

SUBJECT: Establishing a pilot program to treat veterans with PTSD or TBI

COMMITTEE: Public Health — committee substitute recommended

VOTE: 11 ayes — Price, Sheffield, Arévalo, Burkett, Coleman, Collier, Cortez, Guerra, Klick, Oliverson, Zedler

0 nays

WITNESSES: For — Rainey Owen; (*Registered, but did not testify*: Rita Owen)

Against — None

On — (*Registered, but did not testify*: Trina Ita, Health and Human Services Commission)

DIGEST:

CSHB 271 would require the Health and Human Services Commission (HHSC) through existing resources to create and operate the Veterans Recovery Pilot Program. The program would provide diagnostic services, hyperbaric oxygen treatment, and support services to eligible military veterans who have post-traumatic stress disorder (PTSD) or a traumatic brain injury (TBI).

Veterans recovery program and account. The bill would establish the general revenue dedicated veterans recovery account, which would consist of gifts, grants, and other donations, in addition to interest earned on the account. Money in the account could be used to pay for program administration costs, diagnostic testing and treatment of veterans with PTSD or TBI, and any necessary travel and living expenses for a veteran receiving treatment in the pilot program.

The HHSC executive commissioner would seek reimbursements for payments under the program from the federal TRICARE health care program, appropriate federal agencies, and other responsible third-party payors.

The HHSC executive commissioner would establish rules to implement the program, including adopting standards for veteran and facility eligibility to participate in the program and to ensure patient confidentiality. The standards would require eligible facilities to comply with applicable fire codes, oversight requirements, and treatment protocols, and participating veterans would have to reside in Texas. The executive commissioner also could form an advisory board to help develop the pilot program.

The pilot program would expire September 1, 2023, and any remaining balance in the veterans recovery account would be transferred to the general revenue fund. If there were insufficient funds in the veterans recovery account to cover administrative expenses, HHSC could not operate the program.

Hyperbaric oxygen treatment and reimbursement. CSHB 271 would require the HHSC executive commissioner to adopt standards by rule for the provision of hyperbaric oxygen treatment to veterans who had been diagnosed with PTSD or a TBI, had been prescribed hyperbaric oxygen treatment, and agreed to the treatment under the pilot program. Before providing hyperbaric oxygen treatment to a veteran, the facility would develop and submit to HHSC a treatment plan that included certain information, including an estimate of treatment costs and any travel and living expenses for the veteran. HHSC could not approve the provision of hyperbaric oxygen treatment unless the facility complied with applicable HHSC rules and standards and the veteran was eligible for treatment under the program.

The bill would allow a facility to seek reimbursement for care provided to a veteran under the program. The facility could not charge the veteran for treatment, and the veteran would not be liable for any costs pertaining to treatment or other program expenses.

HHSC would approve each treatment plan that met specified requirements and standards, if sufficient funds were available, and HHSC would reserve

funds from the account equal to estimated costs. The HHSC executive commissioner would reimburse the facility for expenses incurred, provided the facility submitted regular reports of the veteran's measured health improvements under the treatment plan. Neither the state nor the veterans recovery account would be liable if expenses exceeded reserved funds.

CSHB 271 also would allow a facility to submit an updated treatment plan and request the reservation of additional funds. The bill would provide for the termination of funds reserved for treatment or other expenses after a specified period of time had passed during which the facility or veteran did not request reimbursement, subject to notification requirements.

Report. HHSC would have to report the effectiveness of the program and the number of veteran and facility participants to the governor, lieutenant governor, speaker of the house, and the applicable House and Senate standing committees by October 1 every even-numbered year.

Effective date. By January 1, 2018, the HHSC executive commissioner would adopt rules to implement the bill's provisions. The bill would take effect September 1, 2017.

SUPPORTERS
SAY:

CSHB 271 would benefit Texas veterans by creating a program to treat post-traumatic stress disorder (PTSD) and traumatic brain injuries (TBIs). Some reports estimate as many as 180,000 veterans in Texas may suffer from these conditions. Symptoms of PTSD and TBI can include confusion, headache, fatigue, insomnia, memory loss, mood changes, depression, and anger management issues. Suicide, unemployment, substance abuse, homelessness, and incarceration are among the negative consequences that often result from the conditions these injuries can cause. However, effective treatments for such conditions are elusive and mainly consist of counseling, drug therapy, and the passage of time.

CSHB 271 would provide a safe alternative to traditional treatments provided by the U.S. Department of Veterans Affairs (VA). Treatments approved and provided by the VA and military often include

pharmaceutical drugs, which only mask the symptoms and do not cure the underlying brain injury. When a person's brain sustains severe trauma, it needs significantly more oxygen to heal. Hyperbaric oxygen treatment stimulates the body's healing process and allows most patients to experience rapid recovery of cognitive and neurological functioning without surgery or drugs.

**OPPONENTS
SAY:**

CSHB 271 could create more bureaucracy by establishing a new state program. It is not the proper role of the state to create, administer, and fund veterans' programs. Rather than creating state-based programs to address veterans' medical needs, lawmakers should hold the federal government accountable to carry out the responsibilities of the U.S. Department of Veterans Affairs.

NOTES:

A companion bill, SB 1075 by Buckingham, was referred to the Senate Committee on Health and Human Services on March 7.

CSHB 271 differs from the bill as filed by requiring Health and Human Services Commission, rather than the Department of State Health Services, to administer the Veterans Recovery Pilot Program.