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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 (Mrs. MORELLA).

DESIGNATION OF SPEAKER PRO TEMPORE

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

WASHINGTON, DC,
October 25, 1999.

I hereby appoint the Honorable CONSTANCE A. MORELLA 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 an amendment in which the concurrence of the House is requested, a bill of the House of the following title:

H.R. 441. An act to amend the Immigration and Nationality Act with respect to the requirements for the admission of non-immigrant nurses who will practice in health professional shortage areas.

The message also announced that the Senate has passed a bill of the following title in which concurrence of the House is requested:

S. 1692. An act to amend title 18, United States Code, to ban partial-birth abortions.

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.

URGING REJECTION OF H.R. 2260, PAIN RELIEF PROMOTION ACT

Mr. BLUMENAUER. Madam Speaker, on Wednesday the House will consider H.R. 2260, called the Pain Relief Promotion Act. The legislation is seriously misnamed and is designed simply to undercut Oregon's death with dignity law. I find it ironic, because nobody outside the Beltway is interested in criminalizing doctors' decisions that deal with some of the most profound and difficult that they will ever make. In fact, every day in America we see instances where life support is withdrawn; every day in America drugs are administered to alleviate pain which actually hasten the onset of death; every day in America some drugs are withheld which cause a shock to the system and in turn cause death; every day in America there are some very tragic incidents where people are driven to desperate acts because they cannot control their situation, often painful and traumatic for their families, occasionally involving actual suicide. Most of America looks the other way.

My State of Oregon has taken the lead to try and provide a framework for these end-of-life decisions. Oregon voters have not once but twice approved a thoughtful approach to give patients, their doctors and families more control under these most difficult of circumstances. Despite the dire predictions of a tidal wave of assisted suicide, the evidence suggests that when people actually have control in these difficult situations, the knowledge that they have such control means that they are less likely to use assisted suicide. In fact, last year it appears that there were only 15 cases in Oregon.

But with the legislation that is proposed under H.R. 2260, doctors are

going to have to fear being second-guessed by prosecutors, police and non-medical drug enforcement bureaucrats on a case-by-case basis, for the very initial section of that bill points out that prescribing pain medication can often hasten death. But that is okay under this bill, as long as the intent is pure. In essence, it means that the doctors are going to be caught looking over their shoulders, having each and every one of their decisions subject to second-guessing and potentially subjected to life in prison if the intent appears in the judgment of others to be wrong.

This is another sad example of where politicians are out of step with Americans on key personal health issues. I find of great interest one other area that sort of indicates where we are going. The medical use of marijuana was approved by eight States before last year. Six other States had their voters approve it and the District of Columbia. Citizens are indicating that they want more freedom to have pain managed and have personal control. I think it would be sad if this Congress decided to penalize the one State that is trying not to sweep it under the rug but provide a framework for making these decisions.

I strongly urge my colleagues to make a careful examination of H.R. 2260. They will find why the Oregon Medical Association, the associations of eight other States, the American Nurses Association and the American Academy of Family Physicians have all urged its rejection. If you want to outlaw assisted suicide, go ahead and do it if you must, but certainly we should not subject our physicians to criminalization of their basic medical decisions.

□ 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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