119TH CONGRESS
1st Session
HOUSE OF REPRESENTATIVES
REPORT
119–344

VETERANS NATIONAL TRAUMATIC BRAIN INJURY TREATMENT ACT

OCTOBER 17, 2025.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. BOST, from the Committee on Veterans' Affairs, submitted the following

R E P O R T

together with

MINORITY VIEWS

[To accompany H.R. 1336]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 1336) to direct the Secretary of Veterans Affairs to establish a pilot program to furnish hyperbaric oxygen therapy to a veteran who has a traumatic brain injury or post-traumatic stress disorder, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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69–006

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Veterans National Traumatic Brain Injury Treatment Act".

SEC. 2. PILOT PROGRAM TO FURNISH HYPERBARIC OXYGEN THERAPY TO A VETERAN WITH TRAUMATIC BRAIN INJURY OR POST-TRAUMATIC STRESS DISORDER.

(a) ESTABLISHMENT.—The Secretary of Veterans Affairs shall implement a pilot program to furnish HBOT to a veteran who has a traumatic brain injury or post-traumatic stress disorder through a health care provider described in section 1703(c)(5) of title 38, United States Code.

(b) LOCATIONS.—The Secretary shall select two Veterans Integrated Service Networks in which to operate the pilot program.

(c) ACCREDITATION REQUIRED.—The Secretary shall ensure that any medical facility at which a veteran who has a traumatic brain injury or post-traumatic stress disorder receives HBOT pursuant to the pilot program is accredited by—

(1) the Joint Commission on Accreditation of Hospital Organizations;

(2) the Undersea and Hyberbaric Medical Society; or

(3) another appropriate organization that has expertise and objectivity comparable to that of the Joint Commission on Accreditation of Hospital Organizations or the Undersea and Hyberbaric Medical Society.

(d) FUNDING.—

(1) There is in the general fund of the Treasury a fund to be known as the "VA HBOT Fund" (in this Act referred to as the "Fund").

(2) The sole source of monies for the Fund shall be donations received by the Secretary for express purposes of the Fund.

(3) Amounts in the Fund shall be available to the Secretary without fiscal year limitation to pay for HBOT under subsection (a).

(4) The Fund shall terminate on the termination date under subsection (e).

(e) TERMINATION.—The pilot program shall terminate on the day that is three years after the date of the enactment of this Act.

(f) HBOT DEFINED.—In this Act, the term "HBOT" means hyperbaric oxygen therapy with a medical device—

(1) approved by the Food and Drug Administration; or

(2) issued an investigational device exemption by the Food and Drug Administration.

SEC. 3. GAO REPORT ON THE USE OF HYPERBARIC OXYGEN THERAPY TO TREAT TRAUMATIC BRAIN INJURY AND POST-TRAUMATIC STRESS DISORDER.

Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives an update to the report titled "Research on Hyperbaric Oxygen Therapy to Treat Traumatic Brain Injury and Post-Traumatic Stress Disorder" (GAO-16-154). Such report shall include the assessment of the Comptroller General of clinical trials conducted, since the publication of such report—

(1) regarding the use of hyperbaric oxygen therapy to treat traumatic brain injury and post-traumatic stress disorder; and

(2) by—

(A) the Secretary of Veterans Affairs;

(B) the Secretary of Defense; and

(C) private entities.

SEC. 4. EXTENSION OF CERTAIN LIMITS ON PAYMENTS OF PENSION.

Section 5503(d)(7) of title 38, United States Code, is amended by striking "November 30, 2031" and inserting "October 30, 2034".

PURPOSE AND SUMMARY

H.R. 1336, the "Veterans National Traumatic Brain Injury Treatment Act," was introduced by Representative Gregory F. Murphy of North Carolina on February 13, 2025. This bill, as amended, would establish a three-year pilot program at the Department of Veterans Affairs (VA) to furnish hyperbaric oxygen therapy (HBOT) to veterans who have traumatic brain injury (TBI) or post-

traumatic stress disorder (PTSD) as a result of their military service.

BACKGROUND AND NEED FOR LEGISLATION

Section 1: Short title

Section 1 would establish the name of the Act as the "Veterans National Traumatic Brain Injury Treatment Act."

Section 2: Pilot program to furnish hyperbaric oxygen therapy to a veteran with traumatic brain injury or post-traumatic stress disorder

This section would require the creation of a VA pilot program to provide HBOT to veterans with TBI or PTSD. The pilot would last for three years and would be implemented at two Veterans Integrated Service Networks (VISNs).

Studies show that certain types of injuries require more than atmospheric oxygen for the healing process. HBOT is designed to increase the supply of oxygen in humans' blood and tissues. The U.S. Food and Drug Administration (FDA) has cleared HBOT for treating several types of injuries, such as wound healing, necrotizing infections, radiation injury, carbon monoxide poisoning, and burns. Because microscopic and macroscopic wounds to the white matter of the brain have been attributed to PTSD and TBI, HBOT has been explored as a possible means of therapy for these conditions.

Studies have suggested HBOT is an effective treatment for veterans suffering from PTSD and TBI. It has shown promising results in accelerating the brain's healing process by providing the bloodstream with elevated oxygen levels to reach and repair damaged tissue and restore function.

When HBOT chambers are used for indications cleared by the FDA, HBOT is generally safe, and serious complications are rare. This section would require that a medical facility providing HBOT under the VA pilot program would be accredited by the Joint Commission on Accreditation of Hospital Organizations, the Undersea and Hyperbaric Medical Society, or other comparable organizations. The Committee directs the VA Secretary to consider *Hyperbaric Oxygen Therapy for Post-Traumatic Stress Disorder: Comprehensive Clinical Practice Guidelines*, published in March 2025 by the Sagol Center for Hyperbaric Medicine and Research at Shamir Medical Center, Tel-Aviv University in Israel. These guidelines offer a rigorous, evidence-based framework that outlines treatment pressure and duration standards, symptom tracking protocols, and long-term outcome measures. The Committee encourages the Department to incorporate the core elements of these protocols into the pilot program's clinical design and implementation, as appropriate for the overall veteran population.

This section would also authorize donations to pay for the pilot program, though the program would be fully offset by other means. Funds from donations would be available without fiscal year limitation to pay for HBOT therapy. There has been a donation effort for

at least one state-level HBOT program, but that program is likewise primarily, if not entirely, government-funded.[1]

According to the VA 2024 National Veteran Suicide Prevention Annual Report, there were an average of 17.6 veteran suicides per day in 2022. The Committee believes it is necessary to continue to explore alternative treatments for PTSD and TBI in order to address the tragically high rates of suicide among veterans. HBOT has the potential to significantly improve veteran wellbeing.

Section 3: GAO report on the use of hyperbaric oxygen therapy to treat traumatic brain injury and post-traumatic stress disorder

This section would require that the Government Accountability Office (GAO) assess HBOT use for PTSD and TBI and update the report on such use published by GAO in 2015.[2]

Section 4: Extension of certain limits on payments of pension

Under current law (38 U.S.C. § 5503(d)), the amount of VA pension paid to a veteran with no spouse or child, a veteran's surviving spouse with no children, or a veteran's child, who are admitted to a VA or Medicaid sponsored nursing facility is capped at $90 a month. Section 4 would cover the costs of the other sections of this bill by extending this cap from November 30, 2031, to October 30, 2034. Because they receive government sponsored care in a nursing home, these pension beneficiaries do not require the full amount of pension to cover their cost of living. The Committee believes this short-term extension of the current limit on pension payments is a reasonable way to cover the costs associated with the other sections of this bill.

While donations are permitted to pay for the pilot as authorized, the pilot is fully funded by this pension offset.

HEARINGS

On March 11, 2025, the Committee on Veterans' Affairs Subcommittee on Health held a legislative hearing on H.R. 1336 and other bills that were pending before the subcommittee.

The following witnesses testified:

The Honorable Jack Bergman, U.S. House of Representatives, 1st Congressional District, Michigan; The Honorable Gregory F. Murphy, U.S. House of Representatives, 3rd Congressional District, North Carolina; The Honorable Steve Womack, U.S. House of Representatives, 3rd Congressional District, Arkansas; The Honorable Don Bacon, U.S. House of Representatives, 1st Congressional District, Nebraska; The Honorable Sylvia R. Garcia, U.S. House of Representatives, 29th Congressional District, Texas; The Honorable Lauren Underwood, U.S. House of Representatives, 14th Congressional District, Illinois; The Honorable Christopher R. Deluzio, U.S. House of Representatives, 17th Congressional District, Pennsylvania; Dr. Thomas O'Toole, Deputy Assistant Under Secretary for Health for Clinical Services, Quality and Field Oper-

[1] *See, e.g.*, Victor Skinner, *HBOT for Vets gets half-million in assistance from state budget*, The Center Square (Sept. 29, 2023), https://www.thecentersquare.com/north_carolina/article_6e49658c-5e44-11ee-bd10-cbce78c76064.html.

[2] GAO, *Research on Hyperbaric Oxygen Therapy to Treat Traumatic Brain Injury and Post-Traumatic Stress Disorder* (Dec. 18, 2015), https://www.gao.gov/products/gao-16-154.

ations, Veterans Health Administration (VHA), VA; Dr. Antoinette Shappell, Deputy Assistant Under Secretary for Health for Patient Services, VHA, VA; Dr. Thomas Emmendorfer, Executive Director, Pharmacy Benefits Management, VHA, VA; Dr. Jeffrey Gold, President, University of Nebraska System; Ms. Sue Morris, President, Veterans Trust; Mr. Brian Dempsey, Director of Government Affairs, Wounded Warrior Project; Dr. Andrew Kozminski, Medical Director of Hyperbaric Medicine, University of Iowa Health Care; Mr. Ed Harries, President, National Association of State Veterans Homes; Mr. Jon Retzer, Deputy National Legislative Director, Disabled American Veterans.

The following individuals and organizations submitted statements for the record:

Veterans Healthcare Policy Institute; Paralyzed Veterans of America; American Federation of Government Employees; Representative Murphy; Trajector Medical; American Association for Marriage and Family Therapy.

SUBCOMMITTEE CONSIDERATION

On March 25, 2025, the Subcommittee on Health met in an open markup session to consider H.R. 1336. During consideration of the bill, the following amendments were considered:

An amendment to H.R. 1336 was offered by Ranking Member Julia Brownley of California. This amendment would require that providers have certification from the Joint Commission on Accreditation of Hospital Organizations, the Undersea and Hyperbaric Medical Society, or a comparably expert and objective accrediting body. This amendment passed by voice vote.

An amendment to H.R. 1336 was offered by Representative Kelly Morrison of Minnesota. This amendment would require VA to create a report of research on HBOT as a treatment for PTSD and TBI prior to implementation. This amendment failed by a recorded vote of 5 ayes, 7 noes.

An amendment to H.R. 1336 was offered by Representative Sheila Cherfilus-McCormick of Florida. This amendment would require a GAO report with an assessment about the use of HBOT to treat TBI and PTSD and with an update to the report, *Research on Hyperbaric Oxygen Therapy to Treat Traumatic Brain Injury and Post-Traumatic Stress Disorder* (GAO–16–154), within one year of enactment of the bill. This amendment was adopted by voice vote.

A motion by Representative Derrick Van Orden to report H.R. 1336, as amended, favorably to the full Committee on Veterans' Affairs was agreed to by voice vote.

COMMITTEE CONSIDERATION

On May 6, 2025, the Committee on Veterans' Affairs met in open markup session to consider H.R. 1336, as amended. During consideration of the bill, the following amendments were considered:

An amendment in the nature of a substitute to H.R. 1336, as amended, was offered by Representative Murphy. This amendment would reduce the amount of VISNs in the pilot program from three to two, reduce the pilot program length from five years to three

years, and provide an offset for the cost of the bill. This amendment passed by voice vote.

An amendment to the amendment in the nature of a substitute to H.R. 1336, as amended, was offered by Representative Herb Conaway of New Jersey. This amendment would make veterans eligible for priority group 6 of the annual system for VA's patient enrollment system if those veterans became ineligible for Medicaid coverage between the period beginning on January 20, 2025, and ending on January 19, 2029. This amendment failed by a recorded vote of 11 ayes, 13 noes.

An amendment to the amendment in the nature of a substitute to H.R. 1336, as amended, was offered by Representative Herb Conaway. This amendment would require the VA Secretary to report on all clinical trials cancelled during the period beginning of January 20, 2025, and ending on the date of enactment of the bill. This amendment failed by a recorded vote of 11 ayes, 13 noes.

A motion by Representative Bergman to report H.R. 1336, as amended, 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, two recorded votes were taken on amendments, or in connection with, ordering H.R. 1336, as amended, reported to the House.

An amendment to the amendment in the nature of a substitute to H.R. 1336 offered by Mr. Conaway was not agreed to by a recorded vote of 11 ayes, 13 noes. The names of Members voting for and against follow:

ONE HUNDRED AND NINETEENTH CONGRESS **MARKUP**
U.S. STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS
MIKE BOST, CHAIRMAN

FULL COMMITTEE ROLL CALL VOTES

Date: **Wednesday, May 6, 2025**
Subject: **Approval of Conaway Amendment #1 to the Amendment in the Nature of a Substitute**

NAME	YEA/AYE	NAY/NO	Present
Mike Bost		X	
Aumua Amata Coleman Radewagen			
Jack Bergman		X	
Nancy Mace		X	
Mariannette Miller-Meeks		X	
Gregory F. Murphy		X	
Derrick Van Orden		X	
Morgan Luttrell		X	
Juan Ciscomani		X	
Keith Self		X	
Jennifer A. Kiggans		X	
Abraham J. Hamadeh		X	
Kimberlyn King-Hinds		X	
Tom Barrett		X	
Mark Takano	X		
Julia Brownley	X		
Chris Pappas	X		
Sheila Cherfilus-McCormick	X		
Morgan McGarvey	X		
Delia C. Ramirez	X		
Nikki Budzinski	X		
Timothy M. Kennedy	X		
Maxine Dexter	X		
Herbert C. Conaway, Jr.	X		
Kelly Morrison	X		
Total	**11**	**13**	

An amendment to the amendment in the nature of a substitute to H.R. 1336 offered by Mr. Conaway was not agreed to by a recorded vote of 11 ayes, 13 noes. The names of Members voting for and against follow:

ONE HUNDRED AND NINETEENTH CONGRESS **MARKUP**
U.S. STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS
MIKE BOST, CHAIRMAN

FULL COMMITTEE ROLL CALL VOTES

Date: **Wednesday, May 6, 2025**
Subject: **Approval of Conaway Amendment #2 to the Amendment in the Nature of a Substitute**

NAME	YEA/AYE	NAY/NO	Present
Mike Bost		X	
Aumua Amata Coleman Radewagen			
Jack Bergman		X	
Nancy Mace		X	
Mariannette Miller-Meeks		X	
Gregory F. Murphy		X	
Derrick Van Orden		X	
Morgan Luttrell		X	
Juan Ciscomani		X	
Keith Self		X	
Jennifer A. Kiggans		X	
Abraham J. Hamadeh		X	
Kimberlyn King-Hinds		X	
Tom Barrett		X	
Mark Takano	X		
Julia Brownley	X		
Chris Pappas	X		
Sheila Cherfilus-McCormick	X		
Morgan McGarvey	X		
Delia C. Ramirez	X		
Nikki Budzinski	X		
Timothy M. Kennedy	X		
Maxine Dexter	X		
Herbert C. Conaway, Jr.	X		
Kelly Morrison	X		
Total	**11**	**13**	

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 of H.R. 1336, as amended, are to furnish HBOT as a treatment for veterans with TBI or PTSD and further explore the benefits of this treatment for veterans' healing.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 1336, as amended, 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. 1336, as amended, prepared by the Director of the Congressional Budget Office.

BUDGET AUTHORITY AND 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. 1336, as amended, provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

At a Glance

H.R. 1336, Veterans National Traumatic Brain Injury Treatment Act
As ordered reported by the House Committee on Veterans' Affairs on May 6, 2025

By Fiscal Year, Millions of Dollars	2025	2025-2030	2025-2035
Direct Spending (Outlays)	*	34	-105
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	*	34	-105
Spending Subject to Appropriation (Outlays)	*	124	124

Increases *net direct spending* in any of the four consecutive 10-year periods beginning in 2036?	No	Statutory pay-as-you-go procedures apply?	Yes
		Mandate Effects	
Increases *on-budget deficits* in any of the four consecutive 10-year periods beginning in 2036?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

* = between zero and $500,000.

The bill would:

- Require the Department of Veterans Affairs (VA) to implement a temporary program to provide hyperbaric oxygen ther-

apy (HBOT) to veterans diagnosed with post-traumatic stress disorder or traumatic brain injury

- Require the Government Accountability Office to report on HBOT research
- Extend the reduction of pensions that VA pays to veterans and survivors residing in Medicaid nursing homes

Estimated budgetary effects would mainly stem from:

- Providing HBOT to eligible veterans
- Reducing pension payments

Areas of significant uncertainty include:

- Estimating the number of veterans who would receive HBOT

Bill summary: H.R. 1336 would require the Department of Veterans Affairs (VA) to provide hyperbaric oxygen therapy (HBOT) to veterans diagnosed with post-traumatic stress disorder or traumatic brain injury. The bill also would require the Government Accountability Office (GAO) to update its report on HBOT therapy. Finally, the bill would extend a statutory limitation on pension payments to veterans in Medicaid nursing homes through October 2034.

Estimated Federal cost: The estimated budgetary effects of H.R. 1336 are shown in Table 1. The costs of the legislation fall within budget functions 550 (health) and 700 (veterans benefits and services).

Table 1.—ESTIMATED BUDGETARY EFFECTS OF H.R. 1336

	By fiscal year, millions of dollars—												
	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2025–2030	2025–2035
INCREASES OR DECREASES (−) IN DIRECT SPENDING													
Estimated Budget Authority	*	*	16	18	0	0	0	−40	−48	−48	−3	34	−105
Estimated Outlays	*	*	14	18	2	0	0	−40	−48	−48	−3	34	−105
INCREASES IN SPENDING SUBJECT TO APPROPRIATION													
Estimated Authorization	*	1	61	62	0	0	0	0	0	0	0	124	124
Estimated Outlays	*	1	55	62	6	0	0	0	0	0	0	124	124

* = between zero and $500,000.

Basis of estimate: For this estimate, CBO assumes that H.R. 1336 will be enacted in fiscal year 2025 and that outlays will follow historical spending patterns for affected programs.

Provisions that affect spending subject to appropriation and direct spending: Section 2 would require VA to provide HBOT to veterans diagnosed with post-traumatic stress disorder or traumatic brain injury in two of the department's regional health care networks during the three-year period following enactment.

Using data from VA about the prevalence of those conditions among veterans and published literature on the costs of HBOT, CBO estimates that roughly 6,000 veterans would participate in the program at an average cost of $27,000 for a course of 40 treatments.

The bill would establish a fund to accept donations for the program; however, CBO anticipates that contributions would be minimal and would not significantly offset the costs of the program. In

total, CBO estimates that the temporary program would cost $158 million over the three-year period.

CBO expects that some of the costs of implementing the bill would be paid from the Toxic Exposures Fund (TEF) established by Public Law 117–168, the Honoring our PACT Act. The TEF is a mandatory appropriation that VA uses to pay for health care, disability claims processing, medical research, and IT modernization that benefit veterans who were exposed to environmental hazards.

Additional spending from the TEF would occur if legislation increases the costs of similar activities that benefit veterans with such exposure. Thus, in addition to increasing spending subject to appropriation, enacting section 2 would increase amounts paid from the TEF, which are classified as direct spending. CBO projects that the proportion of costs paid by the TEF will grow over time based on the amount of formerly discretionary appropriations that CBO expects will be provided through the mandatory appropriation as specified in the Honoring our PACT Act.[1]

CBO estimates that over the 2025–2035 period, implementing section 2 would increase spending subject to appropriation by $124 million and direct spending by $34 million.

Direct spending: In addition to expanding benefits that would partly be covered by the TEF, enacting H.R.1336 would affect direct spending by extending a statutory limitation on VA pension payments. In total, enacting the bill would decrease net direct spending by $105 million over the 2025–2035 period (see Table 2).

Under current law, VA reduces pension payments to veterans and survivors who reside in Medicaid nursing homes to $90 per month. That required reduction expires November 30, 2031. Section 4 of the bill would extend the reduction for 35 months, through October 31, 2034. CBO estimates that extending that requirement would reduce VA benefits by $10 million per month. (Those benefits are paid from mandatory appropriations and are therefore considered direct spending.) As a result of that reduction in beneficiaries' income, Medicaid would pay more of the cost of their care, increasing spending for that program by $6 million per month.

In total, enacting section 4 would reduce direct spending by $139 million over the 2025–2035 period, CBO estimates.

TABLE 2.—ESTIMATED CHANGES IN DIRECT SPENDING UNDER H.R. 1336

	By fiscal year, millions of dollars—												
	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2025–2030	2025–2035
Hyperbaric Oxygen Therapy:													
Estimated Budget Authority	*	*	16	18	0	0	0	0	0	0	0	34	34
Estimated Outlays	*	*	14	18	2	0	0	0	0	0	0	34	34
Pensions:													
Estimated Budget Authority	0	0	0	0	0	0	0	−40	−48	−48	−3	0	−139
Estimated Outlays	0	0	0	0	0	0	0	−40	−48	−48	−3	0	−139
Total Changes:													
Estimated Budget Authority	*	*	16	18	0	0	0	−40	−48	−48	−3	34	−105

[1] For additional information about estimated spending from the TEF, see Congressional Budget Office, "Toxic Exposures Fund—January 2025 Baseline" (January 2025), https://www.cbo.gov/system/files/2025-01/60044-2025-01-tef.pdf.

TABLE 2.—ESTIMATED CHANGES IN DIRECT SPENDING UNDER H.R. 1336—Continued

	By fiscal year, millions of dollars—												
	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2025–2030	2025–2035
Estimated Outlays	*	*	14	18	2	0	0	−40	−48	−48	−3	34	−105

* = between zero and $500,000.

Spending subject to appropriation: The discussion above in "Provisions that Affect Spending Subject to Appropriation and Direct Spending" describes the costs of implementing a program to provide HBOT to eligible veterans. Establishing the program would increase spending subject to appropriation by $124 million over the 2025–2035 period.

Section 3 would require GAO to update its 2015 report on the use of HBOT to treat post-traumatic stress disorder and traumatic brain injury. Based on the costs of similar reporting requirements, CBO estimates that preparing the report would cost less than $500,000.

Uncertainty: CBO's estimate of the costs of H.R. 1336 is subject to uncertainty, particularly with regard to the number of veterans who would receive HBOT under the program. Costs would differ if the number of participants is greater or less than CBO estimates.

Pay-As-You-Go considerations: The Statutory Pay-As-You-Go Act of 2010 establishes budget-reporting and enforcement procedures for legislation affecting direct spending or revenues. The net changes in outlays that are subject to those pay-as-you-go procedures are shown in Table 1.

Increase in long-term net direct spending and deficits: CBO estimates that enacting H.R. 1336 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2036.

Mandates: The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act.

Estimate prepared by: Federal costs: Noah Callahan (for veterans' health care), Logan Smith (for veterans' and survivors' pensions); Mandates: Grace Watson.

Estimate reviewed by: David Newman, Chief, Defense, International Affairs, and Veterans' Affairs Cost Estimates Unit; Kathleen FitzGerald, Chief, Public and Private Mandates Unit; Christina Hawley Anthony, Deputy Director of Budget Analysis.

Estimate approved by: Phillip L. Swagel, Director, Congressional Budget Office.

FEDERAL MANDATES STATEMENT

Section 423 of the Congressional Budget and Impoundment Control Act (as amended by Section 101(a)(2) of the Unfunded Mandate Reform Act, P.L. 104–4), is inapplicable to H.R. 1336, as amended.

ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 1336, as amended.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 1336, as amended, does not relate to the terms and conditions of employment or access to public services or accommodation within the meaning of section 102(b)(3) of the Congressional Accountability Act.

STATEMENT ON DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, the Committee finds that no provision of H.R. 1336, as amended, 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.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1: Short title

This section would establish the short title as the "Veterans National Traumatic Brain Injury Treatment Act."

Section 2: Pilot program to furnish hyperbaric oxygen therapy to a veteran with traumatic brain injury or post-traumatic stress disorder

This section would require the VA Secretary to implement a pilot program to furnish HBOT to a veteran who has a service-connected TBI or PTSD and select two VISNs in which to operate the pilot program. It would limit the pilot to three years following enactment.

This section would require that medical facilities that provide HBOT obtain accreditation from the Joint Commission on Accreditation of Hospital Organizations, the Undersea and Hyperbaric Medical Society, or other appropriate organization with similar expertise and objectivity. It would also create the "VA HBOT Fund" at Treasury, which would be funded solely by donations to pay for HBOT through the pilot.

Finally, this section would define the term "HBOT" as hyperbaric oxygen therapy with a medical device that is approved by the FDA or issued an investigational device exemption by the FDA.

Section 3: GAO Report on the use of hyperbaric oxygen therapy to treat traumatic brain injury and post-traumatic stress disorder

This section would require a GAO report, within one year of date of enactment, which would include an assessment of clinical trials regarding the use of HBOT to treat TBI and PTSD and an update to the GAO report, *Research on Hyperbaric Oxygen Therapy to Treat Traumatic Brain Injury and Post-Traumatic Stress Disorder* (GAO–16–154).

Section 4: Extension of certain limits on payments of pension

This section would extend the limitation of pension payable to certain veterans, their surviving spouses, or their children as es-

tablished in section 38 U.S.C. § 5503(d)(7) from November 30, 2031, to October 30, 2034.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

TITLE 38, UNITED STATES CODE

* * * * * * *

PART IV—GENERAL ADMINISTRATIVE PROVISIONS

* * * * * * *

CHAPTER 55—MINORS, INCOMPETENTS, AND OTHER WARDS

* * * * * * *

§ 5503. Hospitalized veterans and estates of incompetent institutionalized veterans

(a)(1)(A) Where any veteran having neither spouse nor child is being furnished domiciliary care by the Department, no pension in excess of $90 per month shall be paid to or for the veteran for any period after the end of the third full calendar month following the month of admission for such care.

(B) Except as provided in subparagraph (D) of this paragraph, where any veteran having neither spouse nor child is being furnished nursing home care by the Department, no pension in excess of $90 per month shall be paid to or for the veteran for any period after the end of the third full calendar month following the month of admission for such care. Any amount in excess of $90 per month to which the veteran would be entitled but for the application of the preceding sentence shall be deposited in a revolving fund at the Department medical facility which furnished the veteran nursing care, and such amount shall be available for obligation without fiscal year limitation to help defray operating expenses of that facility.

(C) No pension in excess of $90 per month shall be paid to or for a veteran having neither spouse nor child for any period after the month in which such veteran is readmitted for care described in subparagraph (A) or (B) of this paragraph and furnished by the De-

partment if such veteran is readmitted within six months of a period of care in connection with which pension was reduced pursuant to subparagraph (A) or (B) of this paragraph.

(D) In the case of a veteran being furnished nursing home care by the Department and with respect to whom subparagraph (B) of this paragraph requires a reduction in pension, such reduction shall not be made for a period of up to three additional calendar months after the last day of the third month referred to in such subparagraph if the Secretary determines that the primary purpose for the furnishing of such care during such additional period is for the Department to provide such veteran with a prescribed program of rehabilitation services, under chapter 17 of this title, designed to restore such veteran's ability to function within such veteran's family and community. If the Secretary determines that it is necessary, after such period, for the veteran to continue such program of rehabilitation services in order to achieve the purposes of such program and that the primary purpose of furnishing nursing home care to the veteran continues to be the provision of such program to the veteran, the reduction in pension required by subparagraph (B) of this paragraph shall not be made for the number of calendar months that the Secretary determines is necessary for the veteran to achieve the purposes of such program.

(2) The provisions of paragraph (1) shall also apply to a veteran being furnished such care who has a spouse but whose pension is payable under section 1521(b) of this title. In such a case, the Secretary may apportion and pay to the spouse, upon an affirmative showing of hardship, all or any part of the amounts in excess of the amount payable to the veteran while being furnished such care which would be payable to the veteran if pension were payable under section 1521(c) of this title.

(b) Notwithstanding any other provision of this section or any other provision of law, no reduction shall be made in the pension of any veteran for any part of the period during which the veteran is furnished hospital treatment, or institutional or domiciliary care, for Hansen's disease, by the United States or any political subdivision thereof.

(c) Where any veteran in receipt of an aid and attendance allowance described in subsection (r) or (t) of section 1114 of this title is hospitalized at Government expense, such allowance shall be discontinued from the first day of the second calendar month which begins after the date of the veteran's admission for such hospitalization for so long as such hospitalization continues. Any discontinuance required by administrative regulation, during hospitalization of a veteran by the Department, of increased pension based on need of regular aid and attendance or additional compensation based on need of regular aid and attendance as described in subsection (*l*) or (m) of section 1114 of this title, shall not be effective earlier than the first day of the second calendar month which begins after the date of the veteran's admission for hospitalization. In case a veteran affected by this subsection leaves a hospital against medical advice and is thereafter admitted to hospitalization within six months from the date of such departure, such allowance, increased pension, or additional compensation, as the case may be, shall be discontinued from the date of such readmission for so long as such hospitalization continues.

(d)(1) For the purposes of this subsection—

(A) the term "Medicaid plan" means a State plan for medical assistance referred to in section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)); and

(B) the term "nursing facility" means a nursing facility described in section 1919 of such Act (42 U.S.C. 1396r), other than a facility that is a State home with respect to which the Secretary makes per diem payments for nursing home care pursuant to section 1741(a) of this title.

(2) If a veteran having neither spouse nor child is covered by a Medicaid plan for services furnished such veteran by a nursing facility, no pension in excess of $90 per month shall be paid to or for the veteran for any period after the month of admission to such nursing facility.

(3) Notwithstanding any provision of title XIX of the Social Security Act, the amount of the payment paid a nursing facility pursuant to a Medicaid plan for services furnished a veteran may not be reduced by any amount of pension permitted to be paid such veteran under paragraph (2) of this subsection.

(4) A veteran is not liable to the United States for any payment of pension in excess of the amount permitted under this subsection that is paid to or for the veteran by reason of the inability or failure of the Secretary to reduce the veteran's pension under this subsection unless such inability or failure is the result of a willful concealment by the veteran of information necessary to make a reduction in pension under this subsection.

(5)(A) The provisions of this subsection shall apply with respect to a surviving spouse having no child in the same manner as they apply to a veteran having neither spouse nor child.

(B) The provisions of this subsection shall apply with respect to a child entitled to pension under section 1542 of this title in the same manner as they apply to a veteran having neither spouse nor child.

(6) The costs of administering this subsection shall be paid for from amounts available to the Department of Veterans Affairs for the payment of compensation and pension.

(7) This subsection expires on [November 30, 2031] *October 30, 2034*.

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MINORITY VIEWS

This bill, as amended, would require VA to establish a five-year pilot program in three Veterans Integrated Service Networks (VISN) to furnish hyperbaric oxygen therapy (HBOT) to veterans with traumatic brain injuries or post-traumatic stress disorder. This treatment would be furnished by community providers and would be funded through donations.

Committee Democrats are pleased that this bill, as amended, incorporates two amendments offered by Democratic members at the Health Subcommittee markup on March 25, 2025: an amendment offered by Rep. Cherfilus-McCormick to direct the U.S. Government Accountability Office (GAO) to complete an update to its 2015 report [1] on HBOT as a treatment for TBI and PTSD; and an amendment offered by Rep. Brownley to require any facility where veterans receive HBOT to be accredited by the Joint Commission, the Undersea & Hyperbaric Medical Society, or another relevant accrediting body in order to participate in the established pilot program.

However, we remain concerned that Committee Republicans rejected an amendment offered by Rep. Morrison at the Health Subcommittee markup that would have directed VA to conduct a systematic review of published studies on the efficacy of HBOT as a treatment for PTSD and TBI before the pilot program could commence. Committee Democrats would posit that we should ensure the latest available literature supports the treatment before veterans can access it. If HBOT is demonstrated as an effective treatment, then the pilot program should move forward.

But the fact remains that the scientific literature, at present, does not support VA establishing an HBOT pilot program, and such a program would not be in keeping with VA's clinical practice guidelines for treatment of TBI and PTSD. For example, separate reviews conducted by GAO in 2015 [2] and VA in 2018 [3] suggest that the evidence regarding the effectiveness of these treatments for both TBI and PTSD is mixed, at best. VA concluded, "In summary, the large treatment benefits demonstrated for HBOT in uncontrolled case series have not been easily replicated in well-controlled [randomized controlled trials] RCTs." Additionally, VA submitted a congressionally mandated report in 2021 that presented the findings of a systematic review of published literature, which also found little evidence to support the creation of a pilot program like the one H.R. 1336, as amended, would establish.

Finally, the funding structure of the program—relying on donations—is concerning to Committee Democrats. This structure is not a typical way that VA provides care, and we remain concerned by

[1] U.S. Government Accountability Office, *Defense Health Care: Research on Hyperbaric Oxygen Therapy to Treat Traumatic Brain Injury and Post-Traumatic Stress Disorder*, GAO–16–154 (Washington, DC: Dec. 18, 2015).

VA's testimony that donations may not cover the cost of treatment for all veterans and that additional funding may be required. It seems the majority agreed with this assessment and with CBO's assessment that the bill may trigger a cost since they included pay-for language in the A.N.S. Committee Democrats are concerned that the pilot program will put VA in the difficult position of choosing whether to expend funds it may not have appropriated for this purpose, or denying veterans care that may or may not help with their mental health conditions.

For these reasons, Committee Democrats remain deeply concerned about this legislation and would recommend work be done to ensure that additional scientific due diligence be completed before VA implements such a program.

MARK TAKANO,
Ranking Member.

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