frightened about the implications of being visited by a Government agency that would second-guess them.

I am very pleased that the Nickles legislation will not be included in the comprehensive spending bill. I intend to remain vigilant throughout the remaining hours of the negotiations. I wanted to come to the floor this afternoon to talk about why this issue is so important not to just the people of my State, but to the people of this country.

Finally, I am under no illusion that there will not be further discussions on the floor of the U.S. Senate about this topic. I know that the Senator from Oklahoma feels very strongly and sincerely about this issue. I know that there will be an effort to bring forward that proposal, and others like it, next year. I am aware that there are a number of Members of the U.S. Senate who would be willing to see Oregon's law set aside.

I ask all of my colleagues to think just for a few moments over the next few months about their reaction if their State passed a law on a matter that the States have historically led on, and then a Member of the U.S. Senate sought to step in and lay that aside. That is, in effect, what some in the U.S. Senate are trying to tell the people of Oregon. I think that is a mistake. I think that Senators who would be willing to toss aside a vote of the people of Oregon ought to think about the implications of the precedent they will be setting that will have their voters and the popular will of their States set aside if this Senate, in the future, tosses aside the Oregon law.

There is a better way. The better way is the approach that Senator MACK, Senator SMITH and Members of the House, such as Congresswoman DARLENE HOOLEY, and I are talking about. The better way is to say that there will be differences of opinion in our country about assisted suicide, but let us come together on that broad swath of policy that we all can agree on—which is to promote better hospice care, pain management, and comfort care in the use of advanced directives.

Many of these services in many of our communities are utilized very rarely. So there is much we can do that will bring our citizens together, that will help us improve the conditions of our patients, reduce their suffering, without setting a dangerous precedent of overriding a law passed by the voters of my State that could redound to the detriment of other States and our citizens.

Mr. President, I thank the negotiators who are dealing with the omnibus appropriations bill. I am pleased that it was not necessary for me to speak at length on the omnibus appropriations bill. Our voice will be heard when we are challenged in Oregon. We will be heard each time our rights are challenged.

I will conclude my remarks. I see the Senator from Oklahoma here. He has been very gracious to this Senator in terms of discussing this matter and keeping me apprised of his intentions. We do have a difference of opinion on this issue and, at the same time, he has made it clear that he wants to work with this Senator, Senator MACK, and others, on a variety of issues that we can agree on relating to pain management. I know that we will be back on this Senate floor debating this topic in the future. But I want the Senator from Oklahoma to know that not only do I appreciate his courtesy in keeping me apprised of his intentions, but of my desire to work with him on a variety of issues relating to this topic where I think we can agree.

Mr. President, I yield the floor.

Mr. NICKLES addressed the Chair.

The PRESIDING OFFICER. The Senator from Texas has the floor.

Mr. GRAMM. Mr. President, I ask unanimous consent that the Senator from Oklahoma might speak, and that at the conclusion of his remarks, I be recognized.

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

USING FEDERALLY CONTROLLED DRUGS FOR ASSISTED SUICIDE

Mr. NICKLES. Mr. President, I thank my colleague from Texas. I want to make a couple of comments in regard to the legislation that my colleague and friend, Senator WYDEN, alluded to dealing with assisted suicide.

Mr. President, I introduced legislation to correct a mistake that Attorney General Reno made in June of this year when she overruled the Drug Enforcement Act and its interpretation that controlled substances could not be used for assisted suicide.

Let me make sure that everybody understands the picture of this. The Controlled Substance Act is a Federal law. It is not a State law; it is a Federal law. It is a Federal law that controls very strong drugs—drugs that are illegal, drugs that can kill, drugs that are very addictive. They are controlled by Federal law. They can't be used except for legitimate medical purposes. That is what is defined in the Federal law in the Controlled Substance Act. They can only be used for legitimate medical purposes.

What constitutes a legitimate medical purpose? History has it that a legitimate medical purpose is, or can be, the alleviation of pain, to reduce pain, give comfort. It can be used for palliative care, but it is never—let me restate this—the Drug Enforcement Agency, which is in charge of enforcing this act, has never been used for assisted suicide. These drugs are strong drugs. If they are abused, used in heavy quantities, they kill people.

Unfortunately, some people want to use these drugs for assisted suicide. The Drug Enforcement Administrator, Mr. Constantine, a year ago, in November, wrote a letter to Congress and said that assisted suicide is not a legitimate medical purpose.

Mr. President, I ask unanimous consent that at the conclusion of my statement a letter from Mr. Constantine, Administrator of the Drug Enforcement Agency, be printed in the RECORD.

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

(See Exhibit 1.)

Mr. NICKLES. Mr. President, the letter says they have reviewed it, and assisted suicide is never a legitimate medical purpose. These drugs can only be used for a legitimate medical purpose.

The State of Oregon, by referendum, passed a law that says assisted suicide is OK. They had a couple of them. The State of Oregon can do what it wants, but that doesn't overturn Federal law. What if the State of Massachusetts said they were going to legalize heroin? That is a controlled substance. Does that make it legal? No. There is a reason why we have a Federal law dealing with these very strong drugs, and it is called the Controlled Substance Act. And just because one State has a referendum or petition or the legislature passes a bill, it doesn't overturn Federal drug law, period.

For some unknown reason, the Attorney General—and I still don't know why—gave one of the most absurd rulings in June, where she said, well, we still believe we have control of the Federal Controlled Substance Act, so assisted suicide is illegal for some States, except for those which have legalized it. Now, that is an absurd conclusion. I guess if you take that to its conclusion, any State can do whatever they want on these substances. That is absurd. Why have a Federal law? Why have a Federal law in any way, shape, or form.

Now we have several States—and Oregon is the pioneer in this—like Michigan and other States that are saying they want assisted suicide. I just beg to differ. I don't think that should be the purpose. The whole purpose of these drugs is to alleviate pain. For those organizations that say we are not sure if we support this bill because maybe it would have a chilling impact on pain, that is false. They haven't read the bill. If they want us to help write it in a stronger way—we put very clearly in the bill that these drugs can be used to alleviate pain. We encourage use of these drugs for the alleviation of pain, for palliative care. But they are licensed by the Federal Government and should not be used to kill people. They should not be used for assisted suicide. These are federally controlled drugs.

Are we going to give that kind of license? What happens if somebody does it? Tradition has it and history has had it that the Drug Enforcement Agency, if somebody misuses these drugs—one, they have to get a Federal license to distribute the drug, and if they misuse them, they lose that license. I think it is only appropriate to do so. They

should not have the ability to distribute these drugs if they are going to use these drugs for assisted suicide.

So I say to my colleagues and anybody who has an interest in this that I want to work this out. I met with the Secretary of Health and Human Services today, Secretary Shalala, and we talked about this. We need to make sure that these drugs can be used for palliative care. We also need to make sure that they are controlled by the Federal Government. They should not be used for assisted suicide.

Mr. President, let me make a couple of general comments. This is about this administration, and it is about life in general, or maybe their lack of respect for life.

On two or three issues, I think this administration seems quite bent on devaluating life. I am talking about unborn children, where the administration has been eagerly trying to bring forth the distribution of RU486, an abortion pill that aborts fetuses up to 9 or 10 weeks, where there is a beating heart; they want to legalize that. There wasn't a pharmaceutical company in the country that wanted to make the drug, and the administration bent over backwards trying to recruit this drug coming into the country.

Now, you find the administration, through the Attorney General, coming up with a ruling that is totally contrary to the Drug Enforcement Agency's history of controlling controlled substances and saying, oh, well, we think assisted suicide is OK. Even though the President of the United States says he is against it, his administration and the Attorney General say maybe it is OK if the State says it is even though the drugs are controlled by the Federal Government. So you have the administration recruiting people to bring in abortion drugs for young people—an administration that wants to fund and subsidize abortion for unborn children, and then an administration now that, through the Attorney General's ruling, says we think these drugs that have been controlled by the Federal Government, under Federal law—we think it is OK if States want to legalize the use of these federally controlled drugs for assisted suicide. I don't think that makes sense.

I think it is pathetic when you think that the Federal Government's purpose should be to protect people, and they are actually trying to bring in drugs that will kill unborn children. And, then, also at the same time, ''Oh, yes. You can use these very strong drugs to kill senior citizens.'' It is hard to believe that they would take that position. That is the position of this administration. They are wrong. Hopefully, this Congress will vote.

I might mention that this is not the first issue that we have had with this. We passed legislation in the last Congress. We passed it unanimously through the Senate. It was my bill, or my language, that said no Federal funds were to be used for assisted suicide. Now we have people saying, ''Well, we want to use Federal drugs for assisted suicide.'' I think not.

We are going to vote on it. We are going to have significant debate on it. I look forward to that debate. I regret we are out of time to get a significant debate on it this year.

I look forward to working with my colleague from Oregon. I understand trying to represent one's State. I believe very strongly in States rights. But I don't believe so strongly in States rights that if the State of Oklahoma wanted to legalize heroin, or other controlled substances—I don't think that supersedes Federal law.

I would tell my colleague from Oregon that if the State of Oklahoma said, ''We think we want to legalize assisted suicide and have it be public,'' I say that is fine, you can do it with any drug that is controlled by the State, but not drugs controlled by the Federal Government, because we don't want Federal Government policy to be that we are going to basically acquiesce in assisted suicide. That should not be Federal policy.

Again, there is a Federal Controlled Substance Act. It is not State. The State could do whatever they want. But not with Federal law, not with Federal drugs, not with the Federal Drug Enforcement Administration, which controls the licenses and controls the use of these substances. The act is written OK. The act says these substances can only be used for legitimate medical purposes. I agree with that. If anybody thinks that legitimate medical purpose is assisted suicide, I disagree with that. That is not in the law. The Attorney General's reading of the law is totally contrary to that of the Drug Enforcement Administration. I believe she is wrong.

We will give all Members of this body a chance to vote on it in the not-too-distant future—if not this Congress, certainly the next Congress.

I thank my colleagues, particular my colleague from Texas, for allowing me to proceed to respond to my colleague from Oregon.

I yield the floor.

U.S. DEPARTMENT OF JUSTICE,
DRUG ENFORCEMENT ADMINISTRATION,
Washington, DC, November 5, 1997.

Hon. HENRY J. HYDE,
House of Representatives,
Washington, DC.

DEAR CONGRESSMAN HYDE: Thank you for your letter of July 29, 1997. In that letter, you requested the Drug Enforcement Administration's (DEA) view as to ''whether delivering, distributing, dispensing, prescribing, filling a prescription, or administering a controlled substance with the deliberate intent of assisting in a suicide would violate the Controlled Substance Act (CSA), applicable regulations, rulings, or other federal law subject to DEA enforcement, notwithstanding the enactment of a state law such as Oregon's Measure 16 which rescinds state penalties against such prescriptions for patients with a life expectancy of less than six months.''

I apologize for the delay in responding to you. As you know, the CSA authorizes DEA to revoke the registration of physicians who dispense controlled substances without a legitimate medical purpose. Historically, DEA's experience with the phrase ''without a legitimate medical purpose'' has focused on cases involving physicians who have provided controlled substances to drug addicts and abusers. The application of this phrase to cases involving physician-assisted suicide presented DEA with a new issue to review.

Since receiving your inquiry, my staff has carefully reviewed a number of cases, briefs, law review articles and state laws relating to physician-assisted suicide, including the documents referenced in your letter. In addition, my staff has conducted a thorough review of prior administrative cases in which physicians have dispensed controlled substances for other than a ''legitimate medical purpose.'' Based on that review, we are persuaded that delivering, dispensing or prescribing a controlled substance with the intent of assisting a suicide would not be under any current definition a ''legitimate medical purpose.'' As a result, the activities that you described in your letter to us would be, in our opinion, a violation of the CSA.

Because physician-assisted suicide would be a new and different application of the CSA, a number of issues remain unresolved. For example, suspicious or unnatural deaths require a medico-legal investigation. The first priority in such an investigation would be a comprehensive forensic inquiry by a state or local law enforcement agency, which is traditionally supported by the efforts of a medical examiner, forensic pathologist, and/or coroner. At the conclusion of this stage of the inquiry, the evidence often is submitted to a grand jury or similar process for a determination of potential criminal liability of the person who assisted in the death.

This initial determination as to the cause of death is not DEA's responsibility. Rather, DEA would have to rely on the evidence supplied to us by state and local law enforcement agencies and prosecutors. If the information or evidence presented to DEA indicates that a physician has delivered, distributed, dispensed, prescribed or administered a controlled substance with the deliberate intent of assisting in a suicide, then DEA could initiate revocation proceedings on the grounds that the physician has acted ''without a legitimate medical purpose.''

In addition to moving to revoke a physician's registration for dispensing controlled substances ''without a legitimate medical purpose,'' please also be aware that the CSA provides a number of other grounds upon which DEA might revoke the registration of a physician who assisted in a suicide. For example, DEA will revoke the registration of any physician whose state license to practice medicine has been revoked for assisting suicide. Similarly, DEA has authority to revoke the registration of any physician whose acts in assisting a suicide result in a conviction under state controlled substances laws.

DEA must examine the facts on a case-by-case basis to determine whether a physician's actions conflict with the CSA. If the facts indicate that a physician has acted as set forth in your letter, however, then DEA would have a statutory basis to initiate revocation proceedings.

I trust that this response addresses your inquiry. If you have any further questions, please feel free to contact me.

Sincerely,

THOMAS A. CONSTANTINE,
Administrator.

Mr. GRAMM addressed the Chair.

The PRESIDING OFFICER. The Senator from Texas.

Mr. GRAMM. Mr. President, I understand the Senator from Wyoming has cleared a bill. Knowing how hard it is

in the waning hours to do that, without losing my right to the floor and my full time when he is finished, I would like to yield him 5 minutes.

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

The Senator from Wyoming.

Mr. THOMAS. Thank you, very much.

I thank the Senator from Texas. I have several bills that will be concluded.

NATIONAL PARKS OMNIBUS MANAGEMENT ACT OF 1998

Mr. THOMAS. Mr. President, I ask the Chair lay before the Senate a message from the House of Representatives on the bill (S. 1693) to renew, reform, reinvigorate, and protect the National Park System.

The PRESIDING OFFICER laid before the Senate the following message from the House of Representatives:

Resolved, That the bill from the Senate (S. 1693) entitled ''An Act to provide for improved management and increased accountability for certain National Park Service programs, and for other purposes'', do pass with the following amendment:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''National Parks Omnibus Management Act of 1998''.

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

Sec. 1. Short title; table of contents.
Sec. 2. Definition.

TITLE I—NATIONAL PARK SERVICE CAREER DEVELOPMENT, TRAINING, AND MANAGEMENT

Sec. 101. Protection, interpretation, and research in the National Park System.
Sec. 102. National Park Service employee training.
Sec. 103. Management development and training.
Sec. 104. Park budgets and accountability.

TITLE II—NATIONAL PARK SYSTEM RESOURCE INVENTORY AND MANAGEMENT

Sec. 201. Purposes.
Sec. 202. Research mandate.
Sec. 203. Cooperative agreements.
Sec. 204. Inventory and monitoring program.
Sec. 205. Availability for scientific study.
Sec. 206. Integration of study results into management decisions.
Sec. 207. Confidentiality of information.

TITLE III—STUDY REGARDING ADDITION OF NEW NATIONAL PARK SYSTEM AREAS

Sec. 301. Short title.
Sec. 302. Purpose.
Sec. 303. Study of addition of new National Park System areas.

TITLE IV—NATIONAL PARK SERVICE CONCESSIONS MANAGEMENT

Sec. 401. Short title.
Sec. 402. Congressional findings and statement of policy.
Sec. 403. Award of concessions contracts.
Sec. 404. Term of concessions contracts.
Sec. 405. Protection of concessioner investment.
Sec. 406. Reasonableness of rates.
Sec. 407. Franchise fees.
Sec. 408. Transfer of concessions contracts.
Sec. 409. National Park Service Concessions Management Advisory Board.
Sec. 410. Contracting for services.
Sec. 411. Multiple contracts within a park.
Sec. 412. Special rule for transportation contracting services.
Sec. 413. Use of nonmonetary consideration in concessions contracts.
Sec. 414. Recordkeeping requirements.
Sec. 415. Repeal of National Park Service Concessions Policy Act.
Sec. 416. Promotion of the sale of Indian, Alaska Native, Native Samoan, and Native Hawaiian handicrafts.
Sec. 417. Regulations.
Sec. 418. Commercial use authorizations.
Sec. 419. Savings provision.

TITLE V—FEES FOR USE OF NATIONAL PARK SYSTEM

Sec. 501. Fees.
Sec. 502. Distribution of golden eagle passport sales.

TITLE VI—NATIONAL PARK PASSPORT PROGRAM

Sec. 601. Purposes.
Sec. 602. National Park passport program.
Sec. 603. Administration.
Sec. 604. Foreign sales of Golden Eagle Passports.
Sec. 605. Effect on other laws and programs.

TITLE VII—NATIONAL PARK FOUNDATION SUPPORT

Sec. 701. Promotion of local fundraising support.

TITLE VIII—MISCELLANEOUS PROVISIONS

Sec. 801. United States Park Police.
Sec. 802. Leases and cooperative management agreements.

SEC. 2. DEFINITION.

As used in this Act, the term ''Secretary'' means the Secretary of the Interior, except as otherwise specifically provided.

TITLE I—NATIONAL PARK SERVICE CAREER DEVELOPMENT, TRAINING, AND MANAGEMENT

SEC. 101. PROTECTION, INTERPRETATION, AND RESEARCH IN THE NATIONAL PARK SYSTEM.

Recognizing the ever increasing societal pressures being placed upon America's unique natural and cultural resources contained in the National Park System, the Secretary shall continually improve the ability of the National Park Service to provide state-of-the-art management, protection, and interpretation of and research on the resources of the National Park System.

SEC. 102. NATIONAL PARK SERVICE EMPLOYEE TRAINING.

The Secretary shall develop a comprehensive training program for employees in all professional careers in the work force of the National Park Service for the purpose of assuring that the work force has available the best, up-to-date knowledge, skills and abilities with which to manage, interpret and protect the resources of the National Park System.

SEC. 103. MANAGEMENT DEVELOPMENT AND TRAINING.

Within 2 years after the enactment of this Act, the Secretary shall develop a clear plan for management training and development, whereby career, professional National Park Service employees from any appropriate academic field may obtain sufficient training, experience, and advancement opportunity to enable those qualified to move into park management positions, including explicitly the position of superintendent of a unit of the National Park System.

SEC. 104. PARK BUDGETS AND ACCOUNTABILITY.

(a) STRATEGIC AND PERFORMANCE PLANS FOR EACH UNIT.—Each unit of the National Park System shall prepare and make available to the public a 5-year strategic plan and an annual performance plan. Such plans shall reflect the National Park Service policies, goals, and outcomes represented in the Service-wide Strategic Plan, prepared pursuant to the provisions of the Government Performance and Results Act of 1993 (Public Law 103–62; 107 Stat. 285).

(b) ANNUAL BUDGET FOR EACH UNIT.—As a part of the annual performance plan for a unit of the National Park System prepared pursuant to subsection (a), following receipt of the appropriation for the unit from the Operations of the National Park System account (but no later than January 1 of each year), the superintendent of the unit shall develop and make available to the public the budget for the current fiscal year for that unit. The budget shall include, at a minimum, funding allocations for resource preservation (including resource management), visitor services (including maintenance, interpretation, law enforcement, and search and rescue) and administration. The budget shall also include allocations into each of the above categories of all funds retained from fees collected for that year, including (but not limited to) special use permits, concession franchise fees, and recreation use and entrance fees.

TITLE II—NATIONAL PARK SYSTEM RESOURCE INVENTORY AND MANAGEMENT

SEC. 201. PURPOSES.

The purposes of this title are—

(1) to more effectively achieve the mission of the National Park Service;

(2) to enhance management and protection of national park resources by providing clear authority and direction for the conduct of scientific study in the National Park System and to use the information gathered for management purposes;

(3) to ensure appropriate documentation of resource conditions in the National Park System;

(4) to encourage others to use the National Park System for study to the benefit of park management as well as broader scientific value, where such study is consistent with the Act of August 25, 1916 (commonly known as the National Park Service Organic Act; 16 U.S.C. 1 et seq.); and

(5) to encourage the publication and dissemination of information derived from studies in the National Park System.

SEC. 202. RESEARCH MANDATE.

The Secretary is authorized and directed to assure that management of units of the National Park System is enhanced by the availability and utilization of a broad program of the highest quality science and information.

SEC. 203. COOPERATIVE AGREEMENTS.

(a) COOPERATIVE STUDY UNITS.—The Secretary is authorized and directed to enter into cooperative agreements with colleges and universities, including but not limited to land grant schools, in partnership with other Federal and State agencies, to establish cooperative study units to conduct multi-disciplinary research and develop integrated information products on the resources of the National Park System, or the larger region of which parks are a part.

(b) REPORT.—Within one year of the date of enactment of this title, the Secretary shall report to the Committee on Energy and Natural Resources of the United States Senate and the Committee on Resources of the House of Representatives on progress in the establishment of a comprehensive network of such college and university based cooperative study units as will provide full geographic and topical coverage for research on the resources contained in units of the National Park System and their larger regions.

SEC. 204. INVENTORY AND MONITORING PROGRAM.

The Secretary shall undertake a program of inventory and monitoring of National Park System resources to establish baseline information and to provide information on the long-term trends in the condition of National Park System resources. The monitoring program shall be developed in cooperation with other Federal monitoring and information collection efforts to ensure a cost-effective approach.

SEC. 205. AVAILABILITY FOR SCIENTIFIC STUDY.

(a) IN GENERAL.—The Secretary may solicit, receive, and consider requests from Federal or