period shall not be considered a tax to the extent such amount exceeds the amount (determined in accordance with regulations) which would have been required to be paid if the taxpayer were not a dual capacity taxpayer.

“(2) DUAL CAPACITY TAXPAYER.—For purposes of this subsection, the term ‘dual capacity taxpayer’ means, with respect to any foreign country or possession of the United States, a person who—

“(A) is subject to a levy of such country or possession, and

“(B) receives (or will receive) directly or indirectly a specific economic benefit (as determined in accordance with regulations) from such country or possession.

“(3) REGULATIONS.—The Secretary may issue such regulations or other guidance as is necessary or appropriate to carry out the purposes of this subsection.”

(b) CONTRARY TREATY OBLIGATIONS UPHELD.—The amendments made by this section shall not apply to the extent contrary to any treaty obligation of the United States.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to amounts that, if such amounts were an amount of tax paid or accrued, would be considered paid or accrued in taxable years beginning after December 31, 2012.

SEC. 442. SEPARATE BASKET TREATMENT TAXES PAID ON FOREIGN OIL AND GAS INCOME.

(a) SEPARATE BASKET FOR FOREIGN TAX CREDIT.—Paragraph (1) of section 904(d) of the Internal Revenue Code of 1986 is amended by striking “and” at the end of subparagraph (A), by striking the period at the end of subparagraph (B) and inserting “, and”, and by adding at the end the following:

“(C) combined foreign oil and gas income (as defined in section 907(b)(1)).”

(b) COORDINATION.—Section 904(d)(2) of such Code is amended by redesignating subparagraphs (J) and (K) as subparagraphs (K) and (L) and by inserting after subparagraph (I) the following:

“(J) COORDINATION WITH COMBINED FOREIGN OIL AND GAS INCOME.—For purposes of this section, passive category income and general category income shall not include combined foreign oil and gas income (as defined in section 907(b)(1)).”

(c) CONFORMING AMENDMENTS.—

(1) Section 907(a) is hereby repealed.

(2) Section 907(c)(4) is hereby repealed.

(3) Section 907(f) is hereby repealed.

(d) EFFECTIVE DATES.—

(1) IN GENERAL.—The amendments made by this section shall apply to taxable years beginning after December 31, 2012.

(2) TRANSITIONAL RULES.—

(A) CARRYOVERS.—Any unused foreign oil and gas taxes which under section 907(f) of such Code (as in effect before the amendment made by subsection (c)(3)) would have been allowable as a carryover to the taxpayer’s first taxable year beginning after December 31, 2012 (without regard to the limitation of paragraph (2) of such section 907(f) for first taxable year) shall be allowed as carryovers under section 904(c) of such Code in the same manner as if such taxes were unused taxes under such section 904(c) with respect to foreign oil and gas extraction income.

(B) LOSSES.—The amendment made by subsection (c)(2) shall not apply to foreign oil and gas extraction losses arising in taxable years beginning on or before the date of the enactment of this Act.

Subtitle F—Increased Target and Trigger for Joint Select Committee on Deficit Reduction

SEC. 451. INCREASED TARGET AND TRIGGER FOR JOINT SELECT COMMITTEE ON DEFICIT REDUCTION.

(a) INCREASED TARGET FOR JOINT SELECT COMMITTEE.—Section 401(b)(2) of the Budget Control Act of 2011 is amended by striking “\$1,500,000,000,000” and inserting “\$1,950,000,000,000”.

(b) TRIGGER FOR JOINT SELECT COMMITTEE.—Section 302 of the Budget Control Act of 2011 is amended by redesignating subsection (b) as subsection (c) and by inserting after subsection (a) the following new subsection:

“(b) TRIGGER.—If a joint committee bill achieving an amount greater than ‘\$1,650,000,000,000’ in deficit reduction as provided in section 401(b)(3)(B)(i)(II) of this Act is enacted by January 15, 2012, then the amendments to the Internal Revenue Code of 1986 made by subtitles A through E of title IV of the American Jobs Act of 2011, shall not be in effect for any taxable year.”

By Mr. KIRK (for himself, Mr. ALEXANDER, Mr. RUBIO, and Mr. WYDEN):

S. 1551. A bill to establish a smart card pilot program under the Medicare program; to the Committee on Finance.

Mr. KIRK. Mr. President, I am pleased to stand here today and introduce the Medicare Common Access Card Act of 2011 with my colleague from Oregon, Senator RON WYDEN. Every year, at least \$60 billion in the Medicare program is attributed to waste, fraud, and abuse in the Medicare program. One of the fundamental steps Congress can take to address this is to upgrade the beneficiary’s Medicare card using secure smart card technology, similar to the one already used for Department of Defense personnel. Verifying identity through a secure smart card will protect a beneficiary’s personal information, prevent fraud among beneficiaries and providers, and legitimize Medicare claims. The Department of Defense has issued over 20 million secure smart cards as their “Common Access Card,” CAC, to authenticate and verify users for access to programs and facilities. To date, DoD reports that not a single Common Access Card has been counterfeited. We cannot stop or prevent fraud in the system until we find a way to know and verify who is authorized to provide and receive benefits.

The Medicare Common Access Card Act of 2011 builds on the success of the DoD CAC card to establish a program that simply and securely verifies the identity of both Medicare beneficiaries and providers. By implementing well-established Common Access Card technology to protect the Medicare program, we can save U.S. taxpayers billions of dollars while securing the privacy of America’s seniors. I urge my colleagues to join us in supporting the Medicare Common Access Card Act—a common sense approach to reforming Medicare, protecting seniors and preventing millions of dollars in waste, fraud, and abuse.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 261—DESIGNATING THE MONTH OF OCTOBER 2011 AS “NATIONAL MEDICINE ABUSE AWARENESS MONTH”

Mrs. FEINSTEIN (for herself, Mr. GRASSLEY, Mr. BLUMENTHAL, Mr. WHITEHOUSE, Mr. DURBIN, Mr. ROCKEFELLER, Mr. MANCHIN, and Mr. PORTMAN) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 261

Whereas over-the-counter and prescription medicines approved by the Food and Drug Administration have been determined to be safe and effective when used properly;

Whereas the abuse of such medicines can be extremely dangerous and produce serious side effects;

Whereas according to the Substance Abuse and Mental Health Services Administration's 2010 National Survey on Drug Use and Health, the nonmedical use of prescription drugs has risen, with 2.5 percent of the population engaging in nonmedical use of prescription drugs in 2008 and 2.8 percent of the population engaging in such use in 2009;

Whereas the 2010 National Survey on Drug Use and Health illustrates that the abuse of prescription medications such as pain relievers, tranquilizers, stimulants, and sedatives is second only to marijuana, the most commonly abused illegal drug in the United States;

Whereas the 2010 Monitoring the Future survey, funded by the National Institutes of Health, indicates that approximately 5 percent of teenagers in the United States report having abused an over-the-counter cough medicine to get high, and prescription and over-the-counter drugs account for 8 of the 14 most frequently abused drugs by students in grade 12;

Whereas the 2010 Monitoring the Future survey also indicates that the intentional abuse of cough medicine among students in grades 8, 10, and 12 is at 3.2 percent, 5.1 percent, and 6.6 percent, respectively;

Whereas according to research from The Partnership at DrugFree.org, more than one-third of teenagers mistakenly believe that taking prescription drugs, even if not prescribed by a doctor, is much safer than using street drugs;

Whereas the lack of understanding by teenagers and parents of the potential harm of such powerful medicines makes it more critical than ever to raise public awareness about the dangers of the abuse of such drugs;

Whereas when prescription drugs are abused, such drugs are most often obtained through friends and relatives;

Whereas parents should be aware that the Internet gives teenagers access to websites that promote the abuse of medicines;

Whereas the designation of "National Medicine Abuse Awareness Month" promotes the message that over-the-counter and prescription medicines should be taken only as labeled or prescribed, and such medicines can have serious or life-threatening consequences when used to get high or in large doses;

Whereas the designation of "National Medicine Abuse Awareness Month" will encourage parents to educate themselves about the problem of abuse of over-the-counter and prescription medicines, and talk to their teens about all types of substance abuse;

Whereas observance of "National Medicine Abuse Awareness Month" should be encouraged at the national, State, and local levels to increase awareness of the abuse of medicines;

Whereas educational tools, training programs, and strategies have been developed by the national organization that represents 5,000 anti-drug coalitions nationwide and the association representing makers of over-the-counter medicines, in order to help local coalitions demonstrate the best ways to engage and educate parents and grandparents, teachers, law enforcement officials, doctors, other healthcare professionals, and retailers about the potential harms of cough medicine abuse;

Whereas a partnership of nonprofit associations specializing in raising media awareness

about substance abuse and organizations that represent the leading makers of over-the-counter drugs have developed a nationwide prevention campaign that utilizes research-based educational advertisements, public relations and news media, and the Internet to inform parents about the negative teen behavior of intentional abuse of medicines, in order to empower parents to effectively communicate with their children about this dangerous trend and to take necessary steps to safeguard prescription and over-the-counter medicines in their homes; and

Whereas educating the public on the dangers of medicine abuse and promoting prevention of medicine abuse are critical components of what must be a multi-pronged effort to curb prescription and over-the-counter medicine abuse: Now, therefore, be it

Resolved, That the Senate—
(1) designates the month of October 2011 as "National Medicine Abuse Awareness Month"; and

(2) urges communities to carry out appropriate programs and activities to educate parents and youth about the potential dangers associated with medicine abuse.

Mrs. FEINSTEIN. Mr. President, I rise to introduce a resolution designating October 2011 as National Medicine Abuse Awareness Month with my colleagues and friends, Senators CHARLES GRASSLEY, RICHARD BLUMENTHAL, SHELDON WHITEHOUSE, DICK DURBIN, JAY ROCKEFELLER, JOE MANCHIN and ROB PORTMAN.

According to the Office of National Drug Control Policy, prescription drug abuse is our Nation's fastest-growing drug problem. The U.S. Substance Abuse and Mental Health Services Administration's 2010 National Survey on Drug Use and Health found that the non-medical use of prescription drugs rose from 2.5 percent of the population in 2008 to 2.8 percent in 2009. The 2010 National Survey on Drug Use and Health illustrates that the abuse of prescription medications such as pain relievers, tranquilizers, stimulants, and sedatives is second only to marijuana, the number one illegal drug of abuse in the United States.

Sadly the number of people who have unintentionally overdosed on prescription drugs is rising rapidly. The misconception that taking prescription drugs, even if not prescribed by a doctor is safer than using street drugs is becoming more and more widespread, as seen in the number of visits by individuals to hospital emergency rooms involving the misuse or abuse of pharmaceutical drugs which has doubled over the past five years.

Throughout National Medicine Abuse Awareness Month, we encourage communities to promote the message that over-the-counter and prescription medicines are to be taken only as labeled or prescribed and to encourage safe disposal of unused medications. Educating the public on the dangerous consequences of taking prescription drugs to get high or in large doses is critical.

We applaud the efforts of the Drug Enforcement Administration, DEA, and local and State law enforcement agencies across the country to collect

potentially dangerous, expired, unused or unwanted medications during their nationwide prescription drug "take back" campaign. We invite our colleagues to join us in continuing the efforts of the DEA and partnering organizations to combat the misuse of psychotherapeutic medications by designating October 2011 as National Medicine Abuse Awareness Month. This is an opportunity for Americans to reaffirm our national, State and local level commitment to living healthy, drug-free lifestyles.

Mr. GRASSLEY. Mr. President, I am pleased to join Senator FEINSTEIN in cosponsoring a resolution designating the month of October 2011 as National Medicine Abuse Awareness Month. The abuse of prescription drugs and cold medicine is currently the fastest growing drug abuse trend in the country. According to the most recent National Survey of Drug Use and Health (NSDUH), more and more people are turning to using controlled substances without a doctor's prescription. The same survey shows that nearly one-third of all respondents who initiated drug use in the past year used prescription drugs. People between the ages of 12 and 25 are the most common group to abuse these drugs.

More people are dying because of this abuse. The Centers for Disease Control and Prevention reports that the unintentional deaths involving prescription narcotics increased 117 percent from the years 2001 to 2005. In my home State of Iowa, the Governor's Office of Drug Control Policy reports that at least 40 people died from an overdose of prescription painkillers in 2009. This represents a sharp increase in the last decade when only three people died from painkiller overdoses in 2000.

Abuse of over-the-counter, OTC, cough and cold medicines is also alarming. While these common cold medicines are safe and effective if used properly, the abuse of these medicines can also be destructive. According to a study conducted by the Partnership for a Drug-Free America, nearly 1 in 10 young people between the ages of 12 and 17 have intentionally abused cough medicine to get high off its main ingredient dextromethorphan. This is a problem that cannot be ignored.

Millions of Americans use these medicines every year to treat a variety of symptoms due to injury, depression, insomnia, and the effects of the common cold. Many legitimate users of these drugs often do not use as much medication as the prescription contains. As a result, these drugs remain in the family medicine cabinet for months or years because people forget about them or do not know how to properly dispose of them. However, many of these drugs, when not properly used or administered, are just as addictive and deadly as street drugs like methamphetamine or cocaine.

According to the NSDUH, more than half of the people who abuse these drugs reported that they obtained OTC

and prescription drugs from a friend or relative or from the family medicine cabinet. As a result, groups and organizations like the Drug Enforcement Administration, the Office of National Drug Control Policy, the Community Anti-Drug Coalitions of America, the Consumer Healthcare Products Association, and the Partnership for a Drug-Free America have been reaching out to communities throughout the Nation to raise awareness of this growing drug abuse trend and encourage communities to tackle the problem head on. Many community antidrug coalitions, including those in Iowa, public health officials, and law enforcement officials have been holding town-halls, organizing community “clean out your medicine cabinet” events, and holding many other events to raise awareness of this growing abuse in an effort to reverse this trend.

We can stop the growing trend of medicine abuse in its tracks, but it will require all sectors of the community to join together to make it happen. The National Medicine Abuse Awareness Month resolution promotes the message that over-the-counter and prescription medicines must be taken as directed, and when used recreationally or in large doses they can have serious and deadly consequences. This resolution will help remind parents that access to drugs that are abused doesn't just happen in alleys and on the streets, but can often occur right in the home. I urge all my colleagues to join me in supporting this resolution.

SENATE RESOLUTION 262—DESIGNATING THE WEEK BEGINNING ON SEPTEMBER 12, 2011, AND ENDING ON SEPTEMBER 16, 2011, AS “NATIONAL HEALTH INFORMATION TECHNOLOGY WEEK” TO RECOGNIZE THE VALUE OF HEALTH INFORMATION TECHNOLOGY IN IMPROVING HEALTH QUALITY

Ms. STABENOW (for herself and Ms. SNOWE) submitted the following resolution; which was considered and agreed to:

S. RES. 262

Whereas healthcare information technology and management systems have been recognized as essential tools for improving patient care, ensuring patient safety, stopping duplicative tests and paperwork, and reducing health care costs;

Whereas the Center for Information Technology Leadership has estimated that the implementation of national standards for interoperability and the exchange of health information would save the United States approximately \$77,000,000,000 in expenses relating to healthcare each year;

Whereas Congress has made a commitment to leveraging the benefits of healthcare information technology and management systems, including supporting the adoption of electronic health records that will help to reduce costs and improve quality while ensuring the privacy of patients;

Whereas Congress has emphasized improving the quality and safety of delivery of healthcare in the United States; and

Whereas since 2006, organizations across the United States have united to support National Health Information Technology Week to improve public awareness of the benefits of improved quality and cost efficiency of the healthcare system that the implementation of health information technology could achieve: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week beginning on September 12, 2011, and ending on September 16, 2011, as “National Health Information Technology Week”;

(2) recognizes the value of information technology and management systems in transforming healthcare for the people of the United States; and

(3) calls on all interested parties to promote the use of information technology and management systems to transform the healthcare system of the United States.

SENATE RESOLUTION 263—DESIGNATING THE WEEK BEGINNING SEPTEMBER 11, 2011, AS “NATIONAL DIRECT SUPPORT PROFESSIONALS RECOGNITION WEEK”

Mr. NELSON of Nebraska (for himself and Ms. COLLINS) submitted the following resolution; which was considered and agreed to:

S. RES. 263

Whereas direct support professionals, direct care workers, personal assistants, personal attendants, in-home support workers, and paraprofessionals (referred to in this preamble as “direct support professionals”) are the primary providers of publicly-funded long term supports and services for millions of individuals;

Whereas a direct support professional must build a close, trusted relationship with an individual with disabilities;

Whereas a direct support professional assists an individual with disabilities with the most intimate needs, on a daily basis;

Whereas direct support professionals provide a broad range of support, including preparation of meals, helping with medications, bathing, dressing, mobility, transportation to school, work, religious, and recreational activities, and general daily affairs;

Whereas a direct support professional provides essential support to help keep an individual with disabilities connected to such individual's family and community;

Whereas direct support professionals enable individuals with disabilities to live meaningful, productive lives;

Whereas direct support professionals are the key to allowing an individual with disabilities to live successfully in such individual's community, and to avoid more costly institutional care;

Whereas the majority of direct support professionals are female, and many are the sole breadwinners of their families;

Whereas direct support professionals work and pay taxes, but many such professionals remain impoverished and are eligible for the same Federal and State public assistance programs on which the individuals with disabilities served by such direct support professionals must depend;

Whereas Federal and State policies, as well as the Supreme Court, in *Olmstead v. L.C.*, 527 U.S. 581 (1999), assert the right of an individual to live in the home and community of the individual;

Whereas, in 2011, the majority of direct support professionals are employed in home and community-based settings and this trend is projected to increase over the decade;

Whereas there is a documented critical and growing shortage of direct support professionals in every community throughout the United States; and

Whereas many direct support professionals are forced to leave jobs due to inadequate wages and benefits, creating high turnover and vacancy rates that research demonstrates adversely affects the quality of supports to individuals with disabilities: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week beginning September 11, 2011, as “National Direct Support Professionals Recognition Week”;

(2) recognizes the dedication and vital role of direct support professionals in enhancing the lives of individuals with disabilities of all ages;

(3) appreciates the contribution of direct support professionals in supporting the needs that reach beyond the capacities of millions of families in the United States;

(4) commends direct support professionals as integral in supporting the long-term support and services system of the United States; and

(5) finds that the successful implementation of the public policies of the United States depends on the dedication of direct support professionals.

SENATE RESOLUTION 264—DESIGNATING SEPTEMBER 12, 2011, AS “NATIONAL DAY OF ENCOURAGEMENT”

Mr. PRYOR (for himself and Mr. BOOZMAN) submitted the following resolution; which was considered and agreed to:

S. RES. 264

Whereas negative images, stories, and influences in the day-to-day lives of the people of the United States can detrimentally affect their emotional well-being, interactions with others, and general demeanor;

Whereas a group of teenagers participating in a leadership forum at Harding University in Searcy, Arkansas, identified a lack of encouragement as one of the greatest problems facing young people today;

Whereas the youth of the United States need guidance, inspiration, and reassurance to counteract this negativity and to develop the qualities of character essential for future leadership in the United States;

Whereas a National Day of Encouragement would serve as a reminder to counterbalance and overcome negative influences, and would also provide much-needed encouragement and support to others;

Whereas, following the events of September 11, 2001, thousands of people made sacrifices in order to bring help and healing to the victims and their families, inspiring and encouraging the people of the United States; and

Whereas the renewed feelings of unity, hope, selflessness, and encouragement that began on September 12, 2001, are the same feelings that the National Day of Encouragement is meant to recapture and spread: Now, therefore, be it

Resolved, That the Senate—

(1) designates September 12, 2011, as “National Day of Encouragement”;

(2) acknowledges the importance of encouragement and positive influences in the lives of all people; and

(3) urges the people of the United States to encourage others, whether through an act of service, a thoughtful letter, or words of kindness and inspiration, and by that encouragement to boost the morale of all people of the United States.