far too few inspected trucks comply with U.S. safety standards. I should note that I do not support Mexican truckers operating in the United States, because this policy ultimately threatens public safety. For example, according to the DOT Inspector General, at the border crossing in El Paso, Texas, an average of 1,300 trucks enter daily, yet only one inspector is on duty allowing for only 10 to 14 truck inspections daily. At other crossings, there are no inspectors. Of those Mexican trucks inspected, about 44 percent were placed out of service because of serious safety violations. This contrasts with a 25 percent out-of-service rate for US trucks and 17 percent for Canadian trucks. This safety record is unacceptable.

The DOT's Inspector General confirmed last year that 68 Mexican trucks were found operating beyond the border commercial zones, where they are legally allowed to work and are probably involved in US cabotage reserved for US truckers. H.R. 3419 would reaffirm the prohibition on foreign motor carriers operating outside the boundaries of a commercial zone along the U.S.-Mexico border. Foreign trucks that are found to be operating outside the commercial zones without authority will be subject to civil penalties.

In conclusion, I would like to ask my colleagues for their support in the passage of this legislation. I would like to thank the following Senate staff for their work on this bill; Debbie Hersman, Carl Bentzel, Kevin Kayes and Moses Boyd, Ann Begeman, Charlotte Casey, and Mark Buese. I would also like to thank House staffers, Clyde Woodle, Dave Heymsfeld, Ward McCarragher, Jess Sharp, Chris Bertram, Patty Doersch, Jack Schenendorf and Roger Nober. 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 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 (H.R. 3419) was read the third time and passed.

MILTON FRIEDMAN CONGRESSIONAL GOLD MEDAL ACT

Ms. COLLINS. Mr. President, I ask unanimous consent that the Banking Committee be discharged from further consideration of S. 1971 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. 1971) to authorize the President to award a gold medal on behalf of the Congress to Milton Friedman, in recognition of his outstanding and enduring contributions to individual freedom and opportunity in American society through his exhaustive research and teaching of economics, and his extensive writings on economies and public policy.

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

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

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

The bill (S. 1971) was read the third time and passed, as follows:

S. 1971

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Milton Friedman Congressional Gold Medal Act''.

SEC. 2. FINDINGS.

The Congress finds that—

(1) Milton Friedman, born July 31, 1912 in New York, New York, is acclaimed as one of the great original thinkers of this century;

(2) Milton Friedman is a living American success story in rising from poverty in an immigrant family to realize the American dream;

(3) Milton Friedman is the world's most renowned economist;

(4) Milton Friedman was awarded the Nobel Memorial Prize for Economic Service in 1976;

(5) Milton Friedman is a Paul Snowden Russell Distinguished Service Professor Emeritus of Economics at the University of Chicago, where he taught from 1946 to 1976, and where he is widely regarded as the leader of the Chicago school of monetary economics;

(6) Milton Friedman has been a senior research fellow at the Hoover Institute since 1977, and a member of the research staff of the National Bureau of Economic Research from 1937 to 1981;

(7) Milton Friedman has selflessly served his country on several occasions, serving as an informal economic advisor to Presidents Richard Nixon and Ronald Reagan;

(8) Milton Friedman has been awarded honorary degrees by universities in the United States, Japan, Israel, and Guatemala, as well as the Grand Cordon of the First Class Order of the Sacred Treasure by the Japanese government in 1986; and

(9) Milton Friedman is known throughout the world as a champion of freedom, opportunity, free markets, and capitalism.

SEC. 3. CONGRESSIONAL GOLD MEDAL.

(a) PRESENTATION AUTHORIZED.—The President is authorized to present, on behalf of the Congress, a gold medal of appropriate design to Milton Friedman in recognition of his outstanding and enduring contributions to individual freedom and opportunity in American society through his exhaustive research and teaching of economics, and his extensive writings on economics and public policy.

(b) DESIGN AND STRIKING.—For the purposes of the award referred to in subsection (a), the Secretary of the Treasury (hereafter in this Act referred to as the ''Secretary'') shall strike a gold medal with suitable emblems, devices, and inscriptions, to be determined by the Secretary.

SEC. 4. DUPLICATE MEDALS.

The Secretary may strike and sell duplicates in bronze of the gold medal struck pursuant to section 3, under such regulations as the Secretary may prescribe, and at a price sufficient to cover the costs thereof, including labor, materials, dies, use of machinery, and overhead expenses, and the cost of the gold medal.

SEC. 5. STATUS AS NATIONAL MEDALS.

The medals struck pursuant to this Act are national medals for purposes of chapter 51 of title 31, United States Code.

SEC. 6. FUNDING.

(a) AUTHORITY TO USE FUND AMOUNTS.—There is authorized to be charged against the United States Mint Public Enterprise Fund an amount not to exceed $30,000 to pay for the cost of the medals authorized by this Act.

(b) PROCEEDS OF SALE.—Amounts received from the sale of duplicate bronze medals under section 4 shall be deposited in the United States Mint Public Enterprise Fund.

CONGRESSIONAL GOLD MEDAL AWARD TO FATHER THEODORE M. HESBURGH

Ms. COLLINS. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of H.R. 1932, which is at the desk.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 1932) to authorize the President to award a gold medal on behalf of the Congress to Father Theodore M. Hesburgh, in recognition of his outstanding and enduring contributions to civil rights, higher education, the Catholic Church, the Nation, and the global community.

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 (H.R. 1932) was read the third time and passed.

AMENDING THE PUBLIC HEALTH SERVICE ACT

Ms. COLLINS. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. 1996, introduced by Senators JEFFORDS, KENNEDY, and FRIST.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1996) to amend the Public Health Service Act to clarify provisions relating to the content of petitions for compensation under the vaccine injury compensation program.

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

Mr. JEFFORDS. Mr. President, in 1986, the Vaccine Injury Compensation Act was signed into law. The act created the National Vaccine Injury Compensation program which serves two important functions: it provides timely and fair compensation to those few children who are injured from routine immunization and it reduces the adverse effect of the tort system on vaccine supply and cost. Prior to enactment of this bill, 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 vaccine causes 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 (currently at $.75 per antigen in the vaccine). 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 adjudicated (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 law 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 1999, the CDC's Advisory Committee on Immunization Practices (ACIP), after a review of scientific data 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. Thus, the ACIP withdrew its recommendation 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 ''illness, 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 under other provisions 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 guarantees 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 program's success, Congress must assure that the system is responsive to new developments in medical science. We need to be certain that any child who suffers a severe injury as a result of routine vaccination is eligible for compensation under the program.

My colleague from Vermont has concisely summarized the current status 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. Without objection, it is so ordered.

The bill (S. 1996) was read the third time and passed, 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 2111(c)(1)(D) of the Public Health Service Act (42 U.S.C. 300aa–11(c)(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, and''.

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:

S. 1813

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Clinical Research Enhancement Act of 1999''.

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress makes the following findings:

(1) Clinical research is critical to the advancement of scientific knowledge and to the development of cures and improved treatment for disease.