May 23, 2017

CONGRESSIONAL RECORD — HOUSE

H4469

Current law requires the VA to cover the cost of nursing home care in a State Veterans Home for any veteran in need of such care due to a service-connected disability or with a service-connected disability rating of 70 percent or more. That authority is incredibly important and has helped thousands of our veterans get the nursing home care they need.

However, there is an increasing demand for VA to offer geriatric and long-term care programs in institutional settings that would allow aging veterans to receive needed services and supports while remaining in their homes surrounded by their loved ones. To that end, H.R. 1005 would require VA to enter into an agreement or a contract with State Veterans Homes to pay for adult day healthcare for a veteran who is eligible for but not receiving nursing home care.

Adult day healthcare programs are a popular alternative to nursing home care that provide veterans in need of case management, assistance with activities of daily living, or other supportive services with companionship, peer support, transportation, and certain healthcare services. They also provide needed respite for caregivers.

By requiring VA to cover the cost of adult day healthcare programs at State Veterans Homes for veterans who would otherwise qualify for VA-paid nursing home care, H.R. 1005 would expand access to this type of care, which has been shown to maximize a veteran’s independence and quality of life and to increase veteran’s ability to remain at home, which I think we would all want to do.

This bill has the support of the National Association of State Veterans Homes, The American Legion, the Disabled American Veterans, the Paralyzed Veterans of America, and the Veterans of Foreign Wars of the United States.

I am grateful to my friend and former member of our committee, Mr. Zeldin, from New York, for sponsoring this legislation and for shepherding it to the House floor. I look forward to working with him and our colleagues in the Senate to secure a quick passage over there as well.

Mr. Speaker, I urge all of my colleagues to join me in supporting H.R. 1005, and I reserve the balance of my time.

Mr. WALZ. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of Congressman Zeldin’s bill, H.R. 1005. This legislation is a timely solution to a problem that affects many of our aging veteran populations. Nursing homes are often a family’s last resort, and I believe that is the way it should remain. By allowing veterans to receive daily care and assistance at a nursing home and then return to their homes at night, veterans will receive the care, support, and attention they need without sacrificing the community family support and independence they want.

For that reason, I ask my colleagues to support this really smart piece of legislation. Mr. Speaker, I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield today in support of H.R. 1005, a bill which would provide for a medical model adult day healthcare at State Veterans Homes to veterans who are 70 percent or more service-connected disabled.

This bill is an extension to the Veterans Benefits, Healthcare, and Information Technology Act of 2006, which currently provides no-cost nursing home care at any State Veterans Home to veterans who are 70 percent or more service-connected disabled.

Medical model adult day healthcare offers a complete array of rehabilitative services, including physical, occupational, and speech therapies, hospice and palliative care, social work, spiritual, nutritional counseling, and therapeutic recreation.

The program is designed to promote socialization and maximize the participant’s independence while enhancing their quality of life. The program is staffed by a team of multidisciplinary healthcare professionals who evaluate each participant and customize an individualized plan of care specific to their health and social needs.

Adult day healthcare is an alternative care setting that can allow some veterans who require long-term care services to remain in their homes rather than be institutionalized in a nursing home. Such veterans typically require support for some, but not all, activities of daily living—ADLs—such as bathing, dressing, or feeding. In many cases, a spouse or other family member may provide the veteran with much of their care, but they require additional support for some of the veteran’s ADLs. By filling these gaps, adult day healthcare can allow these veterans to remain in their homes and communities for additional months or even years and thereby lower the financial cost of caring for these heroes.

Adult day healthcare also provides family caregivers support and relief. Adult day healthcare programs can help caregivers to meet their other professional and family obligations or provide a well-deserved respite while their loved ones are participating in the program.

I would like to thank Chairman Roe and Ranking Member Walz for their leadership and support on this issue. Also, I would like to thank the House Veterans’ Affairs Committee and the great staff for recognizing the need for this critical legislation. Mr. Speaker, this is a piece of legislation I would encourage all of our colleagues to support.

Mr. WALZ. Mr. Speaker, I continue to reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. Costello) who is a former member of our committee.

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I rise today in support of legislation that would assist veterans in Pennsylvania’s Sixth Congressional District who suffer from a service-connected disability.

H.R. 1005 would allow the Department of Veterans Affairs to work with State Veterans Homes, such as the Southeastern Veterans Center in my district in East Vincent Township in Chester County, Pennsylvania, to fund adult day healthcare for veterans who have a disability rating of 70 percent or more from the line of duty.

Making this program available to more veterans who need assistance with daily tasks, such as bathing, dressing, or eating, would help improve the lives of those who have sacrificed so much, as well as their families.

Our veterans and their loved ones deserve to receive high-quality health services with the freedom and flexibility to live independently and at home.

I commend Congressman Zeldin for his leadership and all those on the Veterans’ Affairs Committee for passing this out of committee. I am proud to be a cosponsor of this bill, and I urge my colleagues to support it.

Mr. WALZ. Mr. Speaker, I encourage my colleagues to join me in passing H.R. 1005, and I yield back the balance of my time.
of Veterans Affairs to carry out a pilot program to provide access to magnetic EEG/EKG-guided resonance therapy to veterans.

The Clerk read the title of the bill.

The text of the bill is as follows:

SEC. 1. SHORT TITLE.

This Act may be cited as the “No Hero Left Untreated Act”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Magnetic EEG/EKG-guided resonance therapy has successfully treated more than 400 veterans with post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, and opioid addiction.

(2) Recent clinical trials and randomized, placebo-controlled, double-blind studies have produced promising measurable outcomes in the evolution of magnetic EEG/EKG-guided resonance therapy.

(3) The outcomes described in paragraph (2) have been achieved in escalating demand from returning members of the Armed Forces and veterans who are seeking access to magnetic EEG/EKG-guided resonance therapy.

(4) Magnetic resonance therapy, or MRT, is an emerging technology that has been used to treat over 400 veterans with symptoms of their mental conditions.

(a) PILOT PROGRAM.—Commencing not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall carry out a pilot program to provide access to magnetic EEG/EKG-guided resonance therapy to treat veterans suffering from post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, or opioid addiction.

(b) LOCATIONS.—The Secretary shall carry out the pilot program under subsection (a) at not more than two VA facilities of the Department of Veterans Affairs.

(c) PARTICIPANTS.—In carrying out the pilot program under subsection (a), the Secretary shall provide access to magnetic EEG/EKG-guided resonance therapy to not more than 50 veterans.

(d) DURATION.—The Secretary shall carry out the pilot program under subsection (a) for a one-year period.

(e) REPORT.—Not later than 90 days after the termination of the pilot program under subsection (d), the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the pilot program.

(f) NO AUTHORIZATION OF APPROPRIATIONS.—No additional amounts are authorized to be appropriated to carry out the requirements of this section. Such requirements shall be carried out using amounts authorized under provisions of law other than this section.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. ROE) and the gentleman from Minnesota (Mr. WALZ) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 1162, a bill to expand the use of EEG/EKG-guided magnetic resonance therapy to treat veterans with PTSD, traumatic brain injury, military sexual trauma, chronic pain, and opioid addiction at VA medical centers.

A 2016 VA report found that mental health conditions and substance abuse among veterans is alarmingly high and steadily on the rise, up from 27 percent in 2001 to over 40 percent in 2014. Perhaps even more alarming, the same report showed that veterans have increased use of prescription opioids by 259 percent over the same period to treat these invisible wounds.

Magnetic resonance therapy, or MRT, is an emerging technology that has been used to treat over 400 veterans with symptoms of their mental conditions. MRT uses quantitative electroencephalogram, electrocardiogram technology to target the affected areas of the brain and apply repetitive magnetic stimulation to return normal function to those areas.

MRT has been approved by the Food and Drug Administration to treat depression, and a 2015 study found that veterans who underwent 2 weeks of treatment for PTSD reported an average of 47.4 percent reduction in symptom severity. After 4 weeks of treatment, veteran participants saw a 64 percent reduction in symptom severity on average. A study showed no zero reports of worsening symptoms or adverse effects from the treatment.

H.R. 1162 would create a 1-year pilot at two VA facilities during which 50 veterans would be provided MRT treatment for Posttraumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, and opioid addiction.

Ninety days after the end of the pilot, the Secretary of the VA would issue a report to Congress on the efficacy of the pilot.

Mr. Speaker, with such promising results from preliminary tests of MRT technology, I believe that we must act quickly to make this emerging technology available to more veterans suffering from the invisible wounds of war.

Mr. Speaker, I thank the gentleman from California (Mr. KNIGHT), my good friend and fellow Army veteran, for sponsoring this legislation.

Mr. Speaker, I urge all of my colleagues to join me in supporting H.R. 1162, and I reserve the balance of my time.

Mr. WALZ of Minnesota. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 1162. With all of the things that you heard the chairman talk about and substance abuse disorder on the rise, the VA should continue to explore the benefits of alternative treatments and how best to provide care to our veterans.

Medical providers must think outside of the box and find effective ways to treat the symptoms a veteran is experiencing, and do so in a way that does not compromise a veteran’s health, relationships, and prospects towards a successful transition home.

Mr. Speaker, for this reason, I would ask my colleagues to support this important piece of legislation and start moving in a direction that serves our veterans with the best treatment for them.

Mr. Speaker, I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. KNIGHT), the sponsor of this bill.

Mr. KNIGHT of Tennessee. Mr. Speaker, I thank the chairman and the ranking member for their leadership on all veteran issues.

Mr. Speaker, today I rise in support of H.R. 1162, the No Hero Left Untreated Act. I rise today to stand with our Nation’s veterans for whom the trauma from the battlefield does not always appear. Whether it is PTSD, TBI, MST, chronic pain, or opioid drug addiction, the pilot program established by this bill would provide a innovative individualized treatment for all-too-common diagnoses that our veterans face today.

Using a suite of FDA-approved medical tools, the magnetic EEG/EKG-guided resonance therapy, or MeRT, is a non pharmacological and noninvasive procedure that has already shown great promise. This bill requires the Secretary of Veterans Affairs to establish the pilot program, treat 50 veterans using MeRT at two different VA locations, and then come back with a report at the end of that.

Alredy at the Brain Treatment Center in California, 98 percent of veterans in recent trials have experienced at least a 10-point change in their military PTSD checklist, or PCL-M, which ranges from 17 to 80.

The Active-Duty military has already begun clinical trials using the MeRT procedure at Tinker Air Force Base, concluding that “transcranial MeRT is a promising adjuvant treatment modality to help veterans suffering from PTSD.” In fact, after 4 years of active treatment, MeRT reduced the average PCL-M score from 66 to 37.

U.S. Special Operations Command has also funded their own trials using the Brain Treatment Center’s treatment modality for the importing conducting research at MacDill Air Force Base in Florida and Naval Special Warfare Command in my home State of California.
Mr. Speaker, I include in the RECORD letters of support for H.R. 1162 from AMVETS, the Veterans Health Council, THE PATRIOT PROJECT, Lines for Life, The National Foundation for Women Legislators, THE STEADFAST Leadership, and the WestCare Foundation.

AMVETS,  
Lanham, MD, April 5, 2017.  
HON. STEVE KNIGHT,  
House of Representatives,  
Washington, DC.

DEAR CONGRESSMAN KNIGHT: AMVETS (American Veterans) is pleased to support your bill, H.R. 1162, the No Hero Left Untreated Act, which seeks to establish a pilot program for two Department of Veterans Affairs (VA) medical centers to treat fifty veterans using magnetic EEG/EKG-guided resonance therapy.

Magnetic EEG/EKG-guided resonance therapy has successfully treated more than 400 veterans with post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, and opiate addiction. This small pilot is instructive to VA in understanding the benefits and deciding whether to offer this promising therapy to those receiving VA health care.

If it is fully understood how to treat these nuanced disorders and health issues, VA would already be doing so—and suffice it to say—the veteran suicide rate would most assuredly be lower than it is now. It is imperative that we, as a nation, look at new ways to help those who have stood up and walked the walk, and suffer the consequences of service.

AMVETS is in full support of this measure and appreciates your leadership in introducing this important legislation and in striving to improve the lives of all veterans.

Sincerely,  
JOSEPH R. CHERNELLY,  
Executive Director.

Veterans Health Council,  
Silver Spring, MD, February 21, 2017.  
HON. STEVE KNIGHT,  
House of Representatives,  
Washington, DC.

DEAR CONGRESSMAN KNIGHT: I am writing in support of H.R. 1162, the No Hero Left Untreated Act. This important piece of legislation will bring to America’s Veterans a significant contribution toward health solutions for Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Mili-itary Sexual Trauma (MST), chronic pain and opiate drug addiction through MeRT (Magnetic EEG/EKG-guided Resonance Therapy).

As of early 2015, the effects of collective failure to adequately address the emotional and physical effects of combat, particularly Traumatic Brain Injuries (TBI), mild Traumatic Brain Injuries (mTBI), and PTSD have left the Veteran community paying a disproportionate toll for their service to the Nation. Current treatments for Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and military sexual trauma (MST) are woefully inadequate. While the current state of treatment for TBI, mild Traumatic Brain Injury (mTBI), and PTSD, is woefully inadequate. While hundreds of thousands of service members suffer from these conditions when they return from war zones and multiple tours while serving our nation, there is a systemic failure to address the emotional and physical effects of combat. This is a national crisis and one we must address immediately.

The legislation you are advocating is a significant step to provide the best care for our servicemen and women so desperately need and deserve. I have reviewed the double blind studies with Dr. Jin and the staff of the BTC. This use of Magnetic EEG/EKG Resonance Therapy (MeRT, a non-invasive treatment) under the direction of the BTC has achieved unprecedented success rates in both open-label trial and randomized, placebo-controlled, double-blind studies. To date, over 98% of Veteran PTSD/TBI patients have responded positively averaging a 61% reduction in symptom severity as measured by the PTSD Check List—Military (PCL-M) and demonstrated by measurable EEG/EKG changes.

We applaud your continued interest in exploring effective, science-based and proven solutions as a national priority. Like you, we believe it is our obligation and duty to ensure Veterans receive the treatment they need to have their lives and livelihoods restored.

Sincerely,  
THOMAS J. BERGER, Ph.D.,  
Executive Director.

ASSOCIATION OF THE UNITED STATES NAVY,  
HON. STEPHEN KNIGHT,  
House of Representatives,  
Washington, DC.

On behalf of the Association of the United States Navy, we would like to pledge our support for H.R. 1162, the No Hero Left Untreated Act. This bill directs the Secretary of Veterans Affairs to conduct a pilot program to provide access to magnetic EEG/EKG guided resonance therapy to veterans. Magnetic EEG/EKG guided resonance therapy has successfully treated more than 400 veterans with post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, and opiate addiction. Recently clinical trials, placebo-controlled, double blind studies have produced promising measurable outcomes in the evolution of this type of therapy.

The pilot program, as laid out in the bill, will allow the Secretary of Veterans Affairs to provide access to magnetic EEG/EKG guided resonance therapy to suffering veterans. The program will be located at no more than two facilities and test no more than fifty veterans. The program will be carried out for one year, and no more than 90 days after the termination of the program, the Secretary will submit to the Committee on Veterans’ Affairs of the Senate and House a report on the pilot program.

Thank you for taking an active role in such an important issue to the Military and Veteran community by working to improve the lives and careers of those who served our country, there is a systemic failure to address these invisible and visible life-altering injuries.

Sincerely,  
MICHAEL J. LITTLE,  
Director of Legislative Affairs.

Veterans Advantage  
Greenswich, CT, February 17, 2017.  
HON. STEVE KNIGHT,  
House of Representatives,  
Washington, DC.

DEAR CONGRESSMAN KNIGHT: On behalf of Veterans Advantage, PBC, the leading private-sector benefit company that advocates for greater health care access for our nation’s veterans and their families, I am writing in support of the No Hero Left Untreated Act, H.R.1162.

I am a Vietnam Veteran who has first-hand experience with the effects of Traumatic Brain Injury (TBI) and Post Traumatic Stress (PTS). My son, who has sustained multiple concussions and suffers from PTS, has undergone treatment at the Brain Treatment Center (BTC) over the last year and continues to do so. As a result of this treatment, we have seen a dramatic progress in addressing the symptoms associated with his condition, in particular his depression and anxiety have lessened. No other therapies have any effect on this condition. He has made steady progress and is now on the road to restoring his health.

The current state of treatment for TBI, mild Traumatic Brain Injury (mTBI), and PTSD, is woefully inadequate. While hundreds of thousands of service members suffer from these conditions when they return from war zones and multiple tours while serving our nation, there is a systemic failure to address the emotional and physical effects of combat. This is a national crisis and one we must address immediately.

The legislation you are advocating is a significant step to provide the best care for our servicemen and women so desperately need and deserve. I have reviewed the double blind studies with Dr. Jin and the staff of the BTC. This use of Magnetic EEG/EKG Resonance Therapy (MeRT, a non-invasive treatment) under the direction of the BTC has achieved unprecedented success rates in both open-label trials and randomized, placebo-controlled, double-blind studies. To date, over 98% of Veteran PTSD/TBI patients have responded positively to this treatment option—averaging a 61% reduction in symptom severity as measured by the PTSD Check List—Military (PCL-M) and demonstrated by measurable EEG/EKG changes.

I am a Vietnam Veteran who has first-hand experience with the effects of Traumatic Brain Injury (TBI) and Post Traumatic Stress (PTS). My son, who has sustained multiple concussions and suffers from PTS, has undergone treatment at the Brain Treatment Center (BTC) over the last year and continues to do so. As a result of this treatment, we have seen a dramatic progress in addressing the symptoms associated with his condition, in particular his depression and anxiety have lessened. No other therapies have any effect on this condition. He has made steady progress and is now on the road to restoring his health.

H.R. 1162 is a significant step forward in providing Veterans with the treatment they
desperately need and clearly deserve. MeRT technology brings a novel neuromodulation approach, achieving unprecedented success rates in both open-label trials and randomized, placebo-controlled, double-blind studies with over 98% of Veteran PTSD/TBI patients responding positively to this treatment option. (PTSD, other Traumatic Brain Injuries (mTBI), and PTSD have left our Veteran community paying a disproportionate toll to the Nation. Treatment modalities to date, clearly, have had limited utility. The urgency and necessity for legislation responding to this national issue becomes more obvious when one sees the growing scope, impact, and prevalence of PTSD, evident both in Veteran and civilian indicators. While some may view this as a societal cost that cannot be averted, that is not our view. We applaud your continued interest in exploring effective, science-based, and proven medical technologies to help our Veterans. Like you, we believe it is our obligation and duty to ensure Veterans receive the treatment they need to have their lives and livelihoods restored.

Sincerely,

DR. CAROL ANN MALLIZZI,
CAM Integrative Consulting, Patriot Project Board Member.

LINES FOR LIFE,
March 9, 2017.

HON. STEVE KNIGHT,
House of Representatives,
Washington, DC.

DEAR CONGRESSMAN KNIGHT: Thank you for your ongoing efforts to support our veterans, particularly through HR 1162, the No Hero Left Untreated Act. LINES for Life supports this important piece of legislation that will expand promising neurological treatment for veterans coping with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), military sexual trauma, chronic pain, and opiate addiction.

LINES for Life operates a regional Military Helpline that offers free, anonymous help to active-duty service members, veterans, and their families. We also serve as the sole backup center for the Department of Veterans Affairs’ Veterans Crisis Line. In 2016, we received over 31,000 military-related calls from individuals who are struggling to cope with mental health issues including anxiety, depression, post-traumatic stress disorder, and thoughts of suicide.

Veterans comprise 9% of the United States population, but account for 18% of suicides. Our nation’s inadequate attention to the emotional and physical effects of combat, particularly TBI and PTSD has left our veteran community paying a disproportionate toll for their service. Treatment methods for PTSD currently have had limited utility. We must respond to the growing scope, impact, and prevalence of PTSD by enhancing our understanding and response to this critical issue.

We applaud your continued interest in exploring effective, science-based, and proven medical technologies to help our Veterans. Like you, we believe it is our obligation and duty to ensure Veterans receive the treatment they need to have their lives and livelihoods restored.

Sincerely,

DWIGHT HOLTON,
Executive Director.

NATIONAL FOUNDATION FOR WOMEN LEGISLATORS,
March 6, 2017.

HON. STEVE KNIGHT,
House of Representatives,
Washington, DC.

DEAR CONGRESSMAN KNIGHT: We are writing in support of HR 1162 the No Hero Left Untreated Act, for which your efforts should be highly commended on behalf of Veterans. This important piece of legislation brings a critical treatment option to the Nation’s Veterans who confront post-traumatic stress, traumatic brain injury, and related symptoms also deserve relief—and this Veterans’ Day, Congress is poised to give it to them.

Truth can be compelling when it meets you head-on, and nothing speaks louder than the truth. When faced with the challenges you have so ably served. I thank you for your ongoing efforts to support our veterans, particularly through HR 1162, the No Hero Left Untreated Act for which your efforts should be highly commended on behalf of Veterans. This important piece of legislation brings a critical treatment option to the Nation’s Veterans who confront post-traumatic stress, traumatic brain injury, and related symptoms also deserve relief—and this Veterans’ Day, Congress is poised to give it to them.

Truth can be compelling when it meets you head-on, and nothing speaks louder than the truth. When faced with the challenges you have so ably served. I thank you for your ongoing efforts to support our veterans, particularly through HR 1162, the No Hero Left Untreated Act for which your efforts should be highly commended on behalf of Veterans. This important piece of legislation brings a critical treatment option to the Nation’s Veterans who confront post-traumatic stress, traumatic brain injury, and related symptoms also deserve relief—and this Veterans’ Day, Congress is poised to give it to them.

March 9, 2017.

Sincerely,

MARJORIE MORRISON,
PsychArmor Institute, CEO & Founder.

February 17, 2017.

HON. STEVE KNIGHT,
House of Representatives,
Washington, DC.

DEAR CONGRESSMAN KNIGHT: I am writing in support of HR 1162 the No Hero Left Untreated Act, for which your efforts should be highly commended on behalf of Veterans. This important piece of legislation brings a critical treatment option for Veterans who suffer from Post-Traumatic Stress Disorder (PTSD). Traumatic Brain Injury (TBI), Military Sexual Trauma (MST), chronic pain and opiate drug addiction.

This non-pharmaceutical and non-invasive treatment has helped hundreds of Veterans and their families who are supporting and caring for these Veterans. There is no one treatment for every individual, and it is important to give Veterans options so that they have the power to choose which treatment is best for them and their situation. Veterans have sacrificed so much for our nation; it is our obligation to provide for them and their families.

We applaud your continued interest in exploring effective, science-based, and proven medical technologies to help our Veterans. Like you, we believe it is our obligation and duty to ensure Veterans receive the treatment they need to have their lives and livelihoods restored.

Sincerely,

JANET L. WOHLFORD,
Director of Women’s Public Policy

FEBRUARY 17, 2017.

HON. STEVE KNIGHT,
House of Representatives,
Washington, DC.

DEAR CONGRESSMAN KNIGHT: Recent elections have brought to the forefront the need to provide the “here and now.” And rightly so. With the elections behind us, we have a shared sense of relief. But for combat veterans, the “here and now” is also often defined by “there and then.” They carry courage into battle, serve honor and come home—often finding they need new companions to help them navigate today’s world. Veterans who confront post-traumatic stress, traumatic brain injury, and related symptoms also deserve relief—and this Veterans’ Day, Congress is poised to give it to them.

Truth can be compelling when it meets you head-on, and nothing speaks louder than the truth. When faced with the challenges you have so ably served. I thank you for your ongoing efforts to support our veterans, particularly through HR 1162, the No Hero Left Untreated Act, for which your efforts should be highly commended on behalf of Veterans. This important piece of legislation brings a critical treatment option to the Nation’s Veterans who confront post-traumatic stress, traumatic brain injury, and related symptoms also deserve relief—and this Veterans’ Day, Congress is poised to give it to them.

Truth can be compelling when it meets you head-on, and nothing speaks louder than the truth. When faced with the challenges you have so ably served. I thank you for your ongoing efforts to support our veterans, particularly through HR 1162, the No Hero Left Untreated Act, for which your efforts should be highly commended on behalf of Veterans. This important piece of legislation brings a critical treatment option to the Nation’s Veterans who confront post-traumatic stress, traumatic brain injury, and related symptoms also deserve relief—and this Veterans’ Day, Congress is poised to give it to them.

March 9, 2017.

Sincerely,

REBECCA HALSTEAD,
Brigadier General Retired, (USA retired).

WASHINGTON, DC.

FEBRUARY 22, 2017.

HON. STEVE KNIGHT,
House of Representatives,
Washington, DC.

DEAR CONGRESSMAN KNIGHT: The purpose of this letter is to show full support from WestCare Foundation, Inc, for H.R. 1162, the No Hero Left Untreated Act. This progressive piece of legislation brings a critical health solution for Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Military Sexual Trauma (MST), chronic pain, and opiate addiction to our nation’s Veterans through Magnetic EEG/EGG-guided Resonance Therapy (MeRT technology).

The doctors of the Newport Brain Research Lab/Brain Treatment Center (NBRL/BTC) have introduced a game-changer addressing
rofessor of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1545) to amend title 38, United States Code, to clarify the authority of the Secretary of Veterans Affairs to disclose certain patient information to controlled substance monitoring programs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1545

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “VA Prescription Data Accountability Act 2017”.

SEC. 2. SECRETARY OF VETERANS AFFAIRS DISCLOSURE OF PATIENT INFORMATION TO STATE CONTROLLED SUBSTANCE MONITORING PROGRAMS.

Section 5701(l) of title 38, United States Code, is amended—

(1) by inserting “(1)” before “Under”; and

(2) by striking “a veteran or the dependent of a veteran” and inserting “a covered individual”; and

(3) by adding at the end the following new paragraph:

“(2) In this subsection, a covered individual is an individual who is dispensed a prescription medication prescribed by an employer of the Department or by a non-Department provider authorized to prescribe such medication by the Department.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. ROE) and the gentleman from Minnesota (Mr. WALZ) each will yield themselves as much time as they may consume.

Mr. ROE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials.

The SPEAKER pro tempore. The SPEAKER pro tempore. Pursuant to the rules, the gentleman from Tennessee (Mr. ROE) and the gentleman from Minnesota (Mr. WALZ) will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

Mr. ROE. Mr. Speaker, I ask unanimous consent that the vote “yes.”

Mr. WALZ. Mr. Speaker, I thank the gentleman from California (Mr. Knight) for his innovative approach in trying to get services to our veterans.

Mr. Speaker, I encourage my colleagues to join us in passing H.R. 1162.

Mr. Speaker, I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I, too, encourage all Members to support this legislation.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, H.R. 1162.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.