balanced budget is because the wealthy are paying a little bit of taxes. If they do not pay any, we will all be better off.

Ho, ho, ho, happy April Fools Day.

ASSISTED SUICIDE FUNDING RESTRICTION ACT OF 1997

Mr. BLILEY. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1003) to clarify Federal law with respect to restricting the use of Federal funds in support of assisted suicide, as amended.

The Clerk read as follows:

H.R. 1003

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Assisted Suicide Funding Restriction Act of 1997''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress finds the following:

(1) The Federal Government provides financial support for the provision of and payment for health care services, as well as for advocacy activities to protect the rights of individuals.

(2) Assisted suicide, euthanasia, and mercy killing have been criminal offenses throughout the United States and, under current law, it would be unlawful to provide services in support of such illegal activities.

(3) Because of recent legal developments, it may become lawful in areas of the United States to furnish services in support of such activities.

(4) Congress is not providing Federal financial assistance in support of assisted suicide, euthanasia, and mercy killing and intends that Federal funds not be used to promote such activities.

(b) PURPOSE.—It is the principal purpose of this Act to continue current Federal policy by providing explicitly that Federal funds may not be used to pay for items and services (including assistance) the purpose of which is to cause (or assist in causing) the suicide, euthanasia, or mercy killing of any individual.

SEC. 3. RESTRICTION ON USE OF FEDERAL FUNDS UNDER HEALTH CARE PROGRAMS.

(a) RESTRICTION ON FEDERAL FUNDING OF HEALTH CARE SERVICES.—Subject to subsection (b), no funds appropriated by Congress for the purpose of paying (directly or indirectly) for the provision of health care services may be used—

(1) to provide any health care item or service furnished for the purpose of causing, or for the purpose of assisting in causing, the death of any individual, such as by assisted suicide, euthanasia, or mercy killing;

(2) to pay (directly, through payment of Federal financial participation or other matching payment, or otherwise) for such an item or service, including payment of expenses relating to such an item or service; or

(3) to pay (in whole or in part) for health benefit coverage that includes any coverage of such an item or service or of any expenses relating to such an item or service.

(b) CONSTRUCTION AND TREATMENT OF CERTAIN SERVICES.—Nothing in subsection (a), or in any other provision of this Act (or in any amendment made by this Act), shall be construed to **create** *apply to or to affect* any limitation relating to—

(1) the withholding or withdrawing of medical treatment or medical care;

(2) the withholding or withdrawing of nutrition or hydration;

(3) abortion; or

(4) the use of an item, good, benefit, or service furnished for the purpose of alleviating pain or discomfort, even if such use may increase the risk of death, so long as such item, good, benefit, or service is not also furnished for the purpose of causing, or the purpose of assisting in causing, death, for any reason.

(c) LIMITATION ON FEDERAL FACILITIES AND EMPLOYEES.—Subject to subsection (b), with respect to health care items and services furnished—

(1) by or in a health care facility owned or operated by the Federal government, or

(2) by any physician or other individual employed by the Federal government to provide health care services within the scope of the physician's or individual's employment,

no such item or service may be furnished for the purpose of causing, or for the purpose of assisting in causing, the death of any individual, such as by assisted suicide, euthanasia, or mercy killing.

(d) LIST OF PROGRAMS TO WHICH RESTRICTIONS APPLY.—

(1) FEDERAL HEALTH CARE FUNDING PROGRAMS.—Subsection (a) applies to funds appropriated under or to carry out the following:

(A) MEDICARE PROGRAM.—Title XVIII of the Social Security Act.

(B) MEDICAID PROGRAM.—Title XIX of the Social Security Act.

(C) TITLE XX SOCIAL SERVICES BLOCK GRANT.—Title XX of the Social Security Act.

(D) MATERNAL AND CHILD HEALTH BLOCK GRANT PROGRAM.—Title V of the Social Security Act.

(E) PUBLIC HEALTH SERVICE ACT.—The Public Health Service Act.

(F) INDIAN HEALTH CARE IMPROVEMENT ACT.—The Indian Health Care Improvement Act.

(G) FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM.—Chapter 89 of title 5, United States Code.

(H) MILITARY HEALTH CARE SYSTEM (INCLUDING TRICARE AND CHAMPUS PROGRAMS).—Chapter 55 of title 10, United States Code.

(I) VETERANS MEDICAL CARE.—Chapter 17 of title 38, United States Code.

(J) HEALTH SERVICES FOR PEACE CORPS VOLUNTEERS.—Section 5(e) of the Peace Corps Act (22 U.S.C. 2504(e)).

(K) MEDICAL SERVICES FOR FEDERAL PRISONERS.—Section 4005(a) of title 18, United States Code.

(2) FEDERAL FACILITIES AND PERSONNEL.—The provisions of subsection (c) apply to facilities and personnel of the following:

(A) MILITARY HEALTH CARE SYSTEM.—The Department of Defense operating under chapter 55 of title 10, United States Code.

(B) VETERANS MEDICAL CARE.—The Veterans Health Administration of the Department of Veterans Affairs.

(C) PUBLIC HEALTH SERVICE.—The Public Health Service.

(3) NONEXCLUSIVE LIST.—Nothing in this subsection shall be construed as limiting the application of subsection (a) to the programs specified in paragraph (1) or the application of subsection (c) to the facilities and personnel specified in paragraph (2).

SEC. 4. RESTRICTION ON USE OF FEDERAL FUNDS UNDER CERTAIN GRANT PROGRAMS UNDER THE DEVELOPMENTAL DISABILITIES ASSISTANCE AND BILL OF RIGHTS ACT.

Subject to section 3(b) (relating to construction and treatment of certain services), no funds appropriated by Congress to carry out part B, D, or E of the Developmental Disabilities Assistance and Bill of Rights Act may be used to support or fund any program or service which has a purpose of assisting in procuring any item, benefit, or service furnished for the purpose of causing, or the purpose of assisting in causing, the death of any individual, such as by assisted suicide, euthanasia, or mercy killing.

SEC. 5. RESTRICTION ON USE OF FEDERAL FUNDS BY ADVOCACY PROGRAMS.

(a) IN GENERAL.—Subject to section 3(b) (relating to construction and treatment of certain services), no funds appropriated by Congress may be used to assist in, to support, or to fund any activity or service which has a purpose of assisting in, or to bring suit or provide any other form of legal assistance for the purpose of—

(1) securing or funding any item, benefit, program, or service furnished for the purpose of causing, or the purpose of assisting in causing, the suicide, euthanasia, or mercy killing of any individual;

(2) compelling any person, institution, governmental entity to provide or fund any item, benefit, program, or service for such purpose; or

(3) asserting or advocating a legal right to cause, or to assist in causing, the suicide, euthanasia, or mercy killing of any individual.

(b) LIST OF PROGRAMS TO WHICH RESTRICTIONS APPLY.—

(1) IN GENERAL.—Subsection (a) applies to funds appropriated under or to carry out the following:

(A) PROTECTION AND ADVOCACY SYSTEMS UNDER THE DEVELOPMENTAL DISABILITIES ASSISTANCE AND BILL OF RIGHTS ACT.—Part C of the Developmental Disabilities Assistance and Bill of Rights Act.

(B) PROTECTION AND ADVOCACY SYSTEMS UNDER THE PROTECTION AND ADVOCACY FOR MENTALLY ILL INDIVIDUALS ACT.—The Protection and Advocacy for Mentally Ill Individuals Act of 1986.

(C) PROTECTION AND ADVOCACY SYSTEMS UNDER THE REHABILITATION ACT OF 1973.—Section 509 of the Rehabilitation Act of 1973 (29 U.S.C. 794e).

(D) OMBUDSMAN PROGRAMS UNDER THE OLDER AMERICANS ACT OF 1965.—Ombudsman programs under the Older Americans Act of 1965.

(E) LEGAL ASSISTANCE.—Legal assistance programs under the Legal Services Corporation Act.

(2) NONEXCLUSIVE LIST.—Nothing in this subsection shall be construed as limiting the application of subsection (a) to the programs specified in paragraph (1).

SEC. 6. RESTRICTION ON USE OF OTHER FEDERAL FUNDS.

(a) IN GENERAL.—Subject to section 3(b) (relating to construction and treatment of certain services) and subsection (b) of this

section, no funds appropriated by the Congress shall be used to provide, procure, furnish, or fund any item, good, benefit, activity, or service, furnished or performed for the purpose of causing, or assisting in causing, the suicide, euthanasia, or mercy killing of any individual.

(b) NONDUPLICATION.—Subsection (a) shall not apply to funds to which section 3, 4, or 5 applies, except that subsection (a), rather than section 3, shall apply to funds appropriated to carry out title 10, United States Code (other than chapter 55), title 18, United States Code (other than section 4005(a)), and chapter 37 of title 28, United States Code.

SEC. 7. CLARIFICATION WITH RESPECT TO ADVANCE DIRECTIVES.

Subject to section 3(b) (relating to construction and treatment of certain services), sections 1866(f) and 1902(w) of the Social Security Act shall not be construed—

(1) to require any provider or organization, or any employee of such a provider or organization, to inform or counsel any individual regarding any right to obtain an item or service furnished for the purpose of causing, or the purpose of assisting in causing, the death of the individual, such as by assisted suicide, euthanasia, or mercy killing; or

(2) to apply to or to affect any requirement with respect to a portion of an advance directive that directs the purposeful causing of, or the purposeful assisting in causing, the death of any individual, such as by assisted suicide, euthanasia, or mercy killing.

SEC. 8. APPLICATION TO DISTRICT OF COLUMBIA.

For purposes of this Act, the term ''funds appropriated by Congress'' includes funds appropriated to the District of Columbia pursuant to an authorization of appropriations under title V of the District of Columbia Self-Government and Governmental Reorganization Act and the term ''Federal government'' includes the government of the District of Columbia.

SEC. 9. CONFORMING AMENDMENTS.

(a) MEDICARE PROGRAM.—

(1) FUNDING.—Section 1862(a) of the Social Security Act (42 U.S.C. 1395y(a)) is amended—

(A) by striking ''or'' at the end of paragraph (14);

(B) by striking the period at the end of paragraph (15) and inserting ''; or''; and

(C) by inserting after paragraph (15) the following new paragraph:

''(16) in the case in which funds may not be used for such items and services under the Assisted Suicide Funding Restriction Act of 1997.''.

(2) ADVANCE DIRECTIVES.—Section 1866(f) of such Act (42 U.S.C. 1395cc(f)) is amended by adding at the end the following new paragraph:

''(4) For construction relating to this subsection, see section 7 of the Assisted Suicide Funding Restriction Act of 1997 (relating to clarification respecting assisted suicide, euthanasia, and mercy killing).''.

(b) MEDICAID PROGRAM.—

(1) FUNDING.—Section 1903(i) of the Social Security Act (42 U.S.C. 1396b(i)) is amended—

(A) by striking ''or'' at the end of paragraph (14);

(B) by striking the period at the end of paragraph (15) and inserting ''; or''; and

(C) by inserting after paragraph (15) the following new paragraph:

''(16) with respect to any amount expended for which funds may not be used under the Assisted Suicide Funding Restriction Act of 1997.''.

(2) ADVANCE DIRECTIVES.—Section 1902(w) of such Act (42 U.S.C. 1396a(w)) is amended by adding at the end the following new paragraph:

''(5) For construction relating to this subsection, see section 7 of the Assisted Suicide Funding Restriction Act of 1997 (relating to clarification respecting assisted suicide, euthanasia, and mercy killing).''.

(c) TITLE XX BLOCK GRANT PROGRAM.—Section 2005(a) of the Social Security Act (42 U.S.C. 1397d(a)) is amended—

(1) by striking ''or'' at the end of paragraph (8);

(2) by striking the period at the end of paragraph (9) and inserting ''; or''; and

(3) by adding at the end the following:

''(10) in a manner inconsistent with the Assisted Suicide Funding Restriction Act of 1997.''.

(d) MATERNAL AND CHILD HEALTH BLOCK GRANT PROGRAM.—Section 501(a) of the Social Security Act (42 U.S.C. 701(a)) is amended by adding at the end the following:

''Funds appropriated under this section may only be used in a manner consistent with the Assisted Suicide Funding Restriction Act of 1997.''.

(e) PUBLIC HEALTH SERVICE ACT.—Title II of the Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end thereof the following new section:

''SEC. 246. RESTRICTION ON USE OF FUNDS FOR ASSISTED SUICIDE, EUTHANASIA, AND MERCY KILLING.

''Appropriations for carrying out the purposes of this Act shall not be used in a manner inconsistent with the Assisted Suicide Funding Restriction Act of 1997.''.

(f) INDIAN HEALTH CARE IMPROVEMENT ACT.—Title II of the Indian Health Care Improvement Act (25 U.S.C. 1621 et seq.) is amended by adding at the end the following new section:

''LIMITATION ON USE OF FUNDS

''SEC. 225. Amounts appropriated to carry out this title may not be used in a manner inconsistent with the Assisted Suicide Funding Restriction Act of 1997.''.

(g) FEDERAL EMPLOYEES HEALTH BENEFIT PROGRAM.—Section 8902 of title 5, United States Code, is amended by adding at the end the following:

''(o) A contract may not be made or a plan approved which includes coverage for any benefit, item, or service for which funds may not be used under the Assisted Suicide Funding Restriction Act of 1997.''.

(h) MILITARY HEALTH CARE PROGRAM.—Section 1073 of title 10, United States Code, is amended by adding at the end the following: ''This chapter shall be administered consistent with the Assisted Suicide Funding Restriction Act of 1997.''.

(i) VETERANS' MEDICAL CARE PROGRAM.—

(1) IN GENERAL.—Subchapter I of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 1707. Restriction on use of funds for assisted suicide, euthanasia, or mercy killing

''Funds appropriated to carry out this chapter may not be used for purposes that are inconsistent with the Assisted Suicide Funding Restriction Act of 1997.''.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1706 the following new item:

''1707. Restriction on use of funds for assisted suicide, euthanasia, or mercy killing.''.

(j) HEALTH CARE PROVIDED FOR PEACE CORPS VOLUNTEERS.—Section 5(e) of the Peace Corps Act (22 U.S.C. 2504(e)) is amended by adding at the end the following: ''Health care may not be provided under this subsection in a manner inconsistent with the Assisted Suicide Funding Restriction Act of 1997.''.

(k) MEDICAL SERVICES FOR FEDERAL PRISONERS.—Section 4005(a) of title 18, United States Code, is amended by inserting ''and to the extent consistent with the Assisted Suicide Funding Restriction Act of 1997'' after ''Upon request of the Attorney General''.

(l) DEVELOPMENTAL DISABILITIES AND BILL OF RIGHTS ACT.—

(1) STATE PLANS REGARDING DEVELOPMENTAL DISABILITIES COUNCILS.—Section 122(c)(5)(A) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6022(c)(5)(A)) is amended—

(A) in clause (vi), by striking ''and'' after the semicolon at the end;

(B) in clause (vii), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following clause:

''(viii) such funds will be used consistent with the section 4 of the Assisted Suicide Funding Restriction Act of 1997.''.

(2) LEGAL ACTIONS BY PROTECTION AND ADVOCACY SYSTEMS.—Section 142(h) of such Act (42 U.S.C. 6042(h)) is amended by adding at the end the following new paragraph:

''(3) LIMITATION.—The systems may only use assistance provided under this chapter consistent with section 5 of the Assisted Suicide Funding Restriction Act of 1997.''.

(3) UNIVERSITY AFFILIATED PROGRAMS.—Section 152(b)(5) of such Act (42 U.S.C. 6062(b)(5)) is amended by adding at the end the following: ''Such grants shall not be used in a manner inconsistent with section 4 of the Assisted Suicide Funding Restriction Act of 1997.''.

(4) GRANTS OF NATIONAL SIGNIFICANCE.—Section 162(c) of such Act (42 U.S.C. 6082(c)) is amended—

(A) by striking ''and'' at the end of paragraph (4),

(B) by striking the period at the end of paragraph (5) and inserting ''; and'', and

(C) by adding at the end the following new paragraph:

''(6) the applicant provides assurances that the grant will not be used in a manner inconsistent with section 4 of the Assisted Suicide Funding Restriction Act of 1997.''.

(m) PROTECTION AND ADVOCACY FOR MENTALLY ILL INDIVIDUALS ACT OF 1986.—Section 105(a) of the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10805(a)) is amended—

(1) in paragraph (8), by striking ''and'' at the end;

(2) in paragraph (9), by striking the period and inserting ''; and''; and

(3) by adding at the end thereof the following new paragraph:

''(10) not use allotments provided to a system in a manner inconsistent with section 5 of the Assisted Suicide Funding Restriction Act of 1997.''.

(n) PROTECTION AND ADVOCACY SYSTEMS UNDER THE REHABILITATION ACT OF 1973.—Section 509(f) of the Rehabilitation Act of 1973 (29 U.S.C. 794e(f)) is amended—

(1) in paragraph (6), by striking ''and'' after the semicolon at the end;

(2) in paragraph (7), by striking the period at the end and inserting ''; and''; and

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

''(8) not use allotments provided under this section in a manner inconsistent with section 5 of the Assisted Suicide Funding Restriction Act of 1997.''.

[(o) OLDER AMERICANS ACT OF 1965.—Title VII of the Older Americans Act of 1965 is amended by adding at the end the following new section:

[''SEC. 765. FUNDING LIMITATION.

[''Funds provided under this title may not be used in a manner inconsistent with the Assisted Suicide Funding Restriction Act of 1997.''.**]**

[(p)] *(o)* LEGAL SERVICES PROGRAM.—Section 1007(b) of the Legal Services Corporation Act (42 U.S.C. 2996f(b)) is amended—

(1) by striking ''or'' at the end of paragraph (9);

(2) by striking the period at the end of paragraph (10) and inserting ''; or''; and

(3) by adding after paragraph (10) the following:

''(11) to provide legal assistance in a manner inconsistent with the Assisted Suicide Funding Restriction Act of 1997.''.

[(q)] *(p)* CONSTRUCTION ON CONFORMING AMENDMENTS.—The fact that a law is not amended under this section shall not be construed as indicating that the provisions of this Act do not apply to such a law.

SEC. 10. RELATION TO OTHER LAWS.

The provisions of this Act supersede other Federal laws (including laws enacted after the date of the enactment of this Act) except to the extent such laws specifically supersede the provisions of this Act.

SEC. 11. EFFECTIVE DATE.

(a) IN GENERAL.— The provisions of this Act (and the amendments made by this Act) take effect upon its enactment and apply, subject to subsection (b), to Federal payments made pursuant to obligations incurred after the date of the enactment of this Act for items and services provided on or after such date.

(b) APPLICATION TO CONTRACTS.—Such provisions shall apply with respect to contracts entered into, renewed, or extended after the date of the enactment of this Act and shall also apply to a contract entered into before such date to the extent permitted under such contract.

SEC. 12. SUICIDE PREVENTION (INCLUDING ASSISTED SUICIDE).

(a) PURPOSE.—The purpose of this section is to reduce the rate of suicide (including assisted suicide) among persons with disabilities or terminal or chronic illness by furthering knowledge and practice of pain management, depression identification and treatment, and issues related to palliative care and suicide prevention.

(b) RESEARCH AND DEMONSTRATION PROJECTS.—Section 781 of the Public Health Service Act (42 U.S.C. 295) is amended—

(1) by redesignating subsection (e) as subsection (f); and

(2) by inserting after subsection (d) the following new subsection:

''(e) RESEARCH AND DEMONSTRATION PROJECTS ON SUICIDE PREVENTION (INCLUDING ASSISTED SUICIDE).—

''(1) RESEARCH.—The Secretary may make grants to and enter into contracts with public and private entities for conducting research intended to reduce the rate of suicide (including assisted suicide) among persons with disabilities or terminal or chronic illness. The Secretary shall give preference to research that aims—

''(A) to assess the quality of care received by patients with disabilities or terminal or chronic illness by measuring and reporting specific outcomes;

''(B) to compare coordinated health care (which may include coordinated rehabilitation services, symptom control, psychological support, and community-based support services) to traditional health care delivery systems; or

''(C) to advance biomedical knowledge of pain management.

''(2) TRAINING.—The Secretary may make grants and enter into contracts to assist public and private entities, schools, academic health science centers, and hospitals in meeting the costs of projects intended to reduce the rate of suicide (including assisted suicide) among persons with disabilities or terminal or chronic illness. The Secretary shall give preference to qualified projects that will—

''(A) train health care practitioners in pain management, depression identification and treatment, and issues related to palliative care and suicide prevention;

''(B) train the faculty of health professions schools in pain management, depression identification and treatment, and issues related to palliative care and suicide prevention; or

''(C) develop and implement curricula regarding disability issues, including living with disabilities, living with chronic or terminal illness, attendant and personal care, assistive technology, and social support services.

''(3) DEMONSTRATION PROJECTS.—The Secretary may make grants to and enter into contracts with public and nonprofit private entities for the purpose of conducting demonstration projects that will—

''(A) reduce restrictions on access to hospice programs; or

''(B) fund home health care services, community living arrangements, and attendant care services.

''(4) PALLIATIVE MEDICINE.—The Secretary shall emphasize palliative medicine among its funding and research priorities.''.

(c) REPORT BY GENERAL ACCOUNTING OFFICE.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Congress a report providing an assessment of programs under subsection (e) of section 781 of the Public Health Service Act (as added by subsection (b) of this section) to conduct research, provide training, and develop curricula and of the curricula offered and used by schools of medicine and osteopathic medicine in pain management, depression identification and treatment, and issues related to palliative care and suicide prevention. The purpose of the assessment shall be to determine the extent to which such programs have furthered knowledge and practice of pain management, depression identification and treatment, and issues related to palliative care and suicide prevention.

The SPEAKER pro tempore (Mr. SMITH of Michigan). Pursuant to the rule, the gentleman from Virginia [Mr. BLILEY] and the gentleman from Ohio [Mr. BROWN] will each control 20 minutes.

The Chair recognizes the gentleman from Virginia [Mr. BLILEY].

Mr. BLILEY. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, I am very pleased to bring this bill before the full House today, H.R. 1003, the Assisted Suicide Funding Restriction Act of 1997. It is an important and forward-looking piece of legislation. H.R. 1003 is our response to Dr. Jack Kevorkian, who last Friday said, ''If you want to stop something,'' and I'm quoting, ''pass a law.''

Today, just 6 days later, we are doing exactly that. Too often Congress acts only in response to problems after they have already taken their toll on the American people. Today we address a serious threat to the lives of many Americans before that threat becomes a widespread reality. In the States of Oregon, Washington, New York, and Florida, lawsuits have been filed seeking to legalize physician-assisted suicide. Two of those cases are before the Supreme Court right now. If any of these actions result in the legalization of assisted suicide, Federal funds could be used to pay for it. That is right, the money we currently devote to such programs as Medicare and Medicaid, programs devoted to improving the health and extending the lives of elderly, disabled, and low-income Americans, could be used instead for health care services intended to cause death.

This is an issue with shattering implications for the Nation, for its most vulnerable patients, for individuals with disabilities, for senior citizens, and for the millions of Americans who devote their lives to improving the health of their patients.

Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the legislation before us today prohibits Federal funding for assisting an individual with suicide. The bill's rhetorical nature implies the taxpayers may be paying for something to which they strongly object, and that citizens should fear some insidious incursion into their pocketbooks for a wholesale tax-funded Kevorkian-like scheme.

However, there is little basis either for this fear or for the rhetoric that drives it. Nothing in current law prohibits Federal funding of suicide, including assisted suicide. Nothing in Federal law permits Federal funding of suicide. Tax dollars are not used for this purpose today, and there is no intention to change that longstanding policy.

The Government already prohibits Federal funding of any physician-assisted suicide through Medicare, through Medicaid, through Indian Health Services, through the Veterans Administration. In short, this bill essentially prohibits nothing.

It is typical, Mr. Speaker, of the last two Republican Congresses, legislating a solution in search of a problem. In a hearing before the Subcommittee on Health and Environment of the Committee on Commerce, religious leaders, health care professionals, and patient advocates testified about the seriousness of this discussion and debate.

Their testimony made clear to all of us who heard it that what we do has profound implications for people whose lives are already nearly intolerable because they are suffering from severe disability or incapacitating illness and the psychological trauma and depression that often accompany the realization that death is near.

All of the witnesses suggested that the medical profession needed to do more to train physicians and health care providers to recognize and treat those very factors that cause suicide. The Committee on Commerce should have adopted an amendment offered during the committee's deliberation on this bill. That amendment was simple. It simply required medical school training programs in those medical schools that receive Federal grants to include training in the care of dying people. Admittedly, it would have been a small step, but it would have been effective in prompting needed changes in health provider training.

In other words, Mr. Speaker, we had an opportunity to do something real

with this bill, but instead it is nothing more than a hollow exercise, probably designed to fill a massive hole in the do-nothing 105th Congress.

Mr. Speaker, I intend to vote for this bill, but then again, why not? A vote for this bill merely means that we agree with the system that has been in place for many years. Assisted suicide is not now nor has it ever been financed by the Federal Government.

Mr. Speaker, let me conclude by saying that this Congress has failed to seize that opportunity to reduce the tragic conditions that often lead to suicide in our country. People with disabilities, frail seniors, and people seriously ill and in great pain deserve quality of life at the end of their lives. We had a chance to take some small steps to make that happen. It would have been good public policy. It would have been the right thing to do. That is the way to achieve what should have been the purpose of this legislation: to prevent assisted suicide by preventing conditions that cause it. It is too bad this Congress, Mr. Speaker, has failed to do that.

Mr. Speaker, I yield 4 minutes to my colleague, the gentleman from Texas [Mr. HALL].

(Mr. HALL of Texas asked and was given permission to revise and extend his remarks.)

Mr. HALL of Texas. Mr. Speaker, I rise today, of course, in support of H.R. 1003.

Mr. Speaker, I enjoyed the presentation of the gentleman from Ohio [Mr. BROWN], and I appreciate getting to work with him in the committee, both the subcommittee and in the full committee. The part of his speech that I listened to more closely than any was that he voted for this on both occasions, and he intends to vote for it today.

I am grateful for that, because we need this support. We would like to have a resounding vote and send it over to the Senate, and say to the world, to poor people, to hardworking people, we do not want to spend your tax dollars helping people commit suicide.

Mr. Speaker, I think the bill does not in any way affect the sanctity of the doctor-patient relationship or the right of the patient to receive pain medication or reject or discontinue any medical treatment. It does not do anything. It does one simple thing: It says to the people of this country, we are not going to spend tax dollars to help people kill themselves. I keep coming back to that and coming back to that. It is a simple message. This bill could have been one sentence: ''There ain't going to be any tax dollars spent for assisted suicide.'' But in an abundance of caution we put a lot of other things on it. We listed those specific things it could not be used for.

Today's vote is very important in light of recent decisions by the Federal courts of appeal that rule that assisted suicide is a constitutional right. There is a danger here. The Court lurks over there, right today, waiting to render. They heard arguments January 8 of this year. I think there is certainly need for this legislation. It is proactive in that it would preempt the use of Federal funding, regardless of how the Court rules.

They get last guess, Mr. Speaker, as to what the law is. If they guess wrong on this, you can open up the Treasury to every Dr. Kevorkian all across the country, every crossroads in Rockwall County, TX, and all the other 254 counties of Texas would have a Dr. Kevorkian there, because it gives them a chance to get their hand into the Medicare funds that are needed, the Medicaid funds that are needed. It would say to this country that while we are trying to help people, poor people live, that we are going to spend a lot of their money helping people die. That just absolutely does not make sense.

Mr. Speaker, I think it has been said that the nobility of a culture is marked by how it treats its weakest members. That cries out to us here. There is a lesson to this. Where does it take us? Where does it lead?

The Netherlands report presents some alarming facts. In 1990 alone, 2,300 people were killed by doctors in The Netherlands in their euthanasia program. Even more shocking, Mr. Speaker, in the same year more than 1,300 people were euthanized without their consent; 140 of these cases involved fully competent people who were never given a choice. That is a clear and present danger.

I hope the Supreme Court listens to this argument today, and I hope they listen to the argument and the speeches that the President of the United States sent to them, his brief. I hope they listen to the Wirthlin report, where 87 percent of the people said they were opposed to assisted suicide. I hope they will listen to the American people. I hope they will listen to this Congress. Mr. Speaker, I urge the Members to support this bill.

Mr. BLILEY. Mr. Speaker, I yield 1½ minutes to the gentleman from Florida [Mr. STEARNS], a member of the committee.

Mr. STEARNS. Mr. Speaker, the question I hear is, Congressman, this bill is not necessary because assisted suicide is not currently funded. This is a solution in search of a problem.

Mr. Speaker, let me answer that question, because I think it is fundamental to this debate. Current Federal law uses broad and general language. For example, Medicare pays for items and services ''reasonable and necessary for the diagnosis or treatment of illness or injury.''

If assisted suicide is legalized by the Supreme Court, or any individual State, all it would take is one district court judge to rule that assisted suicide fits under the Medicare statutes guidelines. We need to make sure that this does not happen today by clarifying the Federal law.

This bill is also very important because it will send a clear message to States and insurance carriers. As has happened in many cases, State and private coverage is often modeled after Federal law. For example, when Congress extends Medicare or Medicaid coverage to address a particular health condition, States and private plans frequently adopt the same changes.

Mr. Speaker, by banning Federal funding for assisted suicide, we will serve as an example for States and private carriers to follow, thereby reducing the number of suicides and promoting better end-of-life care and suicide prevention.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentleman from California [Mr. STARK].

(Mr. STARK asked and was given permission to revise and extend his remarks.)

Mr. STARK. Mr. Speaker, the bill before us states that assisted suicide, euthanasia, and mercy killing have been criminal offenses throughout the United States and under current law would be unlawful, and this, in other words, makes this bill totally unnecessary.

Mr. Speaker, Medicare does only cover medically necessary services. It does not pay for suicide. No one can bill for suicide. No matter what some State may decide to do about suicide, Medicare would not pay for it. It is not now covered and it will not be. This bill is a facade for a Congress that is doing nothing.

There are a lot of reasons people in our society are driven to suicide. This bill does not deal with those. This bill does nothing to provide mental health counseling. This bill does not require that insurers offer mental health services that could prevent suicide. It does not provide for health insurance for children to ease the fears and frustrations of parents. It does not stop managed care companies and for-profit HMO's from denying health care that can lead to death and disability. It does not stop the gag rules that cause managed care doctors to mistreat patients. The Consortium for Citizens with Disability says prohibiting people from using Federal funds to end their lives is not worth much.

Why do we not provide public and private assistance so they can live their lives? If we want to help, why do we not ensure that Americans, regardless of income, have access to quality care; have home health care so they can live in their communities rather than in institutions; ensure that untreated depression is no longer mistaken as a desire to die.

We can enhance the quality of life, Mr. Speaker. Any public policy in the area of physician-assisted suicide should include a proposal to fund mental health services and anti-pain services necessary for decent basic living. Mr. Speaker, this bill does nothing. It just addresses a problem that does not exist. It eases some pseudo-religious wackos. It does nothing to address the

real problems in our society that cause people to seek suicide or assisted death.

□ 1045

It is a sham. It is a shame. We are a sad, sad Congress if we pass this bill.

Mr. BLILEY. Mr. Speaker, I yield 1 minute to the gentleman from New York [Mr. PAXON], a member of the committee.

Mr. PAXON. Mr. Speaker, I rise today in support of H.R. 1003. As a cosponsor of this legislation, when I came before the Committee on Commerce, I am very pleased to see that such quick action has been taken on this important measure. I particularly commend the gentleman from Virginia [Mr. BLILEY], the chairman, for his leadership in bringing this bill to the floor in such an expeditious fashion.

Mr. Speaker, I say to my colleagues that it is imperative that this Congress send a clear signal to the Nation that all human life is valued, even those who face disabilities or disease. The overwhelming majority of Americans are strongly opposed to doctor-assisted suicide. This legislation will ensure that American taxpayers will never be forced to support this abhorrent activity.

Mr. Speaker, I urge all my colleagues to support this important legislation today on the House floor.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentlewoman from Colorado [Ms. DEGETTE].

Ms. DEGETTE. Mr. Speaker, when I learned that this Congress would be considering legislation on physician-assisted suicide, I foresaw a lengthy discussion on the complex moral, legal, and ethical issues surrounding the issue because I am still examining this issue myself. But in fact, none of that has occurred because the legislation being considered does nothing.

This bill is a solution in search of a problem. Let me be clear again. Physician-assisted suicide is not legal today. No Federal dollars are being used for this purpose and, in fact, the agencies that give money to doctors and hospitals specifically prohibit the use of Federal funds for this purpose. So by simply considering a ban on moneys that are already prohibited, we are ignoring the truly sensitive ethical and cultural issues raised by physician-assisted suicide.

We are leaving unanswered the most pressing questions in this debate. Should individuals be entitled to choose for themselves how and when they may end their lives? Is there a constitutional right to privacy or equal protection which warrants such a policy? Are health care providers obligated to help mentally competent and terminally ill patients end their lives?

Today instead of exploring these tough questions and learning from providers like Hospice on the front lines of end-of-life care, we are considering an empty piece of legislation. As I said, I do not have a position on Federal regulation of physician-assisted suicide, but I think that Congress could play an important role in looking at humane and palliative end-of-life care and how do we best educate doctors.

Now, let me say, if the courts do allow physician-assisted suicide, let us look at legislation then. But in the meantime, Congress should be in the business of encouraging broad public discussion, not cutting off debate in this Chamber or, worse, wasting our time and our money enacting a solution that is in search of a problem and giving the public the false belief that we are actually doing something on this issue.

I intend to oppose this legislation. I urge my colleagues to do the same.

Mr. BLILEY. Mr. Speaker, I yield 1 minute to the gentleman from Florida [Mr. CANADY].

Mr. CANADY of Florida. Mr. Speaker, I rise in strong support of the Assisted Suicide Funding Restriction Act. I want to thank the gentleman from Virginia [Mr. BLILEY] and the gentleman from Texas [Mr. HALL] for their outstanding leadership on this important issue.

As chairman of the House Judiciary Subcommittee on the Constitution, I held hearings on the subject of assisted suicide a year ago. Witnesses warned us against following the policy in the Netherlands which began as assisted suicide for the terminally ill and now includes euthanasia for mental suffering and even nonvoluntary euthanasia.

The Dutch medical association's official ''Guidelines for Euthanasia'' specifically require that a patient voluntarily request assisted suicide, but a study confirmed that nonvoluntary euthanasia was being widely performed. In 1990, there were more than 1,000 cases in which physicians terminated patients' lives without their consent. Fourteen percent of the patients who were killed without consent were fully competent, and 11 percent were partially competent.

The Dutch experience vividly shows how permitting of assisted suicide for the terminally ill can easily lead to the nightmare of nonconsensual termination of human life. An individual's so-called right to die, over time, can be transformed into a demand by society that certain individuals have a need to die. We should not go down this road.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2 minutes to the gentlewoman from California [Ms. ESHOO].

Ms. ESHOO. Mr. Speaker, the bill before us makes a clear statement that Congress does not support the use of Federal funds to directly or indirectly support assisted suicide. We heard testimony in the Health and Environment Subcommittee in support of this view and certainly in the full committee. In fact, the bill is a restatement of present Federal policy. Not a penny of Federal dollars is spent in support of assisted suicide. I think it is very important for the American people to understand this. We are not correcting something. We are simply restating Federal policy here today.

However, in the committee we also heard clear testimony that the current state of dying and care for the dying is inadequate. Pain management is insufficient. Palliative care generally is lacking. The American Medical Association gave testimony and even announced that they have launched a new initiative to better educate their doctors on care of the terminally ill in their final days.

During the full committee consideration of the legislation, I offered an amendment to address this problem based on the testimony that we had received. It simply stated that Federal health programs should have guidelines in place for appropriate palliative and pain management care of terminally ill beneficiaries. Unfortunately, the amendment failed.

It is my hope that the vision of death described by the religious leaders that testified before our subcommittee in which we are surrounded by loved ones and at peace with God would be the case for every American. Unfortunately, it is not the case for too many today.

I am not endorsing assisted suicide. No one is. I am saying that there is much more to this debate that the Congress can bring to it. There is much more that we can do to lessen the prevalence of assisted suicide or those that wish to commit suicide because pain management is simply not addressed in America today the way it should be.

This bill before us is a small step. We could have done much more.

Mr. BLILEY. Mr. Speaker, I yield 2 minutes to the gentlewoman from New York [Mrs. KELLY].

Mrs. KELLY. Mr. Speaker, I rise today in strong support of H.R. 1003, the Assisted Suicide Funding Restriction Act.

I ardently believe that the issue of euthanasia must be taken seriously, without encroaching on patients' rights to oversee their treatment and refuse to be placed on life support. However, there is a balance to be had when dealing with the humane treatment of the terminally ill. Given physicians the legal protection of assisting suicide, in my view, tips that balance.

I would like to spend a minute to discuss what this bill does not do. It does not get in the way of a patient's wish to refuse medical treatment, nutrition, or hydration. It does not get in the way of a doctor's responsibility to relieve pain, even if doing so increases the likelihood of death. Last, this bill only applies to those programs, agencies, and organizations that receive Federal funds and limits a practice that has already been deemed a criminal offense.

I applaud my colleagues, the gentleman from Virginia [Mr. BLILEY], the chairman, and the gentleman from Texas [Mr. HALL] as well as the leadership for bringing this responsible bill to the House floor. Please join me in supporting this measure.

Mr. BLILEY. Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield 1 minute to the gentlewoman from Oregon [Ms. FURSE].

Ms. FURSE. Mr. Speaker, I will yield to the gentleman from Virginia [Mr. BLILEY] for the purpose of engaging in a colloquy.

Is it his understanding that no provision of this legislation is intended to prohibit States or other entities from providing services or items related to physician-assisted suicide with non-Federal funds?

Mr. BLILEY. Mr. Speaker, will the gentlewoman yield?

Ms. FURSE. I yield to the gentleman from Virginia.

Mr. BLILEY. Mr. Speaker, that is correct.

Ms. FURSE. Mr. Speaker, furthermore, is it the gentleman's understanding that no provision of this legislation is intended to prohibit Federal funding for health coverage that includes services or items related to physician-assisted suicide, provided the portion of the health coverage providing such services or items are paid for with State funds or other non-Federal funding?

Mr. BLILEY. Mr. Speaker, if the gentlewoman will continue to yield, that is correct.

Ms. FURSE. Mr. Speaker, I thank the gentleman. I appreciate his attention.

Mr. BLILEY. Mr. Speaker, I yield 3 minutes to the gentleman from Texas, Mr. SAM JOHNSON, a member of the Committee on Ways and Means.

Mr. SAM JOHNSON of Texas. Mr. Speaker, I thank the gentleman from Virginia for yielding me the time.

Today we are dealing with one of the most serious matters that could come before this Congress. It is unbelievable to me that anybody would want to spend any kind of tax money on this, but it is literally an issue of life and death.

The question is whether or not Federal tax dollars should be used to pay for assisted suicide and euthanasia and whether Federal facilities like veterans hospitals, for example, are to be in the business of providing euthanasia as though it were just another type of medical treatment.

On March 18, the Committee on Ways and Means Subcommittee on Health favorably reported this bill to the full committee by voice vote. Under normal circumstances, the full committee would meet to consider the bill. However, in order to expedite consideration of this extremely important legislation, the Committee on Ways and Means agreed to send the bill straight to the floor.

This bill bars Medicare, Medicaid, military and Federal employee plans from paying doctors to help terminal ill patients to end their lives. The legislation does not affect the withholding of medical treatment or services and does not address the ethical or legal issues surrounding assisted suicide. It only bars American taxpayer dollars from funding such action.

Can Members imagine someone providing an individual with the means to commit suicide and billing Medicare for the services? This sounds farfetched but without this legislation, it sure could happen. This bill was introduced in response to a recent court ruling in favor of assisted suicide.

In 1994, a ballot initiative in Oregon made assisted suicide legal. This law could mean that Oregon's Medicaid Program as well as other Federal programs could be used to fund assisted suicide. No one can have anything but compassion and sympathy for those who are faced with health situations so difficult that they seriously consider suicide. The question is, how can we help and how should we respond to that cry for help? I firmly believe we should give help and comfort, not the financial means to end their lives.

According to a Wirthlin poll taken last election day, 87 percent of the American people say tax dollars should not be spent to pay for assisted suicide and euthanasia. Let us listen to our constituents across the country. I urge a ''yes'' vote on this bill.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2 minutes to the gentleman from Washington [Mr. MCDERMOTT].

(Mr. MCDERMOTT asked and was given permission to revise and extend his remarks.)

Mr. MCDERMOTT. Mr. Speaker, I listened to my colleagues here on the floor talk about this issue. I have the feeling that they have never put themselves in the shoes of a physician or a family dealing with a terminally ill patient. This bill has no definitions in it for what suicide is or what is assisting a suicide. Yet doctors are continually faced with the problem of a patient who wants to die for a variety of reasons.

First of all, Medicare does not give parity to the funding for psychiatric services to counsel them out of it so that is the first way in which this is a hypocritical bill. If we are really serious, we would deal with the mental health funding for Medicare.

□ 1100

But if someone wants to die and says to the doctor, ''I would like you not to do anything and just give me pain medication,'' now, is that assisting somebody in committing suicide, if they are lying in bed and saying they do not want hydration, they do not want to have intravenous feedings, just give them some pain medication?

We all know, if we do a little study, that Demerol or morphine depresses respirations and, ultimately, the physician is depressing respirations and leading to death. Now, is that assisting someone at a time when they want to die?

Well, this bill is very unclear. The problem with this bill, it is very simpleminded. It is simply, as my colleague from Texas says, driven by a poll, when we ask people are they for physician-assisted suicide. Nobody on this floor is for physician-assisted suicide, none of us, not even me. But this is not any help in that debate.

What we should be talking about is living wills and what real definitions we want to put in here if we want to try and make it so people can actually have the assistance of the medical profession while they choose to end their life. We have to be very careful in what we write. I am going to vote against it.

Mr. BLILEY. Mr. Speaker, I yield 3 minutes to the gentleman from Florida [Mr. BILIRAKIS], chairman of the Subcommittee on Health and Environment.

Mr. BILIRAKIS. Mr. Speaker, I thank the gentleman for yielding me this time.

I am an original cosponsor of this bill. I strongly support it and supported it certainly when it was considered by my committee, as it was approved by the committee resoundingly.

Let me state emphatically that most Americans do not want their tax dollars to pay for assisted suicide. This legislation was written to respond to the desires of the American people, something that we should be emphasizing, because something like 85 to 90 percent of the American people are very much against assisted suicide.

The bill anticipates a troublesome issue which could result from the legal battles across the Nation on this matter. The question we should be raising is, what is the purpose of the legislation? Well, that is the purpose, because there are legal battles out there.

Currently, courts in the State of Florida and Oregon and a couple of other States are considering this issue, and, in addition, the U.S. Supreme Court is deliberating cases arising from lawsuits brought in New York and Washington State on assisted suicides. If any of these court cases result in a ruling legalizing assisted suicide, Federal funding may be used to pay for this procedure.

Federal dollars appropriated for programs such as Medicaid and Medicare could be used to promote death instead of what we should be concentrating on, preserving life. I might add also, in the State of Oregon, that their Medicaid director, I am not sure what his full title is, has indicated he feels Medicaid Federal funds are available to use for assisted suicide in Oregon. Another reason why we have to have this legislation.

The bill would address this important issue by clarifying that Federal funds cannot be used for assisted suicide. It also prohibits federally owned facilities from providing or encouraging assisted suicide.

I want to make it clear, the bill does not ban or restrict assisted suicide nor does it prevent the use of State or private dollars to pay for assisted suicide. It also does not affect a patient's right to reject or restrict assisted suicide.

Finally, the bill does not interfere in any way with the doctor-patient relationship. Instead, the bill achieves only

one objective, but it is a very important objective, and that is the assurance that Federal tax dollars will not be used to assist in a suicide of any American.

During our subcommittee hearing, Mr. Speaker, a number of organizations expressed their support for this legislation. The groups included almost every organized religion in America; a wide range of provider groups, including the AMA, experts on pain management, depression, and medical ethics; and, most importantly, older Americans and those with disabilities, including chronic and terminal illnesses.

I want to commend my colleague in closing, Mr. Speaker, the gentleman from Texas, RALPH HALL, for his efforts in bringing this legislation to the House floor. It is a measure which I believe protects the interests of the American people and what the people have already said they really want, and I strongly urge my colleagues to support this bill.

Mr. BROWN of Ohio. Mr. Speaker, how much time does each side have?

The SPEAKER pro tempore (Mr. SMITH of Michigan). The gentleman from Ohio [Mr. BROWN] has 3 minutes remaining, and the gentleman from Virginia [Mr. BLILEY] has 8 minutes remaining.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself the balance of my time.

We have listened in the course of this debate to several speakers say that we must stop Federal funds from being used for assisted suicide. I would reiterate, Mr. Speaker, that nothing in current law permits Federal funding of suicide, including assisted suicide. Tax dollars are not used for this purpose. There is no intention from anyone in this body, there is no intention to change that long-standing policy.

In short, this bill prohibits absolutely nothing. Medicare, Medicaid, Veterans, Indian Health Service, in each case money to be spent for assisted suicide are prohibited.

Even in the committee report, Mr. Speaker, I would quote from it briefly: Medicare statute limits Medicare coverage to items and services that are reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve the functioning of a malformed body member. Physician-assisted suicide, even if allowed under State law, does not meet these statutory criteria. As such, the program is prohibited from making payment for it under existing law.

Mr. Speaker, I am disappointed that in this rush to actually do something in this session of Congress, that Congress today has missed a golden opportunity to help very sick, terminally ill patients. We missed an opportunity to reduce the tragic conditions that often lead to suicide in this country: People that are especially ill, people that are frail, people with disabilities who are in great pain.

People who are seriously ill deserve quality of life at the end of their lives. We had a chance today, Mr. Speaker, to take steps to make that happen. We had a chance to say to medical schools in this country, ''Yes, you should teach better pain management; you should teach your young medical students more about treatment of depression to help those people in those last days of their lives, in their most difficult days of their lives, so that they do not have the desire to commit suicide, to ask their doctor for some sort of assistance.''

It would have been good policy; it would have been the right thing to do. That was the way, Mr. Speaker, we could have achieved the purpose of this legislation: To prevent assisted suicide by preventing the conditions that cause it.

Mr. Speaker, I ask for support of the bill. I also ask, Mr. Speaker, that we think more seriously about this issue in terms of doing the right thing, this issue in terms of making sure that our medical schools do the right thing, train their medical students in helping those people in the sickest and most painful days of their lives.

Mr. Speaker, I yield back the balance of my time.

Mr. BLILEY. Mr. Speaker, I yield the balance of my time to the gentleman from Texas, Mr. RALPH HALL, the principal author of the bill and a member of the committee.

Mr. HALL of Texas. Mr. Speaker, first I want to thank the gentleman from Virginia [Mr. BLILEY] for his support and for bringing this bill to an early hearing, and I certainly thank the ranking minority leader, the gentleman from Ohio [Mr. BROWN] for his good words.

I think when the gentleman from Ohio says that we could have done more, perhaps he is correct. I go back to my initial statement, though: Read the bill. The bill simply says no tax dollars shall be spent for assisted suicide.

The gentleman from California [Mr. STARK] who is certainly an authority on health matters and a man I greatly admire and respect, went to great length to say what this bill does not do, and perhaps he is correct, but, once again, if he will read the bill, it simply says no tax dollars are going to be spent. No hard-earned tax dollars are going to be spent for assisted suicide.

If we listened to the gentlewoman from California, [Ms. ESHOO] she says she, of course, does not endorse assisted suicide. Of course she does not, and neither does this bill, nor does this bill preclude assisted suicide if States want to pay for it or families want to pay for it.

The gentleman from Washington, [Mr. MCDERMOTT] talks about the lack of definitions. And yes, thank goodness we are not hampered down with definitions here, because it is so simple. It simply says no tax dollars will be spent for assisted suicide.

He speaks of doctors' positions. Let me talk a moment or so about the physician's position. Where are the physicians on this? The American Medical Association, the American Nurses Association, the American Psychiatric Association, and at least 30 other professional health care givers, Mr. Speaker, these groups have filed briefs with the Supreme Court in opposition to physician-assisted suicide. They say, by their briefs, no tax dollars should be spent for assisted suicide.

Certainly the AMA believes and has stated in their testimony before our committee that physician-assisted suicide is unethical and fundamentally inconsistent with the pledge that physicians make to devote themselves to healing and to life and not to death.

I think we might also question whether or not there is a danger that Federal funds might be spent if we do nothing. Current Federal law uses broad and general language. For example, Medicare pays for items and services which are, quote, reasonable and necessary for the diagnosis or treatment of illness or injury.

If assisted suicide is legalized by the Supreme Court or in any individual State, all it would take, Mr. Speaker, is for one district court judge to rule that assisted suicide fits under the State's Medicare guidelines. We need to make sure that this does not happen by clarifying Federal law.

President Clinton often calls for Congress to spend taxpayers' dollars in a manner that reflects values. We ask the same thing. This bill does exactly that. According to a recent poll, 87 percent of Americans opposed federally funded suicide. They say what this bill says: No tax dollars shall be spent for assisted suicide.

This bill honors a value central to all of our heritage, central to our society, that all people are created equal and all people are deserving of protection and assistance. That means that no matter how ill they are, no matter how disabled they are, no matter how elderly they are, no matter how frail they are or how depressed a person is, that we will never allow Federal funds to be used to kill them. Instead, we will continue to devote our effort and our resources to improving the health and prolonging the lives of our patients.

This bill simply says, as I close, no hard-earned tax dollars shall be spent for assisted suicide.

Mr. Speaker, I yield back the balance of my time.

Mr. DOYLE. Mr. Speaker, I rise today in support of this measure, H.R. 1003, the Assisted Suicide Funding Restriction Act. This legislation simply clarifies current Federal policy and practice in this area, prohibiting the use of Federal funds for activities explicitly involved with assisted suicide.

Often when we think of protecting human life, we think of protecting the unborn. However, every life deserves that same protection. Our efforts must be refocused on helping people alleviate their suffering, not by ending their lives, but by increasing our understanding of medicine and mental health to give these individuals a better alternative than death.

While H.R. 1003 prohibits Federal support of assisted suicide, it also works to solve some of the problems associated with depression and other conditions that can move someone to consider taking their own life. The bill authorizes the Department of Health and Human Services to increase its efforts on this front. Funds for this initiative would come from existing resources within the agency and would fund activities aimed at reducing the rate of suicide, including assisted suicide, among all segments of our society. Some of the activities these funds could support include training for health care professionals in pain management techniques and identifying depression in patients as well as activities related to mental health and suicide prevention.

There are many people across the Nation suffering from medical or mental health conditions who are in need of assistance, but I do not believe that suicide assistance is the help that the Federal Government should be promoting. Once again, I reiterate my support for this legislation, which puts our Nation on a path to truly help those in need.

Mrs. EMERSON. Mr. Speaker, I rise to lend my full support to H.R. 1003, the Assisted Suicide Funding Restriction Act. I thank Mr. HALL for his sponsorship of this legislation, and I urge this body to reaffirm our Nation's commitment to the life of each and every individual.

Assisted suicide is an abominable act. Despite claims that it is a matter of mercy or dignity, an assisted suicide is nothing more than the murder of some of our most vulnerable citizens, persons who are ailing and sometimes unable to voice their will. These individuals deserve every chance at life and all the support and assistance that we can provide, not some misguided notion of a so-called honorable death. An assisted suicide must not be deemed an acceptable medical procedure, or the grave consequences will be the lives of our sick and elderly.

The first and sacred rule of medicine is to preserve the life of the patient. That is why physician-assisted suicide is opposed by the American Medical Association and numerous other doctor and nurse associations. The House has the opportunity today to reaffirm this fundamental tenet of the health profession, making the law reflect what doctors, nurses, and most Americans already know intuitively.

Mr. Speaker, America is a nation of justice and of compassion. Both justice and compassion tell us to pass H.R. 1003, and I urge my colleagues to give it their full support.

Mr. PACKARD. Mr. Speaker, American tax dollars shouldn't be used to end a patient's life. There are far more humane ways to help those stricken with a terminal illness and their families.

The Supreme Court is currently considering two cases, Washington versus Glucksberg and Vacco versus Quil, to determine the constitutionality of assisted suicide. This is a complex issue involving medical ethics, religion, and science. Regardless of what the Court decides about the constitutionality of the deed, this bill will make sure no Federal tax dollars will be spent on it.

Supporters often hold up assisted suicide as the compassionate answer to helping someone die with dignity. A society is best judged by how it treats its most vulnerable members, and killing them is not compassionate or dignified. Researchers have found that many severely and terminally ill patients share a common symptom—depression brought on by high levels of anxiety, fear, and rejection. Hastening their death does nothing to identify and treat the depression that comes along with facing death; it is not the way to resolve a terminally ill patient's concerns about becoming a burden to their family and friends; nor is it the way to comfort or ease the pain of the terminally ill.

Congress should not let a single tax dollar go to pay for this physician assisted killing—a false compassion and a perversion of mercy. Turning medical doctors into licensed killers of the sick, the handicapped, and the depressed, is not the way to empower Americans.

Mr. CANADY of Florida. Mr. Speaker, I rise in strong support for H.R. 1003, the Assisted Suicide Funding Restriction Act of 1997. This bill would prohibit the use of Federal funds to pay for assisted suicide.

The will of the American people is clear on this issue. Thirty-five States have enacted statutes prohibiting assisted suicide. An additional eight States recognize assisted suicide as a common law crime. In a May 1996 Wirthlin poll, 87 percent of those polled opposed the use of tax dollars to pay for assisted suicide. The American people recognize the value of protecting human life, and the serious threat which assisted suicide poses to the safety of vulnerable persons.

Why, then, is it necessary for this body to act on a subject which is already being addressed by the States? First, it is our responsibility to ensure that Federal spending reflects the values of the American people. Accordingly, this bill would ensure that no Federal funds would be spent on assisted suicide, a policy which most Americans have rejected.

Second, recent Federal appeals court decisions from the ninth and second circuit courts invalidated State prohibitions on assisted suicide. With no national debate, these courts are attempting to implement a broad public policy that would profoundly affect the way Americans deal with life and death and drastically alter the role of physicians in our society. These appeals courts have effectively thwarted the will of the people as expressed through their State laws. The U.S. Supreme Court is currently reviewing these cases, and more than one Supreme Court Justice has expressed reluctance to interfere in what may more properly be a matter of public policy for the legislative branch of government to decide. I am hopeful that the Court will uphold the right of the States to prevent the serious abuses that would inevitably be associated with assisted suicide. In the meantime, however, it is important for this body to go on record as opposing assisted suicide.

The House Judiciary Subcommittee on the Constitution, of which I am the chairman, held hearings on this subject a year ago. Witnesses warned Congress against following the policy in the Netherlands which began as assisted suicide and moved to active euthanasia, from euthanasia for the terminally ill to euthanasia for the chronically ill, from euthanasia for physical illness to euthanasia for mental suffering, and from voluntary to nonvoluntary euthanasia.

Last September I released a report which examines this devolution of physician-assisted suicide policy in the Netherlands. In 1986 the Dutch medical association established official ''Guidelines for Euthanasia.'' The guidelines specifically require that a patient voluntarily request physician-assisted suicide or euthanasia, but a study confirmed that nonvoluntary euthanasia was being widely performed. In 1990 there were 2,300 cases of euthanasia at the patient's request, 400 cases of physician-assisted suicide, and more than 1,000 cases in which physicians terminated patients' lives without their consent. Fourteen percent of the patients who were killed without consent were fully competent, and 11 percent were partially competent. These were patients who could have made their own decisions about whether to live or die but were never given the opportunity to decide for themselves.

The Dutch experience vividly shows how permitting physician-assisted suicide for terminally ill patients can easily lead to the unchecked nightmare of nonconsensual termination of human life. And individual's so-called right to die, over time, can be transformed into a demand by society that certain individuals have a duty to die.

We need to maintain the integrity of the medical profession as a profession dedicated to healing. Physicians should not become facilitators of death. If we break down the barriers which prohibit assisted suicide, we will be on the path to a society where individuals are killed simply because someone else decides their lives are not worthy to be lived. We must protect those most vulnerable in our society by easing the fears and alleviating the pain of terminally ill patients, and by providing positive and realistic solutions to the problems of those who are driven to despair.

Mr. BARTON of Texas. Mr. Speaker, I would like to take this time to voice my strong support for the House to pass H.R. 1003, the Assisted Suicide Funding Restriction Act of 1997. I was an original cosponsor of this legislation when it was introduced in the 104th Congress. I was also an original cosponsor of the bill when it was reintroduced in this Congress. H.R. 1003 was marked up in the Commerce Committee, of which I am a member. It passed out of the full committee by a vote of 45 to 2. The bill has 118 cosponsors. I commend Congressman RALPH HALL for his hard work on this legislation.

The American people's support for this legislation is evident. When asked on election day in 1996, ''Should tax dollars be spent to pay for the cost of assisting suicide and euthanasia?'' Eighty-seven percent said no in a national poll by Wirthlin Worldwide. Our purpose to pass this legislation here today is clear: the potentially imminent legalization of assisted suicide and euthanasia could lead to the spending of Federal tax dollars to subsidize them. The U.S. Supreme Court is currently reviewing decisions of the second and ninth circuit court of appeals that have declared a new constitutional right to assisted suicide. If the Supreme Court decides this summer to uphold the decisions of the lower courts, this decision would legalize assisted suicide. This would immediately bring up the question of whether or not Federal tax funds should be used to subsidize assisted suicide. That is why we must address this issue now, by passing this bill and sending it to the Senate.

The Federal Government should not be in the business of paying for people to end their lives. But more importantly, the American people, who have indicated that they are opposed to this, should not be compelled to provide

funds so that Federal health programs like Medicare or Medicaid may provide assistance to patients in efforts to end their lives.

My father passed away December 7, 1996. He suffered from diabetes, prostate cancer, and stomach ulcers. He did not go out of his way to prolong his life, yet he also did not go out of his way to artificially end his life. The fundamental belief that we should preserve life is one that people of all religious denominations can agree on. Again, I urge my colleagues to vote ''yes'' today on the Assisted Suicide Funding Restriction Act of 1997.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia [Mr. BLILEY] that the House suspend the rules and pass the bill, H.R. 1003, as amended.

The question was taken.

Mr. BLILEY. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 398, nays 16, not voting 18, as follows:

[Roll No. 75]

YEAS—398

Abercrombie	Chambliss	Fattah
Ackerman	Chenoweth	Fawell
Aderholt	Christensen	Fazio
Allen	Clay	Flake
Andrews	Clayton	Foglietta
Archer	Clement	Foley
Armey	Clyburn	Forbes
Bachus	Coble	Ford
Baesler	Coburn	Fowler
Baker	Collins	Fox
Baldacci	Combest	Franks (NJ)
Barcia	Condit	Frelinghuysen
Barr	Cook	Frost
Barrett (NE)	Cooksey	Furse
Barrett (WI)	Costello	Gallegly
Bartlett	Cox	Ganske
Barton	Coyne	Gejdenson
Bass	Cramer	Gekas
Bateman	Crane	Gephardt
Bentsen	Crapo	Gibbons
Bereuter	Cubin	Gilchrest
Berman	Cummings	Gillmor
Berry	Cunningham	Gilman
Bilbray	Danner	Gonzalez
Bilirakis	Davis (FL)	Goode
Bishop	Davis (IL)	Goodlatte
Blagojevich	Davis (VA)	Goodling
Bliley	Deal	Gordon
Blumenauer	DeFazio	Goss
Blunt	Delahunt	Graham
Boehlert	DeLauro	Granger
Boehner	DeLay	Green
Bonilla	Deutsch	Greenwood
Bonior	Diaz-Balart	Gutierrez
Borski	Dicks	Gutknecht
Boswell	Dingell	Hall (OH)
Boucher	Dixon	Hall (TX)
Boyd	Doggett	Hamilton
Brady	Dooley	Hansen
Brown (CA)	Doyle	Harman
Brown (FL)	Dreier	Hastert
Brown (OH)	Duncan	Hastings (FL)
Bryant	Dunn	Hastings (WA)
Bunning	Edwards	Hayworth
Burr	Ehlers	Hefley
Burton	Ehrlich	Herger
Buyer	Emerson	Hill
Callahan	Engel	Hilleary
Calvert	English	Hilliard
Camp	Ensign	Hinchey
Campbell	Eshoo	Hinojosa
Canady	Etheridge	Hobson
Cannon	Evans	Hoekstra
Cardin	Everett	Holden
Castle	Ewing	Hooley
Chabot	Farr	Horn
Hostettler	McNulty	Saxton
Houghton	Meehan	Schaefer, Dan
Hoyer	Meek	Schumer
Hulshof	Menendez	Sensenbrenner
Hunter	Metcalf	Serrano
Hutchinson	Mica	Sessions
Hyde	Millender-McDonald	Shadegg
Inglis	Miller (FL)	Shaw
Istook	Minge	Shays
Jackson-Lee (TX)	Mink	Sherman
Jefferson	Molinari	Shimkus
Jenkins	Moran (KS)	Shuster
John	Moran (VA)	Sisisky
Johnson (CT)	Morella	Skaggs
Johnson (WI)	Murtha	Skeen
Johnson, E.B.	Myrick	Skelton
Johnson, Sam	Neal	Slaughter
Jones	Nethercutt	Smith (MI)
Kanjorski	Neumann	Smith (NJ)
Kaptur	Ney	Smith (OR)
Kasich	Northup	Smith (TX)
Kelly	Norwood	Smith, Adam
Kennedy (MA)	Nussle	Smith, Linda
Kennedy (RI)	Oberstar	Snowbarger
Kennelly	Obey	Snyder
Kildee	Olver	Solomon
Kim	Ortiz	Souder
Kind (WI)	Owens	Spence
King (NY)	Oxley	Spratt
Kingston	Packard	Stabenow
Kleczka	Pallone	Stearns
Klink	Pappas	Stenholm
Klug	Parker	Stokes
Knollenberg	Pascrell	Strickland
Kolbe	Pastor	Stump
Kucinich	Paul	Stupak
LaFalce	Paxon	Sununu
LaHood	Payne	Talent
Lampson	Pease	Tanner
Lantos	Pelosi	Tauscher
Largent	Peterson (PA)	Tauzin
Latham	Petri	Taylor (MS)
LaTourette	Pickering	Taylor (NC)
Lazio	Pickett	Thomas
Leach	Pitts	Thompson
Levin	Pombo	Thornberry
Lewis (CA)	Portman	Thune
Lewis (GA)	Poshard	Thurman
Lewis (KY)	Price (NC)	Tiahrt
Linder	Pryce (OH)	Tierney
Lipinski	Quinn	Torres
Livingston	Rahall	Towns
LoBiondo	Ramstad	Traficant
Lofgren	Rangel	Turner
Lowey	Regula	Upton
Lucas	Reyes	Velazquez
Luther	Riggs	Vento
Maloney (CT)	Riley	Visclosky
Maloney (NY)	Rivers	Walsh
Manton	Roemer	Wamp
Manzullo	Rogan	Watkins
Markey	Rogers	Watt (NC)
Martinez	Rohrabacher	Weldon (FL)
Mascara	Ros-Lehtinen	Weldon (PA)
Matsui	Rothman	Weller
McCarthy (MO)	Roukema	Wexler
McCarthy (NY)	Roybal-Allard	Weygand
McCollum	Royce	White
McCrery	Rush	Whitfield
McDade	Ryun	Wicker
McGovern	Sabo	Wise
McHale	Salmon	Wolf
McHugh	Sanchez	Woolsey
McInnis	Sanders	Wynn
McIntosh	Sandlin	Young (AK)
McIntyre	Sanford	Young (FL)
McKeon	Sawyer	

NAYS—16

Becerra	Kilpatrick	Stark
Conyers	McDermott	Waters
DeGette	McKinney	Waxman
Dellums	Miller (CA)	Yates
Frank (MA)	Nadler	
Jackson (IL)	Scott	

NOT VOTING—18

Ballenger	Filner	Porter
Bono	Hefner	Radanovich
Capps	Moakley	Scarborough
Carson	Mollohan	Schaffer, Bob
Dickey	Peterson (MN)	Schiff
Doolittle	Pomeroy	Watts (OK)

□ 1137

Ms. KILPATRICK. Ms. WATERS, Mr. MILLER of California, and Mr. NADLER changed their vote from ''yea'' to ''nay.''

Mr. OLVER changed his vote from ''nay'' to ''yea.''

So (two-thirds having voted in favor thereof) the rules were suspended, and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. CAPPS. Mr. Speaker, today I missed rollcall vote No. 75, final passage of H.R. 1003, the Assisted Suicide Funding Restriction Act. I was in my district attending the memorial service of Scott Williams, a guard at the Federal Penitentiary in Lompoc, CA, who was killed in the line of duty last week.

Had I been present, I would have voted ''aye'' on H.R. 1003.

PERSONAL EXPLANATION

Mr. BONO. Mr. Speaker, I am writing to explain that on Thursday, April 10, I was unavoidably detained and missed rollcall vote No. 75. If I was present, I certainly would have voted ''aye'' in support of H.R. 1003, the Assisted Suicide Funding Restriction Act of 1997.

PERSONAL EXPLANATION

Mr. BOB SCHAFFER of Colorado. Mr. Speaker, on rollcall No. 75, I was unavoidably detained and consequently missed the occasion to have my vote recorded. Had I been present, I would have voted ''aye.''

GENERAL LEAVE

Mr. BLILEY. Mr. Speaker, I ask unanimous consent that all Members may have five legislative days within which to revise and extend their remarks on H.R. 1003 and to insert extraneous material in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

REQUEST FOR LEGISLATIVE PROGRAM

(Mr. BONIOR asked and was given permission to address the House for 1 minute.)

Mr. BONIOR. Mr. Speaker, I wish to seek guidance from my colleagues on the other side of the aisle about the schedule for the remainder of the day and next week.

Mr. Speaker, Federal law requires that Congress complete its budget by next Tuesday, and we are all waiting to understand if we are going to meet that deadline. Also, it has been an unusual week that we have had here.

We have had bills that we considered only on suspension, but one of the most important bills on the schedule was pulled, and that bill was to eliminate the mortgage insurance for many