

Register on September 21, 1998, at 63 FR 50145, is adopted as a final rule without change.

Dated: June 1, 1999.

John Hart,

Principal Deputy Director.

[FR Doc. 99-15203 Filed 6-17-99; 8:45 am]

BILLING CODE 4440-AT-M

DEPARTMENT OF VETERANS AFFAIRS

38 CFR Part 3

RIN 2900-AJ50

Pension Benefits

AGENCY: Department of Veterans Affairs.

ACTION: Final rule.

SUMMARY: This document amends the Department of Veterans Affairs (VA) adjudication regulations to reflect statutory provisions extending the date through which VA will limit the pension benefits of certain veterans and surviving spouses receiving Medicaid-covered nursing home care to \$90 per month.

DATES: *Effective Date:* August 5, 1997.

FOR FURTHER INFORMATION CONTACT: Donald England, Chief, Regulations Staff, Compensation and Pension Service, Veterans Benefits Administration, 810 Vermont Avenue, NW, Washington, DC 20420, telephone (202) 273-7210.

SUPPLEMENTARY INFORMATION: Section 8003 of Pub. L. 101-508 required VA to limit the pension benefits of any veteran having neither spouse nor child and who receives Medicaid-covered nursing home care to no more than \$90 per month. This statutory provision expired September 30, 1992. Section 601 of Pub. L. 102-568 extended the expiration date of that statutory provision until September 30, 1997. In addition, it imposed a similar limitation on payment of death pension to surviving spouses who receive Medicaid-covered nursing home care and have no children. Section 12005 of Pub. L. 103-66 further extended the expiration date until September 30, 1998, for these limitations on payment of pension benefits to veterans and surviving spouses. Section 8015 of the Balanced Budget Act of 1997, Pub. L. 105-33, extends the expiration date until September 30, 2002. This document amends 38 CFR 3.551(i) to reflect this statutory change, which is effective August 5, 1997, the date of enactment of Pub. L. 105-33.

This final rule reflects statutory requirements. Accordingly, there is a

basis for dispensing with the prior notice and comment and delayed effective date provisions of 5 U.S.C. 552 and 553.

Because no notice of proposed rulemaking was required in connection with the adoption of this final rule, no regulatory flexibility analysis is required under the Regulatory Flexibility Act (5 U.S.C. 601-612). Even so, the Secretary hereby certifies that this final rule will not have a significant economic impact on a substantial number of small entities as they are defined in the Regulatory Flexibility Act.

The Catalog of Federal Domestic Assistance program numbers are 64.104 and 64.105.

List of Subjects in 38 CFR Part 3

Administrative practice and procedure, Claims, Disability benefits, Health care, Pensions, Veterans, Vietnam.

Approved: May 11, 1999.

Togo D. West, Jr.,

Secretary of Veterans Affairs.

For the reasons set forth in the preamble, 38 CFR part 3 is amended as follows:

PART 3—ADJUDICATION

Subpart A—Pension, Compensation, and Dependency and Indemnity Compensation

1. The authority citation for part 3, subpart A continues to read as follows:

Authority: 38 U.S.C. 501(a), unless otherwise noted.

§ 3.551 [Amended]

2. Section 3.551(i) is amended by removing "September 30, 1998" and adding, in its place, "September 30, 2002".

[FR Doc. 99-15521 Filed 6-17-99; 8:45 am]

BILLING CODE 8320-01-P

DEPARTMENT OF VETERANS AFFAIRS

38 CFR Part 3

RIN 2900-AI97

Direct Service Connection (Post-Traumatic Stress Disorder)

AGENCY: Department of Veterans Affairs.

ACTION: Final rule.

SUMMARY: This document amends the Department of Veterans Affairs (VA) adjudication regulations concerning the type of evidence required to establish service connection for post-traumatic stress disorder (PTSD). This amendment

implements a decision by the United States Court of Veterans Appeals (the Court) which stated that current regulations do not adequately reflect the governing statute.

DATES: *Effective Date:* March 7, 1997.

FOR FURTHER INFORMATION CONTACT: John Bisset, Jr., Consultant, Regulations Staff, Compensation and Pension Service, Veterans Benefits Administration, 810 Vermont Avenue, NW, Washington, DC 20420, telephone (202) 273-7210.

SUPPLEMENTARY INFORMATION: PTSD is classified by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) as an anxiety disorder resulting from exposure to an extreme traumatic stressor involving direct personal experience of an event that involved actual or threatened death or serious injury or other threat to one's physical integrity; witnessing an event that involved death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. The person's response to the event must involve intense fear, helplessness, or horror. PTSD is characterized by persistent reexperiencing of the traumatic event, persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness, and persistent symptoms of increased arousal.

VA regulations at 38 CFR 3.304(f) provide that service connection for PTSD requires medical evidence establishing a clear diagnosis of the condition, credible supporting evidence that the claimed in-service stressor actually occurred, and a link, established by medical evidence, between current symptomatology and the claimed in-service stressor. If the claimed stressor is related to combat, service department evidence that the veteran engaged in combat or that the veteran was awarded the Purple Heart, Combat Infantryman Badge, or similar combat citation will be accepted, in the absence of evidence to the contrary, as conclusive evidence of the claimed in-service stressor.

Section 1154(b) of title 38, United States Code, which is the statutory authority for § 3.304(f), provides that, where a veteran engaged in combat with the enemy, VA must accept as sufficient proof of service-connection for a claimed disease or injury satisfactory lay or other evidence of service incurrence or aggravation of such disease or injury, if consistent with the