

109TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

To clarify Federal law to prohibit the dispensing, distribution, or administration of a controlled substance for the purpose of causing, or assisting in causing, the suicide, euthanasia, or mercy killing of any individual.

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IN THE SENATE OF THE UNITED STATES

Mr. BROWNBACK introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To clarify Federal law to prohibit the dispensing, distribution, or administration of a controlled substance for the purpose of causing, or assisting in causing, the suicide, euthanasia, or mercy killing of any individual.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Assisted Suicide Pre-  
5       vention Act of 2006”.

6       **SEC. 2. FINDINGS; PURPOSES.**

7       Congress finds that—

1           (1) the use of certain narcotics and other drugs  
2 or substances with a potential for abuse is strictly  
3 regulated under the Controlled Substances Act;

4           (2) the dispensing, distribution, or administra-  
5 tion of certain controlled substances only by properly  
6 registered practitioners and only for legitimate med-  
7 ical purposes are permitted under the Controlled  
8 Substances Act;

9           (3) the dispensing, distribution, or administra-  
10 tion of controlled substances to assist suicide or eu-  
11 thanasia are not legitimate medical purposes and are  
12 not permissible under the Controlled Substances  
13 Act;

14           (4) the dispensing, distribution, or administra-  
15 tion of controlled substances for the purpose of re-  
16 lieving pain and discomfort are legitimate medical  
17 purposes and are permissible under the Controlled  
18 Substances Act;

19           (5) inadequate treatment of pain, especially for  
20 chronic diseases, irreversible diseases such as cancer,  
21 and end-of-life care, is a serious public health prob-  
22 lem affecting hundreds of thousands of patients  
23 every year and physicians should not hesitate to dis-  
24 pense, distribute, or administer controlled substances  
25 when medically indicated for those conditions; and

1           (6) for the reasons set forth in section 101 of  
2           the Controlled Substances Act (21 U.S.C. 801), the  
3           dispensing, distribution, or administration of con-  
4           trolled substances for any purpose, including that of  
5           assisting suicide or euthanasia, affects interstate  
6           commerce.

7   **SEC. 3. USE OF CONTROLLED SUBSTANCES TO ASSIST SUI-**  
8                                   **CIDE.**

9           Section 303 of the Controlled Substances Act (21  
10          U.S.C. 823) is amended by adding at the end with the  
11          following:

12          “(i)(1) It shall be unlawful for any practitioner to in-  
13          tentionally dispense, distribute, or administer a controlled  
14          substance for the purpose of assisting suicide or causing  
15          the death of a person.

16          “(2) Alleviating pain or discomfort in the usual  
17          course of professional practice is a legitimate medical pur-  
18          pose for the dispensing, distributing, or administering of  
19          a controlled substance that is consistent with public health  
20          and safety, even if the use of such substance may increase  
21          the risk of death.

22          “(3) Any practitioner who violates paragraph (1),  
23          upon a finding that a controlled substance was dispensed,  
24          distributed, or administered for the stated or undisputed

1 purpose of assisting suicide or causing the death of a per-  
2 son—

3 “(A) shall have any registration under this Act  
4 revoked; and

5 “(B) shall not be registered under this Act.

6 “(4) In any proceeding under this subsection, the At-  
7 torney General shall have the burden of proving, by clear  
8 and convincing evidence, that the intent of the practitioner  
9 was to dispense, distribute, or administer a controlled sub-  
10 stance for the purpose of assisting suicide or causing the  
11 death of a person. In meeting such burden, it shall not  
12 be sufficient to prove that the practitioner knew that the  
13 use of controlled substance may increase the risk of death.

14 “(5) This subsection does not apply to dispensing or  
15 administering a controlled substance for the purpose of  
16 carrying out a criminal sentence of death that is author-  
17 ized under Federal or State law.

18 “(6)(A) Except as provided in subparagraph (B),  
19 nothing in this subsection may be construed to—

20 “(i) alter the roles of the Federal Government  
21 or State governments in regulating the practice of  
22 medicine, including that, regardless of whether the  
23 Attorney General determines under this subsection  
24 that a practitioner has violated paragraph (1), it re-  
25 mains solely within the discretion of State authori-

1       ties to determine whether action should be taken  
2       with respect to the State professional license of the  
3       practitioner or State prescribing privileges;

4             “(ii) modify the Federal requirements that a  
5       controlled substance be dispensed only for a legiti-  
6       mate medical purpose; or

7             “(iii) provide the Attorney General with the au-  
8       thority to issue national standards for pain manage-  
9       ment and palliative care clinical practice, research,  
10      or quality.

11      “(B) The Attorney General may take such actions as  
12      may be necessary to enforce this subsection.”.