daily, yet only one inspector is on duty
allowing for only 10 to 14 truck inspec-
tions daily. At other crossings, there are
no inspectors. Of those Mexican
trucks inspected, about 44 percent
were placed out of service because of serious
violations. This contrasts with a
25 percent out-of-service rate for US
trucks and 17 percent for Canadian
trucks. This safety record is unaccept-
able.

The DOT's Inspector General con-
firmed last year that 68 Mexican
trucks were found operating beyond the bor-
der commercial zones, where they are
legally allowed to work and are prob-
able involved in US cabage reserved
for US truckers. H.R. 3419 would reaf-
firm the prohibition on foreign motor
operators outside the bound-
aries of a commercial zone along the
U.S.-Mexico border. Foreign trucks
that are found to be operating outside
the commercial zones without autho-
rity will be subject to civil penalties.

In conclusion, I would like to ask my
colleagues for their support in the pas-
sage of this legislation. I would like
to thank the following Senate staff for
their work on this bill; Debbie
Hersman, Carl Beltzel, Kevin Kayes
and Moses Boyd, Ann Begeman, Char-
lotte Casey, and Mark Buese. I would
also like to thank House staffers, Clyde
Woodley, Dave Heymsfield, Ward
McCarragher, Jess Sharp, Chris Ber-
tram, Patty Doersch, Jack
Schenendorf and Roger Naber. These
staffers all worked hard to help reach a
bipartisan compromise.

H.R. 3419 is a good bill. I strongly
support the passage of H.R. 3419 and
look forward to its enactment.

Ms. COLLINS. Mr. President, I ask
unanimous consent that the bill be a-
red a third time and passed, the mo-
tion to reconsider be laid upon the
table, and that any statements relating
to the bill be printed in the RECORD.

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

The bill (H.R. 3419) was read the third
time and passed.
imunization and it reduces the adverse effect of the tort system on vaccine supply and cost. Prior to enactment of the vaccine compensation law, the number of U.S. manufacturers of children’s vaccines dropped from seven to two due to a flood of lawsuits filed in response to a network television broadcast claiming that vaccines cause brain injuries. This program has been very successful. However, it has come to our attention that the act requires an amendment which I, and the Senator from Massachusetts and the Senator from Tennessee offer today.

A vaccine becomes part of the compensation program if it is recommended for routine use in children by the Centers for Disease Control. At such time, the Congress must also enact a Federal excise tax on the vaccine (at whatever rate is determined by the scientific evidence by experts in the field). The excise tax revenues are housed in a Federal trust fund, the sole purpose of which is to pay claims and administer this program. The program and the fund is jointly administered by the Department of Health and Human Services (HHS) and the Department of Justice.

HHS publishes a table listing all covered vaccines and events that may be associated with those vaccines as determined by valid scientific studies. Events that are listed on the table, if they occur within the listed time frame, are automatically compensated by the program unless there is demonstration that some other circumstances created the injury. For an event/injury not listed on the table, the claimant must prove causation.

If a vaccine is covered under the Vaccine Injury Compensation program, all claims against it must first be filed and processed through the program. Once a claim is denied (and either an award is made or the claim denied), a claimant can reject the program’s determination and opt to file a lawsuit.

Since the benefit of taking a vaccine accrues not only to the recipient but to society as a whole, the Congress decided that it was also society’s responsibility to compensate those who are injured by creating a no-fault program that removes the costliness and uncertainty of the tort system. At the time this bill was enacted, parameters were established to permit claims for those serious adverse events that were known to be associated with those vaccines that were then available. The statutory proxy for a serious injury is that the residual effect from the injury must be of six months’ duration or longer.

Recently, however, a new situation has developed that was not foreseeable at the time of enactment of this law. In October, the ACIP’s Advisory Committee on Immunization Practices (ACIP), after reviewing a scientific database from several sources, concluded that intussusception occurs with significantly increased frequency in the first 1-2 weeks after vaccination for rotavirus, particularly after the first dose. The ACIP recommended for vaccination of infants for rotavirus in the United States.

While most cases of intussusception require only minimal treatment, a few cases require hospitalization and surgery. Under the current law, these cases would not be compensable by the United States Claims Court under the Vaccine Injury Compensation Program, since the statute grants jurisdiction to resolve vaccine cases only in instances in which claimants have suffered the residual effects or complications of a vaccine-related injury for at least six months, or died from the administration of a vaccine.

For this reason, we are offering this bill to amend the law and grant jurisdiction to the Claims Court to resolve compensation cases under the Program in cases in which both hospitalization and surgical intervention were required to correct the disability, injury or condition caused by the vaccine. Mr. President, this language has been shared with, and is supported by officials at HHS and the American Academy of Pediatrics.

To our knowledge, the amendment would only apply to circumstances under which a vaccine recipient suffered from intussusception as a result of administration of the rotavirus vaccine. The amendment is not intended to expand jurisdiction to other vaccines listed in the Program’s Vaccine Injury Table.

We note that this amendment does not address the issue of whether the condition is in fact caused by the vaccine; this is a matter for resolution through the ordinary means of the no-fault compensation law. Among these are the requirement that the condition either be listed in the Vaccine Injury Table or be established to have been caused in fact by the vaccine. Determinations of this type should only be made after thorough consideration of the scientific evidence by experts in the field; the law commits this issue to the Secretary for consideration in the context of changes to the Vaccine Injury Table through rulemaking, and to the Claims Court for determinations of causation in fact.

Mr. KENNEDY. Mr. President, I join the Senator from Vermont and the Senator from Tennessee in proposing legislation to amend the Vaccine Injury Compensation Program.

This program is an important part of the nation’s public health strategy. In order to encourage the development and use of effective vaccines, the program provides compensation to the few children who are injured by routine immunization.

Recent evidence suggests that some children may suffer vaccine-related injuries that are not covered under the current criteria used to determine eligibility for compensation. To continue the success of the program and the importance of amending the statute. Families and physicians need to know that public health procedures are capable of a rapid and appropriate response to scientific developments. It is a privilege to join my colleagues in offering this legislation to improve the Vaccine Injury Compensation Program.

Ms. COLLINS. Mr. President, I ask unanimous consent that the bill be read a third time and passed, the motion to reconsider be laid upon the table, and that statements relating to the bill be printed in the Record.

The PRESIDING OFFICER. The bill (S. 1996) was read the third time and passed, as follows:

The legislative clerk read as follows:

S. 1996

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, SECTION 1. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

Section 2113(a)(1)(D) of the Public Health Service Act (42 U.S.C. 300aa-11(o)(1)(D)) is amended by striking “and” at the end and inserting “or (iii) suffered such illness, disability, injury or condition from the vaccine which resulted in inpatient hospitalization and surgical intervention to correct such illness, disability, injury or condition, or”.

CLINICAL RESEARCH ENHANCEMENT ACT OF 1999

Ms. COLLINS. Mr. President, I ask unanimous consent that HELP Committee be discharged from further consideration of S. 1813 and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1813) to amend the Public Health Service Act to provide additional support for and to expand clinical research programs, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Ms. COLLINS. Mr. President, I ask unanimous consent that the bill be read a third time and passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the Record.

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

The bill (S. 1813) was read the third time and passed, as follows: