

108TH CONGRESS
1ST SESSION

H. R. 2883

To amend the Internal Revenue Code of 1986 to provide a refundable long-term care tax credit, and to provide for programs within the Department of Health and Human Services and Department of Veterans Affairs for patients with fatal chronic illness.

IN THE HOUSE OF REPRESENTATIVES

JULY 24, 2003

Mr. OBERSTAR (for himself and Mr. RAMSTAD) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committees on Energy and Commerce and Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Internal Revenue Code of 1986 to provide a refundable long-term care tax credit, and to provide for programs within the Department of Health and Human Services and Department of Veterans Affairs for patients with fatal chronic illness.

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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Living Well with Fatal Chronic Illness Act of 2003”.

1 (b) TABLE OF CONTENTS.—The table of contents of
 2 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Refundable long-term care tax credit.

Sec. 3. Department of Health and Human Services programs for patients with
 fatal chronic illnesses.

Sec. 4. Programs through Department of Veterans Affairs regarding patients
 with fatal chronic illnesses.

3 **SEC. 2. REFUNDABLE LONG-TERM CARE TAX CREDIT.**

4 (a) IN GENERAL.—Subpart C of part IV of sub-
 5 chapter A of chapter 1 of the Internal Revenue Code of
 6 1986 (relating to refundable credits) is amended by insert-
 7 ing after section 35 the following new section:

8 **“SEC. 35A. LONG-TERM CARE TAX CREDIT.**

9 “(a) ALLOWANCE OF CREDIT.—There shall be al-
 10 lowed as a credit against the tax imposed by this subtitle
 11 for the taxable year an amount equal to \$3,000 multiplied
 12 by the number of applicable individuals with respect to
 13 whom the taxpayer is an eligible caregiver for the taxable
 14 year.

15 “(b) LIMITATION BASED ON ADJUSTED GROSS IN-
 16 COME.—

17 “(1) IN GENERAL.—The amount of the credit
 18 allowable under subsection (a) shall be reduced (but
 19 not below zero) by \$50 for each \$1,000 (or fraction
 20 thereof) by which the taxpayer’s modified adjusted
 21 gross income (as defined in section 24(b)(1)) exceeds

1 the threshold amount (as defined in section
2 24(b)(2)).

3 “(2) LIMITATION BASED ON AMOUNT OF
4 TAX.—The credit allowed under subsection (a) for
5 any taxable year shall not exceed the excess of—

6 “(A) the sum of the regular tax liability
7 (as defined in section 26(b)) plus the tax im-
8 posed by section 55, over

9 “(B) the sum of the credits allowable
10 under this subpart (other than this section and
11 sections 23 and 25B) and section 27 for the
12 taxable year.

13 “(c) DEFINITIONS.—For purposes of this section—

14 “(1) APPLICABLE INDIVIDUAL.—

15 “(A) IN GENERAL.—The term ‘applicable
16 individual’ means, with respect to any taxable
17 year, any individual who has been certified, be-
18 fore the due date for filing the return of tax for
19 the taxable year (without extensions), by a phy-
20 sician (as defined in section 1861(r)(1) of the
21 Social Security Act) as being an individual with
22 long-term care needs described in subparagraph
23 (B) for a period—

24 “(i) which is at least 180 consecutive
25 days, and

1 “(ii) a portion of which occurs within
2 the taxable year.

3 Such term shall not include any individual oth-
4 erwise meeting the requirements of the pre-
5 ceding sentence unless within the 39½ month
6 period ending on such due date (or such other
7 period as the Secretary prescribes) a physician
8 (as so defined) has certified that such indi-
9 vidual meets such requirements.

10 “(B) INDIVIDUALS WITH LONG-TERM CARE
11 NEEDS.—An individual is described in this sub-
12 paragraph if the individual meets any of the fol-
13 lowing requirements:

14 “(i) The individual is at least 6 years
15 of age and—

16 “(I) is unable to perform (with-
17 out substantial assistance from an-
18 other individual) at least 3 activities
19 of daily living (as defined in section
20 7702B(c)(2)(B)) due to a lack of
21 functional capacity, or

22 “(II) requires substantial super-
23 vision to protect such individual from
24 threats to health and safety due to se-
25 vere cognitive impairment and is un-

1 able to perform at least 1 activity of
2 daily living (as so defined) or to the
3 extent provided in regulations pre-
4 scribed by the Secretary (in consulta-
5 tion with the Secretary of Health and
6 Human Services), is unable to engage
7 in age appropriate activities.

8 “(ii) The individual is at least 2 but
9 not 6 years of age and is unable due to a
10 loss of functional capacity to perform
11 (without substantial assistance from an-
12 other individual) at least 2 of the following
13 activities: eating, transferring, or mobility.

14 “(iii) The individual is under 2 years
15 of age and requires specific durable med-
16 ical equipment by reason of a severe health
17 condition or requires a skilled practitioner
18 trained to address the individual’s condi-
19 tion to be available if the individual’s par-
20 ents or guardians are absent.

21 “(2) ELIGIBLE CAREGIVER.—

22 “(A) IN GENERAL.—A taxpayer shall be
23 treated as an eligible caregiver for any taxable
24 year with respect to the following individuals:

25 “(i) The taxpayer.

1 “(ii) The taxpayer’s spouse.

2 “(iii) An individual with respect to
3 whom the taxpayer is allowed a deduction
4 under section 151 for the taxable year.

5 “(iv) An individual who would be de-
6 scribed in clause (iii) for the taxable year
7 if section 151(c)(1)(A) were applied by
8 substituting for the exemption amount an
9 amount equal to 200 percent of the pov-
10 erty level determined by using criteria of
11 poverty established by the Bureau of the
12 Census.

13 “(v) An individual who would be de-
14 scribed in clause (iii) for the taxable year
15 if—

16 “(I) the requirements of clause
17 (iv) are met with respect to the indi-
18 vidual, and

19 “(II) the requirements of sub-
20 paragraph (B) are met with respect to
21 the individual in lieu of the support
22 test of section 152(a).

23 “(B) RESIDENCY TEST.—The require-
24 ments of this subparagraph are met if an indi-

1 vidual has as his principal place of abode the
2 home of the taxpayer and—

3 “(i) in the case of an individual who
4 is an ancestor or descendant of the tax-
5 payer or the taxpayer’s spouse, is a mem-
6 ber of the taxpayer’s household for over
7 half the taxable year, or

8 “(ii) in the case of any other indi-
9 vidual, is a member of the taxpayer’s
10 household for the entire taxable year.

11 “(C) SPECIAL RULES WHERE MORE THAN
12 1 ELIGIBLE CAREGIVER.—

13 “(i) IN GENERAL.—If more than 1 in-
14 dividual is an eligible caregiver with re-
15 spect to the same applicable individual for
16 taxable years ending with or within the
17 same calendar year, a taxpayer shall be
18 treated as the eligible caregiver if each
19 such individual (other than the taxpayer)
20 files a written declaration (in such form
21 and manner as the Secretary may pre-
22 scribe) that such individual will not claim
23 such applicable individual for the credit
24 under this section.

1 “(ii) NO AGREEMENT.—If each indi-
2 vidual required under clause (i) to file a
3 written declaration under clause (i) does
4 not do so, the individual with the highest
5 modified adjusted gross income (as defined
6 in section 32(c)(5)) shall be treated as the
7 eligible caregiver.

8 “(iii) MARRIED INDIVIDUALS FILING
9 SEPARATELY.—In the case of married indi-
10 viduals filing separately, the determination
11 under this subparagraph as to whether the
12 husband or wife is the eligible caregiver
13 shall be made under the rules of clause (ii)
14 (whether or not one of them has filed a
15 written declaration under clause (i)).

16 “(d) IDENTIFICATION REQUIREMENT.—No credit
17 shall be allowed under this section to a taxpayer with re-
18 spect to any applicable individual unless the taxpayer in-
19 cludes the name and taxpayer identification number of
20 such individual, and the identification number of the phy-
21 sician certifying such individual, on the return of tax for
22 the taxable year.

23 “(e) TAXABLE YEAR MUST BE FULL TAXABLE
24 YEAR.—Except in the case of a taxable year closed by rea-
25 son of the death of the taxpayer, no credit shall be allow-

1 able under this section in the case of a taxable year cov-
2 ering a period of less than 12 months.”.

3 (b) CONFORMING AMENDMENTS.—

4 (1) Paragraph (2) of section 1324(b) of title
5 31, United States Code, is amended by inserting be-
6 fore the period “, or from section 35A of such
7 Code”.

8 (2) Paragraph (2) of section 6213(g) of such
9 Code is amended by striking “and” at the end of
10 subparagraph (L), by striking the period at the end
11 of subparagraph (M) and inserting “, and”, and by
12 inserting after subparagraph (M) the following new
13 subparagraph:

14 “(N) an omission of a correct TIN or phy-
15 sician identification required under section
16 25C(d) (relating to long-term care tax credit) to
17 be included on a return.”

18 (3) The table of sections for subpart C of part
19 IV of subchapter A of chapter 1 of such Code is
20 amended by inserting after the item relating to sec-
21 tion 35 the following new item:

“Sec. 35A. Long-term care tax credit.”

22 (c) EFFECTIVE DATE.—The amendments made by
23 this section shall apply to taxable years beginning after
24 December 31, 2002.

1 **SEC. 3. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
2 **PROGRAMS FOR PATIENTS WITH FATAL**
3 **CHRONIC ILLNESSES.**

4 (a) ESTABLISHMENT OF PROGRAMS.—The Secretary
5 of Health and Human Services shall carry out research,
6 demonstration, and education programs with respect to
7 fatal chronic illness through the Public Health Service.

8 (b) STUDIES ON END-OF-LIFE CARE.—The Sec-
9 retary shall conduct studies on end-of-life care through all
10 relevant agencies and through the Assistant Secretary for
11 Planning and Evaluation. Such studies shall include an
12 examination of the development of practice parameters ap-
13 plicable to such care as well as research regarding such
14 care. Such studies shall also include an annual report from
15 the Secretary to the appropriate committees for oversight
16 in Congress and to the Special Committee on Aging in
17 the Senate on service delivery and quality of life for per-
18 sons living through fatal chronic illness and their families
19 and professional caregivers.

20 (c) HEALTH RESOURCES AND SERVICES ADMINIS-
21 TRATION.—

22 (1) IN GENERAL.—In carrying out subsection
23 (a), the Secretary, acting through the Administrator
24 of the Health Resources and Services Administra-
25 tion, shall carry out research, demonstration, and
26 education programs toward improving the delivery of

1 appropriate health and support services for patients
2 with fatal chronic illnesses.

3 (2) HEALTH CENTERS.—As determined appro-
4 priate by the Secretary, paragraph (1) may be car-
5 ried out through the program under section 330 of
6 the Public Health Service Act (relating to commu-
7 nity and migrant health centers and health centers
8 regarding homeless individuals and residents of pub-
9 lic housing), including by designating individuals
10 with fatal chronic illnesses as medically underserved
11 populations.

12 (3) CAREGIVERS.—Programs under paragraph
13 (1) shall include activities regarding appropriate
14 support services for caregivers for patients with fatal
15 chronic illness, including respite care.

16 (4) HEALTH PROFESSIONS TRAINING.—Pro-
17 grams under paragraph (1) shall include making
18 awards of grants or contracts to public and non-
19 profit private entities for the purpose of training
20 health professionals, including students attending
21 health professions schools, in the care of patients
22 with fatal chronic illnesses. Such training shall in-
23 clude training in the provision of appropriate pallia-
24 tive care and appropriate referral to hospices, and
25 training provided as continuing education.

1 (5) INITIATIVE.—Programs under paragraph
2 (1) shall include an initiative to coordinate innova-
3 tion, evaluation, and service delivery relating to fatal
4 chronic illnesses.

5 (d) AGENCY FOR HEALTHCARE RESEARCH AND
6 QUALITY.—

7 (1) IN GENERAL.—In carrying out section
8 912(c) of the Public Health Service Act, the Sec-
9 retary, acting through the Director of the Agency
10 for Healthcare Research and Quality, shall, with re-
11 spect to patients with fatal chronic illnesses—

12 (A) identify the causes of preventable
13 health care errors and patient injury in health
14 care delivery, including errors of inadequate
15 mobilization of services to the home, inadequate
16 continuity of caregivers, inadequate symptom
17 prevention, management, and relief, or inad-
18 equately advance care planning;

19 (B) develop, demonstrate, and evaluate
20 strategies for reliable performance of the care
21 system, including reducing errors and improv-
22 ing patient safety and health outcomes; and

23 (C) disseminate such effective strategies
24 throughout the health care industry.

1 (2) GRANTS.—In carrying out paragraph
2 (1)(A), the Secretary shall make grants for the pur-
3 pose of developing reliable and current data and in-
4 sight as to the merits and efficiencies of various
5 strategies for providing health care, including pallia-
6 tive and hospice care, and social services for patients
7 with fatal chronic illnesses.

8 (e) CENTERS FOR DISEASE CONTROL AND PREVEN-
9 TION.—The Director of the Centers for Disease Control
10 and Prevention shall expand activities with respect to epi-
11 demiology and public health in fatal chronic illness. Such
12 activities may include contracting with the Institute of
13 Medicine or another national interest non-profit organiza-
14 tion to provide a review of the status of care for the end
15 of life, which review shall be included by the Secretary in
16 the annual reports to Congress under subsection (h).

17 (f) NATIONAL INSTITUTES OF HEALTH.—

18 (1) EXPANSION OF ACTIVITIES.—The Director
19 of the National Institutes of Health (in this sub-
20 section referred to as the “Director”) shall expand,
21 intensify, and coordinate the activities of the Na-
22 tional Institutes of Health with respect to research
23 on fatal chronic illness. Such activities shall include
24 programs, requests for proposals, study section
25 membership, advisory council membership, and

1 training programs to support rapid and substantial
2 improvements in understanding—

3 (A) mechanisms of disability and suffering
4 in fatal chronic illness and the relief and man-
5 agement of that disability and suffering
6 through to end of life; and

7 (B) human resources, service delivery ar-
8 rangements, technology, and financing that
9 would be most useful in ensuring comfort and
10 dignity for individuals with fatal chronic illness,
11 and in relieving the burden for family and pro-
12 fessional caregivers.

13 (2) ADMINISTRATION.—The Director shall
14 carry out this subsection acting through the Direc-
15 tors of every Institute within the National Institutes
16 of Health that has at least one fatal chronic illness
17 in its purview.

18 (3) COLLABORATION.—In carrying out this sub-
19 section, the Director of the National Institutes of
20 Health shall collaborate with the Department of Vet-
21 erans Affairs, the Agency for Healthcare Research
22 and Quality, and any other agency that the Director
23 determines appropriate. The Secretary of Veterans
24 Affairs and the Director of the Agency for

1 Healthcare Research and Quality shall assist in such
2 collaboration.

3 (4) RESPONSIBILITIES OF INSTITUTES.—Each
4 Institute within the National Institutes of Health
5 that has fatal chronic illness in its purview shall es-
6 tablish a plan for improving understanding of the
7 mechanisms of disability and suffering in fatal
8 chronic illness and the relief and management of
9 that disability and suffering through to end of life.
10 Since most Americans now die of chronic heart or
11 lung failure, cancer, stroke, dementia, or multifacto-
12 rial frailty, each such Institute shall develop and im-
13 plement a strategic plan and a set of projects that
14 aim primarily to ensure that affected patients and
15 their families can live through advanced illness and
16 death comfortably and meaningfully.

17 (5) CENTERS OF EXCELLENCE.—

18 (A) IN GENERAL.—In carrying out para-
19 graph (1), the Director shall make awards of
20 grants and contracts to public or nonprofit pri-
21 vate entities for the establishment and oper-
22 ation of centers of excellence to carry out re-
23 search, demonstration, and education programs
24 regarding fatal chronic illness, including pro-
25 grams regarding palliative care.

1 (B) DESIGNATION.—In carrying out this
2 subsection, the Director shall designate at least
3 2 Claude D. Pepper Older Americans Independ-
4 ence Centers (supported by the National Insti-
5 tute on Aging), 2 program projects of the Na-
6 tional, Heart, Lung, and Blood Institute, and 2
7 comprehensive cancer centers (supported by the
8 National Cancer Institute) to provide education
9 and information support and research data and
10 methods leadership for substantial and rapid
11 improvements in the understanding of the
12 mechanisms of disability and suffering in fatal
13 chronic illness and the relief and management
14 of that disability and suffering through to the
15 end of life.

16 (C) RESEARCH.—Each center established
17 or operated under subparagraph (A) or des-
18 ignated under subparagraph (B) shall conduct
19 basic and clinical research into fatal chronic ill-
20 ness.

21 (D) CERTAIN ACTIVITIES.—The Secretary
22 shall ensure that, with respect to the geographic
23 area in which a center of excellence under sub-
24 paragraph (A) is located, the activities of the
25 center include—

- 1 (i) providing information and edu-
2 cation regarding fatal chronic illness to
3 health professionals and the public;
- 4 (ii) serving as a resource through
5 which health professionals, and patients
6 and their caregivers, can plan and coordi-
7 nate the provision of health and support
8 services regarding fatal chronic illness; and
- 9 (iii) providing training and support of
10 implementation of quality improvement.

11 (g) MEDICARE PILOT PROGRAMS FOR TREATMENT
12 OF FATAL CHRONIC ILLNESSES.—

13 (1) ESTABLISHMENT.—The Secretary, in all
14 relevant parts of the Department of Health and
15 Human Services, including the Centers for Medicare
16 & Medicaid Services and the Office of the Assistant
17 Secretary for Planning and Evaluation, shall provide
18 for pilot programs under this subsection. The pilot
19 programs shall be developed under a coordinated na-
20 tional effort in order to demonstrate innovative, ef-
21 fective means of delivering care to Medicare bene-
22 ficiaries with fatal chronic illnesses under the Medi-
23 care program. The pilot programs shall be completed
24 within 5 years after the date that funds are first ap-
25 propriated under this subsection.

1 (2) DESIGN.—The pilot programs under this
2 subsection shall be designed to learn how—

3 (A) to effectively and efficiently deliver
4 quality care to the fatally chronically ill;

5 (B) to provide and maintain continuity of
6 care for the fatally chronically ill;

7 (C) to provide advance care planning to
8 the fatally chronically ill;

9 (D) to determine what rate and strategies
10 for payment are most appropriate;

11 (E) to deliver emergency care for the fa-
12 tally chronically ill;

13 (F) to facilitate access to hospice care
14 when the Medicare beneficiary becomes eligible
15 for such care;

16 (G) to develop and estimate the effect of
17 potential alternative severity criteria for eligi-
18 bility of specially tailored programs;

19 (H) to test the effectiveness and costs of
20 new strategies for family caregivers support;

21 (I) to implement a clinical services and
22 payment program that uses thresholds of sever-
23 ity to define the onset of the need for com-
24 prehensive end-of-life services;

1 (J) to test the merits of using severity cri-
2 teria (relating to fatal chronic illness) in deter-
3 mining eligibility for the Medicare hospice pro-
4 gram, but only when use of such criteria ex-
5 pands access to hospice care to individuals who
6 are not yet terminally ill (as that term is de-
7 fined at section 1861(dd)(3)(A) of the Social
8 Security Act); and

9 (K) to arrange financial incentives so that
10 substantially diminished payments arise when
11 care providers fail to ensure timely advance
12 care planning, symptom prevention, manage-
13 ment, and relief, or continuity of care across
14 time and settings.

15 (3) CONDUCT OF PILOT PROGRAMS.—The Sec-
16 retary shall conduct pilot programs in at least 6
17 sites and in at least 3 States.

18 (4) REPORT TO CONGRESS.—The Secretary
19 shall submit to Congress a report on the pilot pro-
20 grams under this subsection. Such report shall in-
21 clude recommendations regarding whether the pilot
22 programs should become a permanent part of the
23 Medicare program.

24 (h) ANNUAL REPORTS.—The Secretary, in consulta-
25 tion with the Secretary of Veterans Affairs and other ap-

1 appropriate Federal agencies, shall submit an annual report
2 to Congress on end-of-life care and on the research, dem-
3 onstration, and education programs and studies conducted
4 under this section. The Centers for Disease Control and
5 Prevention shall be the lead agency for integrating and
6 preparing the annual reports under this subsection unless
7 the Secretary designates otherwise.

8 (i) DEFINITIONS.—For purposes of this section:

9 (1) The term “fatal chronic illness” means a
10 disease (or diseases), condition (or conditions), or
11 disorder (or disorders) that ordinarily worsens and
12 causes death and that causes a physical or mental
13 disability or periodic episodes of significant loss of
14 functional capacity.

15 (2) The term “Secretary” means the Secretary
16 of Health and Human Services.

17 (j) AUTHORIZATION OF APPROPRIATIONS.—There
18 are authorized to be appropriated—

19 (1) such sums as may be necessary to carry out
20 subsections (a), (b), (e), and (f);

21 (2) \$50,000,000 for the 5-fiscal-year period (be-
22 ginning with fiscal year 2004) to carry out sub-
23 section (e), excluding paragraph (5) of that sub-
24 section;

1 (3) \$100,000,000 for the 3-fiscal-year period
2 (beginning with fiscal year 2004) to carry out sub-
3 section (c)(5);

4 (4) \$20,000,000 for the 5-fiscal-year period (be-
5 ginning with fiscal year 2004) to carry out sub-
6 section (d);

7 (5) to carry out subsection (g) for each of fiscal
8 years 2003 through 2007—

9 (A) \$50,000,000 for the purposes of con-
10 ducting evaluations of pilot programs; and

11 (B) \$50,000,000 for the purpose of pro-
12 viding clinical services under pilot programs;
13 and

14 (6) \$500,000 for each fiscal year during the 5-
15 fiscal-year period beginning with fiscal year 2004 to
16 carry out subsection (h).

17 **SEC. 4. PROGRAMS THROUGH DEPARTMENT OF VETERANS**

18 **AFFAIRS REGARDING PATIENTS WITH FATAL**

19 **CHRONIC ILLNESSES.**

20 (a) IN GENERAL.—(1) Chapter 73 of title 38, United
21 States Code, is amended by adding at the end of sub-
22 chapter II the following new section:

1 **“§ 7324. Programs for patients with fatal chronic ill-**
2 **nesses**

3 “(a) ESTABLISHMENT OF PROGRAMS.—(1) The Sec-
4 retary shall develop and carry out programs to improve
5 the delivery of appropriate health and support services for
6 patients with fatal chronic illnesses. As part of such pro-
7 grams, the Secretary shall seek to develop services in col-
8 laboration with community service providers serving popu-
9 lations of persons other than veterans, especially those
10 populations that use the Medicare program.

11 “(2) For purposes of this section, community service
12 providers are entities outside the Department that provide
13 health care services to persons in the communities in
14 which they are located.

15 “(b) ROLE OF GRECCs AND HEALTH SERVICES RE-
16 SEARCH.—The Secretary shall take appropriate steps to
17 involve in programs under this section both geriatric re-
18 search, education, and clinical centers under section 7314
19 of this title and activities of Health Services research and
20 quality improvement initiatives of the Department. As
21 part of such steps, the Secretary shall seek to target the
22 work of such centers and initiatives to improve care for
23 veterans with fatal chronic illnesses.

24 “(c) TRAINING.—In conducting programs of profes-
25 sional training and staff development for health-care per-
26 sonnel of the Department and persons being trained

1 through health-care programs conducted by the Secretary,
2 the Secretary shall ensure that such programs include
3 training in pain relief and end-of-life care for persons with
4 fatal chronic illnesses. Such training shall address symp-
5 toms, advance care planning, and quality improvement for
6 those with fatal chronic illnesses.

7 “(d) ANNUAL REPORT.—The Secretary shall prepare
8 an annual report on care for veterans with fatal chronic
9 illnesses and the activities of the Secretary under this sec-
10 tion. The Secretary shall furnish such report to the Sec-
11 retary of Health and Human Services each year in suffi-
12 cient time for inclusion in the annual report of that Sec-
13 retary under section 3(j) of the Living Well with Fatal
14 Chronic Illness Act of 2003.

15 “(e) COOPERATION WITH COMMUNITY SERVICE PRO-
16 VIDERS.—(1) In carrying out this section, the Secretary
17 shall, to the extent practicable, take appropriate steps,
18 through collaborative agreements or otherwise, to cooper-
19 ate with community service providers that provide home
20 and hospice care.

21 “(2) Such steps shall, to the extent practicable, in-
22 clude—

23 “(A) developing documentation of advance care
24 plans for persons with fatal chronic illnesses that are
25 acceptable to all providers of care for those persons;

1 “(B) developing service programs for persons
2 with fatal chronic illnesses under which Department
3 facilities or personnel may be used for part of the
4 array of services provided to such persons; and

5 “(C) developing protocols that facilitate the
6 placement with community service providers sup-
7 ported by the medicare or medicaid programs of vet-
8 erans with fatal chronic illnesses when such a place-
9 ment would be more efficient or effective for the
10 timely provision of services for the community in
11 which the facilities are located and for such veterans
12 than the provision of those services directly through
13 Department facilities.

14 “(3) When the Secretary, as part of service programs
15 authorized by this subsection, provides services to a person
16 with a fatal chronic illness who is not a veteran, the Sec-
17 retary shall, as a condition of providing such services, be
18 reimbursed by appropriate community service providers
19 for the costs of such services.

20 “(f) SUPPORT FOR VOLUNTEER AND COMMUNITY
21 SUPPORT OF VETERANS LIVING AT HOME.—The Sec-
22 retary shall make grants to support volunteer and commu-
23 nity support of veterans living at home who have fatal
24 chronic illnesses. The Secretary may establish the min-

1 imum number of volunteers an entity must have in order
2 to be eligible for a grant under this subsection.

3 “(g) DEFINITION.—For purposes of this section, the
4 term ‘fatal chronic illness’ means a disease (or diseases),
5 condition (or conditions), or disorder (or disorders) that
6 ordinarily worsens and causes death and that causes a
7 physical or mental disability or periodic episodes of signifi-
8 cant loss of functional capacity.”.

9 (2) The table of sections at the beginning of such
10 chapter is amended by inserting after the item relating
11 to section 7323 the following new item:

“7324. Programs for patients with fatal chronic illnesses.”.

12 (b) AUTHORIZATION OF APPROPRIATIONS.—There
13 are authorized to be appropriated to the Secretary of Vet-
14 erans Affairs to carry out section 7324 of title 38, United
15 States Code, as added by subsection (a), the amount of
16 \$5,000,000 for each of fiscal years 2003 through 2007.

○