

107TH CONGRESS
1ST SESSION

H. R. 2792

To amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to make service dogs available to disabled veterans and to make various other improvements in health care benefits provided by the Department of Veterans Affairs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 2, 2001

Mr. MORAN of Kansas (for himself, Mr. SMITH of New Jersey, and Mr. SIMMONS) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to make service dogs available to disabled veterans and to make various other improvements in health care benefits provided by the Department of Veterans Affairs, and for other purposes.

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 “Disabled Veterans
5 Service Dog and Health Care Improvement Act of 2001”.

1 **SEC. 2. AUTHORIZATION FOR SECRETARY OF VETERANS**
2 **AFFAIRS TO PROVIDE SERVICE DOGS FOR**
3 **DISABLED VETERANS.**

4 (a) **AUTHORITY.**—Section 1714 of title 38, United
5 States Code, is amended—

6 (1) in subsection (b)—

7 (A) by striking “seeing-eye or” the first
8 place it appears;

9 (B) by striking “who are entitled to dis-
10 ability compensation” and inserting “who are
11 enrolled under section 1705 of this title”;

12 (C) by striking “, and may pay” and all
13 that follows through “such seeing-eye or guide
14 dogs”; and

15 (D) by striking “handicap” and inserting
16 “disability”; and

17 (2) by adding at the end the following new sub-
18 sections:

19 “(c) The Secretary may provide—

20 “(1) service dogs trained for the aid of the
21 hearing impaired to veterans who are hearing im-
22 paired and are enrolled under section 1705 of this
23 title; and

24 “(2) service dogs trained for the aid of persons
25 with spinal cord injury or dysfunction or other
26 chronic impairment that substantially limits mobility

1 to veterans with such injury, dysfunction, or impair-
2 ment who are enrolled under section 1705 of this
3 title.

4 “(d) In the case of a veteran provided a dog under
5 subsection (b) or (c), the Secretary may pay travel and
6 incidental expenses for that veteran under the terms and
7 conditions set forth in section 111 of this title to and from
8 the veteran’s home for expenses incurred in becoming ad-
9 justed to the dog.”.

10 (b) CLERICAL AMENDMENTS.—

11 (1) The heading for such section is amended to
12 read as follows:

13 **“§ 1714. Fitting and training in use of prosthetic ap-
14 pliances; guide dogs; service dogs”.**

15 (2) The item relating to such section in the
16 table of sections at the beginning of chapter 17 of
17 such title is amended to read as follows:

“1714. Fitting and training in use of prosthetic appliances; guide dogs; service
dogs.”.

18 **SEC. 3. MAINTENANCE OF CAPACITY FOR SPECIALIZED
19 TREATMENT AND REHABILITATIVE NEEDS OF
20 DISABLED VETERANS.**

21 (a) MAINTENANCE OF CAPACITY ON A SERVICE-NET-
22 WORK BASIS.—Paragraph (1) of section 1706(b) of title
23 38, United States Code, is amended—

1 (1) in the first sentence, by inserting “(and
2 each geographic service area of the Veterans Health
3 Administration)” after “ensure that the Depart-
4 ment”;

5 (2) in clause (B), by inserting “(and each geo-
6 graphic service area of the Veterans Health Admin-
7 istration)” after “overall capacity of the Depart-
8 ment”; and

9 (3) by inserting after the first sentence the fol-
10 lowing new sentence: “The capacity of the Depart-
11 ment (and each geographic service area of the Vet-
12 erans Health Administration) to provide for the spe-
13 cialized treatment and rehabilitative needs of dis-
14 abled veterans (including veterans with spinal cord
15 dysfunction, blindness, amputations, and mental ill-
16 ness) within distinct programs or facilities shall be
17 measured by the annual amount (adjusted for infla-
18 tion) expended for care of such veterans in dedicated
19 programs which provide such specialized treatment
20 and rehabilitative services through specialized
21 staff.”.

22 (b) EXTENSION OF ANNUAL REPORT REQUIRE-
23 MENT.—Paragraph (2) of such section is amended by
24 striking “April 1, 1999, April 1, 2000, and April 1, 2001”
25 and inserting “April 1 of each year through 2004”.

1 **SEC. 4. THRESHOLD FOR VETERANS HEALTH CARE ELIGI-**
2 **BILITY MEANS TEST TO REFLECT LOCALITY**
3 **COST-OF-LIVING VARIATIONS.**

4 (a) REVISED THRESHOLD.—Subsection (b) of section
5 1722 is amended to read as follows:

6 “(b) For purposes of subsection (a)(3), the income
7 threshold applicable to a veteran is the greater of the fol-
8 lowing:

9 “(1) For any calendar year after 2000—

10 “(A) in the case of a veteran with no de-
11 pendents, \$23,688, as adjusted pursuant to
12 subsection (c); or

13 “(B) in the case of a veteran with one or
14 more dependents, \$28,429, as so adjusted, plus
15 \$1,586, as so adjusted, for each dependent in
16 excess of one.

17 “(2) The amount in effect under the HUD Low
18 Income Index that is applicable in the area in which
19 the veteran resides.”.

20 (b) HUD LOW INCOME INDEX.—Subsection (b) of
21 such section is further amended by adding at the end the
22 following new paragraph:

23 “(3) For purposes of paragraph (1)(B), the term
24 ‘HUD Low Income Index’ means the family income ceiling
25 amounts determined by the Secretary of Housing and
26 Urban Development under section 3(b)(2) of the United

1 States Housing Act of 1937 (42 U.S.C. 1437a(b)(2)) for
2 purposes of the determination of ‘low-income families’
3 under that section.”.

4 (c) CONFORMING AMENDMENTS.—Such section is
5 further amended—

6 (1) in subsection (b)(2), by striking “December
7 31, 1990” and inserting “December 31, 2001”; and

8 (2) in subsection (c), by striking “subsection
9 (b)” and inserting “subsection (b)(1)”.

10 (d) EFFECTIVE DATE.—The amendments made by
11 this section shall take effect on April 1, 2002.

12 **SEC. 5. PILOT PROGRAM FOR COORDINATION OF AMBULA-**
13 **TORY COMMUNITY HOSPITAL CARE.**

14 (a) IN GENERAL.—Chapter 17 of title 38, United
15 States Code, is amended by inserting after section 1725
16 the following new section:

17 **“§ 1725A. Coordination of hospital benefits: pilot pro-**
18 **gram**

19 “(a) PILOT PROGRAM.—Subject to the availability of
20 funds specified in subsection (g), the Secretary shall carry
21 out a pilot program in not more than four geographic
22 areas of the United States to improve access to, and co-
23 ordination of, inpatient care of eligible veterans. Under the
24 pilot program, the Secretary, subject to subsection (b),
25 shall pay certain costs described in subsection (b) for

1 which an eligible veteran would otherwise be personally lia-
2 ble. The authority to carry out the pilot program shall ex-
3 pire on September 30, 2006.

4 “(b) PAYMENT OF COSTS.—In carrying out the pro-
5 gram described in subsection (a), the Secretary may pay
6 the costs authorized under this section for hospital care
7 and medical services furnished on an inpatient basis in
8 a non-Department hospital to an eligible veteran partici-
9 pating in the program. Such payment may cover the costs
10 for applicable plan deductibles and coinsurance and the
11 reasonable costs of such inpatient care and medical serv-
12 ices not covered by any applicable health-care plan of the
13 veteran, but only to the extent such care and services are
14 of the kind authorized under this chapter. The Secretary
15 shall limit the care and services for which payment may
16 be made under the program to general medical and sur-
17 gical services and shall require that such services may be
18 provided only upon preauthorization by the Secretary.

19 “(c) ELIGIBLE VETERANS.—(1) A veteran described
20 in paragraph (1) or (2) of section 1710(a) of this title
21 is eligible to participate in the pilot program if the
22 veteran—

23 “(A) is enrolled to receive medical services from
24 an outpatient clinic operated by the Secretary which
25 is (i) within reasonable proximity to the principal

1 residence of the veteran, and (ii) located within the
2 geographic area in which the Secretary is carrying
3 out the program described in subsection (a);

4 “(B) has received care under this chapter with-
5 in the 24-month period preceding the veteran’s ap-
6 plication for enrollment in the pilot program;

7 “(C) as determined by the Secretary before the
8 hospitalization of the veteran (i) requires such hos-
9 pital care and services for a non-service-connected
10 condition, and (ii) could not receive such services
11 from a clinic operated by the Secretary; and

12 “(D) elects to receive such care under a health-
13 care plan (other than under this title) under which
14 the veteran is entitled to receive such care.

15 “(2) Nothing in this section shall be construed to re-
16 duce the authority of the Secretary to contract with non-
17 Department facilities for care of a service-connected dis-
18 ability of a veteran.

19 “(3) Notwithstanding subparagraph (D) of para-
20 graph (1), the Secretary shall ensure that not less than
21 15 percent of the veterans participating in the program
22 are veterans who do not have a health-care plan.

23 “(d) CASE MANAGEMENT.—As part of the program
24 under this section, the Secretary shall, through provision
25 of case-management, coordinate the care being furnished

1 directly by the Secretary and care furnished under the
2 program in non-Department hospitals to veterans partici-
3 pating in the program.

4 “(e) DESIGNATION OF PARTICIPATING SITES.—(1)

5 In designating geographic areas in which to establish the
6 program under subsection (a), the Secretary shall ensure
7 that—

8 “(A) the areas designated are geographically
9 dispersed;

10 “(B) at least 70 percent of the veterans who re-
11 side in a designated area reside at least two hours
12 driving distance from the closest medical center op-
13 erated by the Secretary which provides medical and
14 surgical hospital care; and

15 “(C) the establishment of the program in any
16 such area would not result in jeopardizing the crit-
17 ical mass of patients needed to maintain a Depart-
18 ment medical center that serves that area.

19 “(2) Notwithstanding paragraph (1)(B), the Sec-
20 retary may designate for participation in the program at
21 least one area which is in proximity to a Department med-
22 ical center which, as a result of a change in mission of
23 that center, does not provide hospital care.

24 “(f) REPORTS.—(1) Not later than September 30,
25 2003, the Secretary shall submit to the Committees on

1 Veterans' Affairs of the Senate and House of Representa-
2 tives a report on the experience in implementing the pilot
3 program under subsection (a).

4 “(2) Not later than September 30, 2005, the Sec-
5 retary shall submit to those committees a report on the
6 experience in operating the pilot program during the first
7 two full fiscal years during which the pilot program is con-
8 ducted. That report shall include—

9 “(A) a comparison of the costs incurred by the
10 Secretary under the program and the cost experience
11 for the calendar year preceding establishment of the
12 program at each site at which the program is oper-
13 ated;

14 “(B) an assessment of the satisfaction of the
15 participants in the program; and

16 “(C) an analysis of the effect of the program on
17 access and quality of care for veterans.

18 “(g) FUNDING LIMITATIONS.—(1) The total amount
19 expended for the pilot program in any fiscal year (includ-
20 ing amounts for administrative costs) may not exceed
21 \$50,000,000.

22 “(2) Any expenditure of funds for the pilot program
23 shall be made from amounts in the Medical Care Collec-
24 tions Fund attributable to collections under section 1729
25 of this title. No funds may be expended to support the

1 purposes of this section from any other funds available
2 to the Secretary for the delivery of health care services
3 to veterans, including funds appropriated or otherwise
4 available for the care and treatment of veterans who re-
5 quire specialized care and resources.

6 “(h) HEALTH-CARE PLAN DEFINED.—For purposes
7 of this section, the term ‘health-care plan’ has the mean-
8 ing given that term in section 1725(f)(3) of this title.”.

9 (b) CLERICAL AMENDMENT.—The table of sections
10 at the beginning of such chapter is amended by inserting
11 after the item relating to section 1725 the following new
12 item:

“1725A. Coordination of hospital benefits: pilot program.”.

13 **SEC. 6. PILOT PROGRAM FOR CONTRACT HOSPITALIZA-**
14 **TION AND FEE BASIS AMBULATORY CARE.**

15 (a) ESTABLISHMENT OF PROGRAM.—The Secretary
16 of Veterans Affairs shall conduct a pilot program under
17 which veterans receiving fee basis and contract hos-
18 pitalization under sections 1703 and 1728 of title 38,
19 United States Code, in selected service areas of the Vet-
20 erans Health Administration shall be provided such hos-
21 pitalization through a contractor that is a managed care
22 coordinator. The program shall be conducted during the
23 three-year period beginning on July 1, 2002.

24 (b) SITES FOR PROGRAM.—The Secretary shall con-
25 duct the pilot program in not less than four geographic

1 service areas of the Veterans Health Administration that
2 are selected by the Secretary for participation in the pro-
3 gram from among such service areas that are located in
4 areas that the Secretary determines exhibit mature man-
5 aged care markets. Under the program, to the extent prac-
6 ticable all fee basis and contract hospitalization provided
7 by the Secretary in a selected geographic service area shall
8 be provided through a managed care coordinator con-
9 tractor.

10 (c) SELECTION OF CONTRACTOR.—The Secretary
11 shall select a contractor for the pilot program not later
12 than six months after the date of the enactment of this
13 Act. The contractor shall be an experienced managed care
14 coordinator with an in-place network of credentialed pro-
15 viders.

16 (d) AUTOMATIC ENROLLMENT.—Each veteran who is
17 enrolled under section 1705 of title 38, United States
18 Code, who resides in a geographic service area selected for
19 participation in the pilot program, and who as of the com-
20 mencement of the pilot program is authorized use of non-
21 VA care services through fee basis programs of the De-
22 partment, or who is eligible for contract hospitalization
23 under section 1703 or 1728 of title 38, United States
24 Code, shall be automatically enrolled for participation in
25 the pilot program. Each such veteran shall be provided

1 a directory of credentialed health care providers from
2 which to choose when approved by the Secretary to receive
3 non-VA care or to use in health emergencies in the case
4 of contract hospitalization.

5 (e) PROGRAM FEATURES.—As part of the program,
6 the Secretary shall provide for the following:

7 (1) Use of commercial-industry standards (or in
8 their absence, Department standards) for access,
9 timeliness, patient satisfaction measures, and utiliza-
10 tion management.

11 (2) Assignment of a primary care manager at
12 each department medical center participating in the
13 program.

14 (3) Establishment by the contractor of a toll-
15 free telephone system staffed by registered nurses to
16 provide advice and health care referral information
17 to veterans enrolled in the pilot program on a 24-
18 hour a day, seven-day a week basis.

19 (4) Establishment by the contractor of a vet-
20 erans service telephone line for the provision of in-
21 formation on eligibility, enrollment, and provider lo-
22 cations.

23 (5) Concurrent review.

24 (6) Demand management.

25 (7) Disease management.

1 (8) Health and wellness programs.

2 (f) PRIMARY CARE MANAGER FUNCTIONS.—Each
3 primary care manager provided for pursuant to subsection
4 (e)(2) shall have responsibility for the coordination and
5 case management of each veteran enrolled under section
6 1705 of title 38, United States Code, through that medical
7 center who is enrolled in the pilot program pursuant to
8 subsection (d), to ensure that such veterans receive the
9 appropriate care, and that the veteran is brought back into
10 the VA system for followup whenever possible and appro-
11 priate.

12 (g) REPORTS.—(1) Not later than October 1, 2003,
13 the Secretary shall submit to Congress a report on the
14 operation of the pilot program through June 30, 2003.

15 That report shall include the Secretary's assessment of—

16 (A) the adequacy of the managed care net-
17 works;

18 (B) patient satisfaction surveys completed by
19 veterans participating in the program;

20 (C) cost savings to the Department as a result
21 of care provided through the program; and

22 (D) proposed uses for savings if the pilot pro-
23 gram were implemented on a permanent basis
24 throughout the Department for the management of
25 non-VA care.

1 (2) Not later than October 1, 2004, the Secretary
2 shall submit a report to Congress on the program through
3 June 30, 2004. The Secretary shall include in that report
4 the matters specified in paragraph (1) and the Secretary’s
5 recommendation for implementing on a nationwide basis
6 the management system tested in the pilot program.

7 (h) GAO REVIEW.—Not later than June 30, 2005,
8 the Comptroller General of the United States shall con-
9 duct a review of the pilot program and shall provide to
10 Congress the Comptroller General’s findings and rec-
11 ommendations concerning the program.

12 (i) NON-VA CARE DEFINED.—For purposes of this
13 section, the term “non-VA care” means care provided in
14 a facility other than a facility of the Veterans Health Ad-
15 ministration or by a health care provider who is not an
16 employee of the Veterans Health Administration.

17 **SEC. 7. RECODIFICATION OF BEREAVEMENT COUNSELING**
18 **AUTHORITY AND CERTAIN OTHER HEALTH-**
19 **RELATED AUTHORITIES.**

20 (a) STATUTORY REORGANIZATION.—Subchapter I of
21 chapter 17 of title 38, United States Code, is amended—

22 (1) in section 1701(6)—

23 (A) by striking subparagraph (B) and the
24 sentence following that subparagraph;

1 (B) by striking “services—” in the matter
2 preceding subparagraph (A) and inserting
3 “services, the following:”; and

4 (C) by striking subparagraph (A) and in-
5 serting the following:

6 “(A) Surgical services.

7 “(B) Dental services and appliances as de-
8 scribed in sections 1710 and 1712 of this title.

9 “(C) Optometric and podiatric services.

10 “(D) Preventive health services.

11 “(E) In the case of a person otherwise receiving
12 care or services under this chapter—

13 “(i) wheelchairs, artificial limbs, trusses,
14 and similar appliances;

15 “(ii) special clothing made necessary by
16 the wearing of prosthetic appliances; and

17 “(iii) such other supplies or services as the
18 Secretary determines to be reasonable and nec-
19 essary.

20 “(F) Travel and incidental expenses pursuant
21 to section 111 of this title.”; and

22 (2) in section 1707—

23 (A) by inserting “(a)” at the beginning of
24 the text of the section; and

25 (B) by adding at the end the following:

1 “(b) The Secretary may furnish sensori-neural aids
2 only in accordance with guidelines prescribed by the Sec-
3 retary.”.

4 (b) CONSOLIDATION OF PROVISIONS RELATING TO
5 PERSONS OTHER THAN VETERANS.—Such chapter is fur-
6 ther amended by adding at the end the following new sub-
7 chapter:

8 “SUBCHAPTER VIII—HEALTH CARE OF
9 PERSONS OTHER THAN VETERANS

10 “§ 1782. **Counseling, training, and mental health serv-**
11 **ices for immediate family members**

12 “(a) COUNSELING FOR FAMILY MEMBERS OF VET-
13 ERANS RECEIVING SERVICE-CONNECTED TREATMENT.—
14 In the case of a veteran who is receiving treatment for
15 a service-connected disability pursuant to paragraph (1)
16 or (2) of section 1710(a) of this title, the Secretary shall
17 provide to individuals described in subsection (c) such con-
18 sultation, professional counseling, training, and mental
19 health services as are necessary in connection with that
20 treatment.

21 “(b) COUNSELING FOR FAMILY MEMBERS OF VET-
22 ERANS RECEIVING NON-SERVICE-CONNECTED TREAT-
23 MENT.—In the case of a veteran who is eligible to receive
24 treatment for a non-service-connected disability under the
25 conditions described in paragraph (1), (2), or (3) of sec-

1 tion 1710(a) of this title, the Secretary may, in the discre-
2 tion of the Secretary, provide to individuals described in
3 subsection (c) such consultation, professional counseling,
4 training, and mental health services as are necessary in
5 connection with that treatment if—

6 “(1) those services were initiated during the
7 veteran’s hospitalization; and

8 “(2) the continued provision of those services
9 on an outpatient basis is essential to permit the dis-
10 charge of the veteran from the hospital.

11 “(c) ELIGIBLE INDIVIDUALS.—Individuals who may
12 be provided services under this subsection are—

13 “(1) the members of the immediate family or
14 the legal guardian of a veteran; or

15 “(2) the individual in whose household such vet-
16 eran certifies an intention to live.

17 “(d) TRAVEL AND TRANSPORTATION AUTHOR-
18 IZED.—Services provided under subsections (a) and (b)
19 may include, under the terms and conditions set forth in
20 section 111 of this title, travel and incidental expenses of
21 individuals described in subsection (c) in the case of—

22 “(1) a veteran who is receiving care for a serv-
23 ice-connected disability; and

1 “(2) a dependent or survivor receiving care
2 under the last sentence of section 1783(b) of this
3 title.

4 **“§ 1783. Bereavement counseling**

5 “(a) DEATHS OF VETERANS.—In the case of an indi-
6 vidual who was a recipient of services under section 1782
7 of this title at the time of the death of the veteran, the
8 Secretary may provide bereavement counseling to that in-
9 dividual in the case of a death—

10 “(1) that was unexpected; or

11 “(2) that occurred while the veteran was par-
12 ticipating in a hospice program (or a similar pro-
13 gram) conducted by the Secretary.

14 “(b) DEATHS IN ACTIVE SERVICE.—The Secretary
15 may provide bereavement counseling to an individual who
16 is a member of the immediate family of a member of the
17 Armed Forces who dies in the active military, naval, or
18 air service in the line of duty and under circumstances
19 not due to the person’s own misconduct.

20 “(c) BEREAVEMENT COUNSELING DEFINED.—For
21 purposes of this section, the term ‘bereavement counseling’
22 means such counseling services, for a limited period, as
23 the Secretary determines to be reasonable and necessary
24 to assist an individual with the emotional and psycho-

1 logical stress accompanying the death of another indi-
2 vidual.

3 **“§ 1784. Humanitarian care**

4 “The Secretary may furnish hospital care or medical
5 services as a humanitarian service in emergency cases, but
6 the Secretary shall charge for such care and services at
7 rates prescribed by the Secretary.”.

8 (c) TRANSFER OF CHAMPVA SECTION.—Section
9 1713 of such title is—

10 (1) transferred to subchapter VIII of chapter
11 17 of such title, as added by subsection (b), and in-
12 serted after the subchapter heading;

13 (2) redesignated as section 1781; and

14 (3) amended by adding at the end of subsection
15 (b) the following new sentence: “A dependent or sur-
16 vivor receiving care under the preceding sentence
17 shall be eligible for the same medical services as a
18 veteran, including services under sections 1782 and
19 1783 of this title.”.

20 (d) REPEAL OF RECODIFIED AUTHORITY.—Section
21 1711 of such title is amended by striking subsection (b).

22 (e) CROSS REFERENCE AMENDMENTS.—Such title is
23 further amended as follows:

24 (1) Section 103(d)(5)(B) is amended by strik-
25 ing “1713” and inserting “1781”.

1 (2) Sections 1701(5) is amended by striking
2 “1713(b)” in subparagraphs (B) and (C)(i) and in-
3 serting “1781(b)”.

4 (3) Section 1712A(b) is amended—

5 (A) in the last sentence of paragraph (1),
6 by striking “section 1711(b)” and inserting
7 “section 1784”; and

8 (A) in paragraph (2), by striking “section
9 1701(6)(B)” and inserting “sections 1782 and
10 1783”.

11 (4) Section 1729(f) is amended by striking
12 “section 1711(b)” and inserting “section 1784”.

13 (5) Section 1729A(b) is amended—

14 (A) by redesignating paragraph (7) as
15 paragraph (8); and

16 (B) by inserting after paragraph (6) the
17 following new paragraph (7):

18 “(7) Section 1784 of this title.”.

19 (6) Section 8111(g) is amended—

20 (A) in paragraph (4), by inserting “serv-
21 ices under sections 1782 and 1783 of this title”
22 after “of this title,”; and

23 (B) in paragraph (5), by striking “section
24 1711(b) or 1713” and inserting “section 1782,
25 1783, or 1784”.

1 (7) Section 8111A(a)(2) is amended by insert-
 2 ing “, and the term ‘medical services’ includes serv-
 3 ices under sections 1782 and 1783 of this title” be-
 4 fore the period at the end.

5 (8) Section 8152(3) is amended by inserting
 6 “services under sections 1782 and 1783 of this title”
 7 after “of this title).”.

8 (9) Sections 8502(b), 8520(a), and 8521 are
 9 amended by striking “the last sentence of section
 10 1713(b)” and inserting “the penultimate sentence of
 11 section 1781(b)”.

12 (f) CLERICAL AMENDMENTS.—

13 (1) The table of sections at the beginning of
 14 such chapter is amended—

15 (A) by striking the item relating to section
 16 1707 and inserting the following:

“1707. Limitations.”;

17 (B) by striking the item relating to section
 18 1713; and

19 (C) by adding at the end the following:

“SUBCHAPTER VIII—HEALTH CARE OF PERSONS OTHER THAN VETERANS

“1781. Medical care for survivors and dependents of certain veterans.

“1782. Counseling, training, and mental health services for immediate family
 members.

“1783. Bereavement counseling.

“1784. Humanitarian care.”.

20 (2) The heading for section 1707 is amended to
 21 read as follows:

1 **“§ 1707. Limitations”.**

2 **SEC. 8. EXTENSION OF EXPIRING COLLECTIONS AUTHORI-**
3 **TIES.**

4 Sections 1710(f)(2)(B) and 1729(a)(2)(E) of title 38,
5 United States Code, are each amended by striking “Sep-
6 tember 30, 2002” and inserting “September 30, 2007”.

○