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1st Session

HOUSE OF REPRESENTATIVES

REPORT
115–147

NO HERO LEFT UNTREATED ACT

MAY 23, 2017.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. ROE of Tennessee, from the Committee on Veterans' Affairs, submitted the following

R E P O R T

[To accompany H.R. 1162]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 1162) to direct the Secretary of Veterans Affairs to carry out a pilot program to provide access to magnetic EEG/EKG-guided resonance therapy to veterans, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

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69–006

PURPOSE AND SUMMARY

Representative Stephen Knight of California introduced H.R. 1162, the No Hero Left Untreated Act, on February 16, 2017. H.R. 1162 would require the Department of Veterans Affairs (VA) to carry out a one-year pilot program at no more than two VA medical facilities to provide access to electroencephalogram/electrocardiogram-guided magnetic resonance therapy (MRT) technology to veterans with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), military sexual trauma (MST), chronic pain, or opiate addiction.

BACKGROUND AND NEED FOR LEGISLATION

Section 3. Magnetic EEG/EKG-Guided Resonance Therapy

A 2016 VA report titled, Suicide Among Veterans and Other Americans 2001–2014, found that the rate of mental health conditions or substance use disorders among Veterans Health Administration (VHA) patients has been steadily increasing throughout the 21st century, rising from about twenty-seven percent in 2001 to over forty percent in 2014.[1] During the same time, the number of prescriptions for opioids written by VA providers has increased 259 percent.[2] The same report also found a high rate of suicide among veterans, with approximately 20 veteran suicides per day.[3] Given these alarming statistics—which have occurred alongside significant increases in VA's mental health budget and programming—the Committee believes there is a demonstrated need to explore new and innovative treatments for veterans with mental health conditions or chronic pain.

Magnetic Resonant Therapy (MRT) is one such promising treatment. MRT uses quantitative electroencephalogram (EEG)/electrocardiogram (EKG) technology to identify dysfunctional areas of the brain in patients suffering from mental health conditions and then repeatedly applying magnetic stimulation to help restore proper brain function in those areas. MRT technology has been approved by the Food and Drug Administration to treat depression, and has been successfully used to treat conditions like PTSD and TBI. A 2015 study found that, after two weeks of MRT treatment, participating veterans experienced an average 47.4 percent reduction in symptom severity. After four weeks of MRT treatment, veteran participants reported an average reduction in symptom severity of 64 percent.[4] No adverse events, including worsening of patients symptoms, were reported during studies.[5] The Committee believes that more veterans should have access to MRT treatment given the promising results that the treatment has produced thus far.

Section 3 of the bill would require VA to carry out a one-year pilot program at not more than two VA medical facilities to provide

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[1] *Suicide Among Veterans and Other Americans 2001–2014. http://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf.*

[2] The Center for Investigative Reporting, VA's Opiate Overload Feeds Veterans' Addictions, Overdose Deaths, Sep. 28, 2013, *http://cironline.org/reports/vas-opiate-overload-feeds-veterans-addictions-overdose-deaths-5261*

[3] *Ibid.*

[4] Taghva, Alexander, M.D., et al. *Biometrics-Guided Magnetic E-Resonance Therapy (MeRT) in Post-Traumatic Stress Disorder: A Randomized, Double-Blind, Sham Controlled Trial.*N.p., Nov. 2015. *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4727473/.*

[5] Taghva, Alexander, M.D., et al. *Biometrics-Guided Magnetic E-Resonance Therapy (MeRT) in Post-Traumatic Stress Disorder.*

access to MRT treatment for up to fifty veterans with PTSD, TBI, MST, chronic pain, or opiate addiction and to submit a report on the pilot program to the Committees on Veterans Affairs of the House of Representatives and the Senate 90 days after the pilot's termination. The Committee believes that such a pilot program and the ensuing report would provide valuable information on the effectiveness of MRT and similar technologies for veteran patients and potentially open the door to similar innovative treatments within the VA health care system. Section 3 of the bill would also stipulate that no additional funds are authorized to be appropriated to carry out the requirements of this Act.

HEARINGS

There were no full Committee hearings held on H.R. 1162.

On March 29, 2017, the Subcommittee on Health conducted a legislative hearing on a number of bills including H.R. 1162.

The following witnesses testified:

The Honorable David. P. Roe M.D. of Tennessee; The Honorable Jackie Walorski of Indiana; The Honorable Doug Collins of Georgia; The Honorable Mike Coffman of Colorado; The Honorable Stephen Knight of California; The Honorable Ann M. Kuster of New Hampshire; Jennifer S. Lee, M.D., the Deputy Under Secretary for Health for Policy and Services for the Veterans Health Administration of the U.S. Department of Veterans Affairs who was accompanied by Susan Blauert, the Chief Counsel for the Health Care Law Group of the Office of the General Counsel for the U.S. Department of Veterans Affairs; Kayda Keleher, Legislative Associate for the National Legislative Service of the Veterans of Foreign Wars of the United States; Shurhonda Y. Love, the Assistant National Legislative Director for the Disabled American Veterans; and, Sarah S. Dean, the Associate Legislative Director for the Paralyzed Veterans of America.

Statements for the record were submitted by:

The Honorable Lee Zeldin of New York; The American Legion; the National Association of State Veteran Homes; Swords to Plowshares; and, the Wounded Warrior Project.

SUBCOMMITTEE CONSIDERATION

On April 6, 2017, the Subcommittee on Health met in an open markup session, a quorum being present, and ordered H.R. 1162 to be reported favorably to the Full Committee by voice vote.

COMMITTEE CONSIDERATION

On May 17, 2017, the Full Committee met in open markup session, a quorum being present, and ordered H.R. 1162 to be reported favorably to the House of Representatives by voice vote. A motion by Representative Tim Walz of Minnesota, Ranking Member of the Committee on Veterans' Affairs, to report H.R. 1162 favorably to the House of Representatives was agreed to by voice vote.

COMMITTEE VOTES

In compliance with clause 3(b) of rule XIII of the Rules of the House of Representatives, there were no recorded votes taken on amendments or in connection with ordering H.R. 1162 reported to the House.

COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII and clause (2)(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and objectives are to create a pilot program to increase access to MRT treatment for veterans with PTSD, TBI, MST, chronic pain, or opiate addiction.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 1162 does not contain any Congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 1162 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 1162 provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, May 22, 2017.

Hon. PHIL ROE, M.D.,
Chairman, Committee on Veterans' Affairs,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 1162, the No Hero Left Untreated Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Ann E. Futrell.

Sincerely,

KEITH HALL.

Enclosure.

H.R. 1162—No Hero Left Untreated Act

H.R. 1162 would require the Department of Veterans Affairs (VA) to establish a one-year pilot program to use Magnetic eResonance Therapy technology (MeRT technology) to treat veterans with post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, and opiate addiction. MeRT technology, a neurological treatment, was pioneered by the Brain Treatment Center (BTC) in Southern California, which holds proprietary rights in the treatment. Over the past two years, the center has treated more than 400 veterans at four locations in California and Washington.

Under the bill, VA would carry out the one-year pilot program with no more than 50 veterans in up to two medical facilities. We anticipate that VA would contract with BTC to offer the MeRT technology to veterans. On the basis of information from BTC, CBO expects the average patient at VA would undergo an initial assessment at a cost of $1,000 and at least 20 MeRT sessions over a one-month span at a cost of $22,000. In total, CBO estimates that implementing this bill would cost $1 million over the 2018–2022 period; that spending would be subject to the availability of appropriations.

Enacting the legislation would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply. CBO estimates that enacting H.R. 1162 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

H.R. 1162 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act, and would not affect the budgets of state, local, or tribal governments.

The CBO staff contact for this estimate is Ann E. Futrell. The estimate was approved by H. Samuel Papenfuss, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 1162 prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 1162.

STATEMENT OF CONSTITUTIONAL AUTHORITY

Pursuant to Article I, section 8 of the United States Constitution, H.R. 1162 is authorized by Congress power to provide for the common Defense and general Welfare of the United States.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 1162 does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

STATEMENT ON DUPLICATION OF FEDERAL PROGRAMS

Pursuant to section 3(g) of H. Res. 5, 114th Cong. (2015), the Committee finds that no provision of H.R. 1162 establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DISCLOSURE OF DIRECTED RULEMAKING

Pursuant to section 3(i) of H. Res. 5, 114th Cong. (2015), the Committee estimates that H.R. 1162 contains no directed rulemaking that would require the Secretary to prescribe regulations.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 of the bill would provide the short title for H.R. 1162, as the No Hero Left Untreated Act.

Section 2. Findings

Section 2 of the bill states the following findings: (1) the MRT technology has successfully treated more than 400 veterans with PTSD, TBI, MST, chronic pain, and opiate addiction; (2) that recent clinical trials and randomized, placebo-controlled, double-blind studies have produced promising measurable outcomes in the evolution of MRT technology; (3) that these outcomes have resulted in escalating demand from returning servicemembers and veterans who are seeking access to this treatment; and (4) that Congress recognizes the importance of initiating innovative pilot programs that demonstrate the use and effectiveness of new treatment options for post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, and opiate addiction.

Section 3. Magnetic EEG/EKG-Guided Resonance Therapy

Section 3(a) of the bill would require the Secretary to carry out a pilot program to provide access to MRT technology to treat veterans with PTSD, TBI, MST, chronic pain, or opiate addiction.

Section 3(b) of the bill would require the pilot program established by section 2(a) of the bill be carried out at not more than two VA facilities.

Section 3(c) of the bill would prohibit the Secretary from providing access to MRT technology to more than 50 veterans during the pilot program.

Section 3(d) of the bill would set a duration of one year for the pilot program established by section 2(a).

Section 3(e) of the bill would require the Secretary to submit a report to the House and Senate Committees on Veterans' Affairs on the pilot program established by Section 2(a) of the bill by not later than 90 days after the date of the termination of the pilot.

Section 3(f) of the bill would stipulate that no additional funds are authorized to be appropriated to carry out the requirements of Section 2 of the bill, and the requirements of Section 2 of the bill are required to be carried out using amounts otherwise authorized.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

If enacted, this bill would make no changes in existing law.