

111<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 6211

To direct the Secretary of Veterans Affairs to establish a pilot program to evaluate the effectiveness of treating veterans with spinal, back, and musculoskeletal injuries and pain using non-invasive techniques.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 23, 2010

Ms. MARKEY of Colorado introduced the following bill; which was referred to the Committee on Veterans' Affairs

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## A BILL

To direct the Secretary of Veterans Affairs to establish a pilot program to evaluate the effectiveness of treating veterans with spinal, back, and musculoskeletal injuries and pain using non-invasive techniques.

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 “Veterans Back and  
5        Spinal Therapy Act”.

6        **SEC. 2. FINDINGS.**

7        Congress finds the following:

1           (1) One in five members of the Armed Forces  
2 who were wounded and evacuated from Afghanistan  
3 during the summer and early fall of 2009 suffered  
4 a spinal injury, and at least 14 of such members  
5 were left paralyzed or with loss of sensation.

6           (2) In Afghanistan, members of the Armed  
7 Forces routinely carry up to 33 percent more than  
8 the suggested maximum weight and up to nearly 75  
9 percent of a member's own body weight—routinely  
10 hefting combat gear that can exceed 120 pounds,  
11 causing large numbers of spinal, back, and musculo-  
12 skeletal injuries and pain.

13           (3) The use of massive improvised explosive de-  
14 vices by insurgents against heavily armed mine re-  
15 sistant ambush protected vehicles has significantly  
16 increased the number of spinal, back, and musculo-  
17 skeletal injuries and pain.

18           (4) Advances in both body armor protection and  
19 medical treatment have drastically decreased the  
20 number of deaths among deployed members of the  
21 Armed Forces, but there has been an increase in the  
22 number of members with spinal, back, and musculo-  
23 skeletal injuries and long-term pain.

24           (5) Members of the Armed Forces returning  
25 from Iraq are more likely to suffer lingering, debili-

1 tating injuries from back and musculoskeletal pain  
2 than from battle wounds, according to statistics  
3 compiled by the Secretary of Veterans Affairs.

4 (6) Diagnoses of ruptured spinal discs, com-  
5 pressed discs, degenerative disc disease, and  
6 myofascial pain syndrome are common in members  
7 of the Armed Forces returning from Afghanistan  
8 and Iraq.

9 (7) Spinal and back injuries are the most ex-  
10 pensive musculoskeletal disorder to treat.

11 (8) Certain facilities of the Department of Vet-  
12 erans Affairs offer outstanding non-invasive tech-  
13 nologies for treating spinal, back, and musculo-  
14 skeletal injuries as well as any accompanying mental  
15 health issues.

16 (9) Traditional medical approaches to spinal,  
17 back, and musculoskeletal injuries typically involve a  
18 combination of long-term medication, surgery, and  
19 short-term physical therapy.

20 (10) Using non-invasive techniques to treat vet-  
21 erans with spinal, back, and musculoskeletal injuries  
22 can improve the health outcomes for such veterans  
23 and drastically reduce the long-term costs of care for  
24 such veterans by breaking the cycle of expensive sur-  
25 gery followed by long-term pain medication that

1 often leads to addiction, depression, anxiety, and  
2 weight gain.

3 (11) Non-invasive techniques that are not wide-  
4 ly available in medical facilities of the Department  
5 of Veterans Affairs, including manual physical ther-  
6 apy, core strengthening and stabilization therapy,  
7 water exercise therapy, group exercise therapy, and  
8 pain management therapy, should be evaluated in an  
9 evidence-based medicine framework to assess their  
10 effectiveness.

11 **SEC. 3. PILOT PROGRAM TO PROVIDE VETERANS WITH**  
12 **NON-INVASIVE TECHNIQUES FOR SPINAL,**  
13 **BACK, AND MUSCULOSKELETAL INJURIES.**

14 (a) ESTABLISHMENT.—The Secretary of Veterans  
15 Affairs shall establish a pilot program to—

16 (1) provide covered veterans with non-invasive  
17 techniques to treat spinal, back, and musculoskeletal  
18 injuries and pain; and

19 (2) use an evidence-based medicine framework  
20 to assess the effectiveness of such non-invasive tech-  
21 niques.

22 (b) SCOPE.—

23 (1) SIZE.—The pilot program shall include a  
24 representative sample of covered veterans that is of  
25 sufficient size for the Secretary to determine—

1 (A) the effectiveness and feasibility of pro-  
2 viding veterans with non-invasive techniques to  
3 treat spinal, back, and musculoskeletal injuries  
4 and pain; and

5 (B) the unique considerations that exist  
6 with respect to providing such treatment—

7 (i) to female veterans;

8 (ii) to veterans of various ages; and

9 (iii) to veterans located in various re-  
10 gions of the United States, including both  
11 urban and rural locations.

12 (2) PREFERENCE.—In selecting covered vet-  
13 erans to participate in the pilot program, the Sec-  
14 retary shall give preference to covered veterans who  
15 served in Operation Enduring Freedom, Operation  
16 Iraqi Freedom, or Operation New Dawn.

17 (c) ADMINISTRATION.—In administering the pilot  
18 program, the Secretary shall—

19 (1) determine the type of non-invasive tech-  
20 nique to provide to a covered veteran;

21 (2) determine the effect of allowing self-referral  
22 by a veteran to receive non-invasive techniques com-  
23 pared with requiring a veteran to receive a referral  
24 from a physician for non-invasive techniques; and

1           (3) ensure the use of telehealth technology to  
2 provide covered veterans who reside in rural loca-  
3 tions (as determined by the Secretary) with non-  
4 invasive techniques to treat spinal, back, and mus-  
5 culoskeletal injuries and pain.

6           (d) PARTNERSHIP.—

7           (1) UNIVERSITY.—In administering the pilot  
8 program, the Secretary shall seek to enter into an  
9 agreement with a university affiliated with the De-  
10 partment of Veterans Affairs to carry out the pilot  
11 program.

12           (2) SELECTION.—In entering into an agree-  
13 ment with a university under paragraph (1), the  
14 Secretary shall ensure that the individuals who treat  
15 covered veterans with non-invasive techniques for  
16 spinal, back, and musculoskeletal injuries and  
17 pain—

18                   (A) are trained to—

19                           (i) effectively treat such veterans; and

20                           (ii) recognize the unique experiences  
21 of such veterans, including experiences re-  
22 lated to serving in Operation Enduring  
23 Freedom, Operation Iraqi Freedom, or Op-  
24 eration New Dawn; and

1           (B) use best practices and technologies  
2           with respect to the non-invasive technique being  
3           used to treat such veterans.

4           (e) DURATION.—The pilot program shall begin not  
5 later than March 1, 2011, and shall continue for two  
6 years.

7           (f) REPORTS.—

8           (1) INITIAL REPORT.—Not later than June 1,  
9 2012, the Secretary shall submit to the Committee  
10 on Veterans' Affairs of the House of Representatives  
11 and the Committee on Veterans' Affairs of the Sen-  
12 ate a report on the pilot program, including—

13           (A) an analysis of the effectiveness and  
14 cost-effectiveness of each non-invasive technique  
15 provided under the pilot program;

16           (B) an analysis of how the Secretary would  
17 incorporate non-invasive techniques to treat spi-  
18 nal, back, and musculoskeletal injuries and pain  
19 at medical facilities of the Department of Vet-  
20 erans Affairs;

21           (C) the amount of cost-savings, if any, cre-  
22 ated by providing veterans with non-invasive  
23 techniques to treat spinal, back, and musculo-  
24 skeletal injuries and pain;

1 (D) a comparison of the non-invasive tech-  
2 niques provided under the pilot program with  
3 other methods used by the Secretary to treat  
4 spinal, back, and musculoskeletal injuries and  
5 pain; and

6 (E) recommendations of the Secretary with  
7 respect to—

8 (i) continuing or expanding the pilot  
9 program; and

10 (ii) any legislation or other actions to  
11 improve treating veterans with spinal,  
12 back, and musculoskeletal injuries and  
13 pain.

14 (2) FINAL REPORT.—Not later than June 1,  
15 2013, the Secretary shall submit to the Committee  
16 on Veterans' Affairs of the House of Representatives  
17 and the Committee on Veterans' Affairs of the Sen-  
18 ate a report containing updated information to the  
19 report submitted under paragraph (1).

20 (g) DEFINITIONS.—In this section:

21 (1) The term “covered veteran” means a vet-  
22 eran who—

23 (A) has a service-connected spinal, back, or  
24 musculoskeletal injury; or

1 (B) is eligible for hospital care, medical  
2 services, and nursing home care by virtue of  
3 section 1710(e)(1)(D) of title 38, United States  
4 Code.

5 (2) The term “non-invasive techniques” means  
6 methods of treatment for spinal, back, and musculo-  
7 skeletal injuries and pain other than surgery, includ-  
8 ing—

9 (A) manual physical therapy, core  
10 strengthening and stabilization therapy, water  
11 exercise therapy, group exercise therapy, and  
12 pain management therapy;

13 (B) such methods (including recreational  
14 therapy) used by the War Related Illness and  
15 Injury Study Center of the Department of Vet-  
16 erans Affairs located in Palo Alto, California,  
17 and the mindfulness based stress reduction pro-  
18 gram of the Puget Sound Health Care System  
19 of the Department of Veterans Affairs that the  
20 Secretary determines to have been successful;  
21 and

22 (C) such other methods not widely avail-  
23 able in medical facilities of the Department of  
24 Veterans Affairs.

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