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House of Representatives

The House met at 12:30 p.m. and was called to order by the Speaker pro tempore (Mr. BALLENGER).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
October 18, 1999.

I hereby appoint the Honorable CASS BALLENGER to act as Speaker pro tempore on this day.

J. DENNIS HASTERT,
Speaker of the House of Representatives.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. McDevitt, one of its clerks, announced that the Senate had passed with amendments in which the concurrence of the House is requested, bills of the House of the following titles:

H.R. 659. An act to authorize appropriations for the protection of Paoli and Brandywine Battlefields in Pennsylvania, to direct the National Park Service to conduct a special resource study of Paoli and Brandywine Battlefields, to authorize the Valley Forge Museum of the American Revolution at Valley Forge National Historical Park, and for other purposes.

H.R. 2990. An act to amend the Internal Revenue Code of 1986 to allow individuals greater access to health insurance through a health care tax deduction, a long-term care deduction, and other health-related tax incentives, to amend the Employee Retirement Income Security Act of 1974 to provide access to and choice in health care through association health plans, to amend the Public Health Service Act to create new pooling opportunities for small employers to obtain greater access to health coverage through HealthMarts; to amend title I of the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage; and for other purposes.

The message also announced that the Senate insists upon its amendment to the bill (H.R. 2990) "An Act to amend the Internal Revenue Code of 1986 to allow individuals greater access to health insurance through a health care tax deduction, a long-term care deduction, and other health-related tax incentives, to amend the Employee Retirement Income Security Act of 1974 to provide access to and choice in health care through association health plans, to amend the Public Health Service Act to create new pooling opportunities for small employers to obtain greater access to health coverage through HealthMarts; to amend title I of the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage; and for other purposes," requests a conference with the House on the disagreeing votes of the two Houses thereon, and appoints Mr. JEFFORDS, Mr. GREGG, Mr. FRIST, Mr. HUTCHINSON, Mr. NICKLES, Mr. GRAMM, Mr. ENZI, Mr. KENNEDY, Mr. DODD, Mr. HARKIN, Ms. MIKULSKI, and Mr. ROCKEFELLER, to be the conferees on the part of the Senate.

The message also announced that the Senate has passed bills of the following titles in which concurrence of the House is requested:

S. 548. An act to establish the Fallen Timbers Battlefield and Fort Miamis National Historical Site in the State of Ohio.

S. 762. An act to direct the Secretary of the Interior to conduct a special resource study to determine the national significance of the Miami Circle site in the State of Florida as well as the suitability and feasibility of its inclusion in the National Park System as part of Biscayne National Park, and for other purposes.

S. 938. An act to eliminate restrictions on the acquisition of certain land contiguous to Hawaii Volcanoes National Park, and for other purposes.

MORNING HOUR DEBATES

The SPEAKER pro tempore. Pursuant to the order of the House of January 19, 1999, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to 30 minutes, and each Member, except the majority leader, the minority leader, or the minority whip, limited to 5 minutes.

The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

PAIN RELIEF PROMOTION ACT OF 1999

Mr. BLUMENAUER. Mr. Speaker, this week H.R. 2260, the so-called Pain Relief Promotion Act will be brought to the floor of this chamber. The bill's supporters say passage will result in more humane treatment of terminally-ill patients. Tragically, they are mistaken.

This bill's passage will do two things. It will overturn Oregon's death with dignity law, and it will undermine the rights of States to establish medical standards. It also puts law enforcement agencies in the position of second-guessing one of the most difficult medical decisions faced by doctors: how to best alleviate the pain terminally-ill patients suffer, whether or not that treatment involves life-ending decision-making.

Congress is frequently put in a position of judging whether to intervene in the States' decisions. Some judgments are relatively easy to make. For example, we now have reached the point where most people are comfortable with the Federal Government protecting against racial discrimination. Such was not always the case. Many decisions, however, are very much in a

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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gray area, which some choose, unfortunately, to use for political reasons. One such gray area, the issues that affect the end-of-life decisions, is not only difficult but personal.

In my State of Oregon we have struggled, debated, and agonized with this issue throughout the last decades. The end-of-life issue is a very complex one. With the advent of new medical technologies, it is becoming even more challenging. There are a wide range of moral and medical issues associated with end-of-life decisions, but none that require Federal interference. Yet Congress is being asked to pass legislation that would undermine a law passed and subsequently upheld not once but twice by a vote of the citizens of Oregon.

Now, our death with dignity legislation is still a work in progress, but the preliminary evidence suggests that this option may actually reduce the incidence of suicide. Rather than having a flood of people to our State to take advantage of the provisions of the law, it appears that individuals having the knowledge that they, their families, and their doctor can control this situation, gives them a sense of peace and contentment that enables many to move forward, enduring the pain and the difficulty without resorting to taking their own life. It may actually reduce the incidence of suicide.

As Americans struggle with these issues, mostly hidden from public view, it is important that we not have the personal tragedy, that agony, that frustration made more difficult by laws that ignore the range of legitimate medical choices.

There are some very serious technical problems with this legislation. It would interfere with the practice of medicine, of pharmacy, of pain management in ways that can have a profound effect on the rights that many in America take for granted. This is why a large number of medical professionals have come forward in opposition to this legislation.

This bill asks law enforcement agencies, not doctors, law enforcement agencies, to make, on a case-by-case basis, judgment as to whether a doctor intended a terminally-ill patient's death while trying to alleviate pain. Asking nonmedical personnel to determine a doctor's intent and subsequent causal connection is neither appropriate nor is it even practical. The threat of these investigations can have a chilling effect open the treatment of pain.

Now, at the same time, some medical boards can and have imposed sanctions on doctors, including in Oregon, for not treating pain aggressively enough. So here we have put physicians in an impossible situation: On one hand non-medical activities second-guessing them and being sanctioned; on the other hand for not being aggressive enough.

Today, doctors help deal with end-of-life decisions everywhere in America;

and, in some cases, I guaranty that every day in America there are the equivalent of physician-assisted suicides. In every State but Oregon people look the other way. Oregon stands out because we have at least attempted to provide a framework. If this misguided legislation were to be passed, ironically, Oregon, the only State with guidelines where we are trying to deal with it, would be subjected to extraordinary scrutiny. Elsewhere, people would continue to look the other way.

I strongly urge the defeat of this ironically termed Pain Relief Promotion Act before it undermines not only the will of the people of Oregon, but also before it damages the sanctity of the doctor-patient decision-making process and erodes quality end-of-life medical treatment.

REPUBLICANS HAVE ACCOMPLISHED A LOT BUT STILL NEED PRESIDENT'S HELP

The SPEAKER pro tempore. Under the Speaker's announced policy of January 19, 1999, the gentleman from Florida (Mr. STEARNS) is recognized during morning hour debates for 5 minutes.

Mr. STEARNS. Mr. Speaker, last week President Clinton in his press conference attacked the Republican Senators for their courageous stance against a poorly designed nuclear test ban treaty, a test ban treaty that was unverifiable. A lot of the nations had not signed it yet, and a lot of rogue nations never intend to comply with it. But, more importantly, during that press conference he posed a question, "What will happen if the Republicans stay in office?" I am here on the floor this morning, and I feel compelled to answer his question.

Mr. Speaker, let me remind the President of some of the past accomplishments of the Republican Party here in Congress, which unlike the ill-advised test ban treaty are actually good for America. If we can be judged by our past, a lot of good things for America will occur in the future if we stay in power. Let me just take a few moments to talk about what we have accomplished.

One of the first orders of business when we took over here in Congress was to declare that Congress would comply with all the laws and statutes which all Americans also have to comply with. We reduced the bloated size of committee staff here in Congress by one-third and added to that a ban on gifts from special interests here in Congress.

We reformed the bloated inefficient welfare system, which held captive many Americans who only wanted a better life for themselves and their families. We provided welfare-to-work incentives for both individuals and businesses. And the Republican-led Congress has succeeded in dropping the welfare rolls to the lowest level in history.

The majority here passed health insurance portability, guaranteeing

working Americans that if they switched jobs or if they lost their job they could continue with their current health coverage.

We reformed the Food and Drug Administration, giving people quicker access to life-saving drugs and medical devices and provided for better food quality.

The Republican controlled Congress got tough on criminals by enhancing penalties for sexual crimes against children, and established a Nationwide tracking system for sexual predators. We also enhanced punishment for drug-induced rape.

Education was enhanced by giving local districts more say in how the money that they had was spent on teaching their children.

We also provided tax relief and allowed for health insurance deductions for small businesses.

We developed medical savings accounts so Americans can better decide how to provide for their health care. We also protected elderly patients from being evicted from nursing homes.

The Republican majority strengthened our national defense by increasing pay and retirement benefits, long overdue for our military; enhancing health care for veterans; and providing for a military which this administration has grossly underfunded and, I believe, forsaken.

Let us not forget the budget. The Republicans passed the Balanced Budget Act and bound our appropriations bills to spending caps. Now, this is the first time in 30 years that this was done. The Congressional Budget Office last week released its monthly budget review and the Federal Government's on-budget accounts, which excludes Social Security, are running a \$1 billion surplus for the year. Again, Mr. Speaker this, is the first time in 30 years. The majority party in Congress are to be commended.

Now, this is probably not new to the average American family, who also has to balance their budget and make their payments without going into deficits every year.

It is interesting that when President Clinton pushed the largest tax increase in history and passed that on to the American public, incidently he got it passed here very narrowly, that same year he could not balance the budget when the Democrats were in control in Congress. The Republican majority passed a lockbox measure, which declared \$1.8 trillion of the Social Security surplus untouchable. But what is amazing is that the President refused to join with us in this budget process to protect this lockbox. He is proposing brand new spending at the same time we are trying to balance the budget and protect Social Security.

Now, the Democrats, when they were in control, when they were in control, spent \$837 billion of the Social Security money for new spending programs. Now