114TH CONGRESS
2d Session
HOUSE OF REPRESENTATIVES
REPORT
114–817

NO HERO LEFT UNTREATED ACT

NOVEMBER 14, 2016.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. MILLER of Florida, from the Committee on Veterans' Affairs, submitted the following

R E P O R T

[To accompany H.R. 5600]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 5600) to direct the Secretary of Veterans Affairs to carry out a pilot program to provide access to magnetic EEG/EKG-guided resonance therapy technology to veterans, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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69–006

AMENDMENT

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 "No Hero Left Untreated Act".

SEC. 2. FINDINGS.

Congress finds the following:

(1) Magnetic EEG/EKG-guided Resonance Therapy technology (in this section referred to as "MeRT technology") has successfully treated more than 400 veterans with post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, and opiate addiction.

(2) Recent clinical trials and randomized, placebo-controlled, double-blind studies have produced promising measurable outcomes in the evolution of MeRT technology.

(3) These outcomes have resulted in escalating demand from returning warriors and veterans who are seeking access to this treatment.

(4) 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.

SEC. 3. MAGNETIC EEG/EKG-GUIDED RESONANCE THERAPY TECHNOLOGY PILOT PROGRAM.

(a) PILOT PROGRAM.—The Secretary of Veterans Affairs shall carry out a pilot program to provide access to magnetic EEG/EKG-guided resonance therapy technology (commonly referred to as "MeRT technology") to treat larger populations of veterans suffering from post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, or opiate addiction.

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

(c) PARTICIPANTS.—In carrying out the pilot program under subsection (a), the Secretary may not provide access to magnetic EEG/EKG-guided resonance therapy technology to 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 date of the termination of the pilot program under subsection (a), the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the pilot program.

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

PURPOSE AND SUMMARY

H.R. 5600, the "No Hero Left Untreated Act," was introduced by Representative Stephen Knight of California on June 28, 2016. H.R. 5600, as amended, 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 magnetic electroencephalogram/electrocardiogram-guided resonance therapy (MeRT) 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

According to a 2016 VA report entitled, Suicide Among Veterans and Other Americans 2001–2014, the rate of mental health conditions or substance use disorders among Veterans Health Administration (VHA) patients has been increasing throughout the 21st century, rising from about twenty-seven percent in 2001 to over

forty percent in 2014.[1] At the same time, the number of prescriptions for opioids written by VA providers has increased 259%.[2] Even more troubling, the 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 that there is a demonstrated need to explore new and innovative treatments for veterans with mental health conditions or chronic pain.

MeRT technology is one such promising treatment. MeRT 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. MeRT technology has been approved by the Food and Drug Administration to treat depression, and has been successfully used off-label to treat conditions like PTSD and TBI. A 2015 study found that, after two weeks of MeRT treatment, participating veterans experienced an average 47.4 percent reduction in symptom severity. After four weeks of MeRT 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] MeRT treatment is currently provided through the Brain Treatment Center (BTC). With locations in Washington State, California, and abroad, BTC has successfully treated over four hundred veteran patients with MeRT to-date. However, the Committee believes that more veterans should have access to MeRT treatment given the promising results that the treatment has produced thus far. The Committee believes that providing veterans with access to this technology is no different than providing veterans with patented medications.

As such, 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 access to MeRT 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 MeRT 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.

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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.

HEARINGS

There were no Full Committee or Subcommittee hearings held on H.R. 5600, as amended.

SUBCOMMITTEE CONSIDERATION

There was no Subcommittee markup of H.R. 5600, as amended.

COMMITTEE CONSIDERATION

On September 21, 2016, the Full Committee met in open markup session, a quorum being present, and ordered H.R. 5600, as amended, reported favorably to the House of Representatives by voice vote. During consideration of H.R. 5600, the following amendment was considered and agreed to by voice vote:

An amendment in the nature of a substitute offered by Representative Jackie Walorski of Indiana.

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. 5600, as amended, reported to the House. A motion by Representative Mark Takano of California to report H.R. 5600, as amended, favorably to the House of Representatives was agreed to by voice vote.

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 MeRT 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. 5600, 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. 5600, as amended, 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. 5600, as amended, 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, October 13, 2016.

Hon. JEFF MILLER,
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. 5600, 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. 5600—No Hero Left Untreated Act

H.R. 5600 would require the Department of Veterans Affairs (VA) to establish a one-year pilot program to treat a limited number of veterans with post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, or opiate addiction by using Magnetic eResonance Therapy technology (MeRT technology). The bill also would require VA to report to the Congress on the results of that pilot program. MeRT technology is a customized neurological treatment that uses magnetic pulses to stimulate brain tissue. The Brain Treatment Center (BTC) in Southern California developed the MeRT technology and has proprietary rights to the treatment. Over the 2012–2015 period, the center has treated more than 400 veterans at four locations in the state of California and the state of Washington.

Under this proposal, VA would be required to carry out the one-year pilot program with no more than 50 veterans in one or two medical facilities. Because the technologuy is proprietary, we expect that VA would contract with BTC to provide MeRT technology to those 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 30-day period at a cost of $22,000.

On that basis, CBO estimates that implementing this bill would cost $1 million over the 2017–2021 period; that spending would be subject to the availability of appropriated funds.

Enacting the legislation would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply. CBO esti-

mates that enacting H.R. 5600 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

H.R. 5600 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. 5600, as amended, 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. 5600, as amended.

STATEMENT OF CONSTITUTIONAL AUTHORITY

Pursuant to Article I, section 8 of the United States Constitution, H.R. 5600, as amended, 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. 5600, as amended, 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. 5600, 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.

DISCLOSURE OF DIRECTED RULEMAKING

Pursuant to section 3(i) of H. Res. 5, 114th Cong. (2015), the Committee estimates that H.R. 5600, as amended, contains no directed rule making 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. 5600, as amended, as the "No Hero Left Untreated Act."

Section 2. Findings.

Section 2 of the bill states the following findings: (1) the MeRT 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 MeRT 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 MeRT 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 MeRT 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.

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