

106TH CONGRESS
1ST SESSION

H. R. 2260

AN ACT

To amend the Controlled Substances Act to promote pain management and palliative care without permitting assisted suicide and euthanasia, and for other purposes.

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To amend the Controlled Substances Act to promote pain management and palliative care without permitting assisted suicide and euthanasia, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Pain Relief Promotion
3 Act of 1999”.

4 **TITLE I—USE OF CONTROLLED**
5 **SUBSTANCES CONSISTENT**
6 **WITH THE CONTROLLED SUB-**
7 **STANCES ACT**

8 **SEC. 101. REINFORCING EXISTING STANDARD FOR LEGITI-**
9 **MATE USE OF CONTROLLED SUBSTANCES.**

10 Section 303 of the Controlled Substances Act (21
11 U.S.C. 823) is amended by adding at the end the fol-
12 lowing:

13 “(i)(1) For purposes of this Act and any regulations
14 to implement this Act, alleviating pain or discomfort in
15 the usual course of professional practice is a legitimate
16 medical purpose for the dispensing, distributing, or admin-
17 istering of a controlled substance that is consistent with
18 public health and safety, even if the use of such a sub-
19 stance may increase the risk of death. Nothing in this sec-
20 tion authorizes intentionally dispensing, distributing, or
21 administering a controlled substance for the purpose of
22 causing death or assisting another person in causing
23 death.

24 “(2) Notwithstanding any other provision of this Act,
25 in determining whether a registration is consistent with
26 the public interest under this Act, the Attorney General

1 shall give no force and effect to State law authorizing or
2 permitting assisted suicide or euthanasia.

3 “(3) Paragraph (2) applies only to conduct occurring
4 after the date of the enactment of this subsection.”.

5 **SEC. 102. EDUCATION AND TRAINING PROGRAMS.**

6 Section 502(a) of the Controlled Substances Act (21
7 U.S.C. 872(a)) is amended—

8 (1) by striking “and” at the end of paragraph
9 (5);

10 (2) by striking the period at the end of para-
11 graph (6) and inserting “; and”; and

12 (3) by adding at the end the following:

13 “(7) educational and training programs for
14 local, State, and Federal personnel, incorporating
15 recommendations by the Secretary of Health and
16 Human Services, on the necessary and legitimate
17 use of controlled substances in pain management
18 and palliative care, and means by which investiga-
19 tion and enforcement actions by law enforcement
20 personnel may accommodate such use.”.

1 **TITLE II—PROMOTING**
2 **PALLIATIVE CARE**

3 **SEC. 201. ACTIVITIES OF AGENCY FOR HEALTH CARE POL-**
4 **ICY AND RESEARCH.**

5 Part A of title IX of the Public Health Service Act
6 (42 U.S.C. 299 et seq.) is amended by adding at the end
7 the following section:

8 **“SEC. 906. PROGRAM FOR PALLIATIVE CARE RESEARCH**
9 **AND QUALITY.**

10 “(a) IN GENERAL.—The Administrator shall carry
11 out a program to accomplish the following:

12 “(1) Develop and advance scientific under-
13 standing of palliative care.

14 “(2) Collect and disseminate protocols and evi-
15 dence-based practices regarding palliative care, with
16 priority given to pain management for terminally ill
17 patients, and make such information available to
18 public and private health care programs and pro-
19 viders, health professions schools, and hospices, and
20 to the general public.

21 “(b) DEFINITION.—For purposes of this section, the
22 term ‘palliative care’ means the active, total care of pa-
23 tients whose disease or medical condition is not responsive
24 to curative treatment or whose prognosis is limited due
25 to progressive, far-advanced disease. The purpose of such

1 care is to alleviate pain and other distressing symptoms
2 and to enhance the quality of life, not to hasten or post-
3 pone death.”.

4 **SEC. 202. ACTIVITIES OF HEALTH RESOURCES AND SERV-**
5 **ICES ADMINISTRATION.**

6 (a) IN GENERAL.—Part D of title VII of the Public
7 Health Service Act (42 U.S.C. 294 et seq.), as amended
8 by section 103 of Public Law 105–392 (112 Stat. 3541),
9 is amended—

10 (1) by redesignating sections 754 through 757
11 as sections 755 through 758, respectively; and

12 (2) by inserting after section 753 the following
13 section:

14 **“SEC. 754. PROGRAM FOR EDUCATION AND TRAINING IN**
15 **PALLIATIVE CARE.**

16 “(a) IN GENERAL.—The Secretary, in consultation
17 with the Administrator for Health Care Policy and Re-
18 search, may make awards of grants, cooperative agree-
19 ments, and contracts to health professions schools, hos-
20 pices, and other public and private entities for the develop-
21 ment and implementation of programs to provide edu-
22 cation and training to health care professionals in pallia-
23 tive care.

1 “(b) PRIORITIES.—In making awards under sub-
2 section (a), the Secretary shall give priority to awards for
3 the implementation of programs under such subsection.

4 “(c) CERTAIN TOPICS.—An award may be made
5 under subsection (a) only if the applicant for the award
6 agrees that the program carried out with the award will
7 include information and education on—

8 “(1) means for alleviating pain and discomfort
9 of patients, especially terminally ill patients, includ-
10 ing the medically appropriate use of controlled sub-
11 stances;

12 “(2) applicable laws on controlled substances,
13 including laws permitting health care professionals
14 to dispense or administer controlled substances as
15 needed to relieve pain even in cases where such ef-
16 forts may unintentionally increase the risk of death;
17 and

18 “(3) recent findings, developments, and im-
19 provements in the provision of palliative care.

20 “(d) PROGRAM SITES.—Education and training
21 under subsection (a) may be provided at or through health
22 professions schools, residency training programs and other
23 graduate programs in the health professions, entities that
24 provide continuing medical education, hospices, and such

1 other programs or sites as the Secretary determines to be
2 appropriate.

3 “(e) EVALUATION OF PROGRAMS.—The Secretary
4 shall (directly or through grants or contracts) provide for
5 the evaluation of programs implemented under subsection
6 (a) in order to determine the effect of such programs on
7 knowledge and practice regarding palliative care.

8 “(f) PEER REVIEW GROUPS.—In carrying out section
9 799(f) with respect to this section, the Secretary shall en-
10 sure that the membership of each peer review group in-
11 volved includes one or more individuals with expertise and
12 experience in palliative care.

13 “(g) DEFINITION.—For purposes of this section, the
14 term ‘palliative care’ means the active, total care of pa-
15 tients whose disease or medical condition is not responsive
16 to curative treatment or whose prognosis is limited due
17 to progressive, far-advanced disease. The purpose of such
18 care is to alleviate pain and other distressing symptoms
19 and to enhance the quality of life, not to hasten or post-
20 pone death.”.

21 (b) AUTHORIZATION OF APPROPRIATIONS; ALLOCA-
22 TION.—

23 (1) IN GENERAL.—Section 758 of the Public
24 Health Service Act (as redesignated by subsection
25 (a)(1) of this section) is amended in subsection

1 (b)(1)(C) by striking “sections 753, 754, and 755”
2 and inserting “sections 753, 754, 755, and 756”.

3 (2) AMOUNT.—With respect to section 758 of
4 the Public Health Service Act (as redesignated by
5 subsection (a)(1) of this section), the dollar amount
6 specified in subsection (b)(1)(C) of such section is
7 deemed to be increased by \$5,000,000.

8 **SEC. 203. EFFECTIVE DATE.**

9 The amendments made by this title take effect Octo-
10 ber 1, 1999, or upon the date of the enactment of this
11 Act, whichever occurs later.

Passed the House of Representatives October 27,
1999.

Attest:

Clerk.