

S. 2151 would amend the Controlled Substances Act to allow the Drug Enforcement Agency to deny DEA registration of providers determined to have assisted in causing or participating in a physician-assisted suicide. The advocates of this legislation say that good physicians would have no problem with this legislation.

The record shows otherwise. The record shows that more than 50 medical groups, including physicians, nurses, pharmacists, and hospice programs—a variety of medical groups—believe this legislation would have a chilling effect on pain management programs, on hospice care services, and on comfort care. I want my colleagues to understand that. More than 50 medical groups in our country believe this legislation will have a chilling effect on our ability to make sure that our citizens can get good pain management services, hospice programs and comfort care.

What is especially striking is that even Americans who are opposed to Oregon's law and are opposed to assisted suicide do not want to see the U.S. Congress overturn this law. Pain management, palliative care, and hospice services are still evolving fields. Not enough has been done to comfort patients in these tragic situations, and Americans know that in the current regulatory environment there can be a chilling effect on the pain management services by laws such as the one proposed in S. 2151. This legislation also runs counter to the recent Supreme Court decision on physician-assisted suicide that encourages the States to continue to debate this question.

Mr. President, this bill is not going to stop assisted suicide. What it is going to do is set up new roadblocks to ensuring that there are good pain management programs in our country. This bill is going to harm pain management for millions of Americans, turn the resources of the Drug Enforcement Agency from looking at drug diversion and drug trafficking to reviewing the intent of physicians and pharmacists as they try to alleviate the pain of their patients. That is not what the DEA was set up to do. It was not set up to deal with overseeing hospice programs, and the like.

If Congress tramples on the twice-expressed popular will of the people of Oregon, it is going to feed the fires of cynicism and frustration about Government across our land.

Mr. President, I will conclude with this. We all know that so often in coffee shops, churches, grange halls and senior centers, we hear Americans say: You know, our vote doesn't matter. After we vote, those politicians are going to say we really don't get it, the citizens don't understand. So we will just vote again; we will just vote, vote and vote until we set aside what their judgment has been.

I am here to say that I don't think the U.S. Congress knows better than those voters in Coos Bay and Bend and

La Grande. I don't think the U.S. Congress, meeting here in Washington, DC, is better equipped than the citizens of my State to make a moral decision about what is acceptable medical practice in Oregon. This Congress should not try to settle this issue in a hasty debate in the last hours of the U.S. Congress.

I have informed the minority leader that I will have a hold on this legislation. Senator GRASSLEY and I have, for some time, been encouraging Senators to announce publicly their intentions with respect to holds. I have done that in a letter to Senator DASCHLE. I will make that letter a part of the RECORD. I am going to insist on my rights as a Senator, representing thousands and thousands of Oregonians who have weighed in on this issue, that this Senate is going to have a real debate on this legislation before there is a vote on it. I am going to assure that there is such a debate, even if I must filibuster to assure that this occurs.

I ask unanimous consent that my letter to Senator DASCHLE be printed in the RECORD.

There being no objection, the letter was ordered to be printed in the RECORD, as follows:

U.S. SENATE,

Washington, DC, September 23, 1998.

Hon. TOM DASCHLE,  
Minority Leader,

U.S. Capitol, Washington, DC.

DEAR SENATOR DASCHLE: I previously wrote you requesting I be consulted should S. 2151 or any other legislation concerning physician assisted suicide come to the Senate floor for consideration.

I am now writing to clearly state that I will object to any motion to proceed should S. 2151 or any legislation containing provisions over-riding Oregon's physician assisted suicide law come to the Senate floor.

Should you have any questions, please feel free to contact Stephanie Kennan of my staff at 4-6070.

Sincerely,

RON WYDEN.

Mr. GRAMS addressed the Chair.

The PRESIDING OFFICER. The Senator from Minnesota is recognized.

Mr. GRAMS. I ask unanimous consent to speak as in morning business for up to 5 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

(The remarks of Mr. GRAMS pertaining to the introduction of S. 2517 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

#### WENDELL H. FORD NATIONAL AIR TRANSPORTATION SYSTEM IMPROVEMENT OF 1998

The Senate continued with the consideration of the bill.

Mr. MCCAIN addressed the Chair.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. MCCAIN. Mr. President, for the benefit of our colleagues, we are rapidly reaching the point where we only have a couple more amendments which will require debate and votes.

I urge those who have amendments to come to the floor so that we can get moving on those.

We will be able, I think, to conclude the amending process before 6 o'clock this evening.

In the meantime, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. KENNEDY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. GRAMS). Without objection, it is so ordered.

#### PATIENTS' BILL OF RIGHTS

Mr. KENNEDY. Mr. President, I want to point out once again to the Senate that we have been in a quorum call for about a half hour, and we are waiting to conclude the FAA legislation. As I understand, it has been tentatively agreed to be concluded later in the afternoon sometime—5 or 6 o'clock this evening—and we can anticipate perhaps one or two more votes.

But I want to bring to the attention of the Senate again that we could be using this time to debate the Patients' Bill of Rights. We have by now seen the majority leader's priorities—the FAA bill, which is important to a number of communities, including my own State of Massachusetts is not a matter of insignificance—but we have had the salting legislation, we have had other pieces of legislation that have been advanced, and still the Republican leadership refuses to call up or permit our debate here on issues relating to the quality of health of some 140 million Americans, those Americans that are covered in various HMOs.

In my own State of Massachusetts, we have some of the very best in terms of HMOs. The HMO program really took off, expanded, and we now find many high-quality HMOs. But in my State, and across the country, HMOs too often are making judgments and decisions based upon what insurance company accountants say, not what members of the medical profession recommend.

I heard the President of the United States speak eloquently about his strong support for the Patients' Bill of Rights just a few days ago. And he made a point which I think is worth underlining here in the U.S. Senate this afternoon. He said that no one in these HMOs ever loses their job when they deny a procedure that a patient's doctor requests, because these HMOs are organized so that there are several different levels of approval required to receive medical care.

The deep concern that many of us have is that these decisions be made at the ground level—by doctors and other trained medical professionals—so that American families receive the care that they need.