

CBO ESTIMATE OF THE STATUTORY PAY-AS-YOU-GO EFFECTS FOR THE SSI EXTENSION FOR ELDERLY AND DISABLED REFUGEES ACT OF 2011 (GA11269)

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2012–2016	2012–2021
	NET INCREASE OF DECREASE (–) IN THE DEFICIT											
Statutory Pay-As-You-Go Impact .....	36	–60	0	0	0	0	0	0	0	0	–24	–24
Memorandum:												
Changes in Outlays .....	36	0	0	0	0	0	0	0	0	0	36	36
Changes in Revenues .....	0	60	0	0	0	0	0	0	0	0	60	60

Note: The SSI Extension for Elderly and Disabled Refugees Act would extend refugees' and certain other aliens' eligibility for Supplemental Security Income (SSI) from seven years to nine years (and while a naturalization application is pending) during fiscal year 2012. The bill also would levy a \$30 fee on any petition for a Diversity Visa that is filed before October 1, 2013. CBO expects that the legislation would not be implemented in time to affect the October 2011 registration period for the Diversity Visa Program, so only petitions filed during the October 2012 registration period would be subject to the \$30 fee.  
Source: Congressional Budget Office.

The PRESIDING OFFICER. The question is on passage of the bill. The bill was passed, as follows:

S. 1721

*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 “SSI Extension for Elderly and Disabled Refugees Act of 2011”.

**SEC. 2. EXTENSION OF ELIGIBILITY PERIOD FOR SSI BENEFITS FOR CERTAIN RECIPIENTS.**

(a) IN GENERAL.—Section 402(a)(2)(M) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 U.S.C. 1612(a)(2)(M)) is amended—

(1) in clause (i)(I), by striking “fiscal years 2009 through 2011” and inserting “fiscal years 2009 through 2012”; and

(2) in clause (ii), by striking “fiscal years 2009 through 2011” and inserting “fiscal years 2009 through 2012”.

(b) CONFORMING AMENDMENT.—Section 402(a)(2)(M) of such Act is amended, in the subparagraph heading, by striking “THROUGH FISCAL YEAR 2011”.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on October 1, 2011.

**SEC. 3. DIVERSITY IMMIGRANT VISA PETITION FEE.**

(a) REQUIREMENT FOR FEE.—Section 204(a)(1)(I) of the Immigration and Nationality Act (8 U.S.C. 1154(a)(1)(I)) is amended by adding at the end the following:

“(iv) Each petition filed under this subparagraph shall include a petition fee in the amount of \$30.”.

(b) DEPOSIT OF FEE.—All fees collected pursuant to clause (iv) of section 204(a)(1)(I) of the Immigration and Nationality Act (8 U.S.C. 1154(a)(1)(I)), as added by subsection (a), shall not be available for obligation and shall be deposited, in their entirety, in the general fund of the Treasury.

(c) SUNSET OF FEES.—The fees collected pursuant to clause (iv) of section 204(a)(1)(I) of the Immigration and Nationality Act (8 U.S.C. 1154(a)(1)(I)), as added by subsection (a), shall apply only to petitions filed before October 1, 2013.

**SEC. 4. BUDGETARY EFFECTS.**

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the Senate Budget Committee, provided that such statement has been submitted prior to the vote on passage.

Mr. SCHUMER. Mr. President, I ask unanimous consent that the motion to reconsider be laid upon the table and that any statements related to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. SCHUMER. Mr. President, I will speak for a minute on the bill we have

just passed. This is a bill that I introduced a couple weeks ago along with Senators LEAHY, GILLIBRAND, MENENDEZ, FRANKEN, and KLOBUCHAR. I thank them. It is called the SSI Extension for Elderly and Disabled Refugees Act of 2011.

The Senate just passed this bill. I believe that is because it is a truly worthy piece of legislation. It accomplishes three incredibly important objectives at the same time. First, the bill ensures that approximately 5,600 disabled refugees will not lose their life-sustaining benefits that are their only safety net protecting them from homelessness, illness, and other effects of extreme poverty.

Many of these disabled refugees are people who have aided American troops overseas in Iraq and Afghanistan and risked their lives for the American cause. Others are victims of torture and human trafficking.

The bill continues the Bush administration policy of making sure this vulnerable group does not lose its only lifeline to stay afloat. But unlike past legislation, the second fact about the bill is it is fully paid for. It is paid for by imposing a \$30 fee on individuals applying for the diversity visa lottery program. Each year, hundreds of thousands of people apply to be one of the 50,000 selected to enter the United States. This program has had great success enriching the American economy with immigrant businesses from countries that are not traditionally represented in our immigrant pool. The one problem with the program is that applying for a lottery ticket is free, and consequently the program has recently been compromised by third parties fraudulently filing applications for monetary gain. The State Department has told me by charging a \$30 fee to apply, we will completely eliminate this misconduct.

Finally, the third positive aspect of this bill is by setting the fee at \$30, the Congressional Budget Office—our non-partisan budget scorekeeper—projects we will actually reduce the deficit by \$24 million.

In short, this bill hits the trifecta. It helps a very small and targeted group of the most vulnerable and needy disabled individuals we traditionally have helped, including many who helped us—helped our troops—in both Afghanistan and Iraq and have come here on the refugee program. Second, it eliminates the misconduct in the diversity visa program, because once the \$30 fee is imposed, the gamesmanship of those

who are gaming the system to make money will disappear. And finally, it reduces the Federal deficit by \$24 million.

Because this bill is a win, win, win for all sides, I ask my colleagues in the House take up and pass the bill immediately. The benefit for the folks we are talking about expired on October 1. If the House does not act soon, we will not be able to undo the irreparable harm that will soon be done to these most vulnerable of individuals when they begin missing checks.

Again I want to thank my cosponsors, and particularly Senators LEAHY and GRASSLEY, chairman and ranking member of the relevant Judiciary Committee, as well as Senators BAUCUS and HATCH of the Finance Committee, and Senators CORNYN and SESSIONS of the Budget Committee, and Senator CORNYN, who is my ranking member on the Immigration Subcommittee, for allowing this bill to pass.

I also thank Senator COBURN for working with me to improve this bill. And, last but not least, I thank Senator PAUL, who worked with me over the last 2 weeks to address his concerns in a manner we both think will allow us to get more information to make the refugee program safer and more efficient.

We will soon be doing something very good by passing this bill, by getting it signed into law, and I hope the House will move quickly and decisively to see that happens as quickly as possible.

With that, Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

**COMBATING PRESCRIPTION DRUG ABUSE EPIDEMIC**

Mr. BROWN of Ohio. Mr. President, I rise to speak about the prescription drug abuse epidemic sweeping my State and the Nation. The rampant abuse and trafficking of prescription drugs represents a major threat to public health and to law enforcement. In recent years, more Ohioans have died from prescription drug overdoses than car accidents—legal prescription drug overdoses, obtained illegally in many cases.

In 2008, statistics show oxycodone and other prescription drugs—namely morphine-based drugs, such as Oxycontin and Percocet—caused more overdoses in Ohio that year than heroin and cocaine combined. Simply put, prescription drug abuse is one of the

fastest growing drug problems in the Nation, resulting in ever increasing rates of robberies and other attendant crimes.

Yesterday, I was in the Cleveland suburb of Fairview Park at Ohliger Drugs. That store has been a target in the last couple of years. I spoke with Tom Ohliger, the fourth generation owner of this drugstore, and he described being held up at gunpoint on more than one occasion.

There is a new report showing drug users and addicts are now targeting seniors for help getting pain killers to feed their addiction. There is also a rise in the outright theft and stealing of these drugs. We are seeing over and over on newscasts and in newspapers across the State stories of addicts and criminals targeting pharmacies to obtain pain killers and prescription drugs.

Last month, in Parma—another Cleveland suburb—a man claiming to have a weapon made off with more than \$14,000 worth of prescription pain killers before he was apprehended by the police.

That is why I worked with Senator SCHUMER and others on the Strengthening and Focusing Enforcement to Deter Organized Stealing and Enhance Safety—SAFE DOSES—Act. The bill would use Federal antiracketeering laws to arm law enforcement with the tools to stop and prosecute pharmaceutical theft and robberies.

Last year, as we toughened penalties for theft, we also cracked down on the fraud and trafficking of prescription drugs. It also, of course, dealt with the human side of counseling, in education, to help people break that addiction.

Also last year, I convened a first-of-its-kind roundtable in southern Ohio, where the problem has been most acute in my State, with Federal and local law enforcement, community activists, elected officials, and members of the medical community. They raised a concern with criminal manipulation of Ohio's Medicaid Program, which spends upward of \$800 million on prescription medicines.

While most prescription pain medicines are used as prescribed—after surgery, after some kind of accident, often in the case of people with intense pain from some kind of acute illness—criminals too often have defrauded the Medicaid system and fleeced Ohioans and America's taxpayers by acquiring multiple prescriptions and filling them at multiple pharmacies. That is why I introduced legislation to require all States to establish Medicaid “lock-in” programs to crack down on the use of Medicaid cards to obtain and illegally sell these prescription drugs.

This bill would prevent drug abusers from acquiring excess legal prescription drugs, though they are not doing it legally—which they may abuse or illegally resell—by barring them from visiting multiple doctors and pharmacies.

It means high-risk prescription drug users would be placed in the program

and they would only get Medicaid assistance when they are limited to one physician and one pharmacy. States would also identify prescription drugs that are dispensed under Medicaid and represent a high risk of overutilization. Nearly 20 States have adopted similar programs.

South Carolina's Medicaid lock-in program targeted high-use beneficiaries and resulted in a 43-percent decrease in the total number of prescribed prescription pain medications.

Consider Scioto County, on the Ohio River. In this Ohio river town, prescription drugs cause 9 of every 10 fatal drug overdoses. In nearly two-thirds of those cases, the individuals involved did not have prescriptions, indicating they obtained the drugs illegally.

Recently, the Government Accountability Office audited the Medicaid Program in the 5 largest States and found 65,000 cases in which Medicaid beneficiaries visited 6 or more doctors and up to 46 different pharmacies to acquire prescriptions. This same report found some 1,800 prescriptions written for dead patients and 1,200 prescriptions “written” by dead physicians. The numbers are staggering.

In southeast Ohio it has been particularly tragic. Old factory towns and rural communities have become havens for prescription drug abuse. Across the country, communities are struggling to find ways to respond and develop strategies to reduce the diversion and abuse of prescription drugs.

Out of the often sad stories, there are successes. Last month, I was in Portsmouth, in Scioto County, which I mentioned earlier, at the Second Chance Counseling Center. It has received critical Federal resources—not a lot of dollars but critical dollars—for a job retraining program for those recovering from abuse. The center is about second chances, combating the epidemic with the focus on recovery and rehabilitation—helping Ohioans with the resources they need to be the productive citizens they want to be.

This past July I was at the Amethyst Family Treatment Residence in Columbus, with the Director of the Office of National Drug Control Policy, Gil Kerlikowske. We talked about the administration's comprehensive prescription drug strategy and ways FDA can crack down on the abuse. The staff at the residence—such as health professionals, law enforcement officials, and community activists—described the stories of victims and families they represent. I met with many of those people who were going through these programs and are getting their lives back in order.

Prescription drug abuse and crime is nonpartisan. It is an issue of life and death in too many parts of our Nation, and especially in my State. I wish to share three brief letters describing how this is a human tragedy above all else. It is a law enforcement issue, it is a counseling of substance abuse issue, and it is an education issue, but fun-

damentally it is a human tragedy, with the addiction people have experienced coupled with the crime that is often committed and compounded with the defrauding of taxpayers.

Let me read three stories from letters that were sent to me from my State. The first is from a rural county, one from sort of a medium-sized county, and one from a large urban county.

David from Union County writes:

Our son David was a college graduate, 42 years old, a father, and a husband for 18 years. He abused prescription drugs because of a motorcycle accident 10 years earlier. He was a 3 year clean drug addict because of all the support he was given by so many caring individuals. He was pursuing his master's degree with a 4.0 average, but in spite of all of this, he passed away last May due to an accidental overdose of oxycontin. We need to protect family members from the heartbreak [and] pain that we are suffering because our son made a bad mistake.

Amy, from Stark County, the Canton area, writes:

In our extended family, we have a close family member who has become addicted to prescription drugs. The problem has become so bad for our individual family member that she has sought illegally obtained prescription drugs from dealers from two counties away. I always believed that drug abuse was something committed by rebellious, high-risk teenagers and young adults. But prescription drug abuse is something that can happen with much older adults who would “know better.”

And then Tara from Lucas County—the Toledo area.

Through my previous job as the director of an anti-drug coalition, I personally witnessed many families fall apart because of prescription drug abuse. I will never forget the day I visited my dear friend at the hospital because her 16 year old son had overdosed on oxycontin. The average citizen needs to be educated about proper disposal of their drugs, and parents need to be made aware of this issue. Better policing and controls around the transportation and distribution of prescription drugs is definitely a key step; however, we can all raise the importance over educating ourselves, our schools, and our children about how to keep this issue from persisting.

As I said, it is about law enforcement, it is about drug treatment, and it is about education. It is about all these things to end these human tragedies that cost taxpayer dollars, that inflict criminal activity on innocent pharmacists and others, and that create so much tragedy for so many of my State's families and so many American families.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas.

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#### DOMESTIC VIOLENCE AWARENESS MONTH

Mr. MORAN. Mr. President, in large and small communities across our country, way too many Americans find themselves placed in danger by the very people who are supposed to love and protect them—their families. Each year, more than 2 million women are victims of domestic violence across our