

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 noninstitutional 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, recreation, 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 extend an aging 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 committee member, LEE 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, medical 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 2 minutes to the gentleman from New York (Mr. ZELDIN) who is a former member of our committee and sponsor of this legislation.

Mr. ZELDIN. Mr. Speaker, I rise today in support of H.R. 1005, a bill which would provide no-cost 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 provides comprehensive medical, nursing, and personal care services combined with engaging social activities for physically or cognitively impaired adults. Medical model adult day healthcare offers a complete array of rehabilitative therapies, 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 stimulation 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.

#### GENERAL LEAVE

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1005.

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

There was no objection.

Mr. ROE of Tennessee. Once again, I urge all Members to support this legislation, and 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. 1005.

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

A motion to reconsider was laid on the table.

#### NO HERO LEFT UNTREATED ACT

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1162) to direct the Secretary

of Veterans Affairs to carry out a pilot program to provide access to magnetic EEG/EKG-guided resonance therapy to veterans.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1162

*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 “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 opiate 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 resulted in escalating demand from returning members of the Armed Forces and veterans who are seeking access to magnetic EEG/EKG-guided resonance therapy.

(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 PILOT PROGRAM.

(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 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 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.

GENERAL LEAVE

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent that all Mem-

bers 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 opiate 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 VA has increased its 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. The same study showed 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 PTSD, traumatic brain injury, military sexual trauma, chronic pain, and opiate addiction.

□ 1530

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. 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 progress 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. 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 PTS, TBI, MST, chronic pain, or opioid drugs addiction, the pilot program established by this bill would provide an 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 nonpharmaceutical 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.

Already 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 weeks 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 and is 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 Association of the United States Navy, Veterans Advantage, The Patriot Project, Lines for Life, the National Foundation for Women Legislators, the PsychArmor Institute, 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 would be instructive to VA in understanding the benefits and deciding whether to offer this promising therapy to those receiving VA health care.

If it were 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 day after day.

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. CHENELLY,  
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 the H.R. No Heroes 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), Military 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 treatment modalities clearly have limited utility. The urgency of understanding and responding to this national issue becomes more obvious, when one sees the growing scope, impact and prevalence of PTSD, both in Veteran suicides and in related societal indicators. While some may view this as a societal cost that cannot be averted, that is not the view of the doctors at the Newport Brain Research Lab/Brain Treatment Center (NBRL/BTC). MeRT brings a novel neuromodulation approach achieving 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 PCL-M (PTSD Check List—Military) and demonstrated by measurable EEG/EKG changes.

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,

THOMAS J. BERGER, PH.D.,  
Executive Director.

ASSOCIATION OF THE  
UNITED STATES NAVY,  
Alexandria, VA, March 21, 2017.

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 carry out 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. Recent clinical trials and randomized, 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 treat 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 great nation. Please feel free to contact me with any questions or concern.

Sincerely,

MICHAEL J. LITTLE,  
Director of Legislative Affairs.

VETERANS ADVANTAGE,  
Greenwich, 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 respect, recognition and rewards for U.S. military, veterans and their family members, I am writing in support of the No Hero Left Untreated Act, HR1162.

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 significant progress in addressing the symptoms associated with his condition, in particular his depression and anxiety have lessened. No other therapies have any effect on his 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 PTS, is woefully inadequate. While hundreds of thousands of servicemembers 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 treatment 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. The use of Magnetic EEG/EKG-guided Resonance Therapy (MeRT, a non-invasive treatment) under the direction of the BTC has achieved unprecedented success rates in 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. Thank you for your initiative in sponsoring this important legislation and your support of America's heroes through the No Hero Left Behind Act.

Respectfully yours,

H. SCOTT HIGGINS,  
Vietnam War Veteran,  
CEO/Veterans Advantage, PBC.

THE PATRIOT PROJECT,  
March 2, 2017.

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

DEAR CONGRESSMAN KNIGHT: On behalf of the Patriot Project, a grassroots movement to provide Military Service Members, Families, Gold Star Dependents and Wounded Warriors with vital Chiropractic care to which they have little access, despite its inclusion in Veteran benefits; I am writing in support of H.R. 1162, the No Hero Left Untreated Act. This important piece of legislation offers America's Veterans a timely non-drug health solution for Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Military Sexual Trauma (MST), chronic pain, and opiate drug addiction through Magnetic EEG/EKG-guided Resonance Therapy technology (MeRT technology).

Consisting of over 5000 Chiropractors, nationwide, the Patriot Project has witnessed the invisible and visible life-altering injuries of war these Veterans suffer, with little access to solutions except for drugs, and surgeries. The Patriot Project Board, made up of more than half a dozen Congressional Medal of Honor Recipients, has taken on the challenge of restoring hope to our returning warriors by pursuing non-drug interventions with vigor.

As tens of thousands of Veterans return home each year, they encounter a systemic failure to adequately address the emotional and physical effects of combat. Current treatments for PTSD, TBI and even mild Traumatic Brain Injuries (mTBI) have limited utility to sufficiently heal our Veterans. The urgency of understanding and responding to this national crisis becomes even more compelling when one sees the growing scope, impact and prevalence of PTSD particularly in Veteran suicide rates. The doctors at the Newport Brain Research Lab/Brain Treatment Center (NBRL/BTC), believe it is their obligation and duty to ensure Veterans receive the treatment they need to have their lives and livelihoods restored.

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. Without investment in such innovative treatment, our nation's Veterans will continue to pay a disproportionate toll for their service.

We applaud Congressman Knight and his attentive staff for their commitment to explore effective, science-based, and proven medical technologies and their unwavering support to helping America's heroes.

Sincerely,

DR. CAROL ANN MALIZIA,  
*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 31,500 military-related calls from individuals who are struggling to cope with mental health issues including anger, substance abuse, post-traumatic stress, 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, have left our veteran community paying a disproportionate toll for their service. Treatment methods to date 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. 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 will bring America's Veterans a significant contribution to their health solutions for Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Military Sexual Trauma (MST), chronic pain and opiate drug addiction through MeRT (Magnetic EEG/EKG-guided Resonance Therapy).

As of early 2015, the effects of our nation's 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 our Veteran community paying a disproportionate toll for their service to the Nation. Treatment modalities to date, clearly, have had limited utility. The urgency of understanding and responding to this national issue becomes more obvious when one sees the growing scope, impact, and prevalence of PTSD, evident both in Veteran suicides and related societal 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,

MINNESOTA STATE SENATOR  
CARRIE RUUD,  
*2017 NFWL Chair, On  
behalf of the Board  
of Directors of the  
National Foundation  
for Women Leg-  
islators.*

PSYCHARMOR INSTITUTE,  
*March 8, 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 will allow for a neurological 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,

MARJORIE MORRISON,  
*PsychArmor Institute, CEO & Founder.*

FEBRUARY 17, 2017.

Hon. STEVE KNIGHT,  
*House of Representatives,  
Washington, DC.*

DEAR CONGRESSMAN KNIGHT: Recent elections have focused us, once again, on 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 with honor and come home—often finding they need new courage to confront a new foe. 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 up close and personal. You know that for many Veterans, there is new truth afoot, and it is compelling—and hopeful. In recent

years, the specialized, little-publicized brain treatment program for Post-Traumatic Stress Disorder (PTSD) known as Magnetic EEG/EKG-guided Resonance Therapy (MeRT technology) has emerged. The unique treatment, much studied and now widely corroborated, is powerful. It changes lives.

Just as the election was an inflection point, you have recognized that Congress is in a position to change lives in America for the better. If Congress can move beyond words and intentions, beyond political jousting, America's veterans will be forever grateful—and lives will be saved by the thousands, and you are doing just that.

The chance to give life back to those on the edge, who wrestle daily with PTSD and related life-stresses and opiate addiction, is at our finger-tips. The Washington Post and veteran publications have aptly described it, and time is now for action. I cannot say this with more conviction: We must act to save the precious lives, and every one at risk is precious. We lose more than 20 young men and women daily to PTSD, and we can stop this in a single congressional vote for your bill.

The No Hero Left Untreated Act H.R. 1162 can help to change everything. Through pilot programs administered by the Department of Veterans Affairs (VA), veterans will turn a critical corner. It will help to restore their mental health, saving countless lives and those touched by those lives. Without this act, our veterans will continue to languish without access to this help. Seeing you, in a first post-election act bringing fifty Members together to unify around what matters, can only be applauded. Politics aside, Congress acting now to pass H.R. 1162 and a Senate companion bill following immediately will begin immediately saving the veterans most at risk. As your action clearly demonstrates, there can no longer be any excuse.

As first reported by the Washington Post, this is an inflection point—a show stopper, a real chance for meaningful change. Tested through double-blind studies, 98 percent of MeRT-treated veterans experienced at least a 10-point improvement in their PTSD Check List-Military (PCL-M) score, and saw significant reduction in symptom severity, after only 4 weeks of treatment. These results have been mirrored in additional open label trials as well. Nothing else I know of has come close to this success rate.

Congressman Knight, all this brings me to today and my offering of my support for your efforts on behalf of my brothers and sisters who have so ably served. I thank you for making their futures your first priority in the 115th Congress.

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

WESTCARE FOUNDATION,  
*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 drug addiction to our nation's Veterans through Magnetic EEG/EKG-guided Resonance Therapy (MeRT technology).

The doctors of the Newport Brain Research Lab/Brain Treatment Center (NBRL/BTC) have introduced a game-changer addressing

seemingly intractable behavioral health conditions through their development of MeRT technology. The data from both open label and double-blind studies of MeRT technology are compelling. This protocol, offered as a first line treatment of the physical brain through neuromodulation, can improve the behavioral health outcomes for all of us who subsequently provide evidence-based therapies that will further benefit Veteran patients and clients as, together, we create a more effective comprehensive continuum of care.

As a Veteran of the Vietnam War, myself, I am especially interested in seeing the VA bring this work into their practice of medicine. For over forty years later, we continue to see the negative life impact of war on our men and women who served without the advent of practice and protocols sufficient for their full recovery. MeRT technology is producing results that are saving lives and increasing the potential for follow-on therapies to change the future trajectory of the lives of our Veterans and their families as well.

We owe our warriors the very best treatment available in America. MeRT technology is clearly making a difference. I commend you for offering this important legislation and urge its passage as soon as possible! Every day without it can be measured in loss of life, in loss of positive contribution to our communities from our American heroes, and in loss of our fathers and mothers, sons and daughters, friends and neighbors.

Sincerely,

RICHARD STEINBERG,  
President/CEO.

Mr. KNIGHT. Mr. Speaker, in a time when the Defense Department maintains technological superiority over our adversaries in combat, our Veterans Affairs Department must continue to push the technological limit to treating our selfless servicemembers once their duty is done.

I am optimistic that this pilot program for our veteran population will be the first of many that improves our ability to heal wounded veterans.

Mr. Speaker, I will leave my colleagues with one last quote. As the AMVETS' executive director stated in his letter of support for this bill: "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 day after day."

Mr. Speaker, I urge my colleagues to 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.

A motion to reconsider was laid on the table.

#### VA PRESCRIPTION DATA ACCOUNTABILITY ACT 2017

Mr. ROE 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 State 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(1) of title 38, United States Code, is amended—

(1) by inserting "(1)" before "Under";

(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 medication prescribed by an employee 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 control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

#### GENERAL LEAVE

Mr. ROE of Tennessee. 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. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 1545, the VA Prescription Data Accountability Act of 2017. H.R. 1545 would require the Department of Veterans Affairs to disclose information about any individual prescribed medication by a VA employee or a provider authorized by the VA to a State Prescription Drug Monitoring Program to the extent necessary to prevent misuse and diversion of prescription medication.

Prescription Drug Monitoring Programs are Statewide electronic databases that collect and distribute information on prescription medication to certain authorized individuals or enti-

ties. They are used to identify and address prescription drug abuse, addiction, and diversion.

While 90 percent of the VA's patient population are veterans, the VA treats certain nonveterans, including Active-Duty servicemembers who receive VA care through sharing agreements with the Department of Defense, dependents, caregivers of veterans, and VA staff, to name a few.

Current law authorizes the VA to disclose information to Prescription Drug Monitoring Programs for veterans and dependents of veterans only. The VA is not authorized to disclose information for other patients.

Moreover, technological barriers prevent the VA from transmitting dependent data to Prescription Drug Monitoring Programs. That means that prescription drug information for non-veterans—10 percent of the VA's patient population, which translates to more than 700,000 veterans this fiscal year—is not being shared with Prescription Drug Monitoring Programs today.

In light of ongoing concerns about the potential for misuse or diversion of prescription medication, particularly opioid medications, it is imperative that the VA share information about all VA patients, veteran and non-veteran, to State Prescription Drug Monitoring Programs. It is a matter of public safety.

H.R. 1545 is supported by the American Legion, the Paralyzed Veterans of America, the Veterans of Foreign Wars of the United States, and by the VA, who testified before the Subcommittee on Health earlier this year that this authority would "ensure that VA is able to fulfill its public health role in sharing vital clinical information to help guide treatment decisions."

Mr. Speaker, this bill is sponsored by the gentlewoman of New Hampshire (Ms. KUSTER), the ranking member of the Subcommittee on Oversight and Investigations, who is joined by the gentleman from Ohio (Mr. WENSTRUP), the chairman of the Subcommittee on Health; the gentleman from Michigan (Mr. BERGMAN), the chairman of the Subcommittee on Oversight and Investigations; and the gentlewoman from California (Ms. BROWNLEY), the ranking member on the Subcommittee on Health. I am grateful to all of them for sponsoring this legislation. It has my full support, and I urge all of our colleagues to join me in supporting it.

Mr. Speaker, 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 H.R. 1545 offered by the gentlewoman from New Hampshire (Ms. KUSTER), who is the ranking member of our Oversight and Investigations Subcommittee, and, as importantly, a champion of policies that make sure the scourge of opioid addiction is addressed in this Congress, and is a leading expert on it.