

106TH CONGRESS
1ST SESSION

S. 1272

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

IN THE SENATE OF THE UNITED STATES

JUNE 23, 1999

Mr. NICKLES (for himself, Mr. LIEBERMAN, Mr. LOTT, Mr. ABRAHAM, Mr. ALLARD, Mr. BROWNBACK, Mr. COVERDELL, Mr. HAGEL, Mr. INHOFE, Mr. CRAIG, and Mr. SESSIONS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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”.

1 **TITLE I—USE OF CONTROLLED**
2 **SUBSTANCES CONSISTENT**
3 **WITH THE CONTROLLED SUB-**
4 **STANCES ACT**

5 **SEC. 101. REINFORCING EXISTING STANDARD FOR LEGITI-**
6 **MATE USE OF CONTROLLED SUBSTANCES.**

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

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

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

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

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

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

6 (1) by striking “and” at the end of paragraph
7 (5);

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

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

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

19 **TITLE II—PROMOTING**
20 **PALLIATIVE CARE**

21 **SEC. 201. ACTIVITIES OF AGENCY FOR HEALTH CARE POL-**
22 **ICY AND RESEARCH.**

23 Part A of title IX of the Public Health Service Act
24 (42 U.S.C. 299 et seq.) is amended by adding at the end
25 the following:

1 **“SEC. 906. PROGRAM FOR PALLIATIVE CARE RESEARCH**
2 **AND QUALITY.**

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

5 “(1) Develop and advance scientific under-
6 standing of palliative care.

7 “(2) Collect and disseminate protocols and evi-
8 dence-based practices regarding palliative care, with
9 priority given to pain management for terminally ill
10 patients, and make such information available to
11 public and private health care programs and pro-
12 viders, health professions schools, and hospices, and
13 to the general public.

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

20 **SEC. 202. ACTIVITIES OF HEALTH RESOURCES AND SERV-**
21 **ICES ADMINISTRATION.**

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

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

3 (2) by inserting after section 753 the following
4 section:

5 **“SEC. 754. PROGRAM FOR EDUCATION AND TRAINING IN**
6 **PALLIATIVE CARE.**

7 “(a) IN GENERAL.—The Secretary, in consultation
8 with the Administrator for Health Care Policy and Re-
9 search, may make awards of grants, cooperative agree-
10 ments, and contracts to health professions schools, hos-
11 pices, and other public and private entities for the develop-
12 ment and implementation of programs to provide edu-
13 cation and training to health care professionals in pallia-
14 tive care.

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

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

22 “(1) means for alleviating pain and discomfort
23 of patients, especially terminally ill patients, includ-
24 ing the medically appropriate use of controlled sub-
25 stances;

1 “(2) applicable laws on controlled substances,
2 including laws permitting health care professionals
3 to dispense or administer controlled substances as
4 needed to relieve pain even in cases where such ef-
5 forts may unintentionally increase the risk of death;
6 and

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

9 “(d) PROGRAM SITES.—Education and training
10 under subsection (a) may be provided at or through health
11 professions schools, residency training programs and other
12 graduate programs in the health professions, entities that
13 provide continuing medical education, hospices, and such
14 other programs or sites as the Secretary determines to be
15 appropriate.

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

21 “(f) PEER REVIEW GROUPS.—In carrying out section
22 799(f) with respect to this section, the Secretary shall en-
23 sure that the membership of each peer review group in-
24 volved includes one or more individuals with expertise and
25 experience in palliative care.

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

7 (b) AUTHORIZATION OF APPROPRIATIONS; ALLOCA-
 8 TION.—

9 (1) IN GENERAL.—Section 758 of the Public
 10 Health Service Act (as redesignated by subsection
 11 (a)(1) of this section) is amended in subsection
 12 (b)(1)(C) by striking “sections 753, 754, and 755”
 13 and inserting “section 753, 754, 755, and 756”.

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

19 **SEC. 203. EFFECTIVE DATE.**

20 The amendments made by this title take effect Octo-
 21 ber 1, 1999, or on the date of the enactment of this Act,
 22 whichever occurs later.

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