

106TH CONGRESS  
1ST SESSION

# H. R. 2260

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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## IN THE HOUSE OF REPRESENTATIVES

JUNE 17, 1999

Mr. HYDE (for himself, Mr. STUPAK, Mr. ADERHOLT, Mr. BAKER, Mr. BALLENGER, Mr. BARCIA, Mr. BARTON of Texas, Mr. BLUNT, Mr. BRYANT, Mr. BURR of North Carolina, Mr. BURTON of Indiana, Mr. CANADY of Florida, Mr. CHABOT, Mr. COBURN, Mr. COLLINS, Mr. CUNNINGHAM, Mr. DICKEY, Mr. DOOLITTLE, Mr. DOYLE, Mrs. EMERSON, Mr. EVERETT, Mr. FOSSELLA, Mr. GRAHAM, Mr. GOODE, Mr. GOODLATTE, Mr. HALL of Texas, Mr. HAYES, Mr. HERGER, Mr. HOEKSTRA, Mr. HUTCHINSON, Mr. ISTOOK, Mr. JOHN, Mr. KING, Mr. KNOLLENBERG, Mr. LAFALCE, Mr. LAHOOD, Mr. LARGENT, Mr. LEWIS of Kentucky, Mr. LUCAS of Kentucky, Mr. LUCAS of Oklahoma, Mr. MCINTYRE, Mr. MILLER of Florida, Mrs. MYRICK, Mr. NUSSLE, Mr. NETHERCUTT, Mr. PETERSON of Pennsylvania, Mr. PETERSON of Minnesota, Mr. PHELPS, Mr. PICKERING, Mr. PITTS, Mr. PORTMAN, Mr. RAHALL, Mr. ROGAN, Mr. ROGERS, Mr. SALMON, Mr. SCHAFFER, Mr. SENSENBRENNER, Mr. SHIMKUS, Mr. SHOWS, Mr. SKELTON, Mr. SMITH of Texas, Mr. SMITH of New Jersey, Mr. SPENCE, Mr. STEARNS, Mr. TANCREDO, Mr. TERRY, Mr. WALSH, Mr. WAMP, and Mr. WELDON of Florida) introduced the following bill; which was referred to the Committee on Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

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,*

3 **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Pain Relief Promotion  
5 Act of 1999”.

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

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

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

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

1       “(2) Notwithstanding any other provision of this Act,  
2 in determining whether a registration is consistent with  
3 the public interest under this Act, the Attorney General  
4 shall give no force and effect to State law authorizing or  
5 permitting assisted suicide or euthanasia.

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

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

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

11           (1) by striking “and” at the end of paragraph  
12       (5);

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

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

16           “(7) educational and training programs for  
17       local, State, and Federal personnel, incorporating  
18       recommendations by the Secretary of Health and  
19       Human Services, on the necessary and legitimate  
20       use of controlled substances in pain management  
21       and palliative care, and means by which investiga-  
22       tion and enforcement actions by law enforcement  
23       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 prognosis is limited due to progressive, far-  
24 advanced disease. The purpose of such care is to alleviate

1 pain and other distressing symptoms and to enhance the  
2 quality of life, not to hasten or postpone death.”.

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

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

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

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

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

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

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

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

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

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

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

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

24       “(e) EVALUATION OF PROGRAMS.—The Secretary  
25 shall (directly or through grants or contracts) provide for

1 the evaluation of programs implemented under subsection  
2 (a) in order to determine the effect of such programs on  
3 knowledge and practice regarding palliative care.

4 “(f) PEER REVIEW GROUPS.—In carrying out section  
5 799(f) with respect to this section, the Secretary shall en-  
6 sure that the membership of each peer review group in-  
7 volved includes one or more individuals with expertise and  
8 experience in palliative care.

9 “(g) DEFINITION.—For purposes of this section, the  
10 term ‘palliative care’ means the active total care of pa-  
11 tients whose prognosis is limited due to progressive, far-  
12 advanced disease. The purpose of such care is to alleviate  
13 pain and other distressing symptoms and to enhance the  
14 quality of life, not to hasten or postpone death.”.

15 (b) AUTHORIZATION OF APPROPRIATIONS; ALLOCA-  
16 TION.—

17 (1) IN GENERAL.—Section 758 of the Public  
18 Health Service Act (as redesignated by subsection  
19 (a)(1) of this section) is amended in subsection  
20 (b)(1)(C) by striking “sections 753, 754, and 755”  
21 and inserting “section 753, 754, 755, and 756”.

22 (2) AMOUNT.—With respect to section 758 of  
23 the Public Health Service Act (as redesignated by  
24 subsection (a)(1) of this section), the dollar amount

1 specified in subsection (b)(1)(C) of such section is  
2 deemed to be increased by \$5,000,000.

3 **SEC. 203. EFFECTIVE DATE.**

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

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