

you are likely to live to 80 or 85 years of age. You have one choice—a Washington HMO; one chance when you are 64½ and no turning back.

I make it very clear to our seniors what we are talking about when we talk about the prescription drug plan proposed by Vice President GORE.

Mr. JEFFORDS. Mr. President, it gives me great pleasure to join my colleagues today in celebrating the passage of Children's Health Act, which Senators FRIST, KENNEDY, myself, and many others introduced earlier this year. The Children's Health Act passed the Senate on September 22, the House on September 27, and is now one step closer to becoming law.

The Children's Health Act will significantly improve the well-being of children in this nation. This bill authorizes prevention and educational programs, clinical research, and direct clinical care services for child specific health issues.

President Clinton needs to sign this legislation into law now. Our nation's medical research and treatment systems must be encouraged to recognize that children have unique needs. Without the initiative of the Children's Health Act, research into many of the diseases and disorders that effect children will be overlooked and neglected.

I am also excited that the Children's Health Act includes legislation that the Senate passed last year to reauthorize the Substance Abuse and Mental Health Services Administration (SAMHSA). The Youth Drug and Mental Health Services Act is critically important for strengthening community-based mental health and substance-abuse prevention and treatment services.

We introduced SAMHSA reauthorization with strong bipartisan cosponsorship of many members of the HELP Committee. The service and grant programs administered by SAMHSA have gone far too long without being reauthorized. We will now be able to improve access and reduce barriers to high quality, effective services for individuals who suffer from, or are at risk for, substance abuse or mental illness, as well as for their families and communities.

This legislation includes the formula compromise for the Substance Abuse Treatment Block Grant that was originally included in the 1998 omnibus appropriations bill. This is an issue of paramount importance to small and rural states, and I am pleased that this legislation ratifies and continues the agreement reached in 1998.

The Children's Health Act and the Youth Drug and Mental Health Services Act are both the product of many months of work and collaboration among its many stakeholders. We have come this far because of the bipartisan dedication of members of HELP Committee and especially the leadership of Senator FRIST and Senator KENNEDY. I commend them both for their considerable efforts to help so many children and American families.

I also want to thank my colleagues in the House for their strong cooperation and support. I am so proud of being involved in this effort and I think the entire House of Representatives and Senate should be very proud of approving the Children's Health Act.

UNANIMOUS CONSENT AGREEMENT—H.J. RES. 110

Mr. FRIST. Mr. President, I ask unanimous consent when the Senate convenes tomorrow morning, the time prior to 10 a.m. be equally divided in the usual form and the previously ordered vote on H.J. Res. 110 now occur at 10 a.m.

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

DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES APPRO- PRIATIONS ACT, 2001—CON- FERENCE REPORT

Mr. FRIST. I ask consent that the Senate now resume consideration of the Interior conference report and Senator FITZGERALD be recognized.

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

Mr. FITZGERALD. Mr. President, Senator WYDEN has requested to speak for 5 to 10 minutes. I ask unanimous consent he be allowed to do that, then I be able to go back and speak as though it were a continuation of the speech I have had ongoing since early this morning.

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

ASSISTED SUICIDE

Mr. WYDEN. Mr. President, I come to the floor tonight to discuss the possibility that there will be an effort very shortly to override Oregon's assisted suicide law as part of a package that includes legislation that is extremely important to the country, such as legislation that would protect women from domestic violence, such as legislation that would also deal with sex trafficking—an extraordinary scourge that victimizes women and children. I think it would be extremely unfortunate to victimize the victims in that way. It is clearly not in the public interest.

Oregon's assisted suicide law involves a very controversial matter. I happen to be against assisted suicide, against the Oregon law, but the bill that cleared the Judiciary Committee on a 10-8 vote, a very narrow vote, is strongly opposed by the American Cancer Society. The American Cancer Society believes that legislation will harm those in pain. I am very hopeful that rather than tie this assisted suicide legislation to vitally needed legislation that would protect the victims of domestic violence and women and children from sex trafficking, the Senate

would adhere to the agreement that was entered into in August.

In August, on a bipartisan basis, the Senate made it very clear, and I specifically addressed this on the floor of the Senate, that I was open to a fair fight, to an open debate on the assisted suicide question. In fact, I made it very clear that while I intend to use every opportunity to speak on the floor of the Senate and make sure the Members understand, for example, that the American Cancer Society believes this legislation will harm those in pain, I was willing to accept the will of the Senate on any cloture vote that might be scheduled. That was the agreement entered into in August. It provided for a fair fight on this issue.

Tonight we are told that there may be the possibility, as I have touched on, of an effort to override Oregon's assisted suicide law. By the way, Oregon is the only State in the country that has such legislation. It would be linked to the other desperately needed measures, such as the legislation to protect women victimized by domestic violence. I hope that will not be the case. I would have to oppose very strongly that kind of effort. It seems to me it is not in the public interest, and it is particularly regrettable since it runs contrary to the spirit of what was agreed to in August: That there would be an opportunity for both sides on the floor of the Senate to have this debate about assisted suicide; I would have a chance to address the issue in some detail, but if there were an effort to file cloture, I would accept the will of the Senate on that measure.

In addition, we just learned in the last few minutes there is a possibility schoolchildren in 700 rural school districts around the country could also be held hostage because, again, there may be an objection to the county payments bill legislation authored by Senator CRAIG of Idaho and myself—again, bipartisan. There may be an objection to that bill, again, on the grounds that somehow it should be examined some more and possibly linked again to the assisted suicide question.

I think, again, these issues ought to be considered on the merits. The county payments legislation passed this body by unanimous consent; 100 Senators agreed to make sure that these schoolchildren in 700 rural school districts got a fair shake. We have been working with the House. We have now come up with an agreement among the House, the Senate, and the White House. I think we can pass it 100-0 in the Senate. But we are told someone is going to object to the county payments legislation for the unrelated reason that they are not able to work out an arrangement that allows them to throw the Oregon assisted suicide law in the trash can on an arbitrary basis.

What the Senate worked out in August was fair to all sides. It ensured that we have a chance to discuss the matter of assisted suicide. It is a controversial question. I personally am