

to determine the number and length of breaks they offer to their employees, the Wage and Hour Division has taken the position that if an employer offers a break of less than 20 minutes in duration, the time the employee spends on that break typically is compensable hours worked under the Fair Labor Standards Act.

Most of the Wage and Hour Opinion Letters that address this issue involve authorized breaks. However, on several occasions, the Wage and Hour Administrator has stated that short unauthorized breaks may also count as hours worked. Wage and Hour has taken the position that if an employee exceeds the time allotted for an authorized break, an employer may take a disciplinary action against the employee, or the employer may eliminate the option for rest periods/breaks.

I am committing the Wage and Hour Division and the Solicitor's Office to carefully review our policy with respect to the compensability of unauthorized break time under the FLSA. Our review will specifically include those instances in which employees exceed the time allowed for a rest break. We will also consider what outcome is in the best interests of the employee if the employee exceeds the allotted time for a rest period/break, including the option of deductions of compensation for the time taken in excess of the allotted break time.

As part of our review, we will consider the statutory text, relevant legislative history and regulatory material, case law, previous Wage and Hour Opinion Letters, changing technology and any information that your office or a member of the public may provide. We will complete our review of this matter by February 1, 2000, and transmit our conclusions and supporting rationale in writing to the Chairman and Ranking Members of the relevant committees in the House and the Senate.

It is important that all officials of the Wage and Hour Division interpret and apply the law in a uniform manner, and so advise the public. I will instruct the Wage and Hour Division to assure that the resolution of any cases in which unauthorized break time are at issue is consistent with the outcome we reach in our overall review.

I very much appreciate your interest in these important questions.

Sincerely,

ALEXIS M. HERMAN.

#### COMPENSATING CERTAIN DEPARTMENT OF ENERGY WORKERS

Mr. THOMPSON. Madam President, yesterday, my colleague from New Mexico, Senator BINGAMAN, and I introduced legislation that is, frankly, long overdue.

For more than 2 years, I have been concerned that the Department of Energy was not taking seriously the complaints of a number of workers in Oak Ridge, Tennessee who are ill and who believe that their illnesses are linked to their employment at the DOE site in Oak Ridge. In November of 1997, two years ago, I wrote to the then-Surgeon General, Dr. David Satcher, to request that the Centers for Disease Control, CDC, come to Oak Ridge to try to determine whether a pattern of unexplained illnesses was present and, if so, if its cause could be determined. The

CDC study, like others before it, looked at a narrow sample of individuals and did not produce conclusive results.

Since then, I have been working to get the Department of Energy to acknowledge that there is a problem, that certain of its current and former workers are ill, and that they should work with us to address the situation. This legislation—which we developed in conjunction with the Department—is an important step in that direction.

It says, for the first time, that if mistakes were made, and if harm was done to workers who helped this country win the Cold War, we need to act now to remedy those mistakes. It represents a recognition on the part of the government that if people have illnesses that are linked to their employment at a Department of Energy facility, they deserve compensation. That is progress, and I am proud to be a part of it.

Our bill has three parts. The first section, the Energy Employees' Beryllium Compensation Act, would provide compensation to current and former workers who have contracted chronic beryllium disease or beryllium sensitivity while performing duties uniquely related to the Department of Energy's nuclear weapons production program. There are approximately 90 Oak Ridge workers who have been diagnosed with either chronic beryllium disease or beryllium sensitivity to date, and a total of 2,200 Oak Ridge workers who were potentially exposed.

The second section, the Energy Employees' Pilot Project Act, would establish a special pilot program for a specific group of 55 Oak Ridge workers who are currently the subject of an investigation by a panel of physicians specializing in health conditions related to occupational exposure to radiation and hazardous materials. This section authorizes the Secretary of Energy to award \$100,000 each to those Oak Ridge workers whose illnesses are determined to likely be linked to their employment at the Oak Ridge site.

Finally, our bill creates the Paducah Employees' Exposure Compensation Fund, which would compensate those current and former workers at the Paducah, KY gaseous diffusion plant who were exposed to plutonium and other radioactive materials without their knowledge, and who develop one of a specified list of conditions linked to radiation exposure. I want to note that there are workers at the K-25 gaseous diffusion plant in Oak Ridge who were exposed to the same contaminants as those in Paducah, and workers in Portsmouth, Ohio who were similarly affected as well. It is my hope that these two groups of workers would be added to this section of the legislation, upon the conclusion of the Department of Energy's investigation into what happened at these two sites, if the facts so warrant. Their absence at this time

should in no way indicate that either the sponsors of this bill or the Department of Energy believe that they were not similarly affected. I strongly believe that workers at all of the DOE sites must be treated equally in this process, and I am committed to doing all I can to ensure that that is the case.

Let me just remind my colleagues who it is we are talking about. We are talking about workers who participated in the Manhattan Project, men and women who helped to ensure the superiority of America's nuclear arsenal, and who directly contributed to our nation's victory in the Cold War. We owe them a debt of gratitude. And if we put them in harm's way without their knowledge, it's time for us to make that right. This bill is a step in that direction. I look forward to its consideration by the Senate.

#### PAIN RELIEF PROMOTION ACT

Mr. NICKLES. Madam President, on June 23, 1999, Senator LIEBERMAN and I introduced S. 1272, the Pain Relief Promotion Act, which addresses two specific concerns. First, it provides federal support for training and research in palliative care. Second, it clarifies federal law on the legitimate use of controlled substances. On October 27, 1999 the House passed its companion measure H.R. 2260 by the resounding bipartisan vote of 271 to 156. It is my hope that the Senate will soon have the opportunity to debate and vote on this important legislation.

In anticipation of that debate, and in light of inaccurate characterizations of the second aspect of our bipartisan legislation, I believe it is important for me to ensure that the record reflects precisely how this bill will—and will not—affect current federal law with regard to Drug Enforcement Administration (DEA) oversight of the use of federally controlled substances.

To understand the effect the Pain Relief Promotion Act will have on pain control, we must begin with what the law is now. The Controlled Substances Act, CSA, of 1970 charged the DEA with the responsibility of overseeing narcotics and dangerous drugs—including powerful prescription drugs which have a legitimate medical use but can also be misused to harm or kill. In asserting its authority over these drugs, Congress declared in the preamble of the Controlled Substances Act of 1970 that "Federal control of the intrastate incidents of the traffic in controlled substances is essential to the effective control of the interstate incidents of such traffic" (21 U.S.C. 801 (6)).

In 1984, Congress amended the CSA due in part to a specific concern regarding the misuse of prescription drugs in lethal overdoses. The then Democratic-controlled House and a Republican Senate further strengthened the Act, empowering the DEA to revoke a physician's federal prescribing